Agenda item 15
Attachment 18

NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	**Quality Committee Minutes for March, April and May 2014**

Meeting:	Governing Body
Date:	19th December 2014
Author:	Eileen Clark
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Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Discuss	
	To Note	✓

Development

The Quality Committee meets in formal session on a bi-monthly basis. These are the minutes for of the 3rd October 2014 meeting. A further meeting took place on the 12th December and these minutes will be received at a subsequent meeting.

Executive Summary and Key Issues

Key issues to note:

- There was close scrutiny of provider performance, particularly Epsom, SECAmb and Kingston.
- Waiting times particularly for cancer were scrutinised.
- QIPP and Quality improvement were reviewed.
- The primary care offer was reviewed.
- PCN recommendations were noted.

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Recommendation(s): The Governing Body is asked to NOTE the minutes and to ratify the PCN recommendations.

Attachments:

Quality Committee minutes for 6th June 2014

Implications for wider governance

Quality and patient safety

Subject of the minutes

Patient and Public Engagement

The lay member for patient and public engagement sits on the committee.

Equality Duty

This is one of the responsibilities of the committee and is covered in the minutes.

Finance and resources

No direct implications from these minutes.

Workforce

No specific issues

Information Governance

No specific issues

Conflicts of interest

No specific issues

Communications Plan

These minutes are published on the CCG's web site

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Legal or compliance issues

No specific issues

Risk and Assurance

There are a number of quality and performance related risks on the risk register.

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Meeting: Quality Committee

Date and time: 3rd October 2014, 9.30am

Present	**In attendance**
Dr Phil Gavins	Jacky Moody
Dr Suzanne Moore	Justin Dix (minutes)
Denise Crone	Dr Claire Fuller
Alison Pointu (Chair)	Karen Parsons
Eileen Clark	Miles Freeman
Dr Robin Gupta	Jack Wagstaff (items 8 and 9)
	Liz Clark (item 12)

1. Apologies for absence

Apologies had been received from Gavin Cookman, Dr Mark Hamilton and Liz Saunders. QC031014/001

2. Declaration of interests

There were no additional or relevant declarations QC031014/002

3. Minutes of the last meeting

Para 012 – should read “but could not influence” after “access to”. QC031014/003

Para 041 no “e” in Clark

Para 065 - should be October not September

Para 092 replace “Clare” with “Dr Fuller”

4. Matters arising and action logs

- 02,018 agreed for closure QC031014/004
- 027 (Secamb patient satisfaction) – Miles Freeman said that in his view we were not at the point in the process where this was relevant. It was agreed this could be closed.
- 031 (Kingston Hospital PALS and Complaints), 085 (Medicines Management Infection Control), and 038 (Safeguarding Children) agreed for closure.

- 041 (safeguarding children) related to discussions at the Governing Body. Eileen Clark said this was now in the action plan and she felt it could be closed. This was agreed. The actions related to training and Governing Body responsibilities.
- 062 (out of hospital provider Care Quality Initiative - CQUIN), and 073 (Stuart Tomlinson to attend this meeting) agreed for closure
- 086 (medicines management governance arrangements) and 089 (Equality and Diversity) going to Exec on 14th October – keep open.
- 46 (cancer referrals) – agreed for closure

5. Quality and Performance Report

QC031014/005

Alison Pointu said she had reviewed this with members of the Executive and the report was now in two parts, the first being based on the work of the quality team and the second being based on business intelligence. Comments. The revised format is a work in progress and the quality team welcomed feedback particularly in relation to Section 2.

QC031014/006

Eileen Clark spoke to the report and the layered approach to information. The aim was to highlight the work of all providers so as to avoid missing important information e.g. Never Events. A number of quality performance indicators had been picked out, and links to further information provided. There was a caution about data lag particularly relating to NHS Choices but the data was believed to be refreshed monthly. It was agreed that the quality team would check that this was happening.

Action Eileen Clark

QC031014/007

The team's key concerns were as follows.

QC031014/008

Epsom and St Helier Hospital

Open and honest reporting – this was RAG rated red and the shortcomings were believed to have been due to paper based reporting and process errors. However Datix risk management system was now being implemented throughout the trust and improvements in reporting levels were already evident.

QC031014/009

It was agreed that this would be confirmed in the next report to the Committee.

Action Eileen Clark

QC031014/010

JM said that she felt there was an increased focus on clinical quality due to changes in the quality structures at the trust. Dr Moore said that audit of the new systems and staff training was crucial to the process.

QC031014/011

Safe staffing was noted and mapping ward level variations to complaints would be critical. Information on Epsom St Helier and St George's was requested as they were outliers on safe staffing.

Eileen Clark noted that the report now showed data over a longer timescale. The Trust's performance is slightly better re: Clostridium Difficile but there were concerns over both MRSA and Clostridium difficile. Dr Moore said the trust was trying to understand some of the detail. There was a discussion about the value of focusing on MRSA in this respect. It was noted that there had been a MRSA Bacteraemia at the hospital recently where there had been some cause for concern. The external Infection Prevention and Control team was assisting the trust on this and it was hoped to see the impact of this support. QC031014/012

Denise Crone asked about the 100% target for 25 day complaints responses which was only at 50%. It was noted this was due to clerical errors over confusion between dates and had now been addressed. Follow up would be made via the CQR meeting to ensure that the changes had the desired effect on response QC031014/013

Alison Pointu asked about CQUINs and low numbers reported on pressure ulcers. It was acknowledged that this needed to be presented more clearly to show achievement in percentage reductions. QC031014/014

Denise Crone expressed concerns about the CQUIN process and the delay in agreeing these. She asked if the process would be improved for 2015/16. This related to wider contractual agreement. A meeting was taking place with each trust to make sure that they were on track but AQP (Any Qualified Provider) contracts were more of a problem. Data was reviewed monthly prior to the meeting and the team hoped to work on this year's CQUINs in order to influence next years. QC031014/015

It was noted that there was an integrated approach that would mean CQUINS were addressed earlier in the process, led by the quality team rather than service redesign. QC031014/016

Kingston Hospital QC031014/017

The poor rating relating to infection control was queried and it was felt this related to historical environmental issues and cleanliness.

Miles Freeman queried why VTE (Venous thromboembolism) performance was so poor? It was noted that this was improving although there had been fluctuations. Dr Fuller asked if it had made a difference and reduced mortality rates? It was felt that it had but the figures were not available. It was agreed that Eileen Clark should ask for data from public health. QC031014/018

Action Eileen Clark

CSH Surrey QC031014/019

Denise Crone expressed concern about the quality review groups which seemed very bureaucratic and more focused on process than outcome. Dr Moore felt that there had been some very useful discussions which did not come across in the minutes. It was in her view very useful to have children's discussions

separately from those for adult services.

Assisted communication devices for Continuing Health Care (CHC) patients – Denise Crone felt this related to Personal Health Budgets which would be ideal for these patients. Karen Parsons noted this was being driven nationally but assisted communications were a problem as there were no resources for this so they had to go through IFR (Individual Funding Request) processes. Some cases had been fast tracked. QC031014/020

Surrey and Borders Partnership Foundation Trust QC031014/021

Denise Crone also expressed concern about Serious Incidents at SABP (Surrey and Borders Partnership) as there had been assurances earlier in the year given to the Governing body which had not led to the expected improvement. There was now a revised plan arising out of a performance review to address the backlog of Serious Incidents Requiring Investigation (SIRIs) and improve future performance. Assurance was given that the overdue SIs related to historical cases and the Trust is now performing well on investigating new SIs.

Feedback from the CQC (Care Quality Commission) was highlighted. There were still delays in the system from a commissioning perspective as the CQC wanted to agree the report with the provider before releasing to CCGs. It was noted that the CCG did have area contacts in the CQC and there were six weekly meetings, with discussion prior to inspections. QC031014/022

P48 – adult safeguarding was highlighted as a potentially positive development. QC031014/023

GP alerts were highlighted as a useful source of data. QC031014/024

QC031014/025

SECAMB (South East Coast Ambulance Service)

P41 – NW Surrey CCG were arranging regular quality meetings starting this month. Concerns about children being transported without an appropriate adult were noted but no information was available on this at the moment. Concern was expressed about the continuing issues with SECAMB.

NW Surrey CCG were arranging six-weekly quality meetings with SECAmb. It was agreed that NW Surrey CCG would be asked to lead and co-ordinate a quality seminar with SECamb to which other CCG's would be invited. QC031014/026

Action Eileen Clark

This should involve discussion and resolution of breaches. Mable Wu said that there were financial penalties being enacted for poor performance and remedial action was being pursued. It was requested that breaches in particular be highlighted. QC031014/027

Action Mable Wu

Individual CCG level reporting did not seem to be happening for SECAMB – Mable Wu said this was possible and she would pursue it. QC031014/028

Action Mable Wu

The committee then moved on to Section 1 of the report. QC031014/029

Mable Wu spoke to the indicator sets that were in the report. The majority of the data was released annually by NHS England. QC031014/030

NHS Constitution metrics – these were generally met by providers but there were some issues with Referral to Treatment Times (RTT) nationally. Locally this was not an issue. Diagnostics were a problem again this year with Kingston, mainly due to sonographer vacancies. It was queried why Kingston were not doing what Surrey and Sussex Healthcare (SASH) were doing in terms of offering satellite services with alternative providers. It was agreed to flag this with our GPs. QC031014/031

Action Karen Parsons

Denise Crone asked why ESH were being allowed to fail on Referral to Treatment Times (18 weeks)? Miles Freeman explained there was national latitude on this but we needed assurance on this from individual trusts. QC031014/032

Cancer waits and Jarvis Centre – NW Surrey CCG were reviewing this with Virgin, this will be reported later this month. It was clarified that notice on the service had not been given. Longer term the Referral Support Service (RSS) might be able to progress these referrals more quickly. QC031014/033

It was agreed to request a more detailed report from NWSCCG. QC031014/034

Action Mable Wu

62 day breaches at the Royal Marsden – it was noted that this was being explored and alternative providers to the Royal Marsden were being sought. QC031014/035

Care Programme Approach – the target was not being achieved – Mable Wu would discuss with NEH&F CCG but it was believed the host commissioner were working on a resolution to this. QC031014/036

It was noted that there had been a substantial increase in A&E attendances although there had been recent improvements not reflected in this report. QC031014/037

Eileen Clark asked the committee to note the work on provider dashboards which might improve reporting. QC031014/038

It was noted that GC had expressed concern about the number of reds in the activity reporting and an apparent deterioration in performance across the board. QC031014/039

Dr Moore asked about reporting since the changes around the EDICs contract. Miles Freeman noted that previous under-reporting did give the impression of a significant increase although he did feel there was an upward trend as well. QC031014/040

It was agreed that a SECAMB risk regarding ongoing problems with response times should be highlighted at the governing body. QC031014/041

It was noted that monthly activity by provider would be in the finance report. QC031014/042

6. Locality Reports

It was noted that Dorking reporting would re-commence from next week. QC031014/043

East Elmbridge were having regular prescribing meetings. QC031014/044

7. Quality Strategy: Implementation Plan

The update report was noted. Eileen Clark said that she would like to bring back some work on embedding quality across the CCG back to the committee. Miles Freeman noted that the committee needed assurance about improvement trends and benefits realisation, giving diabetes service redesign as an example. Eileen would develop an implementation plan for the committee to review. QC031014/045

Action Eileen Clark

The value of an annual plan to improve quality across the CCG was felt to be important. QC031014/046

8. QIPP report Q1&2

Jack Wagstaff attended for this item. The report was noted in the context of the CCG's financial position. QC031014/047

Denise Crone asked about low priority projects and felt that some of these were critically important. The carers strategy was given as an example. Karen Parsons clarified that this meant that we could expect the host CCG to take the weight on this issue and that we did not have to focus on this as an internal priority. Helen Cookwould continue to be involved. This was not felt to be a QIPP priority but was a priority in the wider sense. QC031014/048

It was noted this was an internal document but some further clarification was required. Miles Freeman stressed the need for the committee to take a sixth month overview of all the projects to ensure that QIPP changes were not impacting on quality. Denise Crone expressed concern about the need to ensure the long term impact was understood as well as the immediate impact. QC031014/049

9. Primary Care Offer

Jack Wagstaff went through his report. This gave a summary of the wide range of detailed schemes. It was an investment programme of around £6.25m including the access plus Direct Enhanced Service (DES) which should be delivered in networks of practices rather than individual practices. Individual schemes would have different implications for groups of practices. Specifications were geared to meeting specific concerns. QC031014/050

It was noted that this was still at an early stage and at the moment it was not appropriate to release public information as QC031014/051

the detailed KPIs had not been agreed. There were some infrastructure and communication issues that would need to be resolved as part of implementation. Jack Wagstaff emphasised that delivery at scale did require collaborative working by practices.

QC031014/052 Different networks would want to focus on different cohorts of patients and this work was still very fluid at the moment. Diagnostic capability as also being looked at. At scale access to Electro Cardiograms (ECGs) was an example.

QC031014/053 Clinical networks could also make service proposals to the CCG and expect these to be assessed.

QC031014/054 Denise Crone asked if this would replicate some of the postcode lottery issues with GP fundholding but it was clarified that networks should offer equality of access.

QC031014/055 There were two medicines management schemes which offered incentives for more effective prescribing. A potential scheme around friends and family test was also being looked at.

QC031014/056 Raising standards in relation to the Quality and Outcomes Framework (QOF) in primary care was also an area being looked at.

QC031014/057 There was a risk register attached to the report which highlighted the risks to this range of projects.

QC031014/058 Denise Crone noted that this work was crucial to improving patient quality but it was also noted that there needed to be a discussion about reporting and assurance in relation to QIPP and the Primary Offer programme as part of the CCG's overarching development programme to avoid duplication.

Action Karen Parsons / Alison Pointu / Eileen Clark

QC031014/059 Denise Crone also asked that this be strategically driven by the CCG's own priorities rather than national priorities.

10. Organisational Review Update

QC031014/060 Alison Pointu updated on discussions about what comes to this committee and that the committee would seek more direction. There would be a greater level of scrutiny of the papers and the committee process.

QC031014/061 Research Governance was queried and it was clarified that the CCG did not have a research governance policy or ethics committee should it wish to take part in any research.

11. Integrated Governance

QC031014/062 Alison Pointu noted the safeguarding issues and cancer referral discussions.

QC031014/063 The last audit committee had focused on safeguarding audits around the disclosure and barring service process and the action and assurance received from Human Resources At this meeting Alison Pointu had been asked to provide evidence of the

assurance that had been received by Eileen Clark from Guildford and Waverley CCG.

Action Eileen Clark

Miles Freeman noted that there had been an issue with assurance from SouthCSU on Disclosure and Barring (D&B) for CCG staff. There would now be a process put in place for resolving this although it was noted that not all staff would be subject to DBS checks. Karen Parsons reported that we had registered for electronic DBS checks but this would be a major piece of work. QC031014/064

Alison Pointu also noted that there was a proactive investigation of one to one care to ensure that what was being commissioned was being delivered. The process was being undertaken from a counter fraud perspective but could have quality implications if there were any identified lapses. QC031014/065

12. PCN network recommendations

Agreed these would be “to note” rather than agree having been previuously circulated to clinical leads for review and approval. QC031014/066

The following PCN recommendations were noted: QC031014/067

- **PCN 106 – 2014 :** Aripiprazole Long Acting injection for treatment of schizophrenia
- **PCN 107 – 2014:** Bile acid sequestrant (anion exchange resin) for the prevention of Cardiovascular Disease
- **PCN 108 – 2014:** Brimonidine Tartrate gel 3mg/g (Mirvaso®) for facial erythema of rosacea
- **PCN 109 – 2014:** Coenzyme Q10 to increase adherence to statin therapy
- **PCN 111 – 2014:** Lomitapide (Lojuxta®) for Homozygous Familial Hypercholesterolaemia (HoFH)
- **PCN 112 – 2014:** Modafinil for the treatment of narcolepsy and other unlicensed indications
- **PCN 113 – 2014:** Nicotinic acid (niacin) for the prevention of Cardiovascular Disease
- **PCN 114 – 2014:** Omega-3 fatty acid compounds for the prevention of Cardiovascular Disease
- **PCN 116 – 2014:** Vitamin D to increase adherence to statin treatment
- **PCN 117 – 2014:** Non-vitamin K oral anticoagulants

(dabigatran, rivaroxaban and apixaban) for stroke prevention in atrial fibrillation (review)

- **SHARED CARE PRESCRIBING GUIDELINE**
  Methylphenidate, lisdexamfetamine, dexamphetamine and atomoxetine for the Treatment of Adult ADHD

PCN 117 was clarified as being subject to clinical judgement. QC031014/068

13. Committee forward plan

This was noted. The document set out proposed changes to the terms of reference as discussed by the committee Chair, Head of Quality and Clinical Quality and Safety Manager, and the items removed from the forward plan as a result pending confirmation that, as a result of an overarching governance review, suitable alternative arrangements were put in place to receive the functions. Discussion was also informed by suggestions raised earlier in the meeting about the committee's remit in respect of reporting on the CCG's development programme. QC031014/069

14. Any other business

Denise Crone asked that the approach to seminars be reviewed in particular being clearer about what we wanted to ask the provider. Eileen Clark would pick this up and circulate an initial list of suggestions. QC031014/070

Action Eileen Clark

It was agreed that GPs would be canvassed for their views via scheduled meetings. QC031014/071

Karen Parsons noted that JD would not be expected to minute this committee going forward as he would be focusing on corporate governance. QC031014/072

15. Dates of future meeting

It was agreed that the 5th December meeting would be re-arranged to Friday 12th December due to the absence of key committee members. QC031014/073

Action Justin Dix