

<b>Title of paper:</b>	<b>Quality Committee Minutes</b>
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<b>Meeting:</b>	Governing Body
<b>Date:</b>	10 <sup>th</sup> October 2014
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<b>Exec Lead:</b>	Karen Parsons, Chief Operating Officer

<b>Purpose</b>	To Agree	
	To Discuss	
	To Note	

### **Development**

Minutes of July and August business meetings of the Quality Committee. A further meeting took place on the 3<sup>rd</sup> October.

### **Executive Summary and Key Issues**

Key issues from these meetings have been picked up in the quality and performance report and include:

- Quality improvement strategy
- Quality exception reporting
- Safeguarding
- Diabetes services

### **Recommendation(s):**

To note

### **Attachments:**

<b>Agenda item</b>	17
<b>Attachment</b>	14

Quality Committee Minutes for July and August 2014

## **Implications for wider governance**

### **Quality and patient safety**

Subject of the report

### **Patient and Public Engagement**

No specific issues

### **Equality Duty**

No specific issues

### **Finance and resources**

No specific issues

### **Workforce**

No specific issues

### **Information Governance**

No specific issues

### **Conflicts of interest**

No specific issues

### **Communications Plan**

This paper is on the CCG web site

### **Legal or compliance issues**

No specific issues

**Agenda item** 17

**Attachment** 14

## **Risk and Assurance**

A number of quality risks are on the risk register



# Surrey Downs Clinical Commissioning Group

**Meeting: Quality Committee**

**Date and time: 4<sup>th</sup> July 2014 9.30am**

**Present**

Alison Pointu (Chair)  
Gavin Cookman  
Dr Robin Gupta  
Dr Phil Gavins  
Eileen Clark  
Denise Crone

**In attendance**

Miles Freeman  
Jackie Moody  
Justin Dix (Minutes)

**1. Welcome and introductions**

The Chair opened the meeting by explaining that it would be a combination of business and seminar discussion on the CCG's approach to quality improvement.

QC040714/001

**2. Apologies for absence**

These had been received from Karen Parsons, Dr Suzanne Moore, Dr Claire Fuller, Helen Blunden, Liz Clark, and Liz Saunders.

QC040714/002

**3. Declaration of interests**

There were no new or specific interests to note.

QC040714/003

**4. Committee forward plan**

This was noted. There were some minor changes to the August agenda since the version seen in June, and issues to be resolved around Prescribing Clinical Network (PCN) recommendations. It was noted that Epsom St Helier University Hospitals Trust (ESHUT) had confirmed their attendance for September with Surrey and Borders Partnership Foundation Trust (SABPFT) and Central Surrey Health (CSH) to be confirmed for future dates. Following discussion it was agreed to prioritise CSH Surrey for November to support the subsequent Board to Board process, with SABPFT to follow in January.

QC040714/004

**Action Jackie Moody**

A report on the diabetes service redesign tender was confirmed for the August agenda to support the go-live in October but there would be a need for a more formal process to support Board level decision making.

QC040714/005

**Action Jackie Moody**

It was agreed that all future redesign proposals should come to Quality Committee for review in future, probably in September. A schedule would be sought from the redesign leads and added to the forward plan.

QC040714/006

**Action Jackie Moody**

Denise Crone expressed concern about the fact that the patient experience report was not available now until December. It was confirmed that although only received by the Committee six monthly, the usual frequency of reporting would continue in the background: any themes and issues would be picked up in seminars and other meetings where the quality and performance report was available.

QC040714/007

**5. Minutes of the last meeting**

These were agreed with some minor typographical errors which would be corrected in the final version.

QC040714/008

**6. Matters arising and action logs Heading**

QC060614/016 Process for Prescribing Clinical Network (PCN) recommendations. It was noted that this had been discussed previously and the plan was for clinicians to review and approve these outside the meeting through a virtual forum. This would satisfy governance requirements.

QC040714/009

It was noted that the Medicines Management Committee met anyway but did not report in anywhere.

QC040714/010

In future the approved PCN recommendations would be noted at the bi-monthly business meeting of the Quality Committee and the committee would only intervene if there was an unresolved issue.

QC040714/011

QC060614/026 Terms of Reference (TOR). It was noted that this was part of broader organisational development and a planned review of organisational effectiveness that would not now be completed until September at the earliest. The committee did have terms of reference and there were not thought to be any risks arising from working to the existing TOR. Action to be closed.

QC040714/012

QC060614/058 Influenza immunisations – a response from the Public Health team had been received and would be circulated. It was noted that the CCG was poorly performing and that an update would be sought and included in the quality and performance report in August.

QC040714/013

**Action Eileen Clark**

The improvement strategy (led by Jack Wagstaff) should come to the August meeting. Forward plan to be updated accordingly. QC040714/014

**Action Jackie Moody**

QC060614/084 Safeguarding Children briefing on Multi Agency Safeguarding Hub, an integrated multi-agency team. This had been delayed; following discussion it was agreed this should come back as a recommendation to a subsequent committee rather than be circulated to all. QC040714/015

**Action Eileen Clark**

QC060614/089 Safeguarding children Section 11 – It was agreed that Eileen Clark should review with Miles Freeman prior to submission. QC040714/016

**Action Eileen Clark**

There should be a single agenda item for the August meeting on safeguarding children to pick up all actions on the action log. QC040714/017

**Action Justin Dix**

QC060614/014 Quality accounts – noted that this would be picked up partly through CCG peer review of lead / host commissioner arrangements. QC040714/018

SECAMB had received input from NW Surrey CCG on their quality account. QC040714/019

QC060614/119 (Diabetes review) can be closed as covered above. QC040714/020

Closures accepted where noted on the action log. All other items on agenda or ongoing. QC040714/021

**7. Quality improvement strategy**

EC noted that there had been several iterations of the strategy. There was a need to put a framework around the activity that was already taking place. There was also benchmarking against other emerging CCG strategies. Darzi, Francis and other reports were a common theme. QC040714/022

The need was to bottom out what quality meant in the local context, and its meaning to the CCG as a whole, with ownership from everyone in the organisation. Priorities, engagement and communication needed to be determined within the CCG's overall commissioning plan. It was however important that it continued to evolve and not be set in stone. QC040714/023

The strategy was felt to be concise and well integrated with other CCG plans. A key element was that the strategy's delivery was measurable. The balance between achieving higher standards and financial sustainability was also important. It might be helpful to structure the document to make the real priorities clearer, and to fit the programmes of work more clearly to it. QC040714/024

It was agreed that the committee should monitor the benefits realisation related to the strategy and to ensure that the risks of non-achievement were clear. This could be through the Governing Body assurance framework and risk register. QC040714/025

Engagement was discussed and it was felt this needed to be reviewed to enable stakeholders to inform the strategy, although ideally this should have taken place at an earlier stage. It was noted that some aspects of the strategy were effectively mandated, and the focus needed to be on the improvements in care that patients and the public wanted to see taking place. QC040714/026

Consultation was discussed and it was felt that the document reflected the CCG's legitimate priorities and values and that the aim was to enhance these rather than contradict them. QC040714/027

The need for a facilitated conversation led by the communications team was felt to be very important. Eileen Clark noted that information from surveillance both locally and county wide could also contribute to this engagement. QC040714/028

It was queried whether the Quality Improvement Strategy would be recognisable to and supported by the providers we commission from, and not marginal to them. It was felt that this would be variable but that Kingston and Epsom would be well sighted on it due to the joint work that has taken place, but that primary care and community services would vary. In some cases the principles would be accepted but the cost of delivery might be controversial. The Better Care Fund was a particular issue in this respect. QC040714/029

It was noted that all the activities in the strategy needed to support agreed priorities and nationally mandated requirements. In overall terms there needed to be a logical fit with the CCG's aims. QC040714/030

It was also felt that the governance arrangements should be articulated in the strategy in terms of internal and collaborative arrangements. The Quality Committee was at the hub of this and needed to show that it could provide assurance as to how it was doing this both strategically and operationally. As well as assuring the providers the strategy needed to identify weaknesses between providers and care pathways as a whole. QC040714/031

Denise Crone would provide some bullet points on patient experience to ensure the references were up to date. QC040714/032

#### **Action Denise Crone**

It was noted that the Council of Members did not need to approve the strategy and should be sighted on it in the broader context of the CCG's statutory requirements and commissioning plans. QC040714/033

It was also noted that the document needed to be subject to an Equality Impact Assessment (EqIA). This could be done using the trained assessors who had completed the recent work on policies and were now more experienced in doing the relevant analysis. QC040714/034

The ability to deliver section on page 12 was discussed. It was felt this may need to be developed to reflect the nature of collaborative commissioning arrangements in Surrey. QC040714/035

It was queried whether the CCG could identify the causal relationships between quality and finance. This was felt to be more about prioritisation rather than quality as such. The CCG's plans did give some forecasts on this. QC040714/036

Section 5 (aspirations) was discussed. It was felt this needed to be reviewed outside the meeting. QC040714/037

The resource to deliver this was discussed. Corporate ownership was felt to be essential, and there was a need to strengthen the internal focus on quality. The quality team should be increasingly focused on priority areas and areas for improvement, and not on over-policing the system. QC040714/038

The role of the Executive was discussed and it was felt that this also needed to be able to support the quality agenda effectively. It was noted that there was strong clinical input in the Executive and this did reflect patient experience and clinical safety. QC040714/039

The strategy was felt to be positive in terms of strengthening the links with service redesign. QC040714/040

It was queried whether quality was fully incorporated into every member of staffs' thinking and this noted as an area that needed to be looked at, although many staff were very aware of quality issues in the different teams. QC040714/041

Alison Pointu summarised the discussion. The Committee agreed with the principles contained within the document , noting that changes to the structure were needed to create final version based on discussion at this meeting. QC040714/042

**Action Eileen Clark**

It was agreed to review whether this should be presented at the Annual General Meeting or the Governing Body. QC040714/043

**Action Miles Freeman**

**8. Quality Exception report**

This was NOTED. QC040714/044

Concern was expressed about breast cancer Two Week Rule (TWR) breaches in Virgin Care Services. This was a recent development and a remedial plan was being put in place by the provider. Clinic capacity was not felt to be an acceptable rationale for poor performance. QC040714/045

Data lag was an issue and it was requested the committee have updated information from the provider's clinical system. Eileen Clark would pursue via the host commissioner (NW Surrey CCG). QC040714/046

**Action Eileen Clark**

It was noted that although the bulk of patients were at the Jarvis Centre there were other sites that could be referred into and the CCG had effectively spread its risk in this respect. QC040714/047

The update on Winterbourne was felt to be very positive and the team was commended on this. QC040714/048

The Clostridium difficile work with GP practices was also commended. QC040714/049

The Saville inquiry was noted and it was noted that there was work in hand with providers to ensure they had the required policies and procedures in place. There were no local providers in Surrey that had been involved. QC040714/050

**9. Medicines Management: PCN recommendations**

There were no issues with these. The succinct guideline for dry eye management was particularly commended and it was agreed this should be cascaded to GPs in the Start the Week newsletter. QC040714/051

**Action Justin Dix**

**10. Any other business**

The specification outlining what is required from providers attending Seminars was discussed and would be re-circulated following update. QC040714/052

**Action Eileen Clark**

DC asked whether patient representatives from the localities should be invited to the seminars with providers. It was felt that it would be more useful for patient representatives to be involved in drawing together soft intelligence prior to the meeting. QC040714/053

It was felt that the patient engagement post being recruited to could provide some support and training to patient representatives. QC040714/054

Concern was expressed regarding the slow pace of Healthwatch development. QC040714/055



# Surrey Downs Clinical Commissioning Group

## Meeting: Quality Committee

Date and time: 9.30am Friday 8<sup>th</sup> August 2014

### Present

Alison Pointu (Chair)  
Denise Crone  
Dr Philip Gavins  
Gavin Cookman

### In attendance

Dr Jill Evans  
Dr Clare Fuller  
Justin Dix (minutes)  
Dr Mark Hamilton  
Jackie Moody  
Georgette Welch

## 1. Welcome and Introductions

Alison Pointu welcomed everyone to the meeting.

QC080814/001

## 2. Apologies for absence

Apologies had been received from Dr Robin Gupta, Dr Suzanne Moore, Eileen Clark, and Liz Saunders.

QC080814/002

Supporting Officers: Helen Blunden, Liz Clark, Miles Freeman and Karen Parsons

## 3. Declaration of interests

There were no new declarations of interest or conflicts relevant to the meeting.

QC080814/003

## 4. Minutes of the last meeting

These were AGREED as an accurate record.

QC080814/004

## 5. Matters arising and action logs

Updates were received on CQC040714/32 (patient experience for the quality strategy - completed) CQC040714/46 (cancer two week waits – on agenda) and CQC040714/52 (future seminar arrangements). The latter two would need to remain open.

QC080814/005

All other items were accepted for closure as set out in the log.

QC080814/006

## 6. Quality and Performance Report

Jackie Moody introduced the report and updated specifically on cancer two week referrals. This related to breaches at the Jarvis Centre.

QC080814/007

A formal notice was being issued to Virgin by the host commissioner and collaborative resolution was being sought. It was expected this would be resolved by the provider putting extra capacity in place. She would ensure that there was an update in the next performance report from Mable Wu.

QC080814/008

### **Action Jackie Moody**

Jackie Moody said that she had attended the Epsom Clinical Quality Review Group (CQRG) the previous day and there were a number of performance issues that had been brought to the attention of the Trust board.

QC080814/009

It was agreed that verbal reports from CQRGs were acceptable at Quality Committee meetings as long as the issues were minuted. It was agreed this would be discussed with Eileen Clark on her return from annual leave. It was hoped to provide more analysis in some areas e.g. NHS Choices and data from performance colleagues. This needed to fit with the new seminar / business meeting cycle for the committee.

QC080814/010

Alison Pointu said there was a wider issue of triangulating quality data from multiple sources into reports and this may need more support given the size and capacity of the quality team.

QC080814/011

### Patient Experience

QC080814/012

Section 3.3.1 Denise Crone asked about the decrease in queries relating to GP surgeries. This could be due to better practice in surgeries but she was concerned that themes and trends in primary care were not being identified – for instance comments about getting appointments. Dr Fuller said that the CCG did have access to the national primary care survey until such time as it was involved in co-commissioning.

It was noted that NHS England did not have good data for local CCGs interpretation, but this may be resolved next year.

QC080814/013

Denise Crone said that patient representatives were seeking to identify more local information although it was queried what could then be done with this data. Dr Fuller said this could be fed into network provider meetings. It was felt that primary care access was an issue across most CCGs.

QC080814/014

Section 3.2.2. Concern was expressed about the community provider, CSH Surrey, and an apparent lack of progress on a programme to improve behaviours and communication with patients. It was noted that the provider had received a high number of complaints, many of them about wheelchair services. This would be raised in the CQRG and CSH Surrey would be asked to address at the Seminar in November if the issue remained.

QC080814/015

It was noted that the Care Quality Commission's report on Surrey and Sussex Healthcare had been published on 6<sup>th</sup> August. This had rated them as one of the top Trusts in the country but there were a few areas of poor practice to address in respect of outpatients services and training to clinical staff on the Mental Capacity Act

QC080814/016

Regarding the format of the Quality and Performance report, it was acknowledged that information about providers was not always available at the time of writing; Dr Hamilton asked that, if there were gaps in information,, this should be highlighted.

QC080814/017

It was also requested that, to cut down on the volume of papers brought to the Committee, summaries could be included and the detailed reports hyperlinked for committee members and attendees who wanted to read a bit deeper, particularly for clinicians. This was accepted as a helpful approach however it was unlikely to be fully implemented until the CCG had a more developed intranet to which all members of the Committee had access. In the meantime web links to publically available documents could be provided.

### **Action Jackie Moody**

Alison Pointu highlighted the matter of complaints about the assisted conception policy and whether equality analysis would have drawn attention to the cause of complaints at an earlier stage. Dr Fuller noted the policy was under review and due to come to the Surrey Priorities Committee (SPC) in the autumn (Sept 23<sup>rd</sup>). Equality analysis would be undertaken during the review. It was queried whether the delays needed to go on the CCG risk register and on balance it was felt that it did not. It was also noted that the SPC had recently appointed a new lay chair, David Clayton-Smith.

QC080814/018

Gavin Cookman asked about a number of specific areas in the report:

QC080814/019

3.1.1. Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (May data) – Red risk. Jackie Moody said that there was a watching brief on this. The numbers are very small but they are higher than last year and it is worth trying to understand the reasons for this

QC080814/020

3.2.1 Emergency admissions for children with lower respiratory tract infections (May data) – Red risk. It was noted that Eileen Clark had requested more information about the reason for the poor performance and more detail would be brought to the next meeting.

QC080814/021

3.4.1 Healthcare associated Infections (HCAI). – this was discussed. There was a zero tolerance approach to MRSA but there had been a difference of clinical opinion as to whether this was the right approach.

QC080814/022

Dr Hamilton said there needed to be a report on the MRSA root cause analyses to identify key learning and Jackie Moody said there two summaries on the agenda for today and others would be reported going forward. Everyone accepted that there is zero tolerance for the incidence of MRSA, and this indicator is achievable as a number of Trusts have had zero incidence for a number of years.

QC080814/023

Gavin Cookman reiterated that one of the aims of this committee was to identify underlying trends and concerns. Jackie Moody advised that there was ongoing work with report writers to ensure that this, and risks and mitigations, were included. Also, to have report writers present where possible, for example the Infection Prevention and Control (IPC) Surrey-wide lead in attendance for the Annual Infection Control Report.

QC080814/024

It was noted that 3.1.1 was a national problem and also noted that this was an odd basket of conditions to put together and it would be helpful to understand the issues for each condition.

QC080814/025

Alison Pointu said that 3.2.1 raised issues of possible links to uptake of immunisations and asked whether admissions of children with respiratory disease were increasing due to Surrey Downs poor child immunisation rates.

QC080814/026

Denise Crone asked about SECAMB and expressed surprise at their 92% satisfaction rates in their own survey. She noted the redesign of the service specification for patient transport and asked if patients were involved in this. Jackie Moody would raise this with Helen Cook who led on this area.

QC080814/027

### **Action Jackie Moody**

Alison Pointu had reviewed data from the NHS Choices website and expressed concern about infection prevention and control and Venous thromboembolism (VTE) performance at Kingston Hospital which was well below national averages.

QC080814/028

Jackie Moody said she had reviewed what the Trust had reported at the July CQRG (Month 2 data). Infection control measures were on Green at that stage. Recording and accurate reporting of VTE risk assessment was still problematic with the rate still well below the required 95%. This presented a financial as well as a patient safety risk to the Trust as a penalty is now applied to all cases unrecorded below the threshold. Increased administration had commenced to ensure that all recordings are completed correctly in the electronic patient record to ensure accurate reporting.

QC080814/029

She also noted that Kingston Hospital needed to improve on the Friends and Family Test, especially in Accident and Emergency. In-patient scores regarding complaint response rates had begun to improve and a trial of dealing with complaints by telephone contact in some service areas to improve responsiveness would be evaluated in September. Georgette Welch said this had come out of the Francis Report into Mid-Staffordshire hospital.

QC080814/030

Denise Crone asked why this did not go via PALS. She cited recent experience which indicated that this would be confusing for patients. Jackie Moody said she would raise this through the CQRG if Denise Crone could summarise her experience.

QC080814/031

### **Action Denise Crone / Jackie Moody**

#### **7. Safeguarding children and young people - Actions taken since the Quality Committee on 6th June 2014**

This report was NOTED. Jackie Moody highlighted 4.1 Human Resources (HR) and training / induction. There was no safeguarding children element in induction and this had been requested. The next induction on 3<sup>rd</sup> Sept should include input from the Guildford and Waverly lead.

QC080814/032

There had been an issue concerning processes for ensuring that staff Disclosure and Barring (DBS) checks took place raised at the Audit Committee following the internal audit of safeguarding. HR had advised that the recruitment process prompts recruiters to confirm whether roles require the person to be DBS checked. Not all roles require it. DBS checks need reviewing every three years and this is triggered by the Electronic Staff Record database.

QC080814/033

Regarding agency and interim staff, DBS checks are an employer responsibility therefore staff employed through agencies validated for use by the NHS would be DBS checked by the agency. However there was a query about interims and whether these were checked. Denise Crone said the DBS check was less stringent than the Criminal Records Bureau and this made the need for checks less likely. The main area was likely to be Continuing Health Care (CHC)

QC080814/034

Dr Fuller asked that the committee note that Guildford and Waverley CCG have a safeguarding lead for themselves as well as for the collaborative. This raised the question as to whether Surrey Downs needed a similar level of resource? The rationale for the appointment was unclear. Jackie Moody said that Eileen Clark was aware of this and was seeking clarification.

QC080814/035

Regarding the work plan, Gavin Cookman asked about the ambers and reds on pg.19 of the report but it was clarified that this was work in progress and did not indicate any serious underlying problems. Target dates were clear and should be achieved. The committee can take assurance from this.

QC080814/036

Dr Evans asked whether the CCG should challenge some of the ways the Collaborative hosting arrangements were working and Dr Fuller said that there were ongoing discussions but inevitably non-host organisations were likely to raise challenges. It was agreed there was a need for clarification between host and non-host as to the responsibilities of both. It was noted that non-hosts still remained accountable and should seek assurance that arrangements were robust.

QC080814/037

It was agreed that the CCG action plan for safeguarding should come back in December and be reviewed regularly. Exceptions would be reported in the October QP report with issues escalated to the risk register if necessary. QC080814/038

Gavin Cookman said that he felt that the CCG had significantly improved its oversight of safeguarding compared to a year ago. QC080814/039

It was noted that there had been a discussion at the July Governing Body about level 2 and 3 training safeguarding children training for GPs. Dr Evans said that the minimum was level 2 but we should aspire to 3 as this was also available online and was not difficult to do. Apparently there was a difference between what was advised in the policy versus the information distributed to all GPs in January. Jackie Moody would follow up this issue. Dr Evans clarified that Level 3 was a lot more modules but was still not onerous. It was noted that Epsom Hospital were offering courses via the postgraduate centre. QC080814/040

Dr Fuller noted there were a number of actions agreed at the governing body which needed to be cross referenced to this committee. QC080814/041

**Action: Jackie Moody/Eileen Clarke**

**8. Infection Control Annual Report 2013/14**

This was NOTED. The Committee thought that the report needed more focus on the key risks for Surrey Downs CCG. Jackie Moody explained that the key issues raised and assurance on how areas of concern were raised were set out on the cover sheet . These had been discussed with the Surrey-wide lead who was clear on the CCG's priority areas. QC080814/042

The Surrey Infection Prevention and Control (SIPC) meeting had been held on 30<sup>th</sup> July and concern raised about the lack of systematic occupational health checks for staff particularly agency staff in care homes. Public Health England, the CQC and Surrey County Council were sighted on this and were reviewing contractual requirements. There were a lot of large care homes in Surrey which made this relevant. Quality leads drew attention to this at the Quality Surveillance Group held on 31<sup>st</sup> July. QC080814/043

Gavin Cookman said he was still not clear whether the CCG was comfortable with performance on infection control. Jackie Moody said this had been reviewed with the surrey wide lead and it was acknowledged there was more to do in this area. The SIPC had drawn attention to the fact that a single person in public health was not sufficient resource to support all Surrey CCGs and the CCG Quality Leads had agreed to write an options appraisal paper to take to the collaborative to strengthen infection control capacity. QC080814/044

A researcher at the Health Protection Unit was doing some work on mapping roles and responsibilities of organisations following the Health and Social Care Act which would support this. QC080814/045

East Surrey CCG quality leads were working with the Surrey IPC Lead on guidance for managing the new requirement for CCGs to conduct post infection reviews on Clostridium difficile cases. This information would be shared with Surrey CCG quality leads. QC080814/046

Gavin Cookman asked if other CCGs were better than us at this and Jackie Moody explained there was a model in London where ICP expertise had been bought from Commissioning Support Unit which gave more support to CCGs. Surrey Downs quality leads had already flagged the issue and were working on strengthening expertise. Jackie Moody would brief Eileen Clark on the SIPC discussion about a collaborative solution that had taken place in her absence on annual leave. The post would not have to be located in public health. QC080814/047

It was queried why the resource that went to Public Health had been sufficient (PCT time) but was not now. Jackie Moody explained that there was more to do, e.g. with Clostridium difficile. QC080814/048

Denise Crone asked if this was due to having six CCGs rather than one Primary Care Trust but Jackie Moody said it was really due to an increase in the volume of work, in particular, to ensure that system-wide learning was embedded. There was also a national issue with recruiting people with expertise in this area. Dr Fuller said the case for more resource would come back to the committee. QC080814/049

Jackie Moody highlighted the value of working closely with IPC colleagues in providers who were also monitoring and addressing IPC risks. Gavin Cookman stated that the CCG had never agreed what our tolerance levels were in this committee. Dr Hamilton said that tolerance levels were clear - in the case of MRSA it was zero and this was being achieved in some areas with one trust having had no MRSA for three years. Gavin Cookman said we should learn from this. Dr Hamilton said this was mainly about culture i.e. not wearing watches and hand washing. Jackie Moody said that the CCG was in the right place to challenge and this would hopefully have an impact. QC080814/050

It was noted that there was an error in the report in that Princess Alice Hospice was listed as a GP practice. QC080814/051

#### *Post Infection Reviews* QC080814/052

Eileen Clark and Jackie Moody had done one each of the two reports in the papers and the action plans were in the report. Denise Crone noted there were remarks about patients declining to attend or have treatment and she felt this should be followed up by the provider who needed to be sure this was not part of the QC080814/053

culture and behaviours in the interaction.

Mental capacity and patient choice were concepts that frequently arose, particularly around incidents and Jackie Moody advised that during investigations she and Eileen Clark routinely met with the staff involved and would address this type of concern.

QC080814/054

Dr Gupta had asked about community providers and queried rehydration proposals from CSH Surrey, and it was clarified that this was correct.

QC080814/055

Dr Hamilton said he liked the clarity of the box on issues and actions.

QC080814/056

Re: HDCS 340125 Jackie Moody said the quality team had pushed back on possible contamination during blood culture taking. Assurance had been received about ongoing training for staff taking blood cultures. A tracking system had also been introduced to avoid cultures getting mislaid.

QC080814/057

Dr Hamilton said that he felt there should be more accountability for following up all investigation results, especially if a patient is discharged from A&E. This had been raised at St George's Hospital who were working hard to ensure that there was clear lines of accountability. It was noted that Epsom St Helier were also making accountability clearer.

QC080814/058

## 9. Out of Hospital Provider CQUINs

Jackie Moody introduced this item which was designed to provide a picture of the system-wide approach taken in respect of CQUINs. The main concern was finding meaningful CQUINs for the smaller Any Qualified Providers e.g. Dorking Healthcare, Epsom Medical, for whom national CQUINs were not always applicable. These were currently under discussion with the provider and CCG contract and service redesign team. It was noted that the Friends and Family Test was a national CQUIN which was applicable to all providers.

QC080814/059

The CCG process for developing CQUINs would be part of corporate planning schedule next year would be better co-ordinated with the contract team.

QC080814/060

Denise Crone said that the take home medication CQUIN for Ramsey Ashted was a good one and asked if it could be applied to the other small providers but it was noted they were not typical as this was a more hospital based service.

QC080814/061

Re: handwashing CQUIN, it was queried why nurses and not other clinical groups were asked about hand washing and Jackie Moody said she would follow this up.

QC080814/062

Jackie Moody invited comments on the paper; she would be following it up with Eileen Clark on her return from Annual Leave.

QC080814/063

<p>Dr Hamilton asked how CQUINs were monitored. Jackie Moody advised that this would be via CQRGs and regular meetings with the providers to discuss the detail. The Committee would receive progress report the frequency of which were to be confirmed.</p>	QC080814/064
<p><b>10. Locality reports</b></p>	
<p>Dr Fuller said that Epsom and Medlincks localities would be deciding in September on whether to merge.</p>	QC080814/065
<p><b>11. Surrey Downs CCG Quality Improvement Strategy 2014 - 2017: revised</b></p>	
<p>Alison Pointu noted this had come to the last Quality Committee seminar and was presented at the public meeting of the Governing Body. As described on the cover sheet, it was in fact being presented for agreement following those two meetings, and not for noting as on the agenda. In future the progress on implementation would be tracked via this committee.</p>	QC080814/066
<p>The Quality Improvement Strategy was AGREED.</p>	QC080814/067
<p><b>12. Diabetes Service Redesign.</b></p>	
<p>Gavin Cookman spoke to this. It needed to go through due process culminating in 'go live' in November but he also felt it should come to this committee prior to that. The process had been very detailed and the evaluation had included a number of areas. The award of preferred provider status had been ratified by the Executive but was still commercial in confidence as there was a lot of detail to be reviewed as part of due diligence.</p>	QC080814/068
<p>Service users and GPs had been engaged and had raised a number of concerns about the specification. Diabetes UK and the local network had also been engaged. The service covered Tier1 and Tier2 but there were different arrangements for paediatrics who would remain under the care of the acute hospital. There were some issues around more complex patients that were being resolved and some issues with primary care / self-care. Part of the arrangement would be mentoring and upskilling other practitioners.</p>	QC080814/069
<p>Denise Crone asked if all service redesign should come through this committee. Alison Pointu said the vision in the strategy was that the Committee would take an overview in terms of quality, but not go into the nuts and bolts of a major change or procurement. There were no significant similar redesign programmes on the horizon. Gavin Cookman said that this committee did need to scrutinise proposals particularly from the patient perspective.</p>	QC080814/070

Timing of the next meeting was discussed; this would have to be the seminar as the October meeting too late. Gavin Cookman was asked by Dr Fuller why Stuart Tomlinson should attend a Quality Committee meeting given it had already been scrutinised in detail. QC080814/071

Agreed not to bring to Quality Committee other than possibly to discuss how progress would be tracked. Alison Pointu noted that in future new service redesigns would come much earlier. QC080814/072

It was agreed that this should come back to the committee in October but not for agreement only for oversight and satisfaction that process had been followed. Stuart Tomlinson to attend on this basis for a fifteen minute slot. QC080814/073

### **Action Justin Dix**

#### **13. Influenza Immunisations Improvement Plan**

This was noted by the committee. The paper highlighted the amount of work that needed to be done. There was a concern about the level of public health engagement. QC080814/074

It was felt that we should go back to public health to seek improvements in the level of engagement and consider our own communications function. There were ongoing discussions with the Director of Public Health to this effect. QC080814/075

Jackie Moody noted there was an operational group leading on this led by Jack Wagstaff. QC080814/076

#### **14. Risk Management Report: Q1**

This was reviewed. Justin Dix apologised for the fact that the print was too small to be legible but noted it could be read easily in the electronic version circulated by email. QC080814/077

It was noted that all the main risks and concerns on today's agenda were covered. QC080814/078

Jackie Moody drew attention to proposed new risk around Individual Funding Requests and capacity and resource in the team, saying there had been a lack of resilience in the service during the months the Head of Service was on planned sick leave. Dr Fuller noted that the Head of Service was returning from long term sick leave in September and this may mean the risk did not need to be on the register going forward. QC080814/079

The two proposed closures (clinical audits and effectiveness of CQRMs) were AGREED. QC080814/080

#### **15. Medicines Management**

The Prescribing Clinical Network (PCN) recommendations as follows were AGREED: QC080814/081

1. PCN 102-2014 LHRH agonists

2. PCN 103-2014 Domperidone use in Parkinson's disease
3. PCN 104-2014 Relvar Ellipta in COPD
4. PCN 105-2014 Adrenaline Auto-injectors – updated July 2014
5. Post Herpatic Neuralgia Prescribing Guidance – Lidocaine 5% plasters added

As per previous discussions in future these will be circulated outside the meeting for agreement by clinical lead and come to the Quality Committee only to note. QC080814/082

Denise Crone said that with reference to adrenalin injectors that she appreciated the rationale but there have been shortages due to manufacturer supply – this needed to be monitored to make sure alternatives were available. QC080814/083

*Medicines Management infection control update.* QC080814/084

Dr Fuller queried 3 day prescribing for Trimethoprim data, and enquired whether long term use of Trimethoprim had been included as this would have had an impact on the results. It was agreed to ask Helen Marlow to provide further clarification. QC080814/085

There was a discussion about the relevance of a Medicine Management report with this level of detail coming to the Committee, rather than to the Executive and /or the practices concerned. Dr Fuller said there was a danger of supplying information to the QC that was already well known and being communicated at the Executive Committee. There was a discussion about governance and reporting lines, and this will need to be clarified with the Medicine Management Lead and . It was acknowledged that this report, when considered with the infection and prevention and control report and known antibiotic resistance concerns, could provide insight into the behaviours that were needed to be addressed. However a report setting out the problem, the evidence and what the CCG through the Medicines Management Team is doing to improve the situation may be more appropriate format. Jackie Moody would raise this with the medicines management team. QC080814/086

**Action Jackie Moody**

*'Guide to Prescribing' and 'Prescription Security Policy'*

It was noted this had been an issue since February and as it is an operational concern across primary care this should in fact be picked up with the medicines management team in the Executive Committee meetings. Justin Dix was asked to agenda in that forum.

Further clarity around governance arrangements for the medicines management is required to confirm formal reporting lines

**Action Justin Dix**

**16. Equality and Diversity: update**

The number of reds and ambers in the actions agreed by the steering group and endorsed by the Executive Committee were noted. The main issue was capacity.

QC080814/087

There was a discussion about the CCG's position on Equality and Diversity and whether the action plan gave an accurate picture. On balance it was felt that the CCG did have a number of areas where it needed to improve.

QC080814/088

Alison Pointu asked that this be referred back to the Executive team to look at capacity and see how we can address these issues.

QC080814/089

**Action Justin Dix**

The new engagement post had been appointed to and Denise Crone said she was very positive about the individual's experience and skills in this area.

QC080814/090

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

Alison Pointu noted that there were some issues from Audit Committee that would be circulated with the minutes. (Justin Please can you add these you had the paper with the circled items thanks

QC080814/091

**18. Committee Forward Plan**

It was noted that the seminars with providers should be held on provider sites, this would enable committee members to visit clinical areas at the Trust. Clare asked whether the September seminar was taking place at Epsom Hospital. Jackie agreed to follow up with Eileen on her return.

QC080814/092

**19. Any other business**

There was no other business

QC080814/093

**20. Meeting Close**

The meeting closed at 12.10

QC080814/094

**21. Date of Next Meeting**

The next Seminar Meeting will be on 4<sup>th</sup> September at 9:30am with Denise Crone Chairing. The next Part 1 meeting would be on Friday October 3<sup>rd</sup> at 9.30am in Cedar Room, Cedar Court.

QC080814/095

