



**Meeting: Clinical Governance, Clinical Quality and Safety Committee**

**Date and time: 4<sup>th</sup> June 2013**

**Present**

Robin Gupta  
Philip Gavins  
Eileen Clark  
Suzanne Moore  
Karen Parsons

**Apologies**

Maggie Ioannou  
Mark Hamilton  
Gavin Cookman  
Denise Crone

**In attendance**

Helen Blunden  
Liz Clark  
Georgette Welch  
Sian Carter  
Justin Dix (Minutes)

**1) Welcome and apologies for absence**

EC welcomed everyone to the meeting. It was noted that the meeting was not quorate for decision making purposes due to people being on leave.

CQ0406131

EC also noted that the lead nurse on the governing body was being advertised at the moment but that Maggie Ioannou was covering the role in the interim.

CQ0406132

**2) Conflicts of interest**

There were no conflicts additional to those noted on the register. Sian Carter asked about conflicts in relation to GPs and it was agreed that she would speak to JD outside the meeting.

CQ0406133

**Action SC**

**3) Minutes of the last meeting**

These were agreed as an accurate record

CQ0406134

#### 4) Matters arising

Primary care quality markers. This action had been completed. Benchmarking information has been published and is being reviewed internally. The group could look at widening this out from contracting into broader quality issues to support service redesign. The GP contract does not yield much information and is already part of reporting. The CCG would be monitoring enhanced services directly. RG noted that QOFF and patient questionnaires were the main means of monitoring. SM felt that practices should come together to improve quality markers in key areas.

CQ0406135

KP felt this would fall out of locality work around quality premiums and we should focus in this area. RG said that in Dorking work on variations between practices was already taking place. SC asked about adverse incident trends and KP said these would be reviewed if they were an issue. SM asked about CQC monitoring. It was felt this would start to become a feature as the CQC reported.

CQ0406136

KP highlighted the need for close working with the Area Team who were the lead for this area, but felt that local relationships with practices were the more important area.

CQ0406137

It was agreed that the group should send Shelley Eugene the papers and an open invitation to attend meetings.

CQ0406138

**Action JD**

Review of terms of reference – this was deferred until September.

CQ0406139

**Action JD**

Networks workshop. These had been attended by several members of the committee. The networks were high level rather than CCG specific but could advise on care pathways and bigger picture redesign, and sharing evidence to inform planning. The workshop had been a discussion about future arrangements. RG asked about the arrangements for these networks. KP said they were led by the 12 clinical senates across the country and these were lean organisations supporting work at local level. However they were advisory and could not dictate strategy but could advise on best practice.

CQ04061310

RG asked how this would fit with the work of the CSU and NICE. SM said it was more about creating a local think tank to capitalise on local knowledge. RG felt that there was a danger of confusion and that the CCG could find itself overstretched. It was noted that there had not been any outputs from the day as yet. It was agreed to chase this.

CQ04061311

**Action EC**

Action 9 was in fact about the CSH Staff Survey – agreed to carry this forward. EC was meeting Valerie Graham next week. CQ04061312

**Action EC**

SABP Complaint. This was clarified as now being with the Ombudsman so need to await outcome of this. GW would send to HB CQ04061313

**Action GW**

Mapping of patient engagement. Agreed to carry forward – needs discussion with DC. EC said this also featured in the rectification plan as a simple diagram. CQ04061314

**Action EC**

All other actions had been completed or were ongoing. CQ04061315

**5) Clinical audit plan**

EC said this was work in progress but had been delayed due to work on KLOEs. There was a clinical audit plan for pharmacy and EC was working with CSH to fit in with their work. Discharge arrangements would be a key area. She would also like to look at an audit across a patient pathway. Other areas suggested included infection control for Epsom; clinical complaints in provider services; staff experience on specific wards at Epsom. CQ04061316

EC reported on a recent visit to the wards at St Helier Hospital. There were constraints to quality around the age and layout of the building. Positive interactions between staff and patients were noted. The next visit at Epsom Hospital would focus on care of the elderly, picking up on patient pathways and discharge lounges. CQ04061317

SM asked if there was a discharge questionnaire. EC said there was but it was not very informative. These generally gave low response rates. EC asked about when and how members of the committee would like to do the next visit. SC said that the format used for nursing home visits might be useful and she would share with EC. It was shared with homes and was felt to be useful to them. CQ04061318

**Action SC**

SM said this needed to be realistic and objective. HB said that key points needed to be followed up on a subsequent visit. KP said that visits needed to be prioritised against known quality concerns such as discharge procedures. CQ04061319

EC said that an audit of continence services would be useful as there were signs of growing waiting lists. For some specific issues such as Never Events we should ask for immediate feedback rather than waiting for the next visit. CQ04061320

SM asked if there was a format for walk arounds. EC said there was nothing at this time and we needed to put together a structure. Suggested CSU South could support this – EC would contact them.

CQ04061321

### **Action EC**

RG said that walk arounds would by definition not yield much objective data and we would expect to get a lot more from the OOH strategy work. KP said members needed to have this kind of information when they went on a visit. It was felt that this would be easier with the new staff who would be starting shortly to support the quality agenda.

CQ04061322

EC said that there were performance indicators used in Kingston that could also be used Epsom.

CQ04061323

### **6) Continuing Health Care**

SC reported on the work in progress on a CHC performance report. A CHC reference group had been established and the inaugural meeting had been on the 13<sup>th</sup> May. The next meeting was on the 10<sup>th</sup> June. Every CCG was represented and needed to share the risks associated with continuing care.

CQ04061324

One of the commitments made to all stakeholders was to review the team and an individual had been commissioned to do this. This person was now interviewing key staff and stakeholders with the aim of reporting in September.

CQ04061325

The CHC database was behind schedule and had been expected for 1<sup>st</sup> April as there were technical issues relating to moving this over to CSU South; this was now happening this weekend. Options for a future database were now being considered.

CQ04061326

Surrey and Sussex Trust had made a unilateral decision on continuing care as reported in the last minutes and this had highlighted the complexities of and need for collaborative working. The trust were now working with the CCG on this. There was a collaborative event planned with all the acute trusts in July.

CQ04061327

Personal Health Budgets were an area that needed considering and a paper had been developed for this.

CQ04061328

Residential and home based care contracts were due for renewal next year and a paper was being prepared for this as well. This focused on quality KPIs and the use of CQUINS to improve standards. This was key to helping the CHC team deal with the capacity issues.

CQ04061329

The team were however having difficulty with meeting the 48 hour fast track standard. All the community providers worked in different ways which made this more difficult. The overall process was very time consuming. CQ04061330

Workforce – the CHC review needed to agree the baseline, currently the team were working within the cash envelope. CQ04061331

The risk register was being updated quarterly and was last done in May. CQ04061332

EC noted how demanding this work was. SM said that GPs could often identify issues within Care Homes but community matrons could identify specific techniques, skills and issues such as mattresses, feeding and catheterisation. It was felt that the CQC reviews did not go into this level of detail and that we lacked the resources to do this. RG said there was a wealth of detail that needed collating. It was also noted that the CHC team asked GPs for a clinical perspective when complaints were received from families. However this needed a proper audit tool. Interim data analysis support had been agreed by the CCG. HB said that CQC, GP and family perspectives on a single home often varied. CQ04061333

SC noted that there had been some involvement with incident reviews. This had suggested that safeguarding awareness was low amongst GPs. It also suggested issues with mental capacity assessments. CQ04061334

EC said the challenge to the committee was co-ordinating all this information. SC said that Winterbourne had highlighted the need for co-ordination across agencies. CQ04061335

## **7) Authorisation KLOEs**

EC reminded everyone of the background to this. The packs contained evidence sheets that would be submitted to the NHS commissioning board. CQ04061336

The main issue was demonstrating that systems and processes were being used as well as their being in place. This had been positive in that it had enabled the CCG to focus on key areas of improvement. KP said that each of the sheets showed the supporting evidence to demonstrate this. CQ04061337

2.2b and 4.2.1: The main issue was to demonstrate clear mechanisms for patient feedback. There had been a paper to the governing body on this. Examples included NHS 111 and how the CCG had responded at locality and CCG wide levels. The minutes of 111 meetings would be submitted as evidence. Another piece of evidence was reporting on specific cases. CQ04061338

- Service delivery included case studies on speech and language therapy (swallowing problems with people with dementia) and Dorking X-Ray, which had begun with patient feedback.
- Evidence on the patient advisory group was included.
- The work of the quality surveillance group was included. This needed to develop further.
- Minutes were used to show where quality was discussed at Exec, Governing Body and other levels.
- The interim lead nurse appointment was highlighted and the process around this.

CQ04061339

In overall terms this was evidence of a growing organisation. GW suggested adding in recent development with a generic patient feedback account. SC also suggested work done in CHC.

CQ04061340

2.4.2c: This showed that the governing body had adopted the quality framework at its meeting on the 8<sup>th</sup> March. In addition there was an organisational structure chart with changes to show how the organisation was developing and expanding the clinical quality groups. There was also evidence of collaborative working e.g. in relation to serious incidents. The draft MOU with Wandsworth CCG linked into the work with St George's. Evidence was also provided of working with non NHS providers and membership of forums relating to clinical quality.

CQ04061341

Early warnings – evidence of information to the Governing Body was provided. A case study around Clockhouse and safeguarding was included to show that we were picking up on wider signals. KP said this had usefully highlighted the need to pick up on sub-contracting arrangements.

CQ04061342

SC said that there was evidence of work in CHC of dealing with early warnings that could be included.

CQ04061343

Serious incidents – this picked up on process and where it was agreed at the Governing Body; it showed how SIs were addressed and how the CCG worked with others across Surrey.

CQ04061344

SM asked about trend analysis regarding escalation and early warnings. KP said there was detail behind each area of evidence and that the papers in front of the committee were just summary sheets.

CQ04061345

KP summarised by saying that we should now be in a robust place and if this was not accepted by NHS England it would need serious review with the Area Team given that we had worked closely with them. If successful this would leave us with just two conditions relating to planning. The outcome should be known by July.

CQ04061346

## 8) Feedback from Patient Advisory Group

Carried over to next time

CQ04061347

## 9) Quality issues with commissioned services

Epsom – there were concerns about Epsom including a never event in maternity services relating to swabs. This had been discussed with Sutton CCG. It demonstrated a lack of learning from an earlier incident. SM said the trust were good at putting procedures in place but not necessarily good at operationalising them. EC reported on a number of indicators such as VTE risk assessment, where there was a deteriorating trend. SM said that there was close monitoring of infection control and EC said that the CCG's challenges were a new experience for the trust. The CCG needed to drive the contract process more.

CQ04061348

SASH – concerns centred on changes in clinical leadership. Infection control rates were reasonably good. A&E performance was however very poor in April. RG would be attending clinical quality review meetings working closely with other CCGs. SC said that discharge process needed review and it was noted this would be subject to a deep dive in July. There were some concerns that the culture of the organisation did not support improvements and that this showed in the quality of discharge summaries. LC said there was evidence of poor advice on medication on discharge in some areas. GP members of the committed highlighted a number of individual concerns in this area. There had also been a never event relating to wrong site surgery in March but the trust had dealt with this thoroughly.

CQ04061349

EC reported that she had been attending Kingston Quality meetings and the trust seemed to be performing well but had also had a never event which was under investigation. The trust's own complaints report also highlighted a couple of serious issues relating to privacy and dignity.

CQ04061350

Central Surrey Health – there were no major issues, although there were some concerns about continence services and waiting lists. EC would set up a steering group to review this. RG highlighted some issues with clinical practice including catheterisation.

CQ04061351

111 – this was starting to settle down but it has also highlighted some issues with out of hours. There is an improvement plan and recruitment in place. Feedback was continuing.

CQ04061352

## 10) PALS and Complaints

GW said this was an interim report. It did not currently include CHC which would be incorporated into regular quarterly reports. CQ04061353

GW clarified that the report actually started from mid march. There were 23 PALS cases in this period with 2 ongoing. 9 had been resolved by the CCG and 12 referred on to other organisations. CQ04061354

Table 4 gave a description of the genuine Surrey Downs cases. More detail on these was available on request. CQ04061355

One concern was about the current assisted conception advice. The CCG was still using the former Surrey PCT policy (39 years) whereas latest guidance from NICE was different (41 years). There was work on reviewing this jointly between Hampshire and Surrey. CQ04061356

There were concerns about one hospital switchboard and the attitudes of staff working on it. CQ04061357

One complaint regarding a lost referral for surgery had now been resolved, however this had also highlighted poor customer service and phones not being answered. This was being followed up with the hospital concerned. CQ04061358

There was a further assisted conception issue relating to incorrect advice in primary care. CQ04061359

The Surrey dental helpline has now been discontinued. The answering machine refers patients to 111. This was not felt to be helpful. GW would follow up; currently she is referring people to the national helpline and the web site. CQ04061360

### **Action GW**

Some GP practices are incorrectly addressing primary care complaints to the CCG, these are being referred to the national helpline. CQ04061361

RG expressed concern that as the PALS and Complaints service became well known it may be swamped as there is not the capacity in the CCG to deal with this. GW said that she had had a poor experience of other PALS services and she was trying to provide some co-ordination to avoid this happening. CQ04061362

There had been 7 complaints one of which was now with the ombudsman. These had been referred on to other providers. CQ04061363

There had been one compliment during this period. CQ04061364

Further action was being taken to improve the web site, include an FAQs section and an introductory letter to GP practices.

CQ04061365

### **11) Planning for 28<sup>th</sup> June Governing Body seminar**

EC outlined this and how we could make a difference as a CCG, and develop a quality strategy going forward. Comments on the draft agenda were invited by the end of next week (14<sup>th</sup> June).

CQ04061366

### **12) Patient Group Directions (PGDs)**

Patient Group Directions. LC circulated these. The issue had arisen because NHS England said that it would not be issuing PGDs and they would be a CCG responsibility. LC was therefore asking for approval for both the process and the current PGDs. EC would be happy to sign these off on behalf of the CCG subject to the CCG having demonstrated that there is clinical support to them.

CQ04061367

**Action EC**

### **13) PCN Ratification**

Prescribing Clinical network. The role and function of this was set out. SM asked about the composition of the committee and membership. It was felt that clinicians should challenge any issues they were concerned with before remitting to Exec.

CQ04061368

Summary of actions:

003 S Carter	SC to speak to JD about GP conflict of interest
008 J Dix	JD to invite Shelley Eugene to future meetings
009 J Dix	Review Terms of Reference in September
011 E Clark	Chase outputs of clinical networks conference
012 E Clark	Results of CSH Staff Survey to be reviewed
013 G Welch	SABP complaint to be shared with HB
014 E Clark	Mapping of patient engagement to be completed
018 S Carter	SC to share questionnaire used with nursing homes
021 E Clark	EC to contact CSU for help with walkabout documentation
067 E Clark	EC to sign off PGDs subject to CCG approval