

Title of paper:	Clinical Quality Committee Minutes
Meeting:	Governing Body, 21 st March 2014
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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 January and February 2014

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.

There were no Prescribing Clinical Network recommendations at these meetings but there were a substantial number of approvals at the March meeting which will be bought to the next Governing Body meeting.

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

Attachments: Clinical Quality Committee minutes for January and February 2014
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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 issue in this report relate to legal obligations under the NHS constitution such as access and safety
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Agenda item 17

Attachment 12

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



Surrey Downs Clinical Commissioning Group

Meeting: Clinical Quality Committee

Date and time: 9.30, Tuesday 14th January 2014

Present

Alison Pointu
Gavin Cookman
Denise Crone
Dr Suzanne Moor
Liz Saunders
Eileen Clark
Dr Robin Gupta
Dr Phil Gavins

In attendance

Jackie Moody
Karen Parsons
Justin Dix (minutes)
Dr Claire Fuller

1. Apologies for absence

Apologies had been received from Helen Blunden, Mark Hamilton, Liz Clark, Sian Carter and Miles Freeman.

CQC140114/001

2. Declaration of interests

There were no additional declarations of interest.

CQC140114/002

3. Minutes of the last meeting

These were agreed as an accurate record.

CQC140114/003

4. Matters arising and action logs

Keogh report

CQC140114/004

It was agreed this should be discussed at the joint committee chairs meeting. KEEP OPEN.

Adult Safeguarding

CQC140114/005

Agreed to close as now part of structured routine reporting. Gavin Cookman asked that the reporting state clearly whether we are compliant rather than just being a narrative report. CLOSED.

Contract levers

CQC140114/006

These are part of CQUIN discussion. Agreed to agenda for February. CLOSED.

Request for access to Care Quality Commission data packs

CQC140114/007

It was clarified that these were available after each inspection. It was agreed that it was not helpful just to receive raw data but that the focus should be on the CQC report and the lead commissioner's review. CLOSED.

Patient representatives on service reviews

CQC140114/008

Now concluded. CLOSED.

Adult Safeguarding Capacity

CQC140114/009

It was noted that there were ongoing discussions in the CCG collaborative and with Surrey County Council. It was not expected that there would be any additional resources at this stage. There was a need for much more joined up working at this stage rather than putting in extra resources as all providers and social care had posts to support the safeguarding agenda.

The aim was for agencies to jointly sign up to a strategic statement of intent. From April Surrey Downs CCG would be chairing the collaborative meetings and would ensure this agenda was addressed.

CQC140114/010

Gavin Cookman said that this issue would have to be escalated to the Governing Body if there was no clear resolution. It was agreed that the risk on the risk register should be reviewed following the next collaborative, to see what the acceptable level of risk was.

CQC140114/011

Action Karen Parsons

7. Quality and Performance Report

Eileen Clark said the report format had been amended following discussion at the last meeting but was still developing.

CQC140114/012

The most significant issue was that the CCG would not hit its year end tolerances for Health Care Acquired Infection.

CQC140114/013

Friends and Family Test

CQC140114/014

There were concerns that the Friends and Family Test was not getting good response rates. There was some suggestion that this was common across CCGs and that the test was not currently seen as very useful as a measure of satisfaction.

There was some suggestion that it would improve next year as it became more embedded.

In the interim it might be necessary to bolster our understanding of patient experience. Georgette Welch was working directly with PALs teams in the services we commission from and would report on this quarterly, however her capacity was stretched and Karen Parsons suggested that the PALS function might be better located in the Quality Team rather than the Communications and Engagement Team.

CQC140114/015

Dr Moor recommended the Epsom Hospital Patient experience report which had developed based on CCG input. She also felt that the Clinical Quality Review Meetings (CQRMs) contained a range of useful information. Gavin Cookman felt that this illustrated that there were multiple sources of patient experience information including feedback from GPs in localities.

CQC140114/016

Staff feedback was discussed particularly in relation to staffing ratios on wards. It was noted that there would be new guidance on mandatory staffing levels shortly. The CSU and the host commissioner could both provide information that enabled benchmarking to take place.

CQC140114/017

Mixed Sex Accommodation

CQC140114/018

Gavin Cookman asked if we were outside our tolerance levels on Mixed Sex Accommodation and it was confirmed that we were not although the statistics did not give the complete picture.

Infection control

CQC140114/019

There were no new cases of MRSA since the one at SASH in November which had been reviewed in detail and was clinically complex. It was questioned whether zero tolerance was achievable with MRSA and it was noted that some trusts had achieved this.

Epsom St Helier were currently one of the best performing trusts in respect of CDiff, having implemented a compliance regime to prevent infection. There was strong leadership on the wards supported by training and a RAG rating system was in place. It was felt this should be shared as an example of good practice. It was noted that we were in a better position than the equivalent period in the previous year in absolute terms irrespective of the thresholds.

CQC140114/020

It was felt that there was scope for more narrative in the reports around CDiff particularly comparing different sites and different processes within trusts.

CQC140114/021

Serious Incidents

CQC140114/022

There had been no Never Events in the last quarter. These were felt to be inexcusable given the checklists for avoidance of wrong site surgery and other available best practice.

It was noted that Surrey and Borders were very focused on closing their SIs and had signed up to an action plan with an agreed trajectory for completion. Extra closure panels had been put on but the quality of reports needed to improve.

CQC140114/023

There were 106 SIRIs at Epsom St Helier awaiting closure which was high; these were mainly pressure ulcers grade 3/4 and were being addressed through whole system working as many patients were admitted with them. Work was being done in conjunction with safeguarding leads to identify the origins of ulcers. The next report would contain Epsom specific statistics split by hospital and community.

CQC140114/024

There was a strong view that many of these pressure ulcers grade 3/4 occurred in the community including nursing homes. The Area Team were leading a campaign across agencies on this theme. It was agreed that the quality team would review whether there were any clusters of concern e.g. specific geographical areas or groups of homes under single ownership.

CQC140114/025

It was agreed to look at this in the next meeting and provide benchmarks where possible.

CQC140114/026

It was noted that pressure ulcers were discussed and given a high priority in CQRMs and in a separate SIRI management meeting.

CQC140114/027

Adult safeguarding

CQC140114/028

Concern was expressed about safeguarding issues on the wards at Surrey and Borders. It was confirmed that disciplinary action was being taken and the trust was working with the host commissioner (North East Hants and Farnham CCG) to avoid a repetition of the incidents. Ward walkabouts were taking place and there were liaison meetings with primary care.

Continuing Health Care

CQC140114/029

Concern was expressed about the issues relating to this team, particularly the backlog for assessments.

A lot of work was taking place following the review that had reported in November but assessments were taking up to 90 hours per person and there were additional pressures during the winter with extra beds being opened. External recruitment specialists were being used to review skill mix.

The overall view was that there was a high level of risk associated with this service at this time and it could only be mitigated through the review process and its associated timescales. CQC140114/030

Leatherhead Clinical Assessment Unit CQC140114/031

The account given in the report was felt to be inaccurate and would need to be revised.

Dorking Hospital CQC140114/032

Concern was expressed regarding infection control. The care and compassion observation tool was noted and it was felt the feedback from this should feed into service reviews.

CQUINs CQC140114/033

It was agreed that there was a need to look at patient engagement in the development of CQUINs. This was not just about inviting people to meetings but needed to be about meaningful engagement. To be on February agenda.

Breast Cancer referrals CQC140114/034

The complexity in the statistics around patient choice was noted and it was agreed that Mable Wu should be asked to provide comparative figures, with and without patient choice numbers.

Action Mable Wu

Preventing people dying prematurely CQC140114/035

Currently red rated. However it was agreed that the figures did not tell the full story relating to this target and there needed to be more narrative in the next full report and that someone needed to be able to speak to the item. There was a general view that putting the data in appendices divorced it from the narrative and it was suggested that this also be looked at. Mable Wu to attend for the performance & quality section of the CQC so that details on performance can be addressed.

Action Mable Wu

Asthma, diabetes and epilepsy CQC140114/036

The same comments applied to these areas and a request for more integration of narrative and data was suggested.

It was noted that this target was still not being met. The hosting of this contract was moving from East Surrey to NW Surrey CCG where there was more capacity and experience to manage it. There would also be a Surrey specific focus in future as the contract was broken down to County level rather than being managed on a Kent, Surrey and Sussex wide basis.

It was agreed that any soft intelligence from GPs on this matter should be fed through localities via locality managers.

CQC140114/038

8. Equality Duty

The draft strategy and objectives were noted. This would be going to the Governing Body at the end of the month.

CQC140114/039

Some concern was expressed that people with learning disabilities and travellers were not priority groups. Justin Dix said that the local health economy had considerable experience of these groups built up over many decades, whereas the concerns about older peoples' isolation, young people and an increasingly diverse ethnic population were based on recent trends and were concerns shared with the Health and Wellbeing Board. However the concerns were legitimate and it was important that the Governing Body debated these issues and gave a clear direction at the meeting at the end of January.

CQC140114/040

Liz Saunders highlighted the public health data on which the report was based and said that the public health team was happy to support the CCG on an ongoing basis.

CQC140114/041

It was noted that people with learning disabilities could fall into the above three groups, however they did have very specific information needs to access health services properly.

CQC140114/042

It was noted that the CCG had had to do a lot of work in a short time on this issue and that it needed to listen to the views of stakeholders. The strategy and objectives could be revised based on feedback, with a revised version coming back in September.

CQC140114/043

9. Safeguarding Children Annual Report

The Children Safeguarding Report was discussed. It was noted that the format of the report was not significantly different from that presented at the October Committee meeting when it was requested that future reports focus on challenges and assurance on actions being taken to address them.

CQC140114/044

Committee members noted that there had been some organisational development during 2013 and that the Early Years Strategy brought prevention to the fore.

CQC140114/045

However concern remained about the current structure of the host arrangements for safeguarding children and the Committee was not assured that it was fit for purpose.

Some concern was expressed that the report did not provide sufficient assurance. Additional narrative was requested and a clearer understanding of the actions and timescales that would address the gaps.

CQC140114/046

EC confirmed that these concerns had already been noted and she would be meeting on 4th February with her counterpart at Guildford and Waverley CCG and the Designated Nurse for Safeguarding Children to discuss the service model and the assurance required by Surrey Downs CCG. The meeting would also cover support for safeguarding leads, representation on the Surrey Safeguarding Children Board, the outcome of the SE Coast internal audit for safeguarding children and adults and resource implications for safeguarding across the board. The Designated Nurse for Adult Safeguarding will also attend.

CQC140114/047

The posts relating to Children's Safeguarding were discussed and it was felt that these were not an issue, and that the difficulties were mainly due to the systemic change over the last year and the need to build new relationships post transition.

CQC140114/048

The outcome of the EC's meeting of the safeguarding leads would be reported to the Committee in February and a revised format for quarterly safeguarding reports would be in place by the next scheduled submission to the Committee.

CQC140114/049

It was agreed that there would be two actions arising from this:

CQC140114/050

- Children's safeguarding and the resourcing of this to go to the February CCG Collaborative meeting.

Action Karen Parsons

- The committee would seek an improved format for reporting on this issue going forward.

Action Eileen Clark

This was acknowledged as a high priority area for the committee.

CQC140114/051

10. Locality updates

Key updates were as follows:

CQC140114/052

- The Referral Support Service was now being rolled out.
- GP IT improvements were very welcome
- "Co-ordinate my care" was seen as a positive development
- Adult safeguarding training was taking place and there was an update day for primary care on the 25th February

- and it was agreed this should be in the CCG newsletter.
- GPs were being skilled up to give better advice to people with diabetes

It was noted that there was work ongoing to define the different levels of safeguarding training required by GPs, although this had become confused by the CQC's guidance on what was needed for registration compliance.

CQC140114/053

Dr Gupta said that in relation to stroke, he was attending the clinical cabinet at Surrey and Sussex Hospital which was an area team initiative chaired by a Crawley GP. Dr Fuller expressed some concern that there were multiple stroke initiatives in the system and these needed to be joined up.

CQC140114/054

11. Committee forward plan

It was agreed that Public health Key Performance Indicators would be reported by exception only.

CQC140114/055

12. Quality Strategy

Eileen Clark gave an update on the development of the Quality Strategy. The aim was to take this to the 21st March Governing Body, once it had been reviewed by the Executive Committee. It was acknowledged that this needed to include some form of locality and patient and public engagement and Karen Parsons would discuss this outside the meeting. The aim was to have a draft of this at the next committee meeting.

CQC140114/056

Action EC

13. January Audit Committee feedback

Alison Pointu gave some feedback. The two main issues were Equality Duty which had already been discussed, and the need to update the risk register including the quality risks.

†CQC140114/057

14. Dates for April 2014 – March 2015

Concern was expressed that Dr Hamilton would not be able to attend Thursday meetings. Justin Dix was asked to review the dates and seek alternatives.

CQC140114/058

Action Justin Dix

15. Any other business

Dr Gupta expressed concern that CSH would lose staff due to lack of clarity over contracts. This related to uncertainty over the Better Care Fund and use of winter monies.

CQC140114/059

Karen Parsons said that the CCG had contacted CSH about this and given a commitment that would hopefully enable them to retain staff.

CQC140114/060

Meeting: Clinical Quality Committee

Date and time: 6th February 2014, 9.30am

Present

Eileen Clark
Denise Crone
Dr Phil Gavins
Dr Robin Gupta
Dr Suzanne Moore

In attendance

Liz Clark
Helen Blunden
Jackie Moody
Justin Dix
Georgette Welch

1 Apologies for absence

Gavin Cookman; Dr Mark Hamilton; Miles Freeman; Liz Saunders

CQC060214/001

2 Declaration of interests

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

CQC060214/002

Minutes of the last meeting

The following amendments to the minute were noted.

CQC060214/003

020 – replace “best performing” with “most improved”.

024 – replace “awaiting closure” with “year to date” and take out the words “which was high”.

CQC060214/004

027 - It was noted this relates to the Epsom St Helier SIRI meeting

CQC060214/005

032 Dorking Hospital – this was from the CQC report

CQC060214/006

3 Matters arising and action logs

111013/033 Keogh report – ongoing, no change.	CQC060214/007
111013/066 Children’s Safeguarding – ongoing, no change. Dr Moore noted that clinical leads were now being asked to attend the health sub group of the Surrey Safeguarding Board.	CQC060214/008
071113/46 SECAMB performance indicators – ongoing, no change	CQC060214/009
101213/12 Quality Strategy - Close	CQC060214/010
101213/13 Integrated Governance Discussion - Ongoing	CQC060214/011
101213/22 Contract levers – Can be closed	CQC060214/012
101213/57 Adult Safeguarding Capacity – ongoing, on the agenda	CQC060214/013
140114/11 Risk register entry for safeguarding – can be closed if collaborative outcome satisfactory	CQC060214/014
140114/37 Breast cancer referrals and patient choice – on agenda, can be closed	CQC060214/015
140114/38 – Information on people dying prematurely – on agenda can be closed	CQC060214/016
140114/49 – Discussion on children’s safeguarding at CCG Collaborative – ongoing, no change	CQC060214/017

4 Quality and Performance Report

It was noted this was an exception report this month but the format was still based on the 5 key outcome areas. Key concerns were reporting of patient experience, Patient Transport performance provided by SECAMB, and the imminent closure of 3 nursing homes in Surrey.

Friends and family test (FFT) CQC060214/019

Kingston Hospital were the biggest concern as they were in the bottom quartile nationally with low response rates to the FFT and may not achieve the required of 50%, which would mean a loss of CQUIN payment and a reputational issue to manage. They were viewed as a Trust trying to improve and acting on the concerns arising out of the reporting. This was demonstrated in the thematic review that they conducted on the responses, which were largely positive. The committee asked for evidence in addressing the low reporting in this area.

Action Eileen Clark

Royal Surrey were also in the bottom quartile and had put an action plan in place although no feedback on this had been CQC060214/020

received from the host commissioner, which requires following up. Other trusts were improving and were subject to stretch targets. Action Eileen Clark

SECamb Patient Transport Services (PTS)

CQC060214/021

It was noted that there had been no improvement since this had been placed on the risk register in September 2013. As well as the performance issues there were concerns about accompaniment of minors, deep cleansing of vehicles and sickness levels in the service. Concerns were being reported by members of the public through complaints and PALS.

Mable Wu was requested to provide an update in respect of SECamb (patient transport). She explained that there was a new operational meeting between the PTS and the trusts that was focused on improving performance. It was important that each Urgent Care Board pushed for this to produce improvements as it was in this forum that operational assurance could be received and reviewed. At the moment contractual leverage was not producing much improvement.

CQC060214/022

Mable Wu was asked to request a patient representative at the operational meeting.

CQC060214/023

Action Mable Wu

The CCG needed to stress the importance of improvement to both the service and the host commissioner, East Surrey. It was agreed that there should be a detailed assurance report at the next meeting covering the above issues.

CQC060214/024

Action Eileen Clark

CDifficile

CQC060214/025

It was noted that the CCG was highly unlikely to hit this target this year and this raised issues about next year's thresholds. Further analysis will be carried out as part of the Quality Audit Programme 14/15 Antibiotic prescribing in primary care later on the agenda.

Adult Safeguarding

CQC060214/026

Concerns were expressed about the forthcoming closure of two nursing homes with 30 and 10 residents respectively. The larger of the two (Redwood) had a long and complex history of difficulty and there were safeguarding concerns. This had a closure date of 31st March 2014. The latter (Bradbury) was felt to be less problematic and was being well managed.

A further closure (Winscombe Court) had been announced today and this also raised safeguarding concerns because of the risks around moving frail residents and ensuring that they can be placed in a suitable home that can meet their ongoing needs.

CQC060214/027

Helen Blunden said that self-funders were a particular concern as they were not always as aware of the service issues as commissioners.

CQC060214/028

It was noted that SDCCG had a key co-ordinating role for these closures. There was a legal requirement to provide advocates for residents with no family.

CQC060214/029

The committee noted that these closures had followed a number of quality concerns and there did not seem to be major issues with finding alternative placements at the moment.

CQC060214/030

The above information was noted as already being in the public domain.

CQC060214/031

Breast cancer screening

CQC060214/032

It was clarified that 26 out of 56 patients were breaching because of patient choice in the last reporting period. Only the Royal Marsden NHS Foundation Trust was an outlier against this target and with actions taken should be back within normal range by the end of March 2014.

It was agreed that the importance of this should be reiterated through the localities as the basis of the target was the two week rule and it was important to encourage people to attend for screening for clinical reasons.

CQC060214/033

People dying prematurely

CQC060214/034

Mable Wu explained that this was a complex high level indicator (shared with the local authority) based on a view expressed at the time of death as to whether the death was premature.

As a proxy measure we were monitoring alcohol related emergency admissions which were increasing although the sample size was small.

CQC060214/035

As this was still a developing indicator it was agreed that the explanation had been helpful and the action log for this could be closed.

CQC060214/036

CQuINS

CQC060214/037

The process for developing CQuINS and monitoring them

throughout the year was felt to be in need of review, and that there needed to be an emphasis on them in each of the Transformation Boards and localities. There was also a need to engage patients in agreeing CQuINS and there needed to be a clearer alignment between the role of CQuINS and the CCG's objectives, with regular quarterly monitoring.

It was noted that these needed to be in Heads of Agreement with providers by the 28th February 2014 in terms of the sums involved but that the detail could be negotiated subsequently. Although it was acknowledged that final agreement should be as swift as possible.

CQC060214/038

It was therefore agreed that EC should bring back a paper to the March committee meeting setting out the CQuIN process and agreements for 2014/15.

CQC060214/039

Action Eileen Clark

5 Equality Duty

Justin Dix introduced this item. The Governing Body had agreed the annual report and objectives in relation to equality duty on the 31st January 2014, however it was felt that a lot more could be done in relation to stakeholder engagement and undertaking a systematic analysis of the CCGs strengths and weaknesses using the EDS2 system.

CQC060214/040

There was a discussion about the need to ensure that this was properly discussed and staff provided with training in each team. External support may be needed as the CCG did not have in-house capacity.

CQC060214/041

Stakeholder engagement was felt to be a major issue and Alison Pointu said that in her last role a whole series of events had been undertaken with stakeholders through a structured engagement programme. Jackie Moody said that most organisations had at least a part time equality lead to facilitate engagement and development of the equality duty. She felt that the CCG needed either a temporary or permanent post to support this.

CQC060214/042

It was noted that other CCG's in Surrey seemed to be buying this service in from their CSU. Although this gave some structure it did mean that there was a potential loss of ownership.

CQC060214/043

Denise Crone said that patient engagement generally was in her view under-resourced in the CCG.

CQC060214/044

It was agreed that Justin Dix and Jackie Moody should undertake a review of equality duty resourcing in other CCGs

CQC060214/045

and bring this back to the next committee meeting.

Action Justin Dix / Jackie Moody

Dr Moore asked how compliance was monitored and it was noted that the Equality and Human Rights Commission routinely reviewed public sector organisation's websites but also responded to specific complaints. These might come from employees in relation to workplace issues or from concerns about commissioning of services.

CQC060214/046

The EDS2 framework was discussed and it was noted that this could be customised although the CCG would need to have a clear audit trail as to why it had departed from the agreed format.

CQC060214/047

The recent training on undertaking Equality Impact Analysis had been very positive and eight staff had been trained internally on how to do an EqlA, however there was a need for more staff to be trained and for wider equality training to take place with staff.

CQC060214/048

Action: Justin Dix

6 Patient Experience report

Georgette Welch spoke to this. The trends were settling down as the system came out of transition but there was still some confusion as to who was responsible for aspects of primary care and what was the responsibility of the CCG and what was the responsibility of the Local Area Team. This related to both GP services and other areas such as pharmacies. It was felt this could be very confusing for patients. It was also noted that complaints and queries in relation to primary care made to the Local Area team could be a valuable source of intelligence to the CCG.

CQC060214/049

There had been 46 PALS queries in Quarter 3 for SDCCG.

CQC060214/050

There had been a couple of issues relating to the Referral Support Service, both of which had been resolved. This was to be expected as the team was now very busy.

CQC060214/051

With regard to complaints there had been an increase in December and the CCG had breached its 30 day internal standard for response on five occasions. There was a discussion about whether the standard was acceptable as most NHS bodies work to 38 days but it was felt this was difficult due to the range of services we host. Concern was expressed that hosting was diverting some of our core capacity. It was noted that the team were limited in their capacity to do engagement work with the public and other stakeholders because of the demands of PALS. Karen

CQC060214/052

Parsons said that the one post in PALs was provided specifically to respond to concerns relating to SDCCG hosting responsibilities.

It was noted that CHC complaints were not falling substantially as the action plan was in its early stages.

CQC060214/053

Two cases referred to the Ombudsman had been rejected which was positive assurance about the CCG's process.

CQC060214/054

It was queried whether Surrey and Borders Partnership were compliant with complaints and it was noted that we did not have this information although the host commissioner might have it.

CQC060214/055

The large amount of information provided by NHS England on specialist commissioning was not felt to be useful for primary care. A directory of services commissioned by the CCG would however be useful. It was felt this could come through the Referral Support Service once the coverage was complete.

CQC060214/056

There were some signs that SASH was improving in its work on patient experience.

CQC060214/057

There was a discussion about patient and family engagement in the decision making tool for funded nursing care. Families are always included at the initial stage but the final assessment could not always be completed without further follow up work.

CQC060214/058

It was clarified that the vacancy for a patient representative in East Elmbridge locality was being actively pursued.

CQC060214/059

There was a query as to whether the complaints leaflet produced had been reviewed by patients representatives and a patient reading group would be felt to be useful for this and other materials.

CQC060214/060

It was queried whether compliments were fed back to staff and it was confirmed that they were.

CQC060214/061

7 Serious Incidents

It was noted that there were problems with the quality of the data this month. However the committee was assured by the Head of Quality that there were no significant new incidents reported.

CQC060214/062

This was agreed but Alison Pointu as chair of the committee said that we must ensure that we have the capacity to review the data and provide the committee with timely reports in future.
Action: Eileen Clark and CSU

CQC060214/063

8 Risk Management

Justin Dix introduced this and asked the committee to note the further development of the risk register using the “Treat, Tolerate, Transfer or Terminate” methodology that had been discussed at the Governing Body the previous week.

CQC060214/064

There was a discussion about whether the committee should be reviewing the quality risks or all risks. It was clarified that the risk register in its totality was provided on a quarterly basis, at the request of the committee, as this enabled members to make links to areas such as performance that were relevant. Justin Dix and Eileen Clark reviewed specific quality risks on a bi monthly basis and more frequently if there was a need for a new risk to be added.

CQC060214/065

It was queried what was happening about procurement of a risk management system and training for staff. Justin Dix said that he was arranging the latter but the former was a capacity issue as he had not had the time to write the business case, which needed some thought as it was a substantial investment and there were training implications.

CQC060214/066

The community equipment risk was noted as being managed through contact by CHC staff and would be gradually eliminated as equipment was replaced.

CQC060214/067

9 Adult Safeguarding

The lack of clinical supervision for the adult safeguarding lead was noted as a concern. Eileen Clark explained that she anticipated this being resolved very soon and in the meantime she was providing regular management supervision.

CQC060214/068

Action: Eileen Clark

It was queried whether it was appropriate for the CCG safeguarding lead to be undertaking an investigation for SASH, it was agreed that Eileen Clark would review this outside the meeting.

CQC060214/069

Action Eileen Clark

It was requested that in future the risks in the risk register should be referenced

CQC060214/070

It was felt that the training requirements in this area were now well understood by GPs and the GP newsletter would make sure that they had training dates. The training day in February had had a good uptake and there was now a waiting list.

CQC060214/071

10 Locality feedback

East Elmbridge – Dr Gavins reported on positive developments in x-ray, diabetes education and visibility of pathology order communications. A very positive development was having consultants at Kingston available by telephone to advise GPs who were uncertain whether to refer a patient to A&E.

CQC060214/072

Dorking – Dr Gupta noted the discussion about delays with Dorking X-ray which had been reported extensively at the Governing Body the previous week. He also said that there was concern about the withdrawal of Health Visitors from rural surgeries. This was the responsibility of the Local Area team although erroneously reported as being the CCG's initiative.

CQC060214/073

Mid Surrey – Dr Moore reported on positive developments with CDiff audit by pharmacists, improving INR quality, and a generally positive reception for the RSS. The move of the Clinical Assessment Unit from Leatherhead to Epsom was also seen as positive and. Surrey and Borders had set up a telephone service for patients with a crisis which was available up until 7pm.

CQC060214/074

11 **Serious Incidents Requiring Investigation Review and Closure from April 2014: proposal**

Jackie Moody spoke to this item. There was a need for the Governing Body to delegate responsibility to a sub-committee of this committee for review and recommended closure of provider grade 1 serious incidents. This needed to be properly integrated with the wider process led by the Local Area Team. A separate process was needed for the CCG's internal serious incidents requiring investigation.

CQC060214/075

There was a discussion about membership, quorum and training for lay representatives to take part. There was also a concern about capacity given that this would be led by the quality team who already had a big agenda and the role of the CSU in supporting this process would be crucial to its success.

CQC060214/076

The committee AGREED to request the Governing Body (if necessary under Dr Fuller's chairman's action) to set up the committee. However it was agreed that Eileen Clark and Jackie Moody should review the document to address the practical arrangements for membership and training.

CQC060214/077

Action Eileen Clark / Jackie Moody

Denise Crone agreed to raise lay membership with other patient representatives.

CQC060214/078

Action Denise Crone

12 Quality Strategy

Eileen Clark spoke to this document. It was agreed that it was a good first draft but needed to be circulated more widely e.g. to localities, Patient Advisory Group and Governing Body members. It would then come back to the March Clinical Quality Committee and a final draft would be presented to the Governing Body Public Meeting 21 March 2014.

CQC060214/079

Action Eileen Clark

There was a discussion about whether some aspects of GP services such as INR should be made clearer in the document. There was a list of services but this did mean that it would be incomplete and it was questioned whether this was useful. Agreed that this should be looked at as part of the next draft.

CQC060214/080

13 Antibiotic Prescribing: six month report

Liz Clark presented the report noting that this was a six-month report on progress to support antibiotic prescribing awareness since the August 2013 Committee meeting.

CQC060214/081

It was noted that although the number of prescribed items – adjusted for population – showed a reduction in antibiotic use it was not to the level achieved by some other CCGs in Surrey and there was room for improvement.

CQC060214/082

The data had been shared with the Localities and SM stated that her practice had recently met with the support pharmacists to review this information and the focus on guidelines and alternative prescribing practice had been helpful. Regarding potential areas for consideration, SM supported the peer review approach.

CQC060214/083

GPs present commented that the level of, and approach to, support from pharmacist varied and suggested that a co-ordinated, consistent approach would be preferred and was more likely to be an effective use of practice and pharmacists' time. Suggestions included, use of the weekly CCG GP newsletter for cascading information and audit design and timing common to all practices which would provide comparable data.

CQC060214/084

LC responded saying that pockets of disengagement with medicines management team members hampered progress and support through the Localities would be appreciated.

CQC060214/085

SM suggested that antibiotic prescribing could be included in the Primary Care Quality Standards to enable practices to be held to account for their actions taken as a result of the information presented. This would be taken up with KP.

CQC060214/086

Action Eileen Clark

In future the Committee agreed to receive a report on quality issues for patients identified from this work, and suggested that a report summarising the key issues and actions being taken/ proposed be taken through the Medicines Management Committee. Liz Clark would take this forward.

CQC060214/087

Action Liz Clark

Liz Clark alerted the Committee to the fact that there would be a batch of recommendations from the Prescribing Clinical Network to be approved in March.

CQC060214/088

The paper was discussed and noted.

CQC060214/089

14 Committee Forward Plan

JM took the Committee through the plan for the March agenda, noting items that had been added during the meeting.

CQC060214/090

- Equality Delivery System (EDS2): proposal for implementation
- SECAmb: assurance report
- Post Infection Review – report on learning from MRSA bacteraemia assigned to the CCG.

CQC060214/091

CQC060214/092

CQC060214/093

The report was noted.

CQC060214/094

15 Reports from Governing Body Committees

The Audit Committee minutes of the meeting held in October were noted.

CQC060214/095

Dates of future meetings

JM summarised the position as she understood it: there had been discussion about moving the meeting date to Friday morning to enable Mark Hamilton to attend. There had also been a suggestion that the frequency of the meeting be changed. At the meeting it was also suggested that meetings could alternate between Thursday and Friday each month.

CQC060214/096

The importance of finalising the dates was noted however a full discussion could not take place as Justin Dix and Karen Parsons were not present at that point. They would be asked to contact the Chair and Committee members to discuss and agree a way forward.

CQC060214/097

Action Jackie Moody

