

Title of paper:	Quality Committee Minutes for March, April and May 2014
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Meeting:	Governing Body
Date:	13 th June 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. There are three sets of minutes here for noting.

Executive Summary and Key Issues

Key issues to note:

- There has not been any agreed increase in Adult Safeguarding funding through the CCG collaborative and this is being addressed through different ways of working.
- The risks relating to infection control are being actively treated but rather than taking a performance based approach, work is being undertaken at a more systemic level on the culture and practice of providers both in hospital and the community.
- The development of a draft quality strategy is a priority for the CCG following discussions in this committee and at the Governing Body.
- Detailed work is taking place regarding the commissioning of services from SECAMB.
- There has been a discussion on terms of reference which will be brought to the governing body along with the terms of reference of the other committees.
- CQUINS are in the process of being signed off.

Agenda item	14
Attachment	09

- There are policies in development for prescribing and prescription security.
- Considerable work has taken place on local care homes in relation to quality and infection control
- Serious incidents have been reviewed in depth and the new sub committee has commenced work
- Policies for child and adult safeguarding are on the governing body agenda
- Provider quality accounts have been discussed and will be signed off in June

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

Attachments:

Quality Committee minutes for March, April and May 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 other than to note the limited funding for Adult Safeguarding.

Workforce

No specific issues

Information Governance

No specific issues

Agenda item	14
Attachment	09

Conflicts of interest

No specific issues

Communications Plan

These minutes are published on the CCG's web site

Legal or compliance issues

There are a number of legal and compliance issues relating to the NHS constitution which are covered in these minutes. There are specific concerns / points of assurance around safeguarding, infection control and prescribing.

Risk and Assurance

There are seven quality and two performance related risks on the risk register.

Meeting: Clinical Quality Committee

Date and time: 6th March 2014, 9.30am

Present

Eileen Clark
Denise Crone
Dr Phil Gavins
Gavin Cookman
Liz Saunders
Dr Claire Fuller
Alison Pointu (Chair)

In attendance

Liz Clark
Helen Blunden
Jackie Moody
Justin Dix
Georgette Welch
Matthew Knight

1 Apologies for absence

Dr Mark Hamilton; Miles Freeman; Dr Robin Gupta; Dr Suzanne Moore

CQC060314/001

2 Declaration of interests

There were no new or significant interests to declare in relation to the conduct of the meeting.

CQC060314/002

Minutes of the last meeting

These were agreed as an accurate record

CQC060314/003

3 Matters arising and action logs

It was unclear whether the standard for responding to complaints was now 28 or 30 days, Georgette Welch to check.

CQC060314/004

Action Georgette Welch

It was agreed that patient representatives on the locality committees would be included in the circulation for patient experience reports.

CQC060314/005

Action Georgette Welch

CQC060214/078 – it was noted that the patient’s representative role needed to be supported by an accurate job description. CQC060314/006

CQC060214/077 – the establishment of the sub-committee to look at serious incidents should go to the 21st March Governing Body for approval. CQC060314/007

Action Justin Dix

CQC060214/087 – now that the CCG had control over its own committee terms of reference following amendments to the constitution agreed by NHS England, it was agreed to change the name of the committee from the Clinical Quality Committee to The Quality Committee CQC060314/008

Action Justin Dix

CQC060214/045 – The work on equality duty had not yet been progressed due to lack of capacity. The general view was that this was not a suitable role for the CSU as the CCG needed to own the agenda and work with its own staff to ensure equality duty was embedded in all its activities. Agreed to keep this action open. Any additional resource would need Executive approval. CQC060314/009

CQC111013/033 – Keogh Report. There was still a need to understand how this would be addressed within the CCG. To be kept open although likely to be addressed through the Quality Strategy. CQC060314/010

CQC140114/49 – Discussion regarding safeguarding at CCG Collaborative. This did not take place but Eileen Clark confirmed that the vacancies in the Safeguarding Children’s Team, hosted by Guildford and Waverley CCG had now been appointed to. It was agreed that this should be covered in detail at the April Seminar which was focusing on children’s services. CQC060314/011

The committee asked for assurance that safeguarding services for children were safe and effective and it was confirmed by Eileen Clark that they were, which was an improvement compared to the middle of last year when such an assurance could not be given. Structures were now in place. CQC060314/012

It was noted that Kate Taylor had taken over a lead role in this area for service redesign. CQC060314/013

Some concern was expressed that improvements in processes did not mean improved outcomes, however it was felt that the local authority also felt that the NHS was now much more robust and a sub group of the Children's Safeguarding Board had been established to look at stronger connections with GPs.

CQC060314/014

CQC101213/57 Adult Safeguarding Capacity. Eileen Clark confirmed that there had been delays in taking this to the Chief Officers meeting for sign-off. There was a need to agree funding before moving forward on this. This would be discussed at the next meeting of the collaborative.

CQC060314/015

It was agreed that the action logs should be consolidated to take into account closures and changes in the last two meetings, and that Committee would henceforth be referred to as the Quality Committee. This change would be reflected in the revised terms of reference

CQC060314/016

Action Justin Dix

4 Quality and Performance Report

3.1 – People dying Prematurely.

CQC060314/017

This was noted as being a high level indicator with a number of technical issues associated with it. The CCG was a higher performer in most areas with the exception of deaths from alcohol related causes.

3.2 - Enhancing quality of life for people with long-term conditions. The CCG was prioritising paediatrics as an area for review and modelling against best practice. There will be a focus on Urgent care pathways at the three local acute trusts, mapping the location of Paediatric Assessment Units and understanding thresholds for admission. Epsom were reported to be appointing another paediatric consultant to give extended coverage. More detail was requested with a timescale for when the results of this work would be available.

CQC060314/018

Action Mable Wu

3.3.1 Mixed Sex Accommodation.

CQC060314/019

The rise in breaches at the Royal Surrey County Hospital NHS Foundation Trust was noted. This was due to pressure on A&E and a need to manage pressures on a daily basis. The hospital was felt to be doing everything possible to avoid breaches; however it was felt to be symptomatic of wider performance issues within the trust which was struggling financially.

Action: Eileen Clark to work with the lead commissioner to ensure that appropriate actions are being taken.

3.3.2 The Friends and Family Test (FFT)

CQC060314/020

The FFT was discussed and it was noted that a variety of methods were used to seek responses from patients. Trusts were felt to be working hard to improve responsiveness in this area.

It was suggested that responses should be grouped by theme and organisation and presented to the committee on a regular basis.

CQC060314/021

3.4.1.2 CDifficile

CQC060314/022

Unlike MRSA it was noted that this would never be at zero tolerance levels and next year's targets for the CCG had in fact been relaxed slightly. It was agreed that whilst every effort should be made to reduce it the current figures were within our risk appetite. There was concerted and joined up effort across the health economy to minimise Clostridium difficile infections as much as possible.

It was noted that testing needed to be standardised to reduce errors in reporting. Individual cases would be investigated and if necessary emerging patterns would be addressed in the contract review meetings.

CQC060314/023

The five MRSA cases at Epsom and St Helier were noted as all being complex which was felt to be worrying. There could also be a link to poor hand washing; revealed in the Trust staff survey. This was felt to be an area that needed further investigation following analysis of the next staff survey.

CQC060314/024

Action Eileen Clark

It was noted that the Surrey Infection Prevention and Control Committee shared best practice across the county and that the public health team at Surrey County Council maintained an overview. It was agreed that Surrey Downs' performance should be benchmarked against Surrey wide performance.

CQC060314/025

3.4.2 Serious Incidents Requiring Investigation / Never Events CQC060314/026

It was noted that the detailed report showing themes and trends would be available for the May meeting. CQC060314/027

3.4.3 Safeguarding Adults CQC060314/028

The CCG could now point to very positive primary care training statistics for assurance. The response from GPs to training offers had been excellent and the speakers at the last event had been excellent. Further training was planned to be rolled out Surrey wide. Due to its success it was agreed that future training events would benefit by adopting a similar approach. CQC060314/029

4.1 NHS Funded Healthcare Team CQC060314/030

The report was noted and the team's inability to keep pace with referrals was identified as a cause for concern. The implementation of the wider Continuing Health Care (CHC) team review would need to be closely monitored to ensure it brought about the necessary changes in this area. CQC060314/031

It was requested that the report be made clearer before the next iteration at the March Governing Body. There were links with adult safeguarding and the overall the position was considered to be high risk. CQC060314/032

It was agreed that Eileen Clark should meet with Karen Parsons and Denise Crone for a further discussion outside the meeting and that a lead from the CHC team should attend the next meeting to talk through their report. CQC060314/033

Action Eileen Clark

5 Locality Feedback

Dr Gavins reported difficulties with the ultrasound service at Kingston which could not cope with the level of referrals it was receiving. It was agreed to remit this to the contract Clinical Quality Review Meeting for this provider whilst noting that alternative services were available. CQC060314/034

Concern was expressed about the lack of oversight of quality across primary care, and the boundaries between the CCG and the Area Team. It was noted this would form a part of the quality strategy. CQC060314/035

6 Quality Strategy

Eileen Clark gave a presentation on the draft quality strategy. This was rooted in the CCG's mission statement. The aim was to realise benefits for patients without being overwhelmed by the very broad agenda. CQC060314/036

The strategy did need to be affordable but it was also noted that higher quality also reduced costs.	CQC060314/037
The draft quality strategy would be presented at the March Governing Body, to stimulate wider discussion, and there would be further engagement in the localities and more widely with patients and clinicians. It was noted that it was essential for the CCG to have a coherent approach to quality and needed to be more than just a strategy on paper.	CQC060314/038
The current plan was to take the final strategy to the May Governing Body but it was noted that this should not mean short changing the engagement process.	CQC060314/039
It was noted that the strategy might indicate a different membership requirement for this committee.	CQC060314/040
It was also noted that the Governing Body needed to be kept regularly appraised of all the developments and their associated project and that they needed to be supported by clear metrics.	CQC060314/041

7 Quality in Contracts 2014/15

A paper was tabled which gave the headlines on the CCG’s approach to the forthcoming contractual year. The aim was to work around the Better Care Fund and Commissioning for Quality and Innovation (CQUIN) initiatives.	CQC060314/042
It was noted that the frail elderly work showed how CQUINS could be used to support whole system initiatives. It was agreed this could be usefully built into the CCG’s work.	CQC060314/043

11 Prescribing Clinical Networks recommendations

Outside of the Quality Committee there had been extensive consultation with clinicians on the proposed long list of recommendations and no major concerns had been raised. Improved communication was being looked at with GPs to disseminate the recommendations through a “Medicines Matters” newsletter.	CQC060314/044
It was noted that the recommendations are also on Scriptswitch. Taken together these two approaches were felt to be adequate. The database of recommended drugs was publicly accessible.	CQC060314/045
The following recommendations were agreed:	CQC060314/046
1.PCN 77-2013 Antimicrobial dressings	
2.PCN 78-2013 Aralax Suppositories	

- 3.Care Pathway for Management of Overactive Bladder
- 4.PCN 79-2013 OAB
- 5.PCN 80-2013 Ocriplasmin
- 6.PCN 81-2013 Treatments for Actinic Keratosis
- 7.PCN 82-2013 Sequential use of anti VEGF in wet AMD
- 8.PCN 83-2014 Ranibizumab for myopic CNV
- 9.PCN 84-2014 Aminolaevulinic Acid (Ameluz) for actinic keratosis
- 10.PCN 85-2014 Negative Pressure Wound Therapy (NWPT)
- 11.PCN 86-2014 Melatonin for the treatment of DSPS
- 12.Melatonin Flowchart Feb 2014
- 13.PCN 87-2014 Fluocinolone acetonide intravitreal implant DMO
- 14.PCN 88-2014 Dymista for seasonal or allergic rhinitis
- 15.PCN 89-2014 NOACs for SPAF

It was noted that the drug for hay fever would now be in two parts which was more clinically effective but would double the cost for patients.

CQC060314/047

Action: Locality leads to discuss with wider membership.

It was noted that a medicines management guide to prescribing and a prescriptions security policy were also being developed and would come back to a future meeting.

CQC060314/048

12 South East Coast Ambulance Service

The contract lead for emergency services had moved from East Surrey CCG to North West Surrey and was being completely reviewed. Initially the Patient Transport element of this contract was going to remain with East Surrey CCG, however due to high level of concerns about Patient Transport this is also being led by North West Surrey.. A report would be available from NW Surrey CCG after a scheduled meeting on the 19th March which the Head of Service Redesign was attending.

CQC060314/049

There were 19 recommendations arising from the NWS CCG review.

Mable Wu would check where commissioner responsibility for 111 now sat. CQC060314/050

Action Mable Wu

It was felt that the commissioners collectively lacked a grip on the service; Secamb were rated 8th out of 11 national ambulance trusts and the change of lead commissioner was welcomed. CQC060314/051

It was expected that an outcome of the review and its associated recommendations would be an improvement plan. CQC060314/052

Mable Wu would clarify if there was a patient representative on the review process and implementing the recommendations going forward. CQC060314/053

Action Mable Wu

Dr Fuller would circulate a two page summary that she had in relation to the future management of the contract by NW Surrey CCG. CQC060314/054

Action Dr Fuller

13 2014/15 Performance Trajectories

Mable Wu updated. As previously noted the Clostridium difficile target had been relaxed very slightly to match national rates. However it was no longer part of the Quality Premium. CQC060314/055

As from next year commissioners would have more discretion over fines for providers who missed targets. CQC060314/056

14 Post Infection Review and Lessons Learned

This was noted and considered to be a very clear document; The resulting action plan will be monitored at the Contract Quality Review Meetings. CQC060314/057

15 Committee Forward Plan

It was noted that this would be revised following the agreement on the quality strategy. CQC060314/058

It was agreed to bring the terms of reference to the next meeting. CQC060314/059

It was also noted that the committee expected reports of the work of the Individual Funding Request (IFR) panel in future.

CQC060314/060

Action: Eileen Clark to discuss with the Individual Funding Lead.



Surrey Downs Clinical Commissioning Group

Meeting: Quality Committee

Date and time: 11th April 2014, 9.30am

Part 1 Meeting

Present

Alison Pointu (Chair)
Dr Robin Gupta
Eileen Clark
Denise Crone
Dr Susanne Moore

In attendance

Helen Blunden
Jackie Moody
Liz Clark
Justin Dix (minutes)
Karen Parsons

1. Welcome and introductions

Alison Pointu welcomed everyone to the meeting.

QC110414/001

2. Apologies for absence

Apologies had been received from Dr Phil Gavins, Dr Mark Hamilton, Gavin Cookman, and Miles Freeman.

QC110414/002

3. Quorum

The meeting was declared quorate

QC110414/003

4. Declaration of interests

Gavin Cookman's interest in Elix-IRR LLP should be removed from the Register.

QC110414/004

Dr Gavins' interests had now been included.

5. Terms of Reference

The original terms of reference were noted. Some work had been done to revise these. However there was a need for a top down view based on the scheme of delegation. It was agreed that this could form part of the work that would conclude at the May Governing Body Seminar where the organisation's structure would be discussed. It was logical that the work of all the committees under a revised scheme of delegation should flow from this.

QC110414/005

6. Minutes of the last meeting

Pg.1 - Karen Parsons had sent her apologies for the last meeting. QC110414/006

Pg. 3 - Line 018 was felt to be slightly confusingly worded. It was clarified that it related to admissions of under 19 year olds with complex health needs.

Pg. 7 – Line 047 Drugs for Hay Fever – Liz Clark noted this was not a change and that there was not in fact an increased cost. This related to comments regarding the introduction of a new single application which could potentially reduce the cost to patients but this would be more expensive for the NHS. QC110414/007

Pg. 8 Line 048. Typo – 2 “l”s in level. QC110414/008

Pg. 9 Individual Funding Lead should read Individual Funding Request lead. QC110414/009

7. Matters arising and action logs

March – 05. Patient experience reports to the Committee from Georgette Welch contained information from Provider reports shared at Clinical Quality Review Meetings. Jackie Moody confirmed that Provider reports were usually in the public domain so could be shared with Locality patient representatives, however each would be checked for sensitivity going forward. QC110414/010

Eileen Clark agreed to check with Georgette Welch that circulation would take place in line with the previous action. Keep open until system in place. QC110414/011

It was noted that there was substantial assurance emerging with local dashboards re children’s safeguarding, and improved representation on local meetings. QC110414/012

Mar 04 – Complaints timescales. Georgette Welch not available to clarify. Eileen Clark would follow up. Keep open QC110414/013

Mar 18 – Enhancing quality of life for people with long-term conditions. It was clarified that this related to queries about the admission of children with diabetes, asthma and epilepsy. The Service Redesign Team were leading on bringing together two years’ worth of data for further analysis. It would be possible identify gaps and drill down to specific detail on the above conditions if required. Children were an increased priority in the CCG’s overall plan of clinical priorities and the Governing Body seminar on the 25th April would outline this in more detail. Future updates would be included in the Quality and Performance Report. For closure. QC110414/014

Mar 033 – Continuing Health Care (CHC) report. It was queried where reporting on the CHC review would go in future. Karen Parsons updated the committee. The six CCGs were being asked to sign off the Operating Policy which set out the key drivers for quality. She would ensure that the programme board for CHC fed reports about quality issues into this Committee in future. QC110414/015

Work in future would centre on better reporting of the quality of placements and services that patients were experiencing and would include safeguarding. The aim was to integrate all aspects of quality under the quality team.	QC110414/016
Jackie Moody confirmed this was built into the forward plan to report quarterly as part of the quality and performance report.	QC110414/017
It was also confirmed that there were efforts being made to look at care home quality across agencies for the whole of Surrey.	QC110414/018
Agreed 033 could therefore be closed.	QC110414/019
Mar 050 – Mable Wu clarified that responsibility for Patient Transport did sit with NW Surrey CCG – this can now be closed.	QC110414/020
Mar 053 patient representative on SECamb review process. Mable Wu said a meeting was planned for the following Monday to discuss this. She advised that the representative could come from any of the six Surrey CCGs, however Surrey Downs did have an interested patient's representative.	QC110414/021
It was noted that one of the CCG's locality patient representatives has raised concern about the failure of SECamb to hit the 75% target queried whether the CCG had any leverage and what the CCG was willing to tolerate. Lack of geographical sensitivity was an issue, and it was hoped patient input into the review process would help to improve performance. A frustration at the moment was that the CCG was not presenting the whole picture to patient representatives.	QC110414/022
There was a discussion about equity of provision in rural areas and it was noted that there were high performing ambulance trusts in other parts of the country that were covering rural areas. The impact on patients of missing this target was not clear.	QC110414/023
Mar 060 – Jackie Moody updated the committee on work with the Individual Funding Requests team to develop key performance indicators and a reporting framework. It was anticipated that the Committee would receive reports on quality issues within the Quality and Performance report.	QC110414/024
Oct 66 – Safeguarding Children. Report in a revised format would be coming back in May	QC110414/025
Dec 13 – Integrated Governance – part of organisational review and changes to the scheme of delegation - to be kept open.	QC110414/026
Dec 57 Adult Safeguarding – discussed at collaborative. No additional resources available; this required further discussion about the level of service that could be provided with the level of resources available. This was felt to be a concern until the risks were quantified and the available resource in the system more effectively co-ordinated. To be closed – new action as above.	QC110414/027
Action Eileen Clark	
Jan 049 – Children's safeguarding. Substantial improvements have been made. Can be closed.	QC110414/028

Feb 048 – Equality Impact Assessment training will probably be undertaken again in June. Keep open. QC110414/029

Feb 078 – Patient representatives – it was noted there had been considerable discussion on this between Denise Crone and Jackie Moody. Can be kept open pending resolution. QC110414/030

8. Quality and Performance Report

This was an exception report and in some cases data was limited or not available. QC110414/031

Section 3.4.1.1. MRSA Bacteraemia QC110414/032

It was noted that MRSA was again a concern with some community acquired cases and that there had been no real improvement in the number of cases from 2012/13. There is a renewed national focus on Sepsis. Work was planned with providers for this year to seek improvements. It must however be acknowledged that the position has improved over previous years and that numbers are much smaller than before..

Hand washing figures from the staff survey at Epsom St Helier were queried. Eileen Clark advised that the data is open to interpretation,, the number and occupation of the respondents and the way questions were constructed. The Trust was performing at around the national average in this area of the survey. However, there was a need to continue to push on processes within the organisation. QC110414/033

Surrey and Sussex Healthcare seemed to have made significant improvements and it was questioned whether there was learning across organisations. However it was noted that the patient survey at Epsom St Helier did not indicate the same problems that the staff survey did. QC110414/034

Section 3.4.1.2 Clostridium difficile QC110414/035

The Clostridium difficile figures were showing that Epsom and St Helier remain an outlier within Surrey despite showing a marked improvement this year. There was a need to work with primary and community services and care homes to prevent avoidable cases. However some recent work was felt to be making a difference already. It was also suggested that work could be undertaken within the Surrey Infection Prevention and Control group but that there needed to be representation from Primary care on this group.

It was queried how proactive CCGs could be with limited resources and this was noted as an issue. CSU support and networking could be valuable. QC110414/036

A joint primary / secondary care training day was suggested as one way of addressing the problem. There were existing guidelines to support this. It was agreed to set up a working party to look at this and revisit earlier work. Part of the issue was the need to improve practice in primary care.

QC110414/037

Action Eileen Clark

Section 3.4.2 Adult Safeguarding

QC110414/038

The CCG had undertaken a self-assessment audit, required by the Safeguarding Adults Board, on current arrangements with a mixed response from Surrey Downs but nothing of major concern. Eileen Clark would produce an action plan for the next committee meeting.

Action Eileen Clark

Serious Case reviews – two out of three had been published and these would have commissioning implications around speech and language and swallowing services.

QC110414/039

It was noted that there was a lot of sharing of learning from adverse events.

QC110414/040

Section 3.3.2 Friends and Family Test

QC110414/041

The Friends and Family Test questions had been queried at a CCG lay member's event. It was noted that the CCG was tapping in to the results of the additional questions asked by Trusts and these were covered in the Clinical Quality Review Groups. Separating information by site was important. The committee was assured that these meetings were generating the information needed.

Section 3.4.3 Safeguarding Children

QC110414/042

Section 3.4.3.1 Serious Case Review Child X

The Child X learning event had showed that poor information sharing was still an issue as it had been in previous high profile cases and the Committee found this very disappointing. Improving GP practice awareness of this issue was felt to be important and it was noted that finding creative ways to encourage clinicians to keep up to date was a major issue.

Section 3.4.4.1 Review of Serious Incidents – Maternity Services

QC110414/043

The review of maternity services at Epsom and St Helier University Hospitals Trust was noted. There was a query about the use of agency staff which had previously proved to be major quality issue. A number of actions from the review were already in place and there was good assurance that this was being taken seriously. There was investment in specific roles that would make a difference to women in labour.

St Helier Hospital was working to higher London standards and this would also be what was expected at Epsom Hospital.

This review was felt to be consistent with the findings of reviews in other areas. A comparative dashboard gave valuable benchmarking but needed to be locally sensitive.

QC110414/044

Jackie Moody drew attention on the work being done to strengthen and standardise processes for raising GP quality alerts with Trusts. This was ongoing work, particularly with SASH.

QC110414/045

9. **Post infection review HDCS339939 – lessons learned**

Eileen Clark introduced this report. The incident had been identified at Kingston Hospital in a patient with MRSA in a wound. The case was felt to be unavoidable due to the way in which the patient presented (or failed to present) to the services that might have identified the MRSA colonisation. There was some concern that district nurses did not follow up appropriately when the patient indicated that she wished to be treated at the GP Practice rather than by Community Nurses in her home or explain the consequences of not engaging with care and treatment.

QC110414/046

The very short (statutory) timescales for completing reviews were noted as potentially inhibiting a thorough investigation. Eileen Clark confirmed that a process for monitoring the completion of action plans arising from the review was considered.

QC110414/047

10. **Feedback from localities on quality issues**

Dorking

QC110414/048

No change in Health Visiting services would now take place without consultation, including consideration of the implications for GP practices.

Medlinc and Mid Surrey

QC110414/049

It was noted that the two groups were exploring joint working.

Re-admission rates at Epsom and St Helier Hospitals were higher than they should be and the Trust was undertaking an audit to understand the issues. There may be a link with the CCG work on discharge planning.

QC110414/050

Timely discharge arrangements were now part of the CQUINs. Earlier discharge was subject to a stretch target.

QC110414/051

11. **Quality Strategy 2014-17**

Eileen Clark updated on progress to develop the strategy following a presentation at the March Governing Body. It was recognised that the strategy would be informed by the strategic priorities of the CCG and that the quality team was working closely with the patient engagement team to formulate an engagement plan around the areas that the patients, public and internal stakeholders could influence. The aim was to produce a thorough strategy that had been subject to proper engagement.

QC110414/052

<p>The strategy is one of the priorities for this year and timescales would be managed through the programme. Patient representatives would be important to the programme.</p>	QC110414/053
<p>12. Provider CQUINS</p>	
<p>Helen Cook attended for this item. Discussion and agreement on CQUINS were nearly completed for the acute and community providers. There were national and local CQUINS and these were targeted on specific problem areas for improvement across the pathway of care</p>	QC110414/054
<p>For example, Estimated Date of Discharge (EDD) was an issue with as few as 25% of patients having a date of discharge identified after admission.</p>	QC110414/055
<p>Other subjects such as, friends and family, discharge, dementia, prevention of admission, end of life care and acute kidney failure were examples of CQUINS.</p>	QC110414/056
<p>CQUIN payments was dependent on whole system achievement of targets which created a higher degree of risk for providers than previously but was intended to generate commitment.</p>	QC110414/057
<p>For example, admissions and transfers between services were a key issue therefore the CQUIN around a Discharge Flow Bundle had been made tighter with clearer metrics.</p>	QC110414/058
<p>There were standards for setting and adhering to Estimated Dates of Discharge and keeping carers and other agencies informed of the EDD. Transport will only be available to patients who genuinely need it; properly managed EDDs would avoid the need for cancellations and on the day transport requests.</p>	QC110414/059
<p>Management of ward rounds were a major factor in timely discharge. Across the whole system commitment to twice weekly meetings was important, as was reviews of longer stayers. There were various other elements around community beds and assessment processes.</p>	QC110414/060
<p>Another CQUIN related to the important matter of avoiding movement of frail patients and no late evening moves.</p>	QC110414/061
<p>It was important not to pay providers just to deliver existing standards but to set stretch targets.</p>	QC110414/062
<p>It was noted that incentives were being built into the CCG's commissioning plan from primary care through to secondary care, focusing on prevention as well as quality.</p>	QC110414/063
<p>This work would come back to the Executive Committee for approval and a need to confirm the role of the Quality Committee in monitoring progress</p>	QC110414/064
<p>The need for good homecare support was noted and efforts were being made, partly using the Better Care Fund, to better co-ordinate care possibly using voluntary agencies such as the Red Cross. There were discussions about using reablement across the board.</p>	QC110414/065

It was queried whether SASH and Kingston were also going down this route. It was noted that this was more problematic and more work was needed particularly with SASH where Surrey Downs was a very small player.	QC110414/066
It was noted that CSH Surrey mirrored Epsom CQUINS but there was also additional work on pressure ulcer healing rates.	QC110414/067
The role of Co-ordinate My Care was queried as there had been feedback that SECamb were not using it.	QC110414/068
There was also work on renal conditions with a focus on dehydration problems. Helen Cook would share this. However this was more about good practice rather than substantial incentives.	QC110414/069
A question was raised about the period of time over which CQUINS would run. Consideration was being given this recognising that there was a balance between stability in the system and the need for ongoing challenge to improve quality.	QC110414/070
CQUINS would be on the next agenda.	QC110414/071
13. Prescribing Clinical Network recommendations	
Liz Clark went through the PCN recommendations.	QC110414/072
The black status for PCN 90-2014 (Racecadotril) and PCN 91-2014 (Relvar) was discussed and noted.	QC110414/073
PCN 92-2014 (Renavit for renal dialysis) was supported which meant the Dialyvit was now black on the traffic light system.	QC110414/074
The above decisions were AGREED by the committee.	QC110414/075
14. Patient Group Directions (PGD)	
The difficulties of signing these off were noted. The Area Team had signed off some public health PGDs but there was a lack of capacity at the Area Team to do more than this.	QC110414/076
It was noted that the CCG were not responsible for this.	QC110414/077
Agreed to bring back to a subsequent meeting.	QC110414/078
Action Liz Clark	
15. Prescription Security Policy	
This was discussed. Implementation at local level would need to take account of this policy.	QC110414/079
There was a discussion about whether there was still scope for people to steal and use prescriptions at home. EMIS Web made forgery more difficult.	QC110414/080
Other minor issues to do with presentation, charging and signposting were also queried.	QC110414/081
It was questioned whether this was a policy or a procedure.	QC110414/082

GP members expressed concern about approving the policy in its current form as there were other issues as well, for instance with controlled drugs.

QC110414/083

The Committee asked that the policy be reworked and submitted to localities for comment, and brought back to a subsequent meeting with a simplified and shorter summary procedural document.

QC110414/084

Action Liz Clark

16. Integrated Governance – feedback from Governing Body and other committees

As above it was noted that there was a discussion at the Governing Body about the quality strategy.

QC110414/085

17. Committee forward plan

Jackie Moody presented the forward plan. It was noted that the next meeting agenda would be much fuller and with a focus on Safeguarding.

QC110414/086

18. Proposed dates for 2014-15

There was a discussion about the difficulties that Dr Hamilton's inability to attend the majority of meeting presented. This was due to his clinical commitments. His broader work for the organisation and the committee was valued and noted however there was a general sense that the role of the Secondary Care clinician was key to the Committee and should remain part of the core membership.

QC110414/087

Agreed to remit this to the wider discussion in May.

QC110414/088

Noted that Alison Pointu was not able to attend the 4th September and 5th December meetings.

QC110414/089

19. Any other business

Medicines Management Group

QC110414/090

It was suggested that there was a need to bring the prescribing leads work into the scheme of governance of the CCG. A medicines management group as a sub-committee of the Quality Committee was proposed. The Quality Committee would still need to sign off the PCN recommendations.

There was a discussion about the delegation arrangements which were unclear. It was agreed this should be included in the discussions in May about delegation and organisational development.

QC110414/091

Equality and Diversity

QC110414/092

It was agreed to set up an Equality and Diversity Steering group to commence this work in May.

Risk register

QC110414/093

Alison Pointu asked that the risk register be available at every meeting, not included in the papers but for referring to.



Surrey Downs Clinical Commissioning Group

Meeting: Clinical Quality Committee

Date and time: 8th May 2014

Present

Alison Pointu (Chair)
Denise Crone
Dr Phil Gavins
Dr Suzanne Moore
Liz Saunders
Dr Mark Hamilton

In attendance

Karen Parsons
Helen Blunden
Liz Clark
Miles Freeman
Jackie Moody
Georgette Welch
Justin Dix (Minutes)
Clare Fuller

1. Welcome and Introductions

Justin Dix apologised for the lateness and confusion of papers.

2. Apologies for absence

Gavin Cookman; Dr Robin Gupta; Helen Blunden; Karen Parsons

QC080514/001

3. Quorum

The meeting was quorate

QC080514/002

4. Declaration of interests

There were no new or relevant declarations of interest relevant to the meeting. Denis Crone was now a grant assessor for the London Community Foundation. Mark Hamilton was now clinical Director for adult critical care at St Georges.

QC080514/003

5. Minutes of the last meeting held on the 11th April 2014

021 – It should be made clear that the CCG had requested representation on the SECAMB group. This was on the action log but not the minutes. Surrey Downs have a nominee. This to be followed up with Mable Wu.

QC080514/004

Action Justin Dix

Otherwise the minutes were agreed as an accurate record. QC080514/005

6. Matters arising and action logs

110414/27 Resources for adult safeguarding. QC080514/006

Eileen Clark updated. There were no more resources available from CCGs within the collaborative so there was now a process of managing boundaries and priorities with individual CCGs. Agreed that this should be managed within SLA processes and a risk should be raised for this area.

Action EC

110414/37 C. Difficile – this was in the Quality and Performance report, and could be closed. QC080514/007

110414/78 Action Plan from adult safeguarding audit – this was on the agenda, and could be closed. QC080514/008

110414/78 Patient Group Directions – this was now on the corporate risk register and could be closed. QC080514/009

110414/84 Prescription Security Policy – this was on the June agenda, and could be closed. The Committee requested that the Policy be circulated well in advance of the meeting. QC080514/010

060314/04 Complaints response time – it was agreed this could be closed. QC080514/011

060314/05 Circulation of patient experience reports – this was discussed and it was agreed they would be circulated once validated for appropriate content. It was agreed that where there were confidential matters, these should be deferred to part II. QC080514/012

060314/53 SECAMB representatives – this was in the quality and performance report, and could be closed. QC080514/013

060214/48 EQia training – a date was now set, it was agreed to close this action. QC080514/014

060214/78 Lay member representation on SECAMB – this could be closed as it was covered above. It was noted that there was an ongoing work to ensure that the Serious Incident Review Sub-Committee had lay representation. QC080514/015

101213/13 Integrated governance - it was agreed that a teleconference should be arranged following the May seminar which is where the Governing Body would be updated on structure. Miles Freeman noted that there would be a process of work after this regarding the re-alignment of committees if required. Action to be kept open. Revised Terms of reference would be placed on the Committee forward plan for July. QC080514/016

111013/066 Child Safeguarding – Alison Pointu said that the report that had been sent for today's meeting did not provide sufficient assurance and had been withdrawn. It would be re-presented in June. QC080514/017

Eileen Clark would meet with the Designated Nurse at Guildford and Waverley as host CCG to draw attention to the Committee Chair's concern about out of date content which the host CCG needed to take responsibility for. Best practice and risks needed to be highlighted to make the report more concise and to provide assurance to the CCG. It was agreed to keep this open.	QC080514/018
All other items were on the agenda.	QC080514/019
7. Quality and Performance Report	
Eileen Clark spoke to this item. The following key issues were highlighted:	QC080514/020
<u>Healthcare Associated Infections (HCAI)</u>	QC080514/021
There were increasing rates of HCAI and Surrey Downs was still an outlier locally, particularly around C. Difficile. The process for reviewing MRSA cases now included arbitration between community and acute when there was a dispute around the assignment of any case.	
Clostridium difficile cases were also now subject to a much more detailed process which scrutinises the care that the person received prior to their infection to ascertain whether there were any lapses in care. The CCG will take the lead in assigning the case to the relevant organisation..	QC080514/022
Quality leads across Surrey and Sussex had discussed the new process in detail and how to manage this across different health systems. Acute trusts were concerned about this and the possibility that cases from the community could be attributed to them. Locally the Serious Incident Review Sub-Committee was a good model for managing the scrutiny of incidents and ensuring a fair process.	QC080514/023
It was clarified that MRSA was only a serious incident if a death or major morbidity resulted. This was the nationally used definition. The way sanctions were applied had also changed within recent guidance.	QC080514/024
It was felt that the process behind the numbers was the most important issue. Best practice needed to be shared. This would be part of the Quality Leads forum's remit.	QC080514/025
It was queried whether any of our providers were not working to the required standards and whether we had concerns about any of them. It was agreed that there needed to be more focus on Primary Care this during this year. Community infections were increasing and there had been lapses, for instance, in mandatory training.	QC080514/026
The zero tolerance approach to MRSA was noted and was effectively being achieved in some places. Within CCGs there was an issue with capacity for the conducting post Infection Reviews and with limited resource to support from public health.	QC080514/027

A health protection forum led by Public Health was being set up with the Area Team and CCGs to review planning and performance. This would be a quarterly meeting. QC080514/028

It was specifically noted that the infection control lead in the public health team was only one person and capacity was therefore limited. QC080514/029

It was noted that the CCG would only be reviewing primary care MRSA's and that acute trusts would be reviewing their own. Core skills for practice nurses might need to be reviewed falling out of this. Care Quality Commission (CQC) inspections would also help raise standards in primary care. QC080514/030

A Surrey-wide infection prevention and control policy, and action plan was in development. It was felt that an infection control action plan was necessary at CCG level. It was agreed that this should be simple but should identify key actions e.g. around prescribing and primary care. QC080514/031

Action Eileen Clark

Emergency Admissions for children with lower respiratory tract infections QC080514/032

The reliability of the data was questioned. Eileen Clark would follow this up and ask for it to be broken down by provider.

Action Eileen Clark

Nursing Homes QC080514/033

A clinical walk around had taken place at a local nursing home where residents had been transferred following a home closure. It identified some positive leadership and a well-managed transition. Staffing levels had improved. However there was little evidence of patient choice. Dr Moore said there was some feedback regarding stresses on staff working at the home. Helen Blunden, Designated Nurse for Safeguarding Adults, would continue to monitor the situation.

Miles Freeman reported on a discussion held at Transformation Board level about variable quality of care in nursing homes and the impact on the system, especially hospital admissions. The CCG needed to review and decide what support and training could be offered. QC080514/034

Alison Pointu noted that there was a correlation in her experience between pressure ulcers, safeguarding alerts, emergency admissions rates and quality of care. QC080514/035

Eileen Clark advised that, through the Quality Surveillance Group, there was also a contracting forum for discussing these concerns, including work on a performance dashboard. To avoid duplication, she would work together with Helen Cook, Service Redesign Manager, to work together on this. QC080514/036

Action Eileen Clark

Repeat prescribing over the phone for residents of care homes was raised as an issue and it was agreed to look at this outside the meeting.

QC080514/037

Action Liz Clark

The Meadows

QC080514/038

A follow up visit to review progress on improvement plans left the Head of Quality assured that there was a much improved environment with more physical activity available to residents. The culture of the home however did still need to be monitored to see if old behaviours persisted. The CCG had been invited to take part in the mock inspection at Surrey and Borders Partnership FT during May prior to the CQC visit in June.

8. Patient Experience Report

Georgette Welch spoke to this item, noting that it was the year-end report for 2013/14. She drew attention to key issues and trends as highlighted in the report.

QC080514/039

The majority of PALS and Complaints related to NHS Funded Healthcare.

QC080514/040

The CQC survey of adult inpatients was noted and local hospitals had all been rated similarly. It was agreed to add St George's to the list.

QC080514/041

Action Georgette Welch

The revised complaints leaflet was with patient representatives for feedback and amendments would be made.

QC080514/042

It was noted that the PES team had taken on responsibility for dealing with calls relating to Individual Funding Requests from January 2014. There had been 99 calls compared to 57 PALS enquiries in the same period.

QC080514/043

Response to complaints within 30 days was an issue for Continuing Healthcare cases but the need for a proper response to complex cases was noted. There was a discussion about response times – best practice was to work with patients to agree a timescale rather than having set periods.

QC080514/044

It was noted that using a feedback form following an incident had been good but there were concerns as to whether this was the best approach. It was also suggested that patient representatives should be included in this and that anything going out should be passed by the communications team first.

QC080514/045

Acknowledging that responsibility for handling complaints about GP practices lay with NHS England, the Committee asked whether data was shared with the CCG, to identify trends and areas of concern around quality, and could be included in the report.

QC080514/046

Georgette Welch would approach NHS England again to request this.

Action Georgette Welch

Following on from discussion at a previous meeting about sharing the report with Locality Patient Representatives, it was agreed this report could now be shared with them without appendices which contained case by case information from which it might be possible to identify individuals.

QC080514/047

Action Georgette Welch

It was also agreed that the content should be reviewed for anonymisation for this committee in future.

QC080514/048

Action Jackie Moody / Georgette Welch

Dr Moore asked how complaints about GP practices raised with the CCG were followed up by NHS England – it was clarified these were forwarded to the local Area Team for action.

QC080514/049

9. Serious Incident Report Quarters 3 and 4

Kathleen Curtis and Stuart Carey from the South CSU joined the meeting via teleconference. It was noted that the report covered the last two quarters of 2013-14. Pressure ulcers, Slips trips and falls and information systems were the three main issues.

QC080514/050

It was noted that there was much better information on trends and comparative data, and benchmarking against other providers in some cases. The grade 3 ulcers at Epsom Hospital and the variation in community provision between CSH Surrey and Virgin Care came through clearly.

QC080514/051

Soft intelligence was noted as problematic. Most of the issues came out of the Clinical Quality Review Meetings which is where information was triangulated. It was also noted that there was a useful correlation on pressure ulcers in the community. Most pressure ulcers grade 3 & 4 were avoidable and the root causes needed to be understood.

QC080514/052

Some concern about the quality of data entry on STEIS was noted. Concern was expressed about a particular SECAMB incident and it was noted this had been followed up.

QC080514/053

Admissions of under 18s to adult mental health wards. It was noted that discussions were taking place with CAMHS about this to produce a resolution. This was partly the responsibility of NHS England. Concern was expressed about local capacity to prevent this happening. Agreed this should be followed up.

QC080514/054

Action Suzanne Moore

The format of the report was discussed. It was felt that it contained a lot of data and that analysis and interpretation of the data would be useful to provide assurance. Also colour coding and direction of travel or trends were felt to be needed in the analysis to highlight areas of concern. The South CSU team would review the format of the report.

QC080514/055

Action EC / CSU

10. Adult Safeguarding

Safeguarding Adults at Risk Tool

QC080514/056

The CCG self-assessment audit developed by NHS England was discussed. An action plan would be developed and brought to the committee on a quarterly basis.

It was felt that the Quality Committee should review the RAG ratings given the sensitivity of some of them and that the Governing body should be sighted on it. Some concern was expressed that the Governing Body needed further development on its responsibilities for adult safeguarding.

QC080514/057

Dr Gavins as safeguarding lead agreed that this needed to be more visible.

QC080514/058

It was noted that there needed to be more correlation between some of the comments and the ratings. This had been submitted to the safeguarding board confidentially. Agreed that Miles Freeman and Karen Parsons would review and moderate the existing version before it went to Governing Body.

QC080514/059

Action Miles Freeman / Karen Parsons

It was agreed that assurance on risks and actions should come back to this Committee through an updated report.

QC080514/060

Action Eileen Clark

It was agreed that the report should be noted as draft for FOI purposes until the final version was agreed.

QC080514/061

Safeguarding Adults Statement and Policy

QC080514/062

This was noted as a gap in the policy portfolio. The Committee AGREED the policy.

The format of the policy needs to be in accordance with the CCG Policy on Policies and Equality Analysis undertaken.

QC080514/063

Action Helen Blunden / Justin Dix

The policy should go to the June Governing Body for approval before being published on the CCG website.

QC080514/064

Action Justin Dix

It was requested that in future policies should be circulated in advance for comments as per the policy on policies.

QC080514/065

11. Safeguarding Children

It was noted that the annual report would not be reviewed today for reasons previously stated.

QC080514/066

Surrey Downs CCG Safeguarding Children Statement and Policy

QC080514/067

The policy was noted. This needed some corrections and reformatting. Eileen Clark would discuss with the Designated Nurse. It would be recirculated by email to committee members for comment before submission to the Governing Body. Timing to be reviewed outside the meeting.

Action Eileen Clark

12. Feedback from Localities

Dr Gavins highlighted a meeting on 8 till 8 services; reducing admission from dementia homes; and the Molesey hospital state of environment which was poor.

QC080514/068

Six of 8 practices had not identified active patient representatives in practices in East Elmbridge.

QC080514/069

The falls service in East Elmbridge does not seem to be working. This is being reviewed. Dr Fuller reported that interim arrangements had been put in place following the end of a pilot project but these were clearly not working. Expectations around the role of integrated teams needed to be revisited. Demand and capacity in therapies was an issue. This would be followed up in the community contract meetings.

QC080514/070

Dr Moore said the shift of services from Leatherhead to Epsom (CAU) had gone well. A meeting was also taking place regarding the position of Medlinc and Mid Surrey localities with a view to potential merger.

QC080514/071

13. Quality Strategy

Progress on this was slow due to lack of capacity within the team. More input on engagement with patients was needed but the new appointment to the CCG Engagement post was some way off.. There was an important link with the work on equality and diversity. Miles Freeman said there needed to be a broader and more corporate approach to quality strategy and he would discuss this outside the meeting with the quality team.

QC080514/072

Action Miles Freeman/Eileen Clark

14. Provider CQUINS

Eileen Clark reported these were being managed on a whole systems basis and fitted with commissioning plans. The CSH Surrey CQUINS were agreed but there was a delay with the Epsom Hospital CQUINS and more work was needed on the difference between CQUINS and KPIs. Noted they were already six weeks overdue for implementation.

QC080514/073

15. Provider Quality Accounts

Noted this was more about process than outcomes. Epsom and

QC080514/074

St Helier's had been received and would be discussed at a CQRM. The CCGs response needed to be signed off at Executive level.

Miles Freeman said he would like Epsom to present their quality account at a seminar style meeting before sign off. This had been a valuable approach that had been used at the Governing Body. The deadline was the 30th June so this was possible.

QC080514/075

Action Eileen Clark

CSH Surrey's had not yet been received. They should also present to the Committee. It was agreed to use the next meeting date for this.

QC080514/076

16. Risk Management Report

QC080514/077

Justin Dix gave an overview of the risk register and assurance framework.

QC080514/078

It was agreed that the second year of the organisation would be less on addressing basic risks in a new organisation and more on addressing progress in key areas.

QC080514/079

Eileen Clark commented that the quality team recognised the need to schedule regular review of risks under their remit.

QC080514/080

17. Medicines Management – PCN Recommendations

The following items were received by the committee:

QC080514/081

- Safety was an issue for relipsar which is why not approved at this stage.
- Anal irrigation – this was an improved version that supported bed bound people.
- Triptorelin- for prostate cancer – this was an additional treatment and did not replace those already in primary care standards. The licence had been available since 2010 and it was well established. It was not mandatory for primary care to start.

The following recommendations were AGREED:

QC080514/082

- PCN93-2014 Relvar Ellipta in Asthma – not supported
- PCN94-2014 Qufora anal irrigation system – agreed as the system of choice
- PCN95-2014 Triptorelin for prostate cancer, agreed alongside other treatments in line with NICE guidance

18. Equality and Diversity update

Equality and diversity – a meeting was scheduled for later today to establish a steering group. Agreed that this needs corporate ownership.

QC080514/083

19. Integrated Governance – feedback from other committees

Alison Pointu highlighted issues at the recent Audit Committee.

QC080514/084

Safeguarding audits have resulted in the completed policies tabled today . Risk Management was discussed in detail.

QC080514/085

Prescribing policy and fraud – there had also been a discussion about this at audit committee – there was still a problem with electronic prescribing so the request for more work on the draft policy is appropriate.

20. Committee forward plan

The plan set out the schedule for business of the Committee. Miles Freeman and Claire Fuller commented that alternating seminar and formal meetings had worked well for the Governing body and suggested this approach for the Committee.

QC080514/086

Jackie Moody agreed that seminar opportunities, especially inviting Providers, were valuable but that formal meetings every other month may reduce grip on the ability to conduct the business of the Committee.

QC080514/087

The forward plan would be revised in conjunction with the Chair, the Quality Leads and Justin Dix.

QC080514/088

**Action Miles Freeman / Alison Pointu /
Jackie Moody / Justin Dix**

21. Any other business

Liz Saunders asked that next Quality and Performance report contain a section on flu vaccination as Surrey Downs has one of the lowest uptake rates. Noted that vaccination can start from August this year.

QC080514/089

Liz Saunders would provide some words to support data already available

QC080514/090

Action Liz Saunders