

Title of paper:	Clinical Quality Committee Minutes
Meeting:	Governing Body, 29 th November 2013
Author:	Justin Dix, governing Body Secretary
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Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development

These are the minutes of the Clinical Quality Committee meetings held in September and October 2013

Executive Summary and Key Issues

This committee is meeting monthly until it has assurance on key issues that it can safely move to meeting bi-monthly. The majority of the issues are covered in the Clinical Quality and Patient Safety Report.

Recommendation(s): The Governing Body is asked to NOTE these minutes

Attachments: Clinical Quality Committee minutes for September and October 2013.
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Implications for wider governance

Quality and patient safety: As set out in the minutes
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Patient and Public Engagement: The lay member for PPE sits on the committee.

Equality Duty: No specific issues.

Finance and resources: No specific issues
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Communications Plan: These minutes are available on the CCG web site

Legal or compliance issues: A number of the issues in this report relate to legal obligations under the NHS constitution such as access and safety

Risk and Assurance: Risks are as set out in the introduction to the quality and clinical safety report



**Surrey Downs
Clinical Commissioning Group**

Minutes of the Clinical Quality Committee

held on Thursday 5th September 2013

at Medwyn Surgery, Reigate Rd, Dorking, Surrey RH4 1SD

Part 1

Chair: Gavin Cookman

Present		
Members		
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse
GC	Gavin Cookman	Governing Body Lay Member - Governance
RG	Dr Robin Gupta	Clinical Lead – Dorking /SASH
MH	Dr Philip Gavins	Clinical Lead – East Elmbridge/ Kingston Hospital
LS	Dr Liz Saunders	Public Health Consultant
SM	Dr Suzanne Moore	Clinical Lead – Medlinc/Mid Surrey – Epsom & St Helier NHS Trust
Supporting Officers		
HB	Helen Blunden	Designated Nurse for Safeguarding Vulnerable Adults in Surrey
SC	Sian Carter	Continuing Healthcare Lead
LC	Liz Clark	Medicines Management Lead
KP	Karen Parsons	Chief Operating Officer
JP	Jonathan Perrott	Transition Lead/Minute Taker
JM	Jackie Moody	Clinical Quality and Safety Manager
GW	Georgette Welch	Complaints and PALS

No.		Action Lead	Para ID	
1.	Welcome and introductions As Chair for this meeting, GC welcomed those present. The meeting was declared quorate.		CQC050913/	1
	It was noted that Maggie Ioannou had stepped down from her interim role as the Registered Nurse on the Governing Body. The Committee expressed appreciation for the valuable support to the clinical commissioning group (CCG) since April and in her previous role with Surrey PCT.		CQC050913/	2
	Alison Pointu has been appointed as the Registered Nurse on the Governing Body, and thus the new Chair of the Committee. She will come into post mid-September 2013		CQC050913/	3

No.		Action Lead	Para ID
	Liz Saunders, Public Health Consultant was welcomed to her first meeting. Her input would be a valuable addition to enable the Committee to fulfil its duties.		CQC010813/ 4
	NHS England had approved the proposed changes to the Constitution which included changes to the Clinical Quality Committee Terms of Reference.		CQC050913/ 5
2.	Apologies for absence Apologies were received from Denise Crone, Mark Hamilton, Miles Freeman and Justin Dix.		CQC050913/ 6
3.	Declarations of interest The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda.		CQC050913/ 7
	There were no additional declarations at the start of the meeting		CQC050913/ 8
4.	Minutes of previous meetings <u>Friday 5th July 2013</u> The Committee meeting held in August was not quorate therefore the minutes of the meeting held on Friday 5 th July 2013 were brought to this meeting for ratification.		CQC050913/ 9
	Amendments requested at the August meeting review are recorded in those minutes. The July minutes were ratified by the Committee subject to those amendments being made.		CQC050913/ 10
	<u>Friday 1st August 2013</u> The minutes were reviewed. and the following changes made:		CQC050913/ 11
	Page 1 In attendance: Dr Suzanne Moore did not attend the meeting. Her name would be added to the Apologies for Absence section.		CQC050913/ 12
	Page 1 In attendance: 'Liz Clark' replaced 'Liz Clarke'.		CQC050913/ 13
5.	Matters Arising/Action Log 5.1 Action Log: August 2013 The log provided the position on progress against actions at the time of circulation of Committee papers. Actions that would be addressed on this agenda were marked closed. Following discussion further updates were provided as outlined below and the action log will be updated to reflect these.		CQC050913/ 14

No.		Action Lead	Para ID
	<u>Jul-13 Paragraph 4c</u> The amended Terms of Reference were on the agenda at item 5. This action was closed.		CQC050913/ 15
	<u>Jul-13 Paragraph 5.4 Safeguarding Adults Serious Case Review</u> - Present summary to Committee following publication. An update was given under agenda item 10.	HB	CQC050913/ 16
	<u>Jul-13 Paragraph 5.5 SECAMB</u> Letter to seek assurance on Serious Incident reporting process. KP would follow up with MF by end of September 2013.	KP/ MF	CQC050913/ 17
	<u>Jul-13 Continuing Healthcare Review</u> Summary of results will be brought to the Committee. SC reported that preparation of the report is on-going, including process mapping and the development of a communications plan. A stakeholder event has been arranged for 30 September 2013 at which the draft Continuing Healthcare Review would be discussed.	SC	CQC050913/ 18
	<u>Jul-13 Paragraph 7 Quality Standards</u> Obstetrics – time of birth data. An update would be presented to Governing Body seminar on 6 September 2013 by EC. The action would be closed.		CQC050913/ 19
	<u>Jul-13 Paragraph 8 Patient Advisory Group feedback</u> EC has spoken with contract lead about the number of ambulances currently providing non-urgent support. It was clarified that the provider was contracted by outcomes, not the number of ambulances proving the support. DC was aware and would provide feedback to the family of the patient (now deceased) who had expressed concern in connection with ambulance non-urgent support. RG advised that concerns reported to him were more around time taken for emergency call outs for critically ill patients rather than for outpatients. This action would be closed.		CQC050913/ 20
	<u>Aug-13 CQC010813/064 Adult Safeguarding</u> Flowchart summarizing processes for DHR and SCRs. This will be brought to the Committee in October 2013	HB	CQC050913/ 21
	<u>Aug-13 CQC010813/070 Quality Team</u> 1. Review format for Committee papers 2. Develop work plan and bring to the committee Work had been undertaken to develop the format for papers, including cover sheets, and forward planning for the Committee. A		CQC050913/ 22

No.		Action Lead	Para ID
	fuller discussion took place under agenda item 6.		
	<p>5.2 Friends and Family Test – benchmarking data EC presented the Friends and Family Test July 2013 data that had been received from the Surrey & Sussex Area Team.</p>		CQC050913/ 23
	Overall the data showed a slow, steady upward trajectory. All Surrey and Sussex trusts were above the 15% response rate target and there were no ‘outliers’ for SDCCG.		CQC050913/ 24
	One anomaly in the test was that a low response rate could still generate a good Net Promoter score.		CQC050913/ 25
	Updates on Family and Friends Test data would be incorporated into the Integrated Quality and Performance Report in future.	EC	CQC050913/ 26
	KP reported that at a recent meeting with the NHE England Surrey & Sussex Area Team, SDCCG had asked that two ‘Red’ indicators (one of which was Friends and Family Test) be reviewed.		CQC050913/ 27
	KP advised that the Executive Committee would be reviewing the indicators to identify key concerns and expectations and how these can be managed.		CQC050913/ 28
	It was noted that it was important to consider patient feedback from other sources to have a complete picture and that it would take about six months to see the development of trends		CQC050913/ 29
	Key Areas of Focus		CQC050913/ 30
6.	<p>Clinical Quality Committee Arrangements</p> <p>EC invited JM to present the paper.</p> <p><u>Committee Terms of Reference</u></p> <p>It was noted that since the paper had been written the Committee terms of reference (presented with tracked changes at Appendix 1) had been approved by NHS England, as part of the CCG Constitution, and that the meeting was taking place under those revised terms of reference.</p>		CQC050913/ 31
	The Committee would therefore be requested to note the revised terms of reference. The key amendments were around simplifying the name of the Committee; including an additional Lay Member on the membership; and action to be taken in the event that a quorum could not be convened.		32

No.		Action Lead	Para ID	
	Although it was possible that further changes may be required following the Corporate Affairs review of governance structures, and in particular the Committee's interface with the Audit Committee, it was recognised that the incoming Committee Chair would wish to be involved in these discussions.		CQC050913/	33
	As part of the CCG Constitution changes to the terms of reference would need internal and NHSE agreement. There are regular opportunities to seek this and the Committee suggested that a full review involving the Committee be completed by end of March 2014.		CQC050913/	34
	JM drew attention to the fact that the Patient Representative Committee member had not yet been identified.			35
	<p><u>Agenda forward plan</u> The draft Committee agenda plan has been developed to take account of the Committee's responsibilities in order to give assurance to the Governing Body. It showed a proposed schedule of business and the Committee acknowledged the value of this document.</p> <p>JM requested Committee members' and supporting officers' comments on the plan. The draft plan would be discussed with the incoming Chair as part of induction.</p>	All	CQC050913/	36
	JM also explained that, in conjunction with the Head of Corporate Affairs, and Governing Body Secretary, a schedule was being developed that identified the dates of key meetings and the milestones required to ensure timely circulation of meeting papers and meeting governance requirements for approval of documents.		CQC050913/	37
	This, and the agenda forward plan, would be used by the Committee Secretary and the quality team to support smooth running of Committee and ensure coverage of responsibilities delegated to it by the governing body.		CQC050913/	38
	<p><u>Re: Localities reporting to the Committee</u></p> <p>There was a short discussion on how good communication could be achieved between the Committee and the Locality Sub-Committees. The generic localities report could be used as a basis for the Locality Leads to present key issues to the committee in addition to a verbal update on any local issues.</p>		CQC050913/	39

No.		Action Lead	Para ID
	<p>Recommendation(s)</p> <p>The Committee was requested to:</p> <ol style="list-style-type: none"> 1) Review the terms of reference and feedback comments to Chair and Head of Corporate Services and Governing Body Secretary 2) Note that the Patient Representative Committee member has not yet been identified and suggest a way forward. 3) Review the Committee agenda forward plan and feedback comments to the Head of Clinical Quality, Clinical Governance and Patient Safety 		CQC050913/ 40
	The recommendations were noted		CQC050913/ 41
	Standing Items		CQC050913/ 42
7.	<p>Integrated Quality and Performance Report</p> <p>EC presented the report which is to assure the Committee that the CCG reviews the performance of NHS healthcare providers it commissions and that areas of concern or risk to patients are highlighted and addressed.</p>		CQC050913/ 43
	Work had been done to improve the format of the report in response to feedback from Committee members. The report combined information and narrative from the performance team with hard and soft data from the quality team. The report now includes a dashboard summary of provider quality and safety indicators that encompassed the five domains of the NHS Outcomes Framework.		CQC050913/ 44
	Noting the new format GC thanked the team for the improved format.		CQC050913/ 45
	EC drew attention to the key issues noted on the cover sheet plus an additional comment on the recent serious incident around the Surrey and Sussex Healthcare Trust (SASH).		CQC050913/ 46
	<p><u>Clostridium difficile (page 11 of the report)</u></p> <p>Although there had been a significant increase in the number of incidences of Clostridium Difficile across acute and primary care during the month of July, the CCG was not an outlier and was just within the Department of Health target trajectory for the CCG. Issues were being followed up via the Clinical Quality Review Groups (CQRG).</p>		CQC050913/ 47

No.		Action Lead	Para ID
	Kingston Hospital had hit 50% of its annual trajectory by May 2013 – since then steps had been taken to address the situation, and Epsom and St Helier Hospital NHS Trust’s performance to date was better than 2012/13.		CQC050913/ 48
	<p>Discussion took place on the causes, for example,</p> <ul style="list-style-type: none"> i) the type of spread – patient to patient or occurring across multiple wards and /or across Trusts ii) the potential for over-testing and questionable data validity iii) any correlation with over-prescription of antibiotics. iv) Proportion of cases occurring in care homes 		CQC050913/ 49
	Further review of the data would be required and LC would follow up with hospital Chief Pharmacists.	EC/ LC	CQC050913/ 50
	Addressing the issues would require triangulation of information across a number of areas, including prescribing policy, hand-washing, mandatory training and the use of agency staff.		CQC050913/ 51
	<p><u>Mixed Sex Accommodation (MSA) on page 8 of the report</u></p> <p>There had been 14 breaches of the guidance involving Surrey Downs patients. The majority were at Epsom and St Helier NHS Trust and EC explained that she and the Head of Performance had looked into the issue relating to step-down of patients from Intensive Care beds within a six hour window where it appeared that stringent application of the guidelines appeared not to take account of what was clinically appropriate.</p>		CQC050913/ 52
	EC stated that she had requested a further breakdown of MSA data to determine the relationship between step-downs and actual breaches on the wards.		CQC050913/ 53
	<p><u>Friends and Family Test (page 8 of the report)</u></p> <p>The first information around the test had been published. Benchmarking information was contained within this report and had been discussed at item 5.2</p>		CQC050913/ 54
	<p><u>Commissioner Walk Arounds (page 16 of the report)</u></p> <p>EC explained that a number of arranged informal Commissioner Walk Rounds had taken place. These had given better awareness of the issues within those areas but it was recognised that unannounced visits might provide richer information and a more accurate picture.</p>		CQC050913/ 55

No.		Action Lead	Para ID
	RG suggested that more structured walk arounds with an agenda or dashboard, at varying times of day or night may be more productive and highlight pressure points.		CQC050913/ 56
	<u>Serious Incidents Requiring Investigation (SIRIs) page 14-15 and 17 of the report</u> EC drew attention to feedback on the backlog on reporting in the X-ray department at SASH. RG emphasised that the explanation in the report was not sufficient to provide assurance to the Committee. The delay in reporting was a clinical issue and required more attention to reduce the backlog. General Practitioner colleagues in Dorking had flagged the matter with the Trust.		CQC050913/ 57
	The CCG was not the lead commissioner however EC would follow up with SASH quality lead on the issues and progress on the action plan.	EC	CQC050913/ 58
	There was a discussion about the role of GPs in managing non-compliance which was being noted as a trend in a number of incidents around Pressure damage. Dr Richard Barnett, who sits on the Patient Safety Assurance Group has advised that the GP is often in the best position to discuss the consequences of non-compliance with treatment or equipment with their patients, many of whom will have been on the Practice caseload for many years.		59
	The Committee requested more trend data on SIRIs in future, in particular relating to pressure sores. It was noted that CSH Surrey had launched a 'Your Skin Matters' programme.		CQC050913/ 60
	Quality indicators should be linked CQUINS and Quality Premiums in 2014/15 contracts.		CQC050913/ 61
	EC explained that the quality team included a member of South Commissioning Support Unit staff supporting the SIRI process. A meeting would be taking place the following day that would include discussion on developing the service and reports for the CCG.		CQC050913/ 62
	Mable Wu, Head of Planning and Performance, was now in post and would be able to support the provision of performance information.		CQC050913/ 63
	The Committee was requested to discuss and note the report. The report was noted.		CQC050913/ 64
8.	PALS, Complaints and Compliments Report		CQC050913/ 65
	GW presented the report covering April to June 2013. It included a description and outcome of queries received.		CQC050913/ 66

No.		Action Lead	Para ID
	The Committee found the report useful, especially the breakdown of PALS information by Locality.		CQC050913/ 67
	It was noted that under new NHS structures the CCG was no longer responsible for handling complaints about primary care contractors and ideally callers or complainants should be re-directed immediately to the correct organisation.		CQC050913/ 68
	GW acknowledged this and advised that she was also intending to develop the report to correlate the CCG PALS information with that from Provider PALS and to develop links with the NHSE Area team. JM advised that provider PALS and Complaints data was discussed at the CQRG meetings. This would be shared with GW.		CQC050913/ 69
	Going forward the report would be brought to the Committee quarterly with exception reporting (within the Integrated Quality and Performance Report) in between that highlighted key matters that required advice, action or support from the Committee. Trend data would also be included.		CQC050913/ 70
	The Committee was requested to discuss and note the report. The report was noted.		CQC050913/ 71
9.	<p>Risk Management Update</p> <p>At the July meeting the Committee requested an item on risk management to update members on progress with risk around quality of care and patient safety. The Committee wished to review this in the context of the full picture of risk raised across the Clinical Commissioning Group (CCG).</p>		CQC050913/ 72
	JM presented an update on progress and a proposed approach for managing quality and patient safety risks, and identifying new risks, to provide assurance to the Committee and Governing Body.		CQC050913/ 73
	The update included a proposal that the corporate risk register and Governing Body Assurance Framework (GBAF) will be brought to the Committee quarterly, to provide the organisational context plus narrative to support assurance on risks around quality and safety. Interim updates would be provided at the monthly committee meetings by exception within the Integrated Quality and Performance Report.		CQC050913/ 74
	On discussion, the Committee requested that the risks for which the Committee were responsible be filtered into a separate table to facilitate focus on the quality issues. JM would take forward with the Head of Corporate Affairs.	JM	CQC050913/ 75

No.		Action Lead	Para ID
	The CCG corporate objectives had been agreed and draft Governing Body Assurance Framework developed. It was presented for note to give overall risk context alongside the corporate risk register. It would be discussed in detail by governing body members the following day.		CQC050913/ 76
	The paper provided an update on the quality risks and, in response to a request from the July governing body meeting, an additional risk around adult safeguarding had been raised.		CQC050913/ 77
	The Chair drew attention to the interface between the Committee and the Audit Committee; that they should work together to ensure there are no overlaps or gaps on risk management. This could form part of future reviews of terms of reference.		CQC050913/ 78
	JM drew attention to potential risks around the CCG meeting its statutory requirements in respect of equality and diversity and patient and public engagement.		CQC050913/ 79
	<p>Recommendation(s): The Committee was requested to:</p> <ol style="list-style-type: none"> 1) Receive and note the update and progress on risk management in the CCG and support proposals for review by the Committee (para 2.6) 2) Receive the draft GBAF and feedback comments. 3) Note the corporate risk register and risks that are the Committee's responsibility. 4) Approve the new risk on safeguarding adults for submission to the Executive Committee. 		CQC050913/ 80
	<p>Recommendations 1-3 were noted and 4 was approved. .</p> <p>The Committee Secretary would ensure the new risk was sent to the Head of Corporate Affairs.</p>	JP	CQC050913/ 81
10.	<p>Safeguarding Adults Update</p> <p>HB presented a report to the committee as an update on the key issues within Safeguarding Adults for Surrey and Surrey Downs CCG. She drew attention to the key issues to note outlined on the cover sheet.</p>		CQC050913/ 82
	All GP surgeries across Surrey CCG's have been requested to advise the Designated Nurse on the current levels of Adult Safeguarding and Mental Capacity Act training requirements within their area. Locality Clinical Leads were asked to remind GPs within their areas to respond by 20 September 2013.	RG SM PG	CQC050913/ 83

No.		Action Lead	Para ID
	The Designated Nurse for Safeguarding Vulnerable Adults would be taking on the role of Mental Capacity and Deprivation Of Liberties Lead		CQC050913/ 84
	There was a programme of work led by the Surrey Safeguarding Adults Board which includes the development of policies and guidance in response to Serious Case Reviews.		CQC050913/ 85
	The four Serious Case Reviews in Surrey would be published in the autumn. The first regarding Mrs F would be published within the next few weeks		CQC050913/ 86
	HB advised that, in conjunction with social services, the adult safeguarding team would be meeting with one of the large care home providers to address clinical risk and financial matters. Issues were being monitored via an improvement plan.		CQC050913/ 87
	As host commissioner for adult safeguarding HB was developing a process for reporting to other Surrey CCGs.		CQC050913/ 88
	PG is the GP lead for adult safeguarding. He and HB had met informally and would be meeting again to discussion their respective roles and how they work together.		CQC050913/ 89
	As per the August action log, HB would bring to the October meeting a flowchart summarizing the Domestic Homicide Reviews and Serious Case Review process.		CQC050913/ 90
	EC mentioned that arrangements for safeguarding children were also under discussion.		CQC050913/ 91
	The Committee were requested to discuss and note the report. The report was noted.		CQC050913/ 92
11.	<p>Prescribing Clinical Network: Recommendations for agreement.</p> <p>LC presented the summary of recommendations arising from the Network meeting held on 31st July 2013 with a request for review and approval of the recommendations. The following policies were put forward.</p>		CQC050913/ 93
	<u>Policy No: PCN 66-2013</u> Policy Statement: Pegloticase for treating severe debilitating chronic tophaceous gout		CQC050913/ 94
	<u>Policy No: PCN 67-2013</u> Policy Statement: Mirabegron for treating symptoms of overactive bladder		CQC050913/ 95

No.		Action Lead	Para ID	
	<p><u>Policy No: PCN 68-2013</u></p> <p>Policy Statement: Rivaroxaban for treating pulmonary embolism and preventing recurrent venous thromboembolism</p>		CQC050913/	96
	<p><u>Policy No: PCN 69-2013</u></p> <p>Policy Statement: Iscador (mistletoe extract) for treatment of cancer</p>		CQC050913/	97
	<p><u>Policy No: PCN 70-2013</u></p> <p>Policy Statement: Nalmefene alongside brief advice and psychosocial interventions for the treatment of alcohol dependence</p>		CQC050913/	98
	<p>Policy No: PCN 71-2013</p> <p>Policy Statement: Self-testing with Coaguchek point of care testing (POCT) for INR monitoring</p>		CQC050913/	99
	<p>The recommendations were all agreed and LC would arrange for them to be taken to practices via practice pharmacists and prescribing leads.</p>		CQC050913/	100
12.	<p>Localities Update</p> <p>See item 6 above – See CQC050913/ 39</p>		CQC050913/	101
	<p>Business Items</p>		CQC050913/	102
13.	<p>CSH Surrey Co-owner (Staff) Survey</p> <p>This report was a summary of the Co-owner Survey that was carried out in 2012 by a company called The Survey Initiative for Central Surrey Health – now CSH Surrey.</p>		CQC050913/	103
	<p>Attention was drawn to the key issues outlined on the cover sheet and the Committee was requested to note the report</p>		CQC050913/	104
	<p>The report was noted.</p>		CQC050913/	105
14.	<p>CSH Surrey safeguarding children supervision model</p> <p>The report outlined the Safeguarding Children Supervision model that had been developed in CSH Surrey and describes briefly the way in which the model is evolving within the organisation</p>		CQC050913/	106

No.		Action Lead	Para ID	
	Attention was drawn to the key issues outlined on the cover sheet and the Committee was requested to note the report.			107
	The report was noted		CQC050913/	108
15.	<p>Approved minutes of Governing Body Committee or Sub-Groups</p> <p>15.1 Locality Sub-group – Mid Surrey 26.6.13 15.2 Locality Sub-group – East Elmbridge 24.7.13 15.3 Locality Sub-group – Dorking 14.6.13 15.4 Locality Sub-group – Medlinc 27.6.13</p> <p>The minutes were noted.</p>		CQC050913/	109
16.	<p>Approved minutes of Other Groups</p> <p>16.1 CSH Surrey CQRM 26.7.13 16.2 Epsom & St Helier CQRG 4.7.13 16.3 Kingston CQRG 17.7.13 16.4 Surrey & Border Partnership CQRG 17.7.13 16.5 Surrey & Sussex Hospitals CQRM 16.7.13</p> <p>The minutes were noted.</p>		CQC050913/	110
17.	Discussion took place about the method for information flow and reporting to the Committee to ensure that governance requirements were met. The Committee expressed a wish for concerns arising from the Sub-Committee and Other Groups to be brought to future meetings, rather than the approved minutes. For example, a one page summary This would be taken forward as part of the discussion with the incoming Chair about Committee arrangements.			111
18.	AOB		CQC050913/	112
	The Chair thanked the EC and her team for the significant steps taken to develop systems for ensuring the Committee ran effectively going forward. JM stated that further work with the corporate affairs team and others would help to embed the developments to ensure that quality would remain at the heart of the CCG's commissioning agenda.		CQC050913/	113
11.	<p>Date of Next Meeting 11 October 09:30-11:15</p>		CQC050913/	114



**Surrey Downs
Clinical Commissioning Group**

Minutes of the Clinical Quality Committee

held on Friday 11th October 2013

in Cedar Room, Cedar Court, Guildford Road, Leatherhead, KT22 9AE

Part 1

Chair: Alison Pointu

Present		
Members		
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse
GC	Gavin Cookman	Governing Body Lay Member - Governance
DC	Denise Crone	Governing Body Lay Member - PPE
RG	Dr Robin Gupta	Clinical Lead –Dorking SASH
MH	Mark Hamilton	Secondary Care
AP	Alison Pointu	Governing Body Register Nurse / Chair
SM	Dr Suzanne Moore	Clinical Lead – Medlinc/Mid Surrey - Epsom
In attendance		
KP	Karen Parsons	Chief Operating Officer
HB	Helen Blunden	Designated Nurse for Safeguarding Vulnerable Adults in Surrey
SC	Sian Carter	Continuing Healthcare Lead
LC	Liz Clark	Medicines Management Lead
MF	Miles Freeman	Chief Officer
JP	Jonathan Perrott	Transition Lead/Minute Taker
JM	Jackie Moody	Clinical Quality and Safety Manager

No.		Action Lead	Para ID	
1.	Welcome and introductions As incoming Chair, AP welcomed those present.		CQC111013/	001
2.	Apologies for absence Apologies were received from Liz Saunders, Philip Gavins, Sian Carter, Justin Dix (JD), Georgette Welch and Helen Blunden		CQC111013/	002
3.	Declarations of interest The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing		CQC111013/	003

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No.		Action Lead	Para ID	
	<p>Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda.</p> <p>There were no additional declarations at the start of the meeting.</p>			
4.	<p>Minutes of the previous meeting The minutes of the Quality Committee meeting held on Thursday 5th September 2013 were approved.</p>		CQC111013/	004
5.	<p>Matters Arising/Action Log 5.1 Action Log: October 2013 The log provides the position on progress of actions at the time of circulation of Committee papers. Actions that would be addressed on this agenda were marked closed. Following discussion further updates were provided as outlined below and the action log will be updated to reflect these.</p>		CQC111013/	005
	<p><u>July – 13 Para 4c Committee Terms of Reference</u> It had been planned to review the Terms of Reference in March 2014.</p>		CQC111013/	006
	<p>JM explained that, following a meeting held on 9th October 2013 involving KP, JD, EC, and JM to discuss Committee arrangements it was decided to submit proposed amendments to NHS England in time for the November review of CCG Constitutions . Proposed revisions to the Terms of Reference had been circulated to the Members and Supporting Officers seeking comments by 16th October 2013.</p>		CQC111013/	007
	<p>MF would be requesting NHS England to change their process to enable such amendments to be made at the discretion of the Committee and CCG, rather than requiring approval from the NHS England.</p>		CQC111013/	008
	<p>There was a meeting scheduled for 18th October 2013 where members and supporting officers of the Committee and the Audit, Risk and Corporate Governance Committee, would be brought together to discuss the interface of the two Committees. Discussions will include Terms of Reference.</p>		CQC111013/	009
	<p><u>Jul-13 Paragraph 5.5 SECAMB</u> – letter to seek assurance on Serious Incident reporting process. MF confirmed that he had written to SECAMB seeking assurance on the Serious Incident management process, but no response has been received to date.</p>		CQC111013/	010
	<p>Surrey Downs CCG is not the host commissioner with SECAMB and concern was expressed at the lack of responsiveness to the CCG by the provider.</p>		CQC111013/	011

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No.		Action Lead	Para ID
	Surrey Downs CCG could give notice on the existing contracting arrangements and seek to contract directly with the provider through a Surrey wide hosting arrangement. MF would take discussions forward with the Collaborative.	MF	CQC111013/ 012
	The Committee may request that the provider reports against some Key Performance Indicators identified by the CCG.		CQC111013/ 013
	EC would liaise with East Surrey CCG and bring a report on quality issues for the November meeting	EC	CQC111013/ 014
	<u>Sept-13 CQC05092013/70 Quality Team</u> 1) Develop work plan and bring to the Committee An update was given under agenda items 8 and 12. The action remains open.		CQC111013/ 015
	<u>Sept-13 CQC05092013/50 - Integrated Quality and Performance Report: Clostridium difficile</u> LC confirmed that she had met with the Chief Pharmacist and there would be ongoing follow up with the local authority infection control lead. . . This action would be closed and future issues dealt with as they arise and brought to the Committee through the Integrated Quality and Performance Report.		CQC111013/ 016
	<u>Sept-13 CQC05092013/58 - Integrated Quality and Performance Report : SaSH SIRI – Backlog on x-ray reports.</u> EC explained that there were on-going reviews with SASH; the backlog had been cleared and the department had returned to business as usual. EC advised that East Kent Hospitals and Imperial had faced similar issues and were working through a similar process as SaSH to remedy this A further update was given under agenda item 8		CQC111013/ 017
	Key Areas of Focus		018
6.	Liverpool Care Pathway (LCP) EC presented the paper which covered the national review of the use and experience of the Liverpool Care Pathway, the key findings, current position and recommendations for the future, published in July 2013.		CQC111013/ 019
	In response to a question about whether there was a legal requirement to gain consent in relation to end of life care treatment, RG explained that it was best practice guidance, appropriately used by professionals.		CQC111013/ 020
	The committee discussed the historic use of the LCP and local plans for phasing this out, noting that there was a general awareness of the		CQC111013/ 021

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No.		Action Lead	Para ID	
	application of end of life care planning to a wide spectrum of diseases. GP practices had received palliative care training.			
	It was noted that such planning needed to involve senior clinicians; needed to interface with the 'Co-ordinate My Care' programme; and be taken account of in commissioning dementia services.		CQC111013/	022
	MF agreed, saying that it would be a developmental process and guidance on appropriately performance indicators would be sought.		CQC111013/	023
	EC drew attention to the existence of the Gold Standards Framework (designed to support patients and families at end of life) which was in use in nursing homes where the CCG may have placements.			024
	The Committee expressed concern about whether they would be assured that agreed end of life care pathways would be effectively implemented.		CQC111013/	025
	EC confirmed that quarterly updates on end of life care planning and associated matters would be included in future Integrated Quality and Performance Reports.		CQC111013/	026
7.	The Keogh Report EC presented the paper which addressed the review into the quality of care and treatment provided by hospital trusts with persistently high mortality rates.		CQC111013/	027
	Although the report identified that busy A&E departments can be linked to high mortality rates, it was the view of clinicians on the Committee that a busy A&E department should not increase mortality risks, if it has adequate staffing levels and the appropriate seniority of decision making.		CQC111013/	028
	The Committee agreed that its own terms of reference should map back to the recommendations of the Francis and Keogh reports, and that Clinical Quality Review Group agendas be made more challenging to ensure that clinical effectiveness, patient experience and patient safety were the key drivers.		CQC111013/	029
	It was suggested that the relationship with Care Quality Commission (CQC) regulators and the Quality Surveillance Groups be strengthened.		CQC111013/	030
	EC would be meeting with CCQ inspectors in the following week and this would help to develop relationships with them. It was also noted that the adult safeguarding lead had cross-cutting working relationships that enhanced the CCG's overview.		CQC111013/	031

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No.		Action Lead	Para ID
	The Committee would welcome a document that described the role of all the Committees and groups that dealt with quality matters; how they interface with each other; and what accountability they hold.	EC	CQC111013/ 032
	Regarding workforce issues raised in the report, concern was expressed about the level of provider staff turnover. EC noted that all providers faced and managed this issue and that if the loss or lack of staff became critical, the Quality team may hold discussions with the provider in question.		CQC111013/ 033
	It was noted that the Committee looks to the Quality team to identify trigger points in provider performance and how the Committee can provide support.		CQC111013/ 034
	Standing Items		035
8.	Integrated Quality and Performance Report: Exception Report EC presented the report which reported issues and areas of concern on an exception basis only.		CQC111013/ 036
	EC drew attention to the key issues described on the cover sheet, noting that the results of the first PLACE (Patient-led assessments of the care environment) Survey for CSH Surrey which had been published and showed below average for all four standards in the new patient-led ward inspection regime (see also 3.3.3).		CQC111013/ 037
	It was of particular concern that the Quality team first learned of these results through reading about them in the HSJ magazine. EC had raised this with the CSH Surrey senior management team and would be holding further discussions with them.		CQC111013/ 038
	The data in the dashboard (Table 1) was limited due to the report being written before the usual data publication date. The Committee agreed that the dashboard be used only when full data was available, so that changes in position were clear.		CQC111013/ 039
	<u>Health Care Associated Infection</u> While the C. difficile statistics should continue to be monitored, the Committee would find it particularly useful to monitor trends and action plans and how these were being implemented.		CQC111013/ 040
	A heat map to identify areas of concern was being developed by EC and EC would liaise with the Quality Surveillance Group on the Surrey/Sussex wide view.	EC	CQC111013/ 041
	A wrong site surgery Never Event had occurred at Royal Surrey County Hospital. There was a delay in it being reported as staff were apparently unaware that it fell into this category. Guildford & Waverly		CQC111013/ 042

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No.		Action Lead	Para ID	
	CCG is the lead commissioner and the report, when available, will be reviewed by the Committee.			
	<p><u>Risk Management</u></p> <p>Changes made at the September governing body meeting were noted. It was noted that the risks relating to Quality in the Assurance Framework needed review. EC and JM would take this forward with Justin Dix.</p>	EC/ JM	CQC111013/	043
	The risk around Integrated Approach to Psychological Therapies had been removed from the register because the backlog had been cleared and the CCG management team was working with GPs on the referral process and monitoring the situation.		CQC111013/	044
	<p><u>Patient Experience</u></p> <p>Concern was expressed at the usefulness of the Friends and Family Test as a measure for patient experience, and the fact that it seemed to have replaced other forms of reporting, such as patient feedback through PALS, complaints</p>		CQC111013/	045
	Noting good practice, it was acknowledged that some providers had direct links to feedback forms on their websites and comments and provider responses were visible to all, however concern was expressed on how some providers respond to negative feedback.		CQC111013/	046
	The Committee agreed that there was a need for better aggregation and use of soft intelligence and other patient experience data to enable challenge at Clinical Quality Review Meetings and conversations with directors of nursing.	EC	CQC111013/	047
	The quality team would be meeting with the CCG's engagement lead to discuss patient experience and how to strengthen the CCG's use of provider data in the commissioning process.		CQC111013/	048
	KP advised that the Patient Advisory Group was also being developed.		CQC111013/	049
	<p>The Committee was recommended to note the risks identified in this report:</p> <ul style="list-style-type: none"> • Healthcare Associated Infections • Environment of care <p>To discuss the measures already in place to control these risks and to recommend further actions for the Quality Team to take to improve the quality of commissioned care and Patient Safety and experience.</p>			050
	The report was noted and comments received.			051

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No.		Action Lead	Para ID	
9.	Safeguarding Adults		CQC111013/	052
	<p>9.1 Adult Safeguarding – flowchart summarizing processes for Domestic Homicide Reviews and Serious Case Reviews</p> <p>The Committee noted the flowchart which had been requested at the August meeting.</p>		CQC111013/	053
	MF suggested that it would be helpful to include information to show where the CCG fitted into the process. This would be reported to the Adult Safeguarding Lead.	EC	CQC111013/	054
	<p>9.2 Serious Case Review</p> <p>EC presented the findings and recommendations following Surrey Safeguarding Adults Board Serious Case Review into the death of Gloria Foster, resident and registered for NHS services within Surrey Downs Clinical Commissioning Group.</p>		CQC111013/	055
	<p>Recommendations: The Committee was requested to:</p> <ol style="list-style-type: none"> 1. Consider the Serious Case Review Report, the implications for Surrey Downs CCG and its recommendations 2. Agree to the responses to the recommendations in the Report 3. Agree that this paper can be shared with the other Surrey CCGs 4. Agree that the Clinical Quality and Safeguarding Team develop an Action Plan in response to these recommendations, with clear timelines, and for the Action Plan to be reviewed as a standing item on future Clinical Quality Committee agendas. 		CQC111013/	056
	The report was discussed and the recommendations agreed.		CQC111013/	057
	<p>9.3 Adult Safeguarding Training for GP Surgeries</p> <p>EC presented the report from the Helen Blunden (HB), Adult Safeguarding Lead, noting that unlike Child Protection, Adult Safeguarding training is not currently mandatory, but it is regulatory through Outcome 7 Safeguarding people who use services from abuse, of the Care Quality Commission (CQC). It will become mandatory under the Care Bill currently going through Parliament.</p>		CQC111013/	058
	It was noted that Level 1 and 2 training was available via e-learning modules and that GP practices had been made aware of this.		CQC111013/	059
	The Committee agreed that a Training Event for Level 3 Adult Safeguarding should be arranged		CQC111013/	060

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	HB is trained to Level 3 in Safeguarding Vulnerable Adults. Dr Phil Gavins is the CCG GP lead for adult safeguarding and would be undertaking this training after which he would be able to lead training to Levels 1 and 2. Training events will be arranged for nominated lead GPs who would then disseminate the training in their practices.		CQC111013/	061
	<p>Recommendation(s): The Committee was requested to:</p> <p>1) Arrange and underwrite a Training Event for Level 3 Adult Safeguarding 2) To recommend that all Surrey Governing Bodies make Adult Safeguarding training an expectation, not an aspiration.</p>	EC/ HB	CQC111013/	062
	The Committee agreed to facilitate (not underwrite) a training event and agreed recommendation 2.		CQC111013/	063
10.	<p>Safeguarding Children Report: April – August 2013</p> <p>EC presented the report prepared by Amanda Boodhoo, Designated Nurse Child Protection, ‘Safeguarding Children Report to Surrey Downs Clinical Commissioning Group Board September 2013’</p>		CQC111013/	064
	In response to a question on the Surrey PCT review about appointments to safeguarding roles, EC confirmed that Guildford & Waverley CCG as host commissioners had appointed a Named Nurse and the Looked After Children Nurse, and had advertised for the vacant Band 8a nurse post.		CQC111013/	065
	DC requested that safeguarding children should be included on the agenda for CSH Surrey contract meetings to enable robust conversation if required. This could be considered for all CQRG meeting agendas.		CQC111013/	066
	GC sought assurance that, through the host commissioning arrangements, the CCG was fulfilling its statutory responsibilities. EC stated that she had confidence in the persons and processes in place in respect of Surrey Downs CCG’s responsibilities and their commitment to maintain the safety and welfare of children living in Surrey, although there are some capacity issues and there was an opportunity to improve ways of working to get the most from the hosted arrangements for Safeguarding Children.		CQC111013/	067
	AP highlighted that the future reports needed to focus on challenge and assurance. EC would discuss with Amanda Boodhoo to ensure that the accountability framework reported on any gaps.	EC	CQC111013/	068

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11.	Localities: Reporting Arrangements At its September meeting the Committee agreed that it was not necessary to receive approved minutes of the Locality Sub-Committee meetings. However, it was necessary to confirm information flows and reporting arrangements to ensure that the Committee was sighted on matters within its remit and to support good communication and governance.		CQC111013/	069
	It was noted that the proposal in the report had been superseded by a discussion that took place on 10 October, where clarification on the purpose of, and contributors to, the existing Locality Report was received.		CQC111013/	070
	The paper was discussed and an alternative approach agreed, that using the headings within the template presented to prompt population of the Locality Report, the Locality Report should be used both to inform localities of key issues and for the localities to inform the Committee and other groups of key locality issues and developments.		CQC111013/	071
	The draft Locality Report would be circulated in advance to the monthly Locality meetings and patient group meetings so that they have the opportunity to consider the issues they wish to recommend for inclusion.		CQC111013/	072
			CQC111013/	073
12.	Committee Forward Plan and Future Meeting Dates JM reminded the Committee of the purpose of the forward plan presented at the September meeting. Feedback had been requested, but none received to date.		CQC111013/	074
	The forward plan is designed to cover the Committee's responsibilities set out in the Terms of Reference and shows the wide remit of the group and the potential for many agenda items		CQC111013/	075
	For example, the number and types of items currently allocated in the forward plan for review in November would indicate it would be very challenging to address all of these adequately on the agenda for future meetings. A key benefit of the forward plan is to enable the Committee supported by the Quality team to determine the priorities and scheduling of agenda items for the months ahead.		CQC111013/	076
	When preparing for meetings consideration will need to be given to prioritisation and scheduling of agenda items including provider matters.		CQC111013/	077
	Re: Public Health indicators The local authority had asked for clarification on what was required in a report. The Committee would want to see a summary of performance		CQC111013/	078

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	against the public health key performance indicators. The Head of Planning and Performance, Mable Wu, may be able to support understanding how best to approach this.			
	Re: Full agenda The Committee agreed that quality and safety required sufficient time for discussion in order to cover the scope of business. Taking account of this it was decided to increase the duration of meetings from two to three hours.		CQC111013/	079
	Meeting time would be rescheduled, rebooked and calendar invitations sent out to members and supporting officers.	JP	CQC111013/	080
13.	Prescribing Clinical Network Recommendations for agreement LC presented the summary of recommendations arising from the Network meeting on 28 th August 2013 with a request for review and approval of the recommendations. The following policies were put forward.		CQC111013/	081
	<u>Policy No: PCN 72-2013</u> Dapagliflozin for the treatment of type 2 diabetes mellitus		CQC111013/	082
	<u>Policy No: PCN 73-2013</u> Lixisenatide for the treatment of type 2 diabetes mellitus		CQC111013/	083
	The recommendations were all agreed and LC would arrange for them to be taken to practices via practice pharmacists and prescribing leads		CQC111013/	084
	The Committee noted the shared care locality commissioned service developed by the Medicines Commissioning Group 28 th August 2013.		CQC111013/	085
14.	Patient Group Directions (PGD): Process Flow Chart LC presented the PGD processes for use on behalf of Surrey Downs CCG.		CQC111013/	086
	The Area Team would be taking over from the Committee the responsibility for the review and approval of PGDs. Once this change is implemented the PGDs will come to the Committee for note rather than decision		CQC111013/	087
	The Committee noted the PGD processes for use on behalf of Surrey Downs CCG.		CQC111013/	088

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15.	Medicines Management Service Review: Sept 2013 LC presented the review noting that the service supported CCGs including Surrey Downs, East Surrey and Surrey Heath.		CQC111013/	089
	Presentation of the review was to provide the Committee with an opportunity to consider what it would like to receive from the Medicines Management service.		CQC111013/	090
	The Committee agreed that it would like to receive reports from the team. The item would be returned to the Committee once LC, MF, KP and Kevin Solomons had met to discuss reporting process, quality requirements, accountability and deliverables for the Medicines Management Service.		CQC111013/	091
	The Committee noted the report.		CQC111013/	092
16.	Epsom General Hospital: Acute Hospital Bed Usage Survey 2013 MH presented the report on the audit which had taken place to determine the Out of Hospital (OOH) services that are required to reduce the number of patient admissions to the Acute Medical Units at Epsom General Hospital (EGH) and their subsequent length of stay		CQC111013/	093
	The Committee discussed the report, noting that it had been a multi-disciplinary review and that one likely outcome would be a need to augment the intermediate care		CQC111013/	094
	Further analysis would inform the Out of Hospital programme and the Better Services Better Value debate.		CQC111013/	095
	The Committee noted the report.		CQC111013/	096
17.	AOB None		CQC111013/	097
18.	Date of Next Meeting The next meeting will take place on Thursday 7 November 09:30-12:30		CQC111013/	098

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**Surrey Downs
Clinical Commissioning Group**

Minutes of the Clinical Quality Committee

held on Friday 11th October 2013

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

Part 2

CONFIDENTIAL

Chair: Alison Pointu

Present		
Members		
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse
GC	Gavin Cookman	Governing Body Lay Member - Governance
DC	Denise Crone	Governing Body Lay Member - PPE
RG	Dr Robin Gupta	Clinical Lead –Dorking SASH
MH	Mark Hamilton	Secondary Care
AP	Alison Pointu	Governing Body Register Nurse / Chair
SM	Dr Suzanne Moore	Clinical Lead – Medlinc/Mid Surrey - Epsom
In attendance		
KP	Karen Parsons	Chief Operating Officer
Supporting Officers		
LC	Liz Clark	Medicines Management Lead
MF	Miles Freeman	Chief Officer
JP	Jonathan Perrott	Transition Lead/Minute Taker
JM	Jackie Moody	Clinical Quality and Safety Manager

No.		Action Lead	Para ID	
1.	Welcome and introductions		CQC120813/	001

No.		Action Lead	Para ID	
2.	Apologies for absence Apologies were received from Liz Saunders, Philip Gavins, Justin Dix, Sian Carter, Georgette Welch and Helen Blunden.		CQC120813/	002
3.	Declarations of interest The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda. There were no additional declarations at the start of the meeting		CQC120813/	003
4.	Minutes of the previous meeting The minutes of the Quality Committee meeting held on Thursday 5 th September 2013 were approved.		CQC120813/	004
5.	Matters Arising There were no matters arising discussed.		CQC120813/	005
6.	Serious Incidents and Never Events No further discussion required other than that which had taken place in Part 1. A full update on the developing arrangements for managing SIRIs upon abolition of the Surrey Serious Incidents Scrutiny Group would be brought to the next meeting (Part 1)			006
7.	Date of Next Meeting The next meeting will take place on Thursday 7 November 12:00-12:30		CQC120813/	007