



## APPROVED

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

**Date and time: 5 July 2013**

### Present:

Maggie Ioannou (MI) Chair	Miles Freeman (MF)	Eileen Clark (EC)
Robin Gupta (RG)	Philip Gavins (PG)	Denise Crone (DC)
Mark Hamilton (MH)	Gavin Cookman (GC)	

### In attendance:

Helen Blundell (HB)	Liz Clark (LC)	Jackie Moody (JM)
Alice Stevens (AS)		
Diane Hedges (DH) joined the meeting for Agenda item 7		
Jonathan Perrott (JP) Meeting secretary		

### 1. Welcome and apologies for absence

As newly appointed Chair, MI welcomed everyone to the meeting

Apologies: Karen Parsons, Suzanne Moore

### 2. Conflicts of Interest

No interests were declared in addition to those on the Surrey Downs CCG Register of Interest.

AS reported that Sian Carter has liaised with Justin Dix re possible conflicts of interests for GPs involved with care homes.

### 3. Minutes of the last meeting – 7 June 2013

Corrections were made to the spelling of the names of Maggie Ioannou and Liz Clark.

Section 12 Patient Group Directions

The paragraph on 'Prescribing Clinical Network' will be put under a new Section name and number.

In future all actions to be linked to timescales

The minutes of 7 June 2013 were then agreed.

### 4. Matters arising and actions from meeting of 7 June 2013

Terms of Reference (TORs) are in place and will be reviewed every 6 months. The TORs will be reviewed at the next meeting.

Several members of the committee had attended a networks workshop. There has still been no output from the workshop.

**Action: EC to seek output from the networks workshop.**

CSH staff survey – EC to bring results through the SDCCG/CSH Quality meeting and then to the next meeting of the Committee

**Action: EC to bring results of CSH staff survey to next meeting**

SABP complaint is with Ombudsman and outcome awaited – this will be monitored by the Committee.

A template to map existing patient participation groups is being developed and an update will be given at a future meeting.

Sian Carter has shared with EC the carer's and GPs feedback questionnaire and the care homes service review template. This matter will be considered by the CHC Reference Group.

A CSU document outlining plans for provider sites walk arounds has been circulated and comments received by EC.

Georgette Welch has confirmed that NHS111 now has a triage process in place for dental enquiries.

Patient Group Directives (PCG) and MCD have been signed off by Prescribing Clinical Network (PCN), subject to CCG approval.

Delegated authority from Governing Body to the Committee needs to be clarified.

**Action: EC to seek clarification from Governing Body re delegated authority to Committee**

## **5. Quality and Safety Report for July**

EC presented the Quality and Safety Report which is based on National Quality Framework.

It was suggested that the report should look at overall Quality and include issues such as CHC backlog and Serious Incidents (SIs). The report may in future include a Part 2 section for reasons of patient confidentiality.

GC asked how the Committee can be proactive.

### **5.1 Infection Control/Healthcare Acquired Infections (HCAIs)**

A target of zero cases set for MRSA bacteraemia and maximum number of 73 cases of Cdiff for Surrey Downs CCG patients in 2013/14

### **5.2 MRSA Bacteraemia**

A case of MRSA bacteraemia infection acquired by a Surrey Downs CCG patient on 24 April 2013 attributed to St Thomas' hospital where the patient was being treated.

ESHT reported 2 cases of Cdiff in 2013, but none were Surrey Downs CCG patients. It would be useful to see report show data separately for Epsom Hospital site and St Helier site shown separately.

SASH reported 2 acute Cdiff cases in May 2013 but none of these were from Surrey Downs CCG.

Kingston Hospital has reported 8 acute hospital attributed cases against an objective of 16 for 2013/14. The trust has held an emergency summit to review the improvement plan and this will be brought to the Clinical Quality Review Group for discussion.

One case has been attributed to Princess Alice.

EC asked if SDCCG should be measured against any other quality markers.

LC suggested that SDCCG should also be measured on compliance of commissioned services with NICE. EC said that others had also suggested this.

### **5.3 Infection Control and Antibiotic Prescribing**

Infection Control and Antibiotic Prescribing will be included on the agenda twice a year.

**Action: LC to present a report on Antibiotic Prescribing, analysed to practice level, at the next meeting**

The Committee does not require sight of Post Infection Reviews and action plans but wishes to see lessons learned. Lessons learned can be sought from the lead commissioner. Where Surrey Downs CCG is the lead commissioner, the matter will be taken through the contracting route – if necessary, the Department of Health may review.

### **5.4 Safeguarding**

Simon Turpitt has been appointed as independent chair of the Surrey Safeguarding Adults Board.

**Action: EC to invite Simon Turpitt to a meeting of the Surrey Downs CCG Governing Body**

EC recently attended the Surrey Safeguarding Adults Board and requested quarterly reports and exception reports in between. One dashboard will be prepared for safeguarding adults and another for safeguarding children. G&W CCG is recruiting extra resource; meanwhile a capacity review is being undertaken.

EC plans to recommend to the Surrey Downs CCG Governing Body to hold a seminar on safeguarding.

Safeguarding Children CSH action plans will be taken through the Quality Committee meetings.

**Action: EC/JM will report to the next meeting on CSH safeguarding supervision model including timescales**

**Action: HB to map the adult safeguarding leads**

There are currently four adult safeguarding Serious Case Reviews underway in Surrey, one of which refers to a Surrey Downs CCG patient.

**Action: EC will present the Surrey Downs CCG Serious Case Review draft report to a future meeting and to a Governing Body meeting**

HB will develop safeguarding quarterly reports and exception reports.

**Action: EC/HB to present at next meeting an update on domestic abuse and safeguarding training**

### **5.5 Serious Incidents and Closures**

The reporting on Serious Incidents and Closures needs to be reconfigured to make it more meaningful including the addition of benchmarking data – ambulance data in particular.

**Action: EC to arrange for more benchmarking data in next report**

There is particular concern re SECAMB where, of the 32 on-going cases 31 are overdue for closure and 12 have not yet been submitted to their commissioners.

**Action: MF to write to East Surrey CCG to seek assurance on SECAMB SI reporting process**

Delay in closing some cases is linked to coroner who is 18 months behind on caseload.

### **5.6 Friends and Family Test**

The Friends and Family Test is being implemented nationally as a tool to benchmark patient experience. Each organization is currently using the tool within A&E and inpatient services and will be publishing their results from 1 July 2013.

Benchmarking is required.

### **5.7 NHS Funded Healthcare Team**

There are a number of legacy issues following the transfer from Surrey PCT to Surrey CCGs requiring urgent attention and steps for resolution which are being monitored and reviewed by the CHC Reference Group which has been set up with representatives from each of the CCGs.

DC expressed concern with CHC process timescales; currently a maximum allowed of 28 days to agree funding eligibility.

DC also expressed concern re process for placing people with caution.

The results of the CHC review will be brought to this committee.

### **5.8 A&E Performance**

Data for % of attendances within 4 days indicate poor performance in April 2013, but providers met the 95% target for Q1.

It is important not to look at A&E data in isolation, but to take account of less than one day admission, conversion rates, whole pathways etc.

### **5.9 NHS 111**

Generally performance has improved. There has been positive feedback, including satisfaction with being able to book appointments at Urgent Care Centres (UCCS).

### **5.10 Out of Hospital Providers**

Surrey Downs CCG contracts with a number of Out of Hospital providers which include independent hospitals and services commissioned under Any Qualified

## Surrey Downs Clinical Commissioning Group

Provider contracts: Ramsey Ashtead, EDICS, Dorking Healthcare, Epsom Medical and Princess Alice Hospice.

There is now closer engagement with these providers in areas of contracts, KPIs, CQUIN, baseline data, building good relations, scheduled meetings, templates for quality reports.

SDCCG's contract with EDICS expires 31.7.13. A 2013/14 contract will be drafted and signed for the new contract year. Balance of Care have been commissioned to carry out an audit of the EDICS contract to match activity and billing and to review governance.

### 5.11 Quality Surveillance Networks

The Surrey and Sussex Quality Surveillance Group continues to meet monthly and is a valuable source of early intelligence around providers.

A report is being prepared that will cover concern around the level of pressure damage within Community Providers and Care Homes.

The SDCCG Head of Quality will be attending the next NHS SW London Quality Surveillance Group to participate in discussions around these organizations and share intelligence.

It was suggested that the Surrey Downs CCG Clinical Quality and Patient Safety Report could be fuller with the use of appendices providing both a helicopter view across providers and sufficient detail to support deep dives.

The Head of Quality now has a fully recruited team in place.

The Chair acknowledged the work being done by the CHC team.

### 6. Response to Quality Accounts

NHS service providers in England have a statutory duty to produce an annual report to the public about the quality of services they deliver. EC has circulated reports from CSH, ESHT, SASH, KH, Princess Alice and SABPT and acknowledged comments received from DC and RG.

Concern was expressed at the influence the committee could have by just commenting on the reports.

**Action: EC to liaise with Alan Streets to seek opportunity for SDCCG to be involved in the development of the Quality Accounts**

The committee will review the process in September/October 2013.

### 7. Developing acute quality standards across areas of Surrey Downs patient flow

There is a requirement on CCGs to be able to describe the quality standards for care commissioned from acute providers. At the Governing Body workshop in May 2013, the meeting asked for more information on the standards and evidence on 24 hour consultant cover in Obstetrics and Paediatrics.

London Quality Standards are often not included in contracts as the milestones and costs may drive up contract value.

### Obstetrics

Providers each self report different levels of consultant cover in terms of hours per week and exactly what is meant by consultant cover e.g. on site or available in 10/20 minutes.

More information is required to understand what is achievable.

SDCCG still does not have provider time of birth data.

**Action: DH to request time of birth data from providers**

It was agreed that there should be a move towards increased consultant cover. Minimum standards should be put in place and a pace of change needs to be agreed.

### Paediatrics

More robust evidence is needed re peak activity for paediatric reviews and the quality of the teams below the consultants.

NHS Standards for paediatrics can be obtained from college of paediatricians and SCN Chair.

It was agreed that consultants should be present at peak hours – hours to be agreed which may differ by trust. There is a need to understand rotas and the minimum level of staff required to be present when there is no consultant cover.

### Other

It was suggested that the committee should consider other areas of care important to patients e.g. elderly care, stroke, medical.

### 8. Feedback from Patient Advisory Group

DC reported on a meeting of the Patient Advisory Group.

There is an issue around the Patient Transport Services (PTS). A situation arose where a frail, elderly woman was left in St Peters waiting 4 hours to be returned to a nursing home.

**Action: EC to request contracting colleagues to confirm how many ambulances currently provide non-urgent support.**

A patient was told by a prescribing GP that, due to budget constraints, she could have two prevention inhalers on prescription but could have more relievers.

LC offered to join patient participation groups at practices.

### 10. Quality Team Work Plan

An overarching Quality Team Work Plan is being developed with all staff feeding in. There is capacity in the plan for deep dives, technology appraisals assurance and safety alerts.

**Action: EC to report on Safety Alerts at the September meeting.**

Commissioning Support South has not yet developed a calendar for reporting. A calendar passed over from the PCT is being used as a starting point.

MI advised that the calendar for reporting was passed by Surrey PCT to Surrey Downs CCG and should be used by the CCG.

When the PCT closed, SIRI themes and trends were captured.

Audits for commissioners, providers, LESs should be on why they are needed and be risk based. It is important to get involved early to agree the scope for audits. There is a need to identify any gaps between planned audits.

**Action: EC to arrange for the committee to see the full risk register to check for gaps**

SASH has no Director of Nursing and part of the safeguarding lead Whole Time Equivalent has recently left and has not yet been replaced. A risk summit at SASH has been scheduled.

**Action: EC to liaise with East Surrey CCG re SASH risk summit**

The first GP surgery CQC inspection has taken place in Surrey Downs CCG. Areas highlighted included safeguarding and MCA training.

Currently a GP who has received level 3 safeguarding children training can provide level 1 & 2 training to practice colleagues, and we are looking at the practicality of a similar process in adult safeguarding. HB/EC are reviewing current courses available.

**Action: MI and PC to take up the matter of audits with the Audit, Corporate Governance & Risk Committee**

#### 11. Prescribing Clinical Networks (PCN)

PCN used to be a committee of Surrey PCT. With Surrey, Sussex and Hampshire membership, it can put forward recommendations to the CCGs for ratification.

The meeting considered two recommendations made by the PCN which have been endorsed by the four locality prescribing leads:

- Policy No: PCN Recommendation 1<sup>st</sup> May 2013
- Policy No: PCN Recommendation 29<sup>th</sup> May 2013

RG expressed some concerns about the recommendations.

Further work needs to be done on the process around PCN consultations, recommendations and approvals.

Policy No: Policy No: PCN Recommendation 1<sup>st</sup> May 2013 and Policy No: PCN Recommendation 29<sup>th</sup> May 2013 will be submitted to the Governing Body for approval.

#### AOB

None

Next Meeting	Date	Time	Venue	Chair
	1 August	14:00-15:45	Park House	Maggie Ioannou

## Summary of Actions

No	Action	Person	Date
1	Seek output from the networks workshop.	EC	1.8.13
2	Bring results of CSH staff survey to next meeting	EC	1.8.13
3	Seek clarification from Governing Body re delegated authority to Committee	EC	1.8.13
4	Present a report on Antibiotic Prescribing, analysed to practice level, at the next meeting	LC	1.8.13
5	Invite Simon Turpitt to a meeting of the Surrey Downs CCG Governing Body	EC	1.8.13
6	Report to the next meeting on CSH safeguarding supervision model including timescales	EC/JM	1.8.13
7	Map the safeguarding leads in practices and training requirements	HB	1.8.13
8	Present the Surrey Downs CCG Serious Case Review draft report to the a future meeting and to a Governing Body meeting	EC	1.9.13
9	Present at next meeting an update on domestic abuse and safeguarding training	EC/HB	1.8.13
10	Action: EC to arrange for more benchmarking data in next report	EC	1.8.13
11	Write to East Surrey CCG to seek assurance on SECAMB SI reporting process	MF	1.8.13
12	Liaise with Alan Streets to seek opportunity for SDCCG to be involved in the development of the Quality Accounts	EC	1.8.13
13	Request time of birth data from providers	DH	1.8.13
14	Request contracting colleagues to confirm how many ambulances currently provide non-urgent support.	EC	1.8.13
15	Arrange for the committee to see the full risk register to check for gaps	EC	1.8.13
16	Liaise with East Surrey CCG re SASH risk summit	EC	1.8.13
17	Take up the matter of audits with the Audit, Corporate Governance & Risk Committee	MI/PC	1.8.13

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