

Title of paper:	Quality Committee Minutes for March, April and May 2014
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Meeting:	Governing Body
Date:	18 th July 2014
Author:	Justin Dix
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Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Discuss	
	To Note (but see recommendations)	

Development

The Quality Committee meets monthly. These are the minutes for of the 6th June 2014 meeting.

Executive Summary and Key Issues

Key issues to note:

- The committee agreed to adopt a bi-monthly cycle similar to the Governing Body where one month would be predominantly a seminar and the other would be a business meeting.
- The quality strategy was reviewed
- The quality and performance report was reviewed
- The safeguarding adults Q4 report was noted
- Amanda Boodho from Guildford and Waverley CCG attended to present the latest Child Safeguarding report
- Provider CQUINS were noted
- Provider Quality Accounts were noted
- PCN recommendations were agreed
- Submission of the Equality and Diversity workforce return was noted

Agenda item	13
Attachment	10

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, specifically the survey of CCG workforces.

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

Agenda item 13

Attachment 10

Legal or compliance issues

No specific issues

Risk and Assurance

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

Minutes of the Quality Committee

held on Friday 6th June 2014

at Cedar Court, Guildford Road, Leatherhead, KT22 9AE

Part 1

Chair: Alison Pointu

Present		
Members		
EC	Eileen Clark	Head of Quality
GC	Gavin Cookman	Governing Body Lay Member - Governance
DC	Denise Crone	Governing Body Lay Member - PPE
RG	Dr Robin Gupta	Clinical Lead –Dorking SASH
MH	Mark Hamilton	Secondary Care
AP	Alison Pointu	Governing Body Register Nurse / Chair
SM	Dr Suzanne Moore	Clinical Lead – Medlinc/Mid Surrey - Epsom
In Attendance		
HB	Helen Blunden	Designated Nurse for Safeguarding Vulnerable Adults in Surrey
CF	Dr Claire Fuller	CCG Chair
CJ	Clare Johns	Medicines Management Lead for item 15
AM	Abby Mabil	PA /Minute Taker
JM	Jackie Moody	Clinical Quality and Safety Manager/Minute Taker
KP	Karen Parsons	Chief Operating Officer
AB	Amanda Boodhoo	Surrey Wide Designated Nurse for Children’s Safeguarding for item 12

No.		Action Lead	Para ID
1.	Welcome and introductions		
	The meeting opened at 9.32 am and the Chair welcomed members and those in attendance.		QC060414/001
	It was explained the Safeguarding Children Report would be taken at the start of the meeting to enable the attendance of the Designated Nurse to speak to her report. The minutes have been recorded in the order of the agenda, rather than order of discussion.		QC060414/002
2.	Apologies for absence		
	Apologies were received from: Liz Clark, Justin Dix, Miles Freeman, Dr Phil Gavins, Liz Saunders.		QC060414/003

No.		Action Lead	Para ID
	AP stated that the Committee was quorate noting that Mark Hamilton would arrive later in the meeting. He arrived towards the end of the discussion on the Safeguarding Children report and was present for all other items on the agenda.		QC060414/004
3.	Declarations of interest		
	The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda. There were no additional declarations at the start of the meeting.		QC060414/005
4.	Quality Committee: proposed changes – to discuss and agree		
	EC explained that following a review of the organisational structure a meeting with the CCG Chair, Chief Officer and Governing Body Registered Nurse was held to discuss the approach to quality. The outcome was a proposal to widen the scope of the Quality Committee and thus enable the CCG to have a more strategic approach as commissioners of services. The Committee would be requested to discuss the proposed changes and direction of travel and agree the next steps.		QC060414/006
	The Chair invited comments from the Committee. KP commented that the proposal for a patient and public engagement (PPE) plan need to form part of the overarching CCG plan for PPE.		QC060414/007
	SM drew attention to the matter (set out the paper on the Committee Forward Plan - item 05, para 2.4)) concerning the delay in approving the recommendations of the monthly Prescribing Clinical Network (PCN) if the Committee moved to meeting every other month. The Committee discussed the possibility of those recommendations being discussed and agreed virtually through email. Further discussion took place under item 05.		QC060414/008
	Re: Para 3.3, DC expressed concern that moving from monthly to bi-monthly meetings, would it slow down the progress of the business of the Committee.		QC060414/009
	KP responded that the draft revised Terms of Reference allowed extraordinary meetings to be held. EC added that bi-monthly business meetings would allow time for the quality team time to produce meaningful reports, and the seminars would enable greater depth of scrutiny on key matters of concern.		QC060414/010
	It was agreed that a focussed, planned approach for the agenda with clarity about what the Committee wanted to be sighted on would lead to maximising the value of the seminars. For example, GP clinical quality leads to identify particular areas of concern or risk.		QC060414/011

No.		Action Lead	Para ID
	GC commented that in preparation for Providers attending the seminar, the Committee needed to give clear guidance on what was expected from them, addressing such things as leadership, culture, and performance indicators, and that they must be asked to submit papers in advance to allow Committee members sufficient time to review.		QC060414/012
	In summary, the Committee discussed and agreed the proposed changes to the Quality Committee.		QC060414/013
5.	Draft Committee Forward Plan – to agree		
	JM explained that in response to the proposal to bi-monthly meetings a forward plan setting out the impact on the business agenda had been drafted.		QC060414/014
	<u>Business Meetings</u> As previously mentioned under item 04, alternative arrangement for agreeing PCN recommendations would be required. It was believed that this was a responsibility delegated to the Committee. GC stated that clarity on the governance and role of the Committee was required.		QC060414/015
	JM would raise the governance question with the Committee Secretary and speak to the Medicines Management Lead, Liz Clarke, about developing a process, for example, virtual review and approval of PCN recommendations.	JM	QC060414/016
	<u>Seminars</u> JM drew attention to the number of Providers the CCG commissioned from and the need to consider who to and when. GC suggested that the quality team would best placed to decide based on where the greatest risks were for the CCG.		QC060414/017
	KP added that there were robust monitoring mechanisms in place, and noted that where the Provider is hosted by a CCG commissioner other than Surrey Downs, that commissioner should also be invited to attend.		QC060414/018
	<u>Meeting Dates</u> Committee members requested that electronic meeting invitations for 2014/15 be sent to them as a matter of urgency to facilitate maximum attendance at all meetings.		QC060414/019
	JM would raise this with the Committee Secretary.	JM	QC060414/020
6.	Terms of reference – to agree		QC060414/021
	In the absence of Justin Dix, JM explained that the revised Terms of Reference presented were based on a version that has been circulated in October 2013 for comment, and were being presented for review.		QC060414/022

No.		Action Lead	Para ID
	It was understood that there was work in progress to ensure that governance was integrated across the CCG through its Governing Body Committees and there may still be gaps or overlap.		
	Committee members recognised the need to have a document that set out clearly the responsibilities of a Committee of the Governing Body, noting that this required a balance between detail and length.		QC060414/023
	As noted in the cover sheet, there were areas to be resolved therefore it was not thought appropriate to agree the terms of reference, pending that further work and the development of the Quality Strategy.		QC060414/024
	It was agreed that the document would be noted as draft and returned to the Committee in future.		QC060414/025
	KP would draw together the various elements of the conversation outside of the meeting to ensure that progress was made.	KP	QC060414/026
	Business		QC060414/027
7.	Minutes of the previous meeting		
	The minutes of the meeting held on Friday 8 th May 2014 were approved with the following amendments:		QC060414/028
	<u>Attendance</u> Eileen Clark – to be added to the Member attendance list Kathleen Curtis and Stuart Carey to be added to the In Attendance list (by telephone)		QC060414/029
8.	Matters Arising and Action Log: 08.05.2014 – for note		
	All action recommended for closure were closed.		QC060414/030
	<u>QC080514/036 – Integration of work on Nursing Homes</u> EC proved an update. A meeting of CCG internal staff had been arranged in June to discuss development of quality indicators. Also, the Surrey Quality Leads would be meeting as part of the Surveillance Group. EC would report back through the Quality and Performance Report. The action was closed.		QC060414/031
	<u>QC080514/037 – Repeat Prescribing in Care Homes</u> This action would be dealt with through the Prescribing Committee. The action was closed.		QC060414/032

No.		Action Lead	Para ID
	<p><u>QC080514/046 – NHS England data on Complaints in Primary Care</u> KP advised that the data is not available at this stage. HB informed the Committee that NHSE were trying to establish informal network to look at formal complaints and soft intelligence arising in primary care. KP noted that there may be an opportunity to follow up through co-commissioning arrangements. The action was closed.</p>		QC060414/033
	<p><u>QC080514/054- under 18 admissions to adult mental health wards</u> SM advised that NHSE were now commissioning Tier 4 beds. There now no allocated beds but purchased on a case by case basis. The host commissioner, Guildford and Waverly CCG, were addressing the matter with NHSE Area Team and would keep the Surrey CCGs informed of progress. The action was closed.</p>		QC060414/034
	<p><u>QC080514/063 – reformatting Adult Safeguarding Policy</u> This work is complete. The action was closed.</p>		QC060414/035
	<p><u>QC080514/067 - Child statement and safeguarding policy</u> The policy has been circulated for comment. The action was closed.</p>		QC060414/036
	<p><u>QC080514/090 – ‘Flu Vaccine Uptake</u> Information was contained in the June Quality and Performance Report. The action was closed.</p>		QC060414/037
	<p><u>CQC101213/13 – Integrated Governance</u> AP is sighted on this work. The action was closed.</p>		QC060414/038
	<p>Assurance on Quality</p>		
9.	<p>Quality Strategy 2014-2017:plan and timelines - to agree</p>		
	<p>AP introduced the item drawing attention to the summary and key issues noted on the cover sheet. She went on to say that Committee members had concerned about the delay to the development of the strategy and the timelines.</p>		QC060414/039
	<p>EC responded, saying that she and JM had met with the CCG Executives earlier in the week to discuss the quality strategy. She tabled an update – Framework for the Quality Strategy -that summarised the outcome of that meeting. It was a brief summary that was part of an iterative process. A more complete document would be taken to the Governing Body in July which would include a consultation timeline.</p>		QC060414/040
	<p>Discussion took place about the difference between engagement and consultation recognising that, for the quality strategy, engagement on priorities was desired.</p>		QC060414/041

No.		Action Lead	Para ID
	MH suggested Urgent Care be included as a priority.		QC060414/042
	GC sought clarification over which stakeholders would be included. EC responded that the intended coverage was both internal to the CCG-staff and member practices – and external partner organisations within the local health economy.		QC060414/043
	DC drew attention to the need to make this a priority for the Communications and Engagement Team and their expertise, as it was outside the capacity of the Quality Team.		QC060414/044
	There was general agreement to change the name to something other than a strategy because the CCG's overarching strategy already demonstrated commitment to quality and safety. The term 'framework' was suggested. EC and the quality team would consider this outside the meeting.	EC	QC060414/045
	In response to a query from GC about how this work link with the CCG's Financial Envelope. KP responded that that it will all be connected.		QC060414/046
	The Committee noted the progress to date and agreed the next steps.		QC060414/047
10.	Quality and Performance Report: Full – to agree		
	The report was taken as read and opened up for questions and comments.		QC060414/048
	<u>Surrey and Borders Partnership FT (SABPFT)</u> RG commenced by drawing attention to the delay in review and closure of serious incidents (SIs).		QC060414/049
	JM responded that the host CCG are monitoring and challenging SABPFT, who are responding well. Over the last few months additional meetings have been held to scrutinise and sign off investigation reports, whilst maintaining focus on newly declared SIs. EiC or JM attend those meetings.		QC060414/050
	The CCGs have been working with SABPFT to improve the quality of the investigations to provide greater assurance that issues are being identified and appropriate action taken. Therefore some of the cases awaiting closure are where further information has been sought which, once received, will show a marked improvement in the numbers and anticipate being on trajectory in May and June.		QC060414/051
	EC added that some are overdue are actually "stop the clock" due to, for example, safeguarding or coroner involvement. SABPFT have acknowledged that standards have slipped are working to address this.		QC060414/052

No.		Action Lead	Para ID
	SM advised that there were monthly meetings around Children's Services that she attended.		QC060414/053
	<u>Funded Healthcare – pg. 11</u> DC asked for a progress update on moving patients in response to the Winterbourne recommendations. EC reported that all the patients placed by Surrey had been reviewed and there were two patients in the Surrey Downs area still to be moved. EC will report on progress in the next Quality and Performance Report.	EC	QC060414/054
	<u>Fast Track Placements – pg. 11</u> KP stated that Fast Track Referrals are down from 146 outstanding to just 40 with a clear operational policy and process in place. A business case has been sent to the Collaborative to fund extra resources to clear the remaining backlog of assessments and we are waiting to hear whether this has been agreed.		QC060414/055
	<u>MRSA – pg. 6</u> EC described an incidence of MRSA in May and attributed to the CCG as community-acquired. The CCG had challenged this on the basis that there was question about possible contamination of the sample, but microbiologist had indicated, but microbiologist has suggested that the balance of probability placed it as community acquired. A report on the investigation would be brought to the Committee as part of routine forward planning.		QC060414/056
	<u>Influenza Immunisations – pg. 12 and Appendix 1</u> CF stated that Surrey Downs CCG is not the worst for 'flu vaccine uptake and questioned the figures presented.		QC060414/057
	There was uncertainty on the Area Team's timeline for implementation of the programme. Liz Saunders would be asked for further information.	EC/ LS	QC060414/058
	<u>C. Difficile – pg. 7</u> RG asked whether the Medicines Management Team planned to do further training with GP practices. No one present was able to answer this however, EC explained that national guidance had changed and, in future, a root cause analysis will be completed for each case. The Surrey Quality Leads were in discussion about how best approach this, bearing in mind that this would place an additional pressure on CCG quality teams, and that additional capacity in infection control expertise would be required.		QC060414/059
	AP highlighted that triangulation with other sources of information, such as Care Quality Commission reports would allow a more complete view for each provider. This could be linked to the work to develop the CCG Quality Strategy (Framework).		QC060414/060

No.		Action Lead	Para ID
	<p><u>Carers – pg. 11</u> SM asked whether there would be an GP allocation of funding for carer’s breaks. DC responded that there was likely to be a one-off payment. Further information would be cascaded through the GP newsletter. <i>EC to email Debbie Hustings for more information</i></p>		QC060414/061
	The report was noted and there were no issues for escalation to the Governing Body.		QC060414/062
11.	Safeguarding Adults Report: Q4 & Annual Report - to agree		
	HB presented the report highlighting the key risks. Comments and questions were received from the Committee.		QC060414/063
	<p><u>Safeguarding Networks – pg.6</u> There was discussion about whether there was full attendance from the Trusts and it was confirmed that representatives from Epsom and St Helier University Hospitals NHS Trust, SABPFT and CSH Surrey regularly attended. Some providers were unable to attend the meeting.</p>		QC060414/064
	AP sought clarification over the degree of risk to effective safeguarding that non- attendance presented. HB advised that, because she was having regular conversations with safeguarding leads and they attended other meetings, such as Surrey Safeguarding Adults board, the risk was low.		QC060414/065
	<p><u>Conclusions pg.11 – Capacity</u> In light of the fact that Surrey CCGs have elected not to invest more in adult safeguarding, DC asked how the risks that this created were being managed?</p>		QC060414/066
	KP advised that roles and responsibilities were now clearly set out in the Service Level Agreement (SAL). Also, through the commissioning operation group the requirement for increased involvement of CCGs to own the risks of non-investment and re-define their internal resources to support the safeguarding agenda, was being highlighted.		QC060414/067
	HB commented that the newly formed Multi Agency Safeguarding Hub (MASH) would also require investment.		QC060414/068
	AP emphasised the need for action to mitigate the risks around capacity and not having the correct skills set. EC responded that collaborative arrangements were being refined following the first year post-transition from Primary Care Trusts to CCG to fully understand respective roles of the host CCG vs. other CCGs in Surrey.		QC060414/069

No.		Action Lead	Para ID
	KP confirmed that the revised SLA provided more clarity and contained key performance indicators that can be reported on in future.		QC060414/070
	The report was discussed and agreed.		QC060414/071
12.	Safeguarding Children Report: December 2013 to March 2014 - to agree		
	AP welcomed AB to the Committee. She explained that the report would be taken as read and asked whether Committee members had any questions or comments on the report.		QC060414/072
	<u>Re: Section 15: pg. 50</u> In response to a question from DC on whether the 'actions required by CCGs' were for the CCG or for the Governing Body, AB advised that during in transition from one NHS Surrey Primary Care Trust to six CCGs, many challenges had emerged regarding data collection – boundaries and the various audiences that required it - for example the Surrey Safeguarding Children Board (SSCB) and CCGs.		QC060414/073
	Currently data could not be broken down to CCG level and there was ongoing work to enable providers to send the correct data to multiple organisations.		QC060414/074
	A meeting of leads from CCGs, Providers and the SSCB was being convened to discuss the issues and identify developments needed to improve the quality of information available.		QC060414/075
	<u>Re: Appendix 1: Dashboard</u> GC sought clarity on why Provider data could not be obtained and whose responsibility it was to collect it. AB responded that it was an historic matter in that providers were being asked for information that they had not been previously requested to provide. It would be a CCG responsibility to monitor through contract management.		QC060414/076
	Further discussion took place about the gaps in data and benchmarking. DC commented that it would be more meaningful if incomplete data was accompanied with an explanatory narrative about arrangements in place so a judgement could be made about the implications for the CCG; whether it provided sufficient assurance to the Committee; and who is taking responsibility for the actions.		QC060414/077
	EC explained that the CCG quality leads had attended a workshop the previous day on the forthcoming Section 11 audit which the CCG had to complete and which formed part of quality monitoring by the SSCB.		QC060414/078

No.		Action Lead	Para ID
	<p><u>Re: Appendix 2&3: Priorities and Workplans</u> A discussion took place around Appendix 2 - the RAG position on the 2013/14 work plan and Appendix 3 - 2014/15 work plan and priorities.</p>		QC060414/079
	GC questioned whether the Committee could be assured by Green ratings without supporting data.		QC060414/080
	HB suggested that the newly forming Multi-Agency Safeguarding Hub (MASH) approach may provide a forum for addressing the data issues, however it was acknowledged that there may be information governance constraints.		QC060414/081
	A member from the health sector was being sought. AB noted that the MASH was an operational group and it was difficult to know at this stage who would be in the best position to represent the health sector groups and it should be chaired on a rotational basis.		QC060414/082
	CF agreed that there needed to be a “health” representative and EC EC stated that, as host CCG, Vicky Stobbart (NHS Guildford and Waverley CCG) had been very proactive in taking forward, in a measured approach, the Safeguarding Children agenda because of the complexity of issues to be resolved.		QC060414/083
	HB agreed to circulate a briefing paper on the MASH for information.	HB	QC060414/084
	AP highlighted that the biggest risk to the CCG was not having assurance on the appropriateness of, and progress on, Provider action plans, especially the two main providers – Epsom and St Helier University Hospitals NHS Trust and CSH Surrey.		QC060414/085
	<p>In summary, AB responded that:</p> <ol style="list-style-type: none"> 1. There would be work to triangulate information arising from the Section 11 audit and action plans to gain more assurance that the right people are in place and well engaged in the Safeguarding agenda, including Serious Case Reviews and learning from them. 2. There was a degree of nervousness in the system concerning the impact of large scale re-organisation of Social Services in Surrey. 3. The data situation was challenging but the SSCB were working on it. 4. Completion of the Section 11 audit would enable the CCG to gain a good sense of its own position on staff training, policy and accountability. 		QC060414/086

No.		Action Lead	Para ID
	KP commented that the report presented was of better quality that had been received before; that CCGs had reviewed their SLAs through the Surrey CCGs' Collaborative and had agreed to invest more into Safeguarding Children and to strengthen GP clinical lead involvement.		QC060414/087
	EC added that the guidance for completing the S11 audit would be released on 9 th June. The Quality Leads in Surrey would discuss and agree an approach to completion to reduce duplication of effort where possible. AB stated that she is happy to support the CCG.		QC060414/088
	AB also agreed to report back to the Quality Committee after she had met with the providers about the data matters.	AB	QC060414/089
	A discussion took place as to whether to agree the report due to concerns voiced by some committee members. A decision was made to accept the Annual Report, noting the gaps in data and further work required by the quality team to review the RAG rating on Appendix 2; and work together with AB on the 2014/15 plan.		QC060414/090
	Action: EC and team to review Appendix 2 and action plan	EC	QC060414/091
	Action: EC and team to work with the Performance and contracts team to look at data collection.	EC	QC060414/092
	9.58 AB left the meeting		QC060414/093
	KP commented that following the review of the SLA the Collaborative arrangements had been strengthened to define what Guildford and Waverley CCG were doing on behalf of Surrey CCGs and each CCG's responsibilities.		QC060414/094
	It was noted that 55 key performance indicators was too many to monitor effectively and it was anticipated that this would be discussed at the data quality meeting, along with obtaining CCG level data.		QC060414/095
	10.07 MH joined the meeting.		QC060414/096
	<p>GC asked whether the Committee was confident that Surrey Downs children were safeguarded under the arrangement with NHS Guildford and Waverley CCG and Children's Safeguarding Team.</p> <p>The Committee agreed that it was not completely assured but were confident that risks had been highlighted and would be addressed.</p>		QC060414/097
13.	Provider CQUINs: summary statement – to note Epsom Hospital, CSH Surrey, Out of Hospital Providers		

No.		Action Lead	Para ID
	The report was taken as read. EC advised that the CSH Surrey CQUINs had been agreed; Epsom were almost agreed; and the Any Qualified Provider CQUINs were now the focus to conclude by end of June, however it was challenging to develop meaningful CQUINs with the smaller providers.		QC060414/098
	<u>Re: para 3.5 CQUINs process</u> The process had not worked in a co-ordinated and timely way in the CCG's inaugural year. KP confirmed that, following review, there were clearer understanding of roles and responsibilities for leading and supporting the process. EC agreed, highlighting that as part of the contracting round, she would lead in CQUINs to ensure that they were agreed before year-end.		QC060414/099
	MH queried whether dashboard approach would be used for monitoring performance. This was yet to be agreed.		QC060414/100
	The report was discussed and noted.		QC060414/101
14.	Provider Quality Accounts: summary statement – to note		
	The report was taken as read and EC confirmed that the accounts had been circulated and reviewed by the quality team and she and CF had provided a CCG response.		QC060414/102
	The key questions that were born in mind when reviewing were: 5. Were the priorities right? 6. Were the action proposed to meet the priorities right? 7. Had the Provider engaged with the local population. 8.		QC060414/103
	It was noted that the EC had not received the South East Coast Ambulance Service quality account. The Committee asked that it be requested and reviewed.	EC	QC060414/104
	The report was discussed and noted.		QC060414/105
	Governance		
15.	Medicines Management - Prescribing Clinical Network (PCN) recommendations – to agree		
	Clare Johns attended for this item.		QC060414/106
	1. PCN 96-2014 Adrenaline auto-injectors		QC060414/107
	2. PCN 97-2014 DPP-4 inhibitor therapy (gliptins) for Type 2 diabetes		QC060414/108
	3. PCN 98-2014 Osteoporosis guideline update following change in strontium product licence		QC060414/109

No.		Action Lead	Para ID
	4. PCN 99-2014 Aflibercept for Central Retinal Vein Occlusion (CRVO)		QC060414/110
	Re: 3 It was noted that Liz Clarke is doing more work around using Denosumab as a primary care treatment for osteoporosis.		QC060414/111
	The recommendations of the PCN for each of those medications listed above were agreed.		QC060414/112
16.	Integrated Governance / feedback from Governing Body and other committees		
	AP noted that there had been no meeting of the Governing body in public since the last meeting of the Committee.		QC060414/113
	The Audit Committee had met on 5 th June and signed off the CCG Annual Report which had since been submitted to NHs England. The report had been considered high quality and thanks were extended to all involved in bringing it together.		QC060414/114
17.	Equality and Diversity: Update		
	The report was taken as read and noted.		QC060414/115
	In addition, JM informed the Committee that the NHS England CCG equality and diversity survey had been cascaded to CCGs via regional and area teams. It was a survey of equality and diversity of CCG workforces and the official closing date of the survey was 2 June 2014.		QC060414/116
	Justin Dix had advised that the CCG submitted to the deadline on Monday. Technical data was pulled together by the HR team in the CSU and he and CF completed the Governing Body section.		QC060414/117
18.	Any other business		
	GC queried whether the serious incident reported in the media relating to contaminated parenteral nutrition on a neonatal unit, resulting in the death of a baby ,had not affected any Surrey Downs patients. It was confirmed there had been no impact on the CCG.		QC060414/118
	GC drew attention to the work that was being done on redesigning Diabetes Services. It was agree d that the Committee would like to receive a report. Action: Speak to Jack Wagstaff and add to the forward plan.	JM	QC060414/119
	RG asked whether the recent changes in legislation around application for Deprivation of Liberties had impacted the CCG.		QC060414/120

No.		Action Lead	Para ID
	HB responded that the changes applied in care/nursing homes and hospitals and there was potential for local authority teams dealing with the applications to be overwhelmed with the greater volume now required.		
	Initially a pragmatic approach was being taken to deal with urgent applications straight away, and with non-urgent at the time of routine reviews and new placements.		QC060414/121
	RG expressed concern about the implementation within hospital settings. HB advised that the local authority were the lead agency; the CCG safeguarding lead is sighted on the issue; and acute Trusts should have their own DoLs leads too. EC commented that this could also be picked up through Clinical Quality Review Group meetings with the Trusts.		QC060414/122
19.	Meeting Close		
	The meeting closed a 11.45am		QC060414/123
20.	Date of Next Meeting		
	The date of the next meeting is 4 th July2014. This is a seminar to which Epsom and St Helier University Hospitals NHS Trust will be invited. The next business meeting will be held on 8 th August 2014.		QC060414/124

DRAFT