

Quality Committees Meeting

Minutes

Date	27/06/2018	Time	11.00 -16.00
Venue	The Board Room, Guildford and Waverley CCG GU1 4PU		

Attendees:

	<i>Name</i>	<i>Title</i>	<i>Core member</i> (√)
Chair	Sue Tresman	Chair and Lay Vice Chair	√ (for GW)
Members	NWS CCG Core members		
	Julia Dutchman-Bailey	Chair and Independent Registered Nurse	√
	Clare Stone	Executive Director of Quality, Surrey Heartlands	√
	Angus Paton	Patient Representative – Patient engagement - Healthwatch	√
	Richard Barnett	Clinical Lead-Quality	√
	GW CCG Core Members		
	Phelim Brady	Lay member and public engagement	√
	Jagadish Chakraborty	Patient Representative	√
	Dr Darren Watts	GP Clinical Representative	√
	SD CCG Core Members		
	Debbie Stubberfield	Governing Body Registered Nurse- (Chair – Surrey Downs CCG)	√
	Eileen Clark	Deputy Director of Quality and Nursing	√
	Jackie Oliver	Lay member for patient and public engagement	√
	Surrey County Council Representatives		
	Harriet Derrett-Smith	Public Health Principal	√ (SD)

Governing Bodies in Common (Part One) / 26/09/2018 Quality Committees in-Common Workshop- 26/04/2018

Working together as the Surrey Heartlands Clinical Commissioning Groups

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

	Lisa Andrews	Senior Public Health Lead	√ (SD)
	Attendees		
	Karine Nash	Medicines Optimization Team	√
	Caroline Simonds	Head of Quality-Patient Safety	√
	Jane Lovatt	Head of Quality- Community	√
	Matthew Parris	Healthwatch Surrey	√
	Glenn McPeak	Head of 999 Quality and Governance	√
	Lisa Page	Mental Health Commissioning and Quality Manager	√
	Amanda Boodhoo	Surrey Wide Associate Director of Safeguarding	√
	Georgette Ahearne	Quality Manager	√
	Jackie Moody	Head of Quality – Surrey Downs CCG	√
In Attendance			
	Anne Gayle	Minutes	√
	Sue Manthorpe	Interim Governance Manager, Corporate Directorate, Surrey Heartlands	√
Apologies	Doug MacDonald (NWS)	Medical Dir (Acute)/Secondary Care Cons.	√
	Louise Keene (SD)	GP, Governing Body	√
	Sara Barrington (SD)	Associate Director of Continuing Healthcare- Surrey	
	Jo Lang	Deputy Head of Communications	
	Justin Dix	Corporate Team	

Item No.	Part A – Workshop in Common	LEAD	ACTION
1	<p>Welcome, Introductions and Apologies</p> <p>ST welcomed the members. The three CCG Chairs will be rotating as Chair of this meeting whilst the CCG is in the transition phase of moving to a Committees in Common. ST extended her thanks to the team for pulling together the rigorous set of documents, to be noted in the minutes.</p> <p>Apologies as detailed above.</p> <p>Darren Watts would join after lunch and Debbie Stubberfield by phone.</p> <p>ST emphasised that quoracy was required if any decisions/approval are needed. Whilst sitting as three committees this meeting would be required to meet quoracy as per the Terms of Reference for the individual CCG. This will be checked for each agenda item.</p> <p>CS added that a single set of minutes for this meeting will go to the three Governing Bodies.</p> <p>All the attendees introduced themselves.</p>	ST	
2	<p>Declarations of Interest</p> <ul style="list-style-type: none"> • To receive confirmation from all members and attendees that their entry in the Register of Interests is up-to-date, accurate and complete. The register is kept by the Corporate team. • To receive any declarations of interest pertinent to items on this agenda. None were received. 	ST	
3-5	<p>Review of meeting of 26/04/2018/ Quality Governance Update/ Single Quality Assurance Methodology</p> <p>Review of meeting of 26/04/2018</p> <p>CSt introduced a presentation on CCG functions across the three CCGs and streamlining to improve time management and workload.</p> <p>Front sheets – we have been informed by the corporate governance team that a new front sheet will be distributed which will have completion guidance notes attached.</p> <p>The wider Governance aspect of this agenda item will be rolled over due to absence of a representative from the corporate governance team.</p>	CSt	

	<p>Ongoing concerns have been raised and noted about local level detail and how this can be managed in a single meeting, and the ability to assure the three governing bodies.</p> <p>Going forward in the new Terms of Reference the membership will include membership from other directorates, the Managing Director structure, and Finance and Contracting teams.</p> <p>Quality Governance Update</p> <p>The presentation gave an overview to share how the directorate team is working and how the portfolio is split, the pressures, future planning and how risks are being managed and mitigated; Safeguarding and CHC are included in this.</p> <p>CSt shared the structure and current vacancies. Quality Directorate is advertising several posts with a number of interims already in positions. CSt invited the team to explain their remit.</p> <p>Amanda Boodhoo works across 6 CCGs and NHSE and covers the statutory responsibilities around safeguarding children and adults and looked after children and child death process.</p> <p>Sara Barrington is absent and will be introduced at the next meeting</p> <p>Eileen Clark deputises for CSt, with oversight over Surrey Heartlands CCGs and supporting the team. Particular focus at the moment is on contracts that have not been well resourced in the past.</p> <p>Richard Barnett gives doctor sided advice and medicines optimisation input. He sits on the Prescribing Clinical Network Board.</p> <p>Glenn McPeak is in a newly developed role as Head of 999 Quality and Governance, working closely with colleagues in contracts and commissioning.</p> <p>Caroline Simonds supports patient safety including serious incidents, infection prevention and control, with regional responsibility for SECAMB; her remit includes risk register updates, quality impact assessments, assurance framework/strategy, and quality monitoring /reporting.</p> <p>Jackie Moody is Head of Quality, focusing on the Acute contracts, monitoring and assurance.</p> <p>Jane Lovatt –Adult Community contracts, GP out of hours, 111 and patient transport contracts, with links to Primary Care</p>		
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	<p>JDB asked if the slides could be distributed</p> <p>ACTION: AG to distribute the presentation to the members and collate questions.</p> <p>PB enquired whether the vacancies will impact progress and could they as members help spotlight this. CSt stated it was a challenge and the gaps generally across the CCGs have been escalated as a risk. If we come to the next meeting with the same level of vacancies intervention would be appreciated.</p> <p>PB enquired about assurance around providers we do not commission e.g. care homes. CSt stated that care homes were monitored indirectly and sources of assurance will be slightly different. EC is involved with this work, and RB is proactive in safeguarding monitoring. Our pharmacy team also go into the care homes.</p>		AG
Part B Core discussion in-common			
6	<p>Minutes of the Meeting held on 26th April 2018</p> <p>The minutes of the meeting were agreed, spelling mistakes were noted.</p> <p>JM thought that embedded documents in PDF were not helpful.</p> <p>ACTION: AG to update</p>	ST	AG
7	<p>Matters arising/action log of 26th April</p> <p>Items 1-2 on the agenda for June-CLOSED Items 3-5 AB gave an update attached to the log-CLOSED Item 6 –On the agenda- CLOSED Item 7 – On the agenda –CLOSED Item 8- CSt have the email confirmation that the minutes have been approved. –CLOSED Item 9- RB stated that PCN is undergoing discussions about whether to slim down to a Heartlands footprint or remain wider and who will be the major leads. Once that has been decided they should be invited to this meeting. ST was happy to close this action as work was in progress. CLOSED Item 10- Debbie Hustings attending this meeting-CLOSED Item 11- LP stated that she had taken this item back to SB. SB has since left the CCG. JL will pick this up. Item 12 - UPDATE from Corporate Governance Directorate: 05/06/2018: Constitutional changes have not yet been approved / signed off by NHS England. For the purposes of the 27th June meeting the three Quality Committees can meet in common but formally are still subject to their existing and individual terms of reference. At the Governing Bodies in Common in September the</p>	ST	

	revised Terms of Reference will be taken to the three Governing Bodies. This will remain on the action log.		
BREAK 12-12.30			
8	<p>Executive Director of Quality's update QSG/QRP update</p> <p>EC introduced this item which was to update the Committee around issues that have been raised by the Quality Surveillance Group.</p> <p>There have been concerns raised around CAMHs and Children's Services (long waiting lists/workforce). The Quality Surveillance Group took place in May. It was decided then to put Surrey and Borders and CSH Surrey into enhanced surveillance; Data and softer intelligence, with feedback from regulators and other stakeholders, would be used to populate a database. This then provides a risk profile for the provider and this is shared for comment.</p> <p>Moderation meetings took place in June. More detail can be circulated at a later date if requested. No immediate actions came out these meetings. The next steps are to take some contractual action, working in partnership with the providers, and talking it through exec to exec. There are a number of actions being put in place in Children's services which is described by AB in item 13.</p> <p>A proposal plan is being developed for the improvement board around assurance and CSt suggested bringing these papers and members of the strategic commissioning team to present at the next meeting.</p> <p>ACTION: Strategic Commissioning to be invited to the next meeting</p> <p>PB noted one of the concerns was workforce which seems to a recurring theme and queried whether there had been any imaginative thinking concerning recruitment.</p> <p>CSt replied that information had not been shared around the specifics, but agreed that lateral thinking was needed. There is a Surrey Heartlands workforce working group who are looking at ideas. Housing, schools etc.</p> <p>MP stated that quality surveillance monitoring of Surrey and Borders and CSH Surrey is a positive move. MP referred to a report to be published that states 50% of patients accessing community mental health services report not feeling involved in their care planning. EC stated that more is being done to engage patients.</p>	CS/EC	

	Warren Beresford, Darren Watts, and Karine Nash joined the meeting		
9	<p>Quality Surveillance Report</p> <p>The Committee were asked to note the papers for this item. If anyone requires a full set of documents they can request these via JL.</p> <p>JL stated that these papers were a review of what is happening Nationally and locally.</p> <p>CSt thought that this level of detail may not need to come to this meeting. Once all the committees across Surrey Heartlands have access to Board pad all these papers could go into the reading room.</p>	JL	
10	<p>Achieving Quality Premium</p> <p>This item is to note. WB stated that this paper is finance driven. The Quality Premium is a reward scheme designed to improve quality. The paper highlights the financial opportunities and where we need to focus efforts for the maximum opportunity to access £3.4m. for the three CCGs. Payment is staggered based on gateways.</p> <p>Payments are only made if the CCGs meet their control total. At present the plan is to meet our control total as Surrey Heartlands but not as individual CCGs. The biggest proportion of the available funds are aligned to emergency demand indicators – around 75%. Delivering the emergency care work streams and non-elective QIPP schemes is imperative. The remaining portion is based on quality indicators.</p> <p>A summary is available on page 4 of the report.</p> <p>PB noted this was an excellent paper and queried if everyone who delivers healthcare understands the consequences of not delivering targets.</p> <p>ST asked that this be taken on as an action so that those links can be explicitly drawn.</p> <p>ACTION: WB to take an action back to his team to give some thought as to how targets and delivery impact on potential rewards can be communicated to healthcare providers.</p> <p>KN enquired who was co-ordinating the performance data.</p> <p>WB stated that his team pull together a performance report which goes to various committees and the Joint Executive Team meeting, which includes the premium quality summary.</p>	WB	WB

	WB and KN to discuss Guildford and Waverley data outside of this meeting.		
11	<p>Public Health Update</p> <p>LA and H D-S introduced this item. Internally at Surrey County Council they are looking to ensure robust Quality Surveillance programmes, and to align with the CCGs and share and feedback information.</p> <p><u>DS joined the conference by phone</u></p> <p><u>Update on breastfeeding</u></p> <p>DS asked if there had been an impact on breastfeeding rates following the sudden service changes.</p> <p>HDS stated that there had been no noticeable change; about 80% across the three acutes in Surrey Heartlands. That goes down at first health visitor visit at 10 days to 66%. Then at 6-8 weeks down to 60%.</p> <p>In Surrey Heartlands there is a robust breastfeeding strategy which is multi agency approach, and is seen as a high priority. There are some issues around data validation.</p> <p><u>DS left the meeting</u></p> <p>PB stated that a representative from the National Childbirth Trust in Guildford had commented that despite publicity to the contrary the level of encouragement is not high, with anxiety about regaining childbirth weight.</p> <p>HDS stated that it was a discussion for the health visitor, the GP and the parents as to whether to continue, and was a balance.</p> <p>ST enquired how Public Health would be inputting into this meeting going forward. CSt stated that she would discuss with her team and the public health team.</p>	LA/ HD-S	
12	<p>Continuing Healthcare</p> <p>EC was presenting this paper on behalf of Sara Barrington, for information.</p> <p>There is a programme board that meets quarterly which oversees CHC and the development of their work. Previously the minutes of this would come to the Quality Committee; this would be something for the newly formed Committee to decide as to whether they should continue to be seen at this meeting.</p>	SB	

<p>15</p>	<p>Carers</p> <p>DH introduced this item with a summary presentation.</p> <p>The definition of carer is anyone who is providing support in an unpaid capacity. There is a surrey population of 82,000, and an aging population of carers. There are some hotspot areas, and work is ongoing to support these.</p> <p>The largest cohort of carers are working. There is a growing group of BAME carers, young carers and carers caring in EOL circumstances. Another less visible group of carers are in the armed forces. Support is improving.</p> <p>A question was raised about co working with Citizens Advice. DH informed that Citizens advice were not commissioned but there was some partnership working.</p> <p>The papers were noted by the Committee.</p>	<p>DH</p>	
<p>16</p>	<p>Primary Care</p> <p>CSt gave a verbal update. Meetings had taken place with commissioning and contracting colleagues about how to gain quality information from the practices. One key area is CQC inspections and how we can support them to prepare. An update will be brought back to the next meeting.</p>	<p>CS</p>	
<p>17</p>	<p>Serious Incidents</p> <p>The reports were for noting,</p> <p>The purpose of this paper is to provide an update on the management of SIs as part of the realignment of functions within the Surrey Heartlands Management structure. It provides:</p> <ul style="list-style-type: none"> • A description of the management of SIs within Surrey Heartlands, including SECAMb 999 SI management which transitioned to NWS CCG on the 1 June 2018 as part of the overall SECAMB 999 contract novation to NWS CCG. • The changes that have taken place as part of the transition to the Surrey Heartlands Quality team. • A position statement (as of 31 May 2018) on open serious incidents and any concerns by provider so that CCGs can have visibility of any issues for providers within their area. • An outline of the work plan and timelines associated with the on-going performance management of Serious Incidents. 	<p>CS</p>	

	<p>An Audit will be undertaken by TIAA, which will include an inspection of the SI process.</p> <p>The Committee noted the report.</p>		
18	<p>Healthcare acquired infection</p> <p>The purpose of this paper is to provide an update on Healthcare Acquired Infection reporting as part of the realignment of functions within the Surrey Heartlands Management structure. It provides:</p> <ul style="list-style-type: none"> • A position statement of Healthcare Acquired Infection reporting across the Surrey Heartlands CCGs • An outline of the work plan and timelines associated with the on-going management of Healthcare Acquired Infections within Surrey Heartlands CCGs <p>This report was for noting. The three CCGs have different approaches to sourcing information. CSi would welcome suggestions from this committee on a way forward to achieve one approach.</p> <p>ST stated that we cannot <i>agree</i> a way forward at this point but can offer suggestions.</p> <p>PB asked if we were looking to contextualise and look at good practice. CSi agreed that this would be very helpful and would look to do this.</p> <p>The Committee noted the position and agree the work plan is in line with priorities.</p> <p>CSi asked the committee to note that there was no expert infection prevention control nurse and this has been added to the risk register.</p>	CS	
19	<p>Risk registers</p> <p>The purpose of this paper is to provide an update on the transition of the quality risks from the 3 Surrey Heartlands CCGs into the Datix Risk Management system. It provides:</p> <ul style="list-style-type: none"> • A summary of the current quality related risks reflected on the risk register as at the 18 June 2018. • Details of any new quality related risks added to the risk register • Recommendations for closure of any entries that are no longer relevant or that have met their target score and no longer require on-going review. • Recommendations for the transfer of risks relating to functions that do not sit within the Surrey Heartlands Quality Directorate portfolio. 	CS	

	<p>There are 28 risks presently on the Quality risk registers across the three CCGs. The risks are being transitioned onto the new Datix risk system, and would continue to be developed.</p> <p>CSi stated that she was happy to receive questions now or outside of this meeting.</p> <p>The corporate objectives have now been made available to the team in draft; the team will scrutinize the risks and the objectives and identify anything that may be a risk to the corporate objectives.</p> <p>A query was raised about risk 237 that is proposed for closure. CSi stated this risk was historical and Safeguarding risks would be added to the Quality risk register and detailed in full, and only once this is done would this risk be deleted.</p> <p>PB queried that there were few red rated risks, in particular 239 which seemed to be of concern. CSi stated that elements of mitigation had been added and this will continue to be updated.</p>		
<p>20</p>	<p>Information Governance</p> <p>This paper is for information and was noted by the Committee. Update: The data protection officer role for GP practices- support is going to be provided by South Central and West CSU, with 1-2 days per week of senior IG manager time, to support practices with GDPR work and data sharing.</p> <p>No questions were raised.</p>	<p>DLR</p>	
<p>21</p>	<p>Provider Quality Assurance Report</p> <p>JL introduced this item. Feedback was welcomed.</p> <p>ST stated that as we were limited timewise today we would discuss the content, and review how this information is presented outside of the meeting.</p> <p>Report development</p> <ul style="list-style-type: none"> • This is the first Surrey Heartlands CCGs Provider Quality Assurance Report, which provides a quality assurance overview of the providers across Surrey Heartlands CCGs. • Given the stage of transition of the Quality Directorate, the level of reporting and time period for each provider is not yet consistent – following feedback from the committee this month, this report will be developed further, aiming for consistency across the CCG and provider areas. • The report for this month does not include SABP CAMHs and CHFS children’s services contracts, as they are being reported as stand-alone papers for these Quality Committees (June). <p>Next steps</p>	<p>JL</p>	

	<ul style="list-style-type: none"> • Develop further RAG rating tables for other providers, including considering how to include RAG rating definitions for assured, partially assured and not assured. • Receive feedback from Quality Committees on presentation. • Develop the report as per feedback received. • Extend the report to include SABP CAMHS, and CHFS children’s services. • Discuss with the performance team how to streamline and support each other in our regular reporting cycle • Consider how to align with integrated Governing Body reporting across performance and contracts, including whether or not to include assurance RAG ratings per provider. <p>Royal Surrey JL—echocardiograms. The position has improved but still an issue. The issue is capacity and patients being seen out of sequence.</p> <p>CSt asked for a focussed update on cancer waits and diagnostics at the next meeting.</p> <p>ACTION: JL to bring a focussed update to the next meeting on cancer waits and diagnostics.</p> <p>Ashford and St. Peters- CSi</p> <p>There is a concern around maternity and still birth cluster. The new leadership team is now in place with good support from the new Chief Nurse. A maternity focussed clinical quality review is planned with a walkabout in August. The still birth review is to be made available before that.</p> <p>Electronic maternity record system – Badgernet – there has been an issue with primary care access to these records. Until an IT solution is found this has been put on the NWS risk register.</p> <p>Epsom and St Helier –JM</p> <p>JM asked the committee to note the following. SWL CQRGs have opted to report only on full data. Month 12 data has been brought to this meeting, and was discussed at the last CQRG. Dashboards have not historically been undertaken at Surrey Downs Quality Committee; main areas of concern have been pulled out and discussed. Part of the discussion today is what is needed at the newly formed CIC.</p> <p>Areas of concern were complaints, FFT response rate, PALS feedback, and Language support services. The Trusts new head of Patient Experience is proactively working to make improvements.</p> <p>The Care Quality Inspection report was published in May. Overall Trust rating was ‘Requires improvement’. No areas were</p>		<p>JL</p>
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	<p>considered inadequate. A number of investigations are taking place currently and once these are completed further action will be considered. Workforce was also an area of concern. A new chief nurse has been appointed who is sighted on the issues. Another CQC visit was planned.</p> <p>PB was concerned about the report, but welcomed what has been discussed here. JM stated that she was working with the new commissioner, The Director of Quality at Sutton CCG, NHSE/NHSI and CQC, and will work closely with the Trust.</p> <p>SeCamb- CSt</p> <p>There is an update paper going to Governing Body part 2 in July and an update will be brought to the next Quality Committee meeting, with a deep dive on one or two providers.</p> <p>ST thought the report was very detailed and was noted, but wondered if justice can be done to this number of reports within the time limitations.</p> <p>JDB suggested questions could be submitted before the meeting so a more focussed discussion could take place.</p> <p>ST asked that questions be sent to the authors beforehand.</p> <p>Any further questions the committee members had on the providers and the report presented today could be forwarded to the team.</p> <p>ACTION: Members to forward any questions to the team (JL and JM)</p>		
22	Comms and engagement	JL/LP	ALL
	This paper was for information. Any questions can be sent to Liz Patroe.		
Part C NWS CCG Legacy Actions			
23	MSK	KT/CS	
	This was a verbal update on ongoing discussions at Quality Committees and Governing bodies about the lack of assurance as to whether the new MSK pathway was of benefit to patients. This has been escalated to an exec to exec conversation.		
24	Maternity and Paediatrics	CS	
	This was covered in the main agenda		
25	Minutes/action log	JD-B	

	<p>The minutes were noted and will be agreed virtually as NWS were not quorate.</p> <p>Action log:</p> <ul style="list-style-type: none"> • Maternity and Paediatrics – This needs to be held as an action –(To be added to main action log as a legacy action for NWS) • Provider Dashboard- discussed at this meeting so can be closed – CLOSED • Draft Reporting Schedule-Discussed at this meeting – CLOSED • Maternity at ASPH – Discussed -CLOSED 		
Part D SD CCG Legacy Actions			
26	<p>SI Policy</p> <p>ST noted that this item was for agreement and the SD committee at this meeting were not quorate.</p> <p>It was agreed to discuss and agree this outside of the meeting.</p> <p>ACTION: JM and EC to liaise and to arrange a virtual meeting of members to agree the policy changes.</p>	JM/EC	JM/EC
27	<p>Action log/AOB</p> <p>No action log available.</p> <p>Due to sickness absence in the governance team it has not been possible to present the action log of the last Surrey Downs Quality Committee. For assurance EC has studied the action log; there are 6 small actions outstanding. These actions will be rolled over into the new action log for this meeting.</p>	DS	
Part E G & W Legacy Actions			
28	<p>Action log/AOB</p> <ul style="list-style-type: none"> • 7b Presentations –Young Carers – CSt has followed this up but has not been updated. <p>ACTION: CSt to follow up</p> <ul style="list-style-type: none"> • 8F Comms/Engagement – ST followed this up and this has been done -CLOSED 	ST	
29	AOB/Review of the meeting		
	<p>CSt thanked everyone for their patience. The Committee will continue to develop and improve.</p> <p>Comments:</p>	CSt	

	<ul style="list-style-type: none"> • Papers good but some quite long • Starting to get traction and change will continue; a good meeting • Some constructive comments on how to move things on and change things • Early days, by its nature agenda will be big. • Very useful and informative • Moved towards exception reporting • Deep dive on some providers • Positive • Ambitious to see provider reports in 10 minutes –consider more time for this item. More discussions will take place outside of this meeting to discuss how to best present this information. • Need to give justice to the work that is being done. • Overwhelmed with the amount of papers. Justice has to be done with exception reporting • Length of meeting too long but good to see all the papers. Exception reporting is the way forward. • Bring patient experience to the fore. • Helpful to see papers on transition as a team. • Numbers of papers. Scheduling and work plan will help with this. Executive summaries need to be clear, and signed off by Clare Stone • Terms of reference – concerned we still do not have even a draft Terms of Reference and we need something quickly <p>ACTION: CSt to feedback the concerns of the Chairs that there are still no draft terms of reference available for this committee.</p> <ul style="list-style-type: none"> • Aids to focus the meeting • Informative 		
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CSt

Date of next meeting: Wednesday 22nd August 2018 11-4 p.m. NWS CCG

Signed and agreed by:

_____ **Date**

Chair name/ Chair Title

Minutes agreed for publication by:

_____ **Date**

Executive Lead, Executive Lead title