

Minutes

Committee members present:

Debbie Stubberfield, Governing Body Registered Nurse

Jacky Oliver, Governing Body Lay Member – PPE

Eileen Clark, Interim Director of Clinical Performance and Delivery/[Chief Nurse](#)

Dr Elena Cochrane, GP Member of the Governing Body

Dr Louise Keene, GP Member of the Governing Body

Others in attendance:

Jackie Moody, Head of Quality

Dave Weaver, Head of Quality

Justin Dix, Governing Body Secretary

Chair: Debbie Stubberfield

Minute taker: Justin Dix

Meeting started: 9.35

Meeting finished: 12.20

Item

1. Meeting matters

1.1. Welcome and introductions

Debbie Stubberfield welcomed everyone to the meeting.

QC201017/001

1.2. Apologies for absence

Apologies had been received from Dr Kelly.

QC201017/002

1.3. Quorum

The meeting was declared quorate.

QC201017/003

1.4. Attendees interests relevant to the agenda

Item

Committee members and others present were reminded of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of Surrey Downs Clinical Commissioning Group. QC201017/004

Declarations by members of the Committee are to be made online via MES Declare website at the following link:-
surreydownsccg.mydeclarations.co.uk QC201017/005

Information on the interest of people in decision making groups is available to members of the public on the above link. Additional declaration reports are available on request via the secretary to the governing body. QC201017/006

1.5. Minutes of the last meeting

These were agreed as an accurate record. QC201017/007

1.6. Matters arising and action log

QC150917/013 PPE QC201017/008

This was agreed for closure. QC201017/009

QC150917/038 Sepsis QC201017/010

This was agreed for closure. QC201017/011

QC150917/04 SECAmb QC201017/012

Keep open as was not discussed as planned on the 16th October LMT. Deferred to next meeting. It was noted that the scale of the risk indicated the need for Executive oversight. Dave Weaver highlighted that it was phrased to be consistent with the NW Surrey risk register entry. This would probably be taken on by the Joint Executive now that the top team were in place. Debbie Stubberfield and Jacky Oliver highlighted the significance of this risk to patient safety; continuation of special measures was felt to offer some re-assuring level of scrutiny in this area but the lack of a stable executive team and the level of staff turnover were felt to be major risks. QC201017/013

QC150917/04 Looked After Children QC201017/014

There was a general discussion regarding the issues arising from Dr Arnold's briefing. Eileen Clark had been pursuing this on a number of fronts with Guildford and Waverley CCG. Keep open. QC201017/015

QC150917/016 PPE QC201017/016

See below. This was agreed for closure. QC201017/017

Item

QC140717/049 SEND QC201017/018

Deferred to November. QC201017/019

QC140717/060 *Position statement on community hospitals* QC201017/020

Eileen Clark said this was still in process. Should be closed by end of November. QC201017/021

QC140717/063 *Regulatory position of social enterprises* QC201017/022

This had proved difficult to resolve due to the lack of published information. The role and rights of commissioners was a key aspect. Jacky Oliver noted this should come out in the adult procurement. Eileen Clark would contact NHSI. Keep open. QC201017/023

QC140717/080 *Concerns about continuing use of paper records* QC201017/024

Dr Sharpe had expressed the view that there was no clinical risk. This was agreed for closure. QC201017/025

QC140717/086 *Assurance regarding contractors and subcontractors.* QC201017/026

Discussed again at clinical cabinet. Oversight was now much more robust. Agreed for closure but agenda for 3 months time. QC201017/027

Action Justin Dix

QC160617/062 *Equality assessments* QC201017/028

It was noted that there was no overall monitoring process within the PMO that could be reported to Quality Committee. The wider capacity issues were also noted. Concern was expressed that this was key to assurance on equality duty. There was some assurance through the programme board where PODs (Project Outline Documents) were received for approval. Agreed that Jackie Moody would review earlier work and see if this provided assurance that could be updated periodically. Keep open. QC201017/029

QC100317/016 *Datix* QC201017/030

Will be reviewed in 2018. A business case was being prepared for JET about the use of Datix across the three CCGs. This had to be agreed first. QC201017/031

QC100317/037 *Stroke mobilisation in Epsom* QC201017/032

Deferred until December. QC201017/033

1.6.i. QC150917/016 PPE Audit Scoping document

This was noted. The draft report was with Suzi Shettle for comment. NHSE had set out CCG responsibilities for PPE which the team were looking at through a gap analysis. QC201017/034

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Suzi Shettle attended for this item and gave an update on the wider PPE agenda. It was noted that the team had two new members of staff, one of whom had just started. QC201017/035

It was noted that this would enable the team to attend Healthwatch meetings again. QC201017/036

The TIAA audit was focused on wider issues in the system and only involved two days of work but was indicating Reasonable Assurance. This did not therefore include the NHS England guidance which was why a gap analysis was being carried out. QC201017/037

Some issues had emerged from interviews carried out as a result of the audit. The report should be finalised in the next few days, subject to clarification. There were opportunities to work with the other Surrey Heartlands CCGs on the bigger issues. QC201017/038

Debbie Stubberfield asked about accessible websites and Suzi Shettle said there was a facility to enlarge text on the Surrey Downs site. QC201017/039

2. Assurance on Quality and Safety

2.1. Quality and Performance Exception Report

The new style report was presented by Eileen Clark. Key points were as follows. QC201017/040

- Dorking Healthcare (DHC) assurance on quality and safety. Dr Keene's interests were noted in this area. There was a need to ensure that sub-contractor assurance was understood and pursued by providers the CCG commissioned. At the moment it was not clear that DHC understood the whole pathway. Regarding recent never events in respect of spinal surgery, changes were being made to medical staffing and no service was currently being provided until this was complete. Staff performing procedures needed enough experience to do them safely. QC201017/041

- GPHP Cardiology (delayed diagnostics and IG concerns). Dr Cochrane's interests were noted in this area. – this centred on relationships across acute and community care. An audit of the existing patients was being undertaken. Other than diagnostics the pathway was currently suspended. It was agreed to request and circulate the existing pathways and report to the Governing Body. QC201017/042

Action Eileen Clark

- The IG issues related to storage of notes and misplaced fax referrals. This was under investigation. QC201017/043

- The five recommendations to the provider were noted – it was expected these would be completed rapidly by GPHP. QC201017/044

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- CSH Surrey. The issue of continuing use of paper records and associated incidents was outlined by Dave Weaver. CQC had acknowledged the issue in their report but not recommended any action as it was being well managed. Dr Cochrane explained how this was working in practice. There was no suggestion that this was clinically dangerous, despite some GP concerns. However Dr Keene said that the level of information being provided was often inadequate and could be resolved by access to EMIS in some operational settings. QC201017/045
- The potential IT solutions were noted. However this was different from the quality of discharge information whether provided electronically or in paper form, which needed to be improved. The improvements to the IT infrastructure would be key to the objectives of the Surrey Heartlands Partnership. QC201017/046
- It was agreed that feedback would be given to the GP who had raised the issue. QC201017/047
- Epsom St Helier Sepsis – CQUIN performance. The audit requirement was complex and required a lot of clinical input on a monthly basis. Jackie Moody had been working with the provider to try and minimise the burden of analysis but an IT solution was needed. There were however no Serious Incidents relating to deteriorating cases. QC201017/048
- Surrey and Borders – Jackie Moody updated; a remedial action plan for data quality was imminent, as was one for the Joseph Palmer Unit where Jackie Moody had done an observation visit with Polly Mather. Dr Cochrane highlighted an independent review of a Wandsworth patient who had died and Eileen Clark was involved with the investigation. QC201017/049
- SASH – good joint work had been taking place with Crawley, Horsham and Mid Sussex CCG although the lead for that CCG would be moving on soon. QC201017/050
- SECamb – it was noted that that the trust remained in special measures following the recent CQC report. On the positive side 111 was now rated as Good. There was a slide set covering key performance areas in the reading room. Dave Weaver said that care standards he had observed whilst placed with front line staff for a day recently had been very good indeed, particularly around a SASH handover. QC201017/051
- St George's – the formal launch of the Quality Improvement Plan was noted. QC201017/052
- ASPH – the Good outcome of the CQC report was noted. QC201017/053

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- Infection Prevention and Control (IPC) – the lack of capacity was a common issue across the three CCGs and was being looked at strategically across the whole system. It was agreed to provide a more detailed report on IPC for the next meeting. CPE at Epsom St Helier was being well managed. QC201017/054

- Healthwatch – the matters discussed at the last meeting in August were noted, a further meeting was due in November. It was felt that Healthwatch did have capacity to attend the Quality Committee now and this would be discussed with the other CCGs in Surrey Heartlands with a view to a consistent approach, as well as at STP level. QC201017/055

Action Jackie Moody / Jacky Oliver

- The need for input from patient engagement was felt to be important. QC201017/056

2.2. Continuing Health Care Improvement Plan

Eileen Clark apologised for not attaching the actual plan which would be circulated. It was agreed this should be shared with the other CCGs. QC201017/057

Action Eileen Clark

It was agreed to share the Quality Assurance Framework. QC201017/058

Action Eileen Clark

Debbie Stubberfield highlighted the need for Consistency checking and having an understanding of the underlying reason for drops in referrals. QC201017/059

Dave Weaver highlighted the feedback and learning from CHC complaints. It was clear that there were some clear themes and trends emerging from this. QC201017/060

Team culture and induction were key issues. The consistency checking was felt to be an important area for Audit Committee scrutiny. QC201017/061

2.3. The State of Health Care and Social Care in England 2016/17

This was noted. There were some positive messages but an overall theme of services under pressure. QC201017/062

A summary of CQC status across providers, primary care and care homes was requested. QC201017/063

Action Jackie Moody

2.4. Serious Incident Annual Report 2016/2017

Ngozi Onuoha attended for this item.	QC201017/064
The report related to Surrey Downs commissioned provider. There 556 incidents with SABP being the major provider. Non mental health SIs were mostly in acute trusts.	QC201017/065
The numbers for Surrey Downs as commissioner within this were highlighted.	QC201017/066
Dave Weaver said that in his view ESH were still reporting relatively low levels of SIs. This had also been picked up by Sutton CCG. This was particularly noticeable in certain specialties. As a provider they were at the bottom of the third quartile in terms of NRLS reporting per thousand admissions, which was an improvement but still a cause for concern. It was unclear whether some incidents were being downgraded to internal incidents, and how pressure ulcer reporting was being handled.	QC201017/067
Peer groups were also factored into comparisons. It was noted that social enterprises were not allowed to report though NRLS. Pharmacies reported via NHS England.	QC201017/068
SABP's reporting levels were higher than SWL and St George's but the number of serious harm incidents was not consistent with this and merited wider investigation e.g. complaints and wider mortality indicators. It was noted that G&W were the lead CCG for SABP. It was agreed to ask them for a view on this.	QC201017/069

Action Jackie Moody

There had been 13 never events of which 4 involved SDCCG patients. There had been a particular focus on audit of Never Events in St George's using the WHO checklist.	QC201017/070
<ul style="list-style-type: none">• KPI – reporting timeframes. The major concern was St George's and this was partly due to the internal arrangements for processing incidents.	QC201017/071
<ul style="list-style-type: none">• Clinical assessment did not seem to be improving based on year on year comparisons.	QC201017/072
<ul style="list-style-type: none">• Duty of Candour – this seems to have improved.	QC201017/073
The 10 recommendations at the end of the report were noted; these were operational in focus.	QC201017/074

2.5. Patient Experience Service

2.5.i. Annual Report 2016/17

Dave Weaver introduced this. There had been some issues with the service in terms of turnover in recent months and the team were still recovering a proper cycle of reporting. This meant some gaps in data although there was no issue of complaints being logged and managed. QC201017/075

This was a Surrey wide service and onward referrals were tracked to ensure there was an outcome. A single email box was used to ensure this was covered and several members of the team had access. QC201017/076

Dr Cochrane said that it was quite difficult to find the required information on the CCG website. This was noted and would be looked at. QC201017/077

Action Dave Weaver

There was a definitional issue of what constituted a PALS enquiry; it was important to try and capture this on Datix and to use the full functionality of the system. It was queried whether this included letters from MPs and other correspondence and this might need some clarification. QC201017/078

It was clarified that there were no referrals to the ombudsman in 2016/17. QC201017/079

The report was noted and Dave Weaver was thanked for producing it, QC201017/080

2.5.ii. Quarter 1 Report

Rita Mugerwa attended to speak to the report. This was a starting point and it was hoped to improve on this. The emphasis was on showing learning from the complaints. The majority of complaints were CHC related and it was important to show how systems had changed. QC201017/081

This was the first report using Datix extracts and it showed an increase in volume, which was expected. The bigger number (22/43) were CHC related. QC201017/082

- There was a need for training and education of staff to use the system properly and this might require a retrospective look at some entries. QC201017/083
- The medication line was queried. This related to medicines management and criteria for accessing some medicines. QC201017/084
- The case study was discussed. This illustrated the links between complaints, PALS, FOI requests and other correspondence. QC201017/085
- The specialty and outcome could now be recorded and reported which was felt to be useful. QC201017/086
- There had been some compliments and these were welcomed. It was felt these were generally under-reported. QC201017/087

Performance indicators – due to the system changes there had been some slippage which it was hoped would be recovered in subsequent quarters. The importance of communicating with patients where there were delays in responding was felt to be important. Capacity in CHC to respond was also a major factor as there was a single person handling enquiries at that end. QC201017/088

- Equality and Diversity – there had been no response to the feedback forms. This might need investigation. QC201017/089

- Improving the robustness and effectiveness of the complaints procedure would be a feature of the work going forward. Debbie Stubberfield and Jackie Moody volunteered to assist with this. QC201017/090

Rita Mugerwa was thanked for the report and all her hard work. Comments were welcomed on the format of the report and improving the learning outcomes. A simple description of complaints and PALS was requested, and more graphical or tabular presentation. QC201017/091

It was requested that questions to the governing body be captured in some way. QC201017/092

3. Governance, Planning and engagement

3.1. 2017/18 Commissioning Intentions

These were noted. The aim was to ensure that the committee had an understanding of quality in terms of the commissioning environment. There was a timeline for engagement and finalisation of the intentions. QC201017/093

Feedback on mental health Safe Havens was requested from the mental health team. QC201017/094

Action Jackie Moody

4. Committee Business

4.1. Collaboration with Surrey Heartlands CCGs / Joint Committee arrangements - update

The November 1st meeting would not be going ahead and there would be a joint meeting in the new year. QC201017/095

4.2. Future meetings, forward plan and next agenda

Dates were discussed. These would be held but Jacky Oliver gave apologies for 8th December, which would be a non-quorate exceptions meeting. QC201017/096

4.3. Any other urgent business

There was no other business QC201017/097

4.4. Items to highlight to the Governing Body

It was agreed to highlight the following:

QC201017/098

- PPE responsibilities and audit
- Infection control capacity
- Serious incident reporting
- Cardiology pathways
- SECAMB – ongoing concerns but also positive observations about patient care

4.5. Date of next meeting

10th November.

QC201017/099