

Title of paper:	Quality Committee Minutes Dec 2014		
Author:	Justin Dix, Governing Body Secretary		
Exec Lead:	Matthew Knight, Chief Finance Officer		
Date:	27 th February 2015		
Meeting:	Governing Body		
Agenda item:	20	Attachment:	14
For:	Information		
<p>Executive Summary:</p> <p>Specific performance concerns are as follows:</p> <ul style="list-style-type: none"> • Epsom and 62 62 day cancer waits • Vacancy levels in some local trusts • SECAMB performance • Quality of complaints responses • High numbers of serious incidents at Ashford St Peters <p>Safeguarding (child and adult) was reported and discussed</p> <p>There are significant pressures on assessments for people with learning disabilities</p>			
<p>Compliance section</p> <p>Please identify any significant issues relating to the following</p>			
Risk Register and Assurance Framework	A risk around quality of care in nursing homes was added to the risk register following this meeting.		

Patient and Public Engagement	No specific issues
Patient Safety & Quality	As per the report particularly around SI's – a confidential discussion took part in Part II.
Financial implications	No significant issues
Conflicts of interest	No significant issues
Information Governance	No significant issues
Equality and Diversity	No significant issues
Any other legal or compliance issues	No significant issues other than some performance issues are also related to NHS constitution legal duties.
Accompanying papers (please list): Quality committee minutes Dec 2014	
Summary: What is the Governing Body being asked to do and why? To NOTE the minutes	



**Surrey Downs
Clinical Commissioning Group**

Meeting: Quality Committee – Part 1**Date and time: 12th December 2014, 9.30am****Present**

Dr Phil Gavins (PG)
 Dr Suzanne Moore (SM)
 Gavin Cookman (GC)
 Alison Pointu (Chair)
 Eileen Clark (EC)
 Dr Robin Gupta (RG)

In attendance

Jackie Moody (JM)
 Karen Rodgers (minutes)
 Dr Claire Fuller (CF)
 Miles Freeman (MF)
 James Blythe (JB)
 Mark Hamilton (MH)
 Helen Blunden (item 9a)
 Georgette Ahearne (item 6)
 Mable Wu (item 5)

		Action Lead	
1.	Apologies for absence		
	Apologies had been received from Karen Parsons and Liz Saunders.		QCP1121214/001
2.	Declaration of interests		
	Dr Robin Gupta declared that he was being paid a retainer for services to a nursing home. There were no other additional or relevant declarations		QCP1121214/002
3.	Minutes of the last meeting		
	The minutes of the meeting held on Friday 3 rd October 2014 were approved without amendment.		QCP1121214/003
4.	Matters arising and action logs		
	The action log was reviewed and status for each action agreed. <ul style="list-style-type: none"> • QC031014/073 agreed for closure • QC031014/070 agreed for closure • QC031014/063 agreed for closure 		QCP1121214/004

	<ul style="list-style-type: none"> • QC031014/058 Reporting and Assurance on quality in CCG programmes will be managed through a section in Quality and Performance report on a 6 monthly basis or by exception. Agreed for closure. • QC031014/045 Quality Implementation Plan – on the agenda. EC would be meeting with Richard Simons, Head of Programme Management in January to do further work. The action would therefore remain ongoing. • QC031014/034 Cancer waits at the Jarvis Centre– keep open. NWS CCG has had problems obtaining data and therefore the report is delayed. Mable Wu will update at next Committee meeting. • QC031014/031 RTT – waiting times for diagnostics – alternative providers were now being used by GPs where necessary. Agreed for closure • QC031014/028 agreed for closure • QC031014/027 and 026 SECamb Performance - ongoing. NW Surrey CCG held a ‘meet and greet’ at SECamb attended by the Programme Lead for integration and partnerships and the Head of Planning and Performance. A Quality summit seminar is to be held in January for all Surrey CCGs to attend although a date is yet to be confirmed. <p>JB confirmed that this would also be covered in the commissioning round discussions with NW Surrey.</p> <ul style="list-style-type: none"> • QC031014/018 VTE Performance at Kingston Hospital. Agreed to close this action, noting that this will be monitored through the Clinical Quality Review Group. • QC031014/009 agreed for closure • QC031014/006 agreed for closure • QC080814/086 Medicines management governance arrangements – keep open. This now falls under the remit of James Blythe, Director of Commissioning and Strategy, who will discuss with Kevin Solomons, Head of Medicines Management, as relating to assurance and will update at next meeting. • QC080814/089 agreed for closure 		

5.	Quality and Performance Report		
	Eileen Clark explained that she had tried to pull out key issues for the committee to note on the cover sheet. The format of the paper was still a work in progress and she would welcome feedback for more or less detail.		QCP1121214/005
	Cancer referrals to treatment within 62 days at Epsom and St Helier University Trust (ESHUT) and Kingston Hospital Foundation Trust (KHFT) are a cross area issue. EC confirmed that robust discussions are ongoing with regard to particular pathways of care and the report from the work with the Cancer Transformation Board was now expected in March 2015. .		QCP1121214/006
	Alison Pointu said that ESHUT are missing their 62 day cancer targets they are also not meeting the CQUIN target.		QCP1121214/007
	Miles Freeman said the section on ESHUT was positive although there are challenges. Regarding Health Care Associated Infections (HCAI), the systems and processes appeared to be good but they were not bringing about a reduction in cases. The infection control lead at the CSU (for Sutton CCG) was working closely with the Trust to delve more deeply into this. Surrey Downs are sighted on this through the CQRG. Suzanne Moore commented that everyone in the Trust is on board when good practice processes are set up but there is a question about how embedded they are into practice and followed through. A review would address this.		QCP1121214/008
	The Committee noted that the MRSA Bacteraemia figures were over target for ESUHT and other local Trusts have gone down therefore something must be being done differently. For example, Kingston Hospital Foundation Trust (KHFT) had a real problem last year but had managed to sustain lower numbers of cases. This type of consistency needs to be driven at ESHUT.		QCP1121214/009
	AP asked if there were any differences across the two sites at Epsom and EC confirmed that this was not the case.		QCP1121214/010
	Eileen highlighted that Surrey and Borders Partnership Foundation Trust (SABPFT) currently had an issue with vacancies although they do have a recruitment programme in place. It was noted by the Quality Committee that this could potentially have an impact on patient safety and experience therefore this will be monitored through CQRM.		QCP1121214/011
	The vacancy rate within the CSH Surrey 0-19 service was raised by Eileen as a concern as this could have an impact on safeguarding children. Following the Quality Committee, EC was meeting with Sarah Baker and this was an item to be discussed and an update will be given at the next meeting.	EC	QCP1121214/012
	Pg. 39. Unplanned admissions for asthma, diabetes and epilepsy in <19s – the Committee discussed the upward trend. MW advised that it was likely to be asthma that was driving up the figures. There were similar concerns about upward trend in		QCP1121214/013

	emergency admissions for children with lower respiratory tract infections and MW. (pg. 40).		
	Discussion ensued about whether these were process issues such as coding, or outcome issues in the pathway. The matter had been highlighted with CSH Surrey (community provider). MW would try to find a reference group to use as a comparator and the Balance of Care Audit would provide additional information. Further information would be included in future reports.	MW	QCP1121214/014
	Pg. 9. Epsom and St Helier NHS Trust – with reference to the London Quality Standards for review of patients within 12 hours and the immediate action being taken by the Trust, it was noted that this linked with the proposals for 7 day working and needed to be a focus in the 2015/16 contract.		QCP1121214/015
	Pg. 14 Podiatry – RG emphasised the current inequitable provision in GP practices and JB the need to ensure that diabetic foot checks were taking place. EC assured the Committee that the matter was being tracked through the CQRG. Recommendations would be taken to the Contract Executive and reported in the IQPR.	EC	QCP1121214/016
	Health Visitors (HV) – RG raised a concern about HVs in post, especially junior staff and nursery nurses and clarification about the level of responsibility they hold. This would be discussed and issues taken forward outside of the meeting.	RG/ EC	QCP1121214/017
	<u>SECamb</u> Mable Wu reported that a commissioner deep dive into the operational working of SECamb had taken place which illustrated the pressure on the system. NW Surrey CCG was now attending the CQRG and therefore a lot more information was being shared and data analysis taking place. A conference call had taken place that day.		QCP1121214/018
	MW reported that Epsom Hospital was struggling with handover and from Monday 14 th December 2014 an immediate handover policy would be coming into effect in Surrey. This would assume that a trolley or bed would be available for the patient. Epsom Hospital was aware although it was unclear if it also applied to the London Trusts and whether they had been informed.		QCP1121214/019
	It was noted that this approach was likely to elicit pushback from Acute Trusts because both London and Surrey Acute Trusts were under pressure and the gap in expectations between ambulances services and Trusts would be problematic. Miles Freeman stated that the issues were not serious for Surrey Downs but that they needed to be followed up in the Commissioning Intentions.		QCP1121214/020
	JB suggested that as there is no definitive guidance the CCGs and Area Team should jointly come up with a policy. This Committee needed to understand what the underlying causes		QCP1121214/021

	were and how we can reduce the number of category C ambulances.		
	Miles Freeman commented that the CCG need to have better access to data and better response from ambulance trust.		QCP1121214/022
	Alison Pointu asked MW about how assured she felt about the service SECamb were providing. MW responded that operationally they were live but strategic direction was more difficult because their works is as immediate responders. AP asked the committee if they felt that NW Surrey were demonstrating better leadership on the contract than the previous leads and all unanimously agreed.		QCP1121214/023
	Gavin Cookman requested that the CCG have more robust answers in place around SECamb for the next public meeting.		QCP1121214/024
6.	<p>Patient Experience Service: six month report</p> <p>The report was taken as read and Georgette Ahearne highlighted key points.</p> <p>There had been a decrease in complaints and PALS queries throughout Quarter 2 and the majority had been with reference to Continuing Healthcare due to Surrey Downs CCG hosting this service for the Surrey CCGs:</p> <ul style="list-style-type: none"> • fourteen complaints • 31 PALS queries had been received 		QCP1121214/025
	GA drew attention to lessons learnt from PALS (pg.5) and Complaints (pg.8) and how the CCG had responded to some negative feedback about the information on the website as set out in the Healthwatch publication “The first step in the complaints maze: how easy is it to make a complaints in Surrey?”. EC advised that Healthwatch would be invited to a quality team meeting to meet the team and strengthen the working relationship.		QCP1121214/026
	Dr Claire Fuller told the committee that she would be meeting with Healthwatch in January to discuss their report. GA confirmed that the complaints leaflets had been distributed.		QCP1121214/027
	EC said that the Quality Team were concerned over the quality of complaint responses going out from Epsom and that this had been raised with the Trust who were open to feedback. The PES team would be providing examples to JM and EC share with the Trust.		QCP1121214/028
	MF informed all that he had received an email from the Regional Team with reference to a NHS Funded Healthcare case and the fact that a letter had not been sent due to a member of staff being off sick. It was agreed that cover must be in place when senior staff are on annual leave or absent due to sickness.		QCP1121214/029
	Regarding referral of complaints to the Ombudsman, JB asked if it was atypical that the Ombudsman would be investigating three complaints. GA informed him that this was normal and on		QCP1121214/030

	average there are normally 2/3 a month relating to Continuing Healthcare.		
	AP requested that when there is no data available from provider organisations in relation to patient experience, a view from the lead commissioner would be acceptable.		QCP1121214/031
	Gavin Cookman asked if the compliments that are received by the CCG are fed back to the relevant Teams/staff. GA confirmed that they are shared with the Team concerned. It was agreed that EC and GA talk to Communications about wider recognition.	EC	QCP1121214/032
	EC informed all that GA would be commencing maternity leave on 12 th December and currently no replacement had been appointed. Conversations were taking place around interim support and what is actually required in the service going forward.		QCP1121214/033
7.	Patient Safety: Serious Incidents – six month report		
	EC said that this report had been produced during the transition between CSUs. It was written in part by South CSU and herself.		QCP1121214/034
	The key issue for note was the number of pressure ulcers that are being seen. This is a National CQUIN and still required focus to reduce the level of harm. Concern had been expressed and all acute and community providers were required to make improvements. Work was being done with care homes and carers as a high number of cases the damage has already been done before health services become involved. EC said that the Surrey Quality Leads would be meeting and discussing a new telephone app that had been developed for carers and the public which gives advice and information around skin care and the prevention of pressure ulcers. She advised that if it was suitable it could be shared with care homes and carers in Surrey.		QCP1121214/035
	Dr Robin Gupta suggested getting in touch with CQC to get further information around pressure ulcers in care homes		QCP1121214/036
	Concerning the working relationship between the quality team and the new CSU, EC confirmed that there was good contact and SM added that processes seemed more refined.		QCP1121214/037
	CF asked if SM required any clinical support due to her attending every Quality Committee meeting. She said she was managing at the moment but would monitor and feedback if things changed.		QCP1121214/038
	EC explained, for note, that one serious incident had been recorded as a maternal death. This case involved a pregnant woman who died as a result of car accident, and that Surrey and Borders Partnership FT had achieved the trajectory on the back log of reviewing and closing investigation reports.		QCP1121214/039
	JB commented that the number of maternity SIs appeared to be		QCP1121214/040

	going up and a watch should be placed on this for next quarter.		
	AP said she was concerned by the high number of SIs recorded by Ashford and St Peter's Hospital (ASPH) and asked for assurance around recording errors. EC confirmed that NWS CCG are working very closely with them and had assurance from the Quality Leads.		QCP1121214/041
	It was recognised that the quality of the report would be improved now that SE CSU were managing SIs and that the six-month report with an overview of trends and themes was helpful but it needs a more specific focus on SD CCG.		QCP1121214/042
	Pg. 4 – clarification is needed on the type of SIs that is being reported by commissioners. SDCCG report SIs in care homes where the patient is funded by health but it is not clear whether other CCGs are taking the same approach.	JM/ EC	QCP1121214/043
8.	Safeguarding Adults: Six month report		
	Helen Blunden confirmed links are continuing to be established with Surrey Safeguarding Adults Board, Surrey Social Services, and Safeguarding Leads across the health economy and NHS England.		QCP1121214/044
	HB confirmed that East Surrey Hospital has recruited to their Safeguarding Lead thus ensuring the role is covered five days a week.		QCP1121214/045
	CF asked what effect the adult safeguarding board becoming statutory will have on SD CCG. HB responded that it would mostly involve changing policies and procedures and she would keep the Quality Committee updated on resource requirements.		QCP1121214/046
	EC highlighted that moving forward there would obviously only be one Director of Nursing across Surrey, Sussex and Kent so therefore there was a possibility of lack of support.		QCP1121214/047
	Mark Hamilton asked if there had been any downturn in NHS England getting back to us with reference to the restructure to which HB said that they apparently are having some internal issues and are yet to respond.		QCP1121214/048
	AP concluded the discussion by asking what HB thought the biggest risk was at the moment to SD CCG. HB said that "what we didn't know" was the concern and they were still very stretched on resource requirements because she was already under considerable pressure in her role and a capacity review would probably be required.		QCP1121214/049
	There had been an opportunity to bid for monies to support training on Mental Capacity Act and Deprivation of Liberties in primary care		QCP1121214/050
	The report was noted. GC left the meeting at 11.30, during this item.		QCP1121214/051
9.	Surrey Safeguarding Adults Board CCG Self-Assessment		

	Action Plan: Six month report		
	EC confirmed that the CCG is making good progress on the work undertaken to ensure Surrey Downs is meeting mandatory requirements for Safeguarding Adults, and this has been viewed well by the Health and Well Being Board, however more resource was needed to ensure that progress was sustained.		QCP1121214/052
10.	Safeguarding Children: Six month report		
	The key issues to be noted from the report were vacancy rates and Early Help.		QCP1121214/053
	The vacancy rate within the CSH Surrey 0-19 service was raised by Eileen as a concern. This was also highlighted in the Quality and Performance report. EC confirmed that workforce is to be a standing item on the Children's Clinical Quality Review Group (CCQRG) agenda with CSH Surrey.		QCP1121214/054
	EC said that Early Help is a recent development but all providers will need on-going monitoring.		QCP1121214/055
	Suzanne Moore told the committee that she had referred a child but as they didn't meet the required threshold, the papers were returned to her in order for her to deal with and arrange a meeting with the family and school accordingly. SM asked if everyone felt like her that this should be the responsibility of social care.		QCP1121214/056
	CF suggested that SM raised this at the next children's meeting to obtain guidance. AP also asked if it should be taken to the next Safeguarding Children's Board. It was agreed that SM would have an informal conversation with Nick Wilson but would also discuss with EC outside of the meeting.	SM	QCP1121214/057
	MF suggested that Amanda Boodhoo attend the Quality Committee on a 6 monthly basis and provide an update.		QCP1121214/058
	AP asked that could the report highlight the risks and also state what actions should be taken in order to deal with them.		QCP1121214/059
	EC advised that ordinarily Amanda Boodhoo would attend and that the format of the report was still under development along these lines.		QCP1121214/060
	The CQC had given good initial verbal feedback about their review of the Looked After Children service.		QCP1121214/061
11.	Quality Implementation Plan		
	EC tabled and talked to this paper for note which had been worked on with Richard Simon (RS).		QCP1121214/062
	MF asked that benefits realisations, measures, timescales and		QCP1121214/063

	remedial actions are included in the next report.		
	EC confirmed that she was meeting with RS again in January and more measures will be in the next iteration (see October action).		QCP1121214/064
12.	Risk Management: Quarter 2 Report		
	Claire Fuller said that this report for note would be taken to the Governing Body on Friday 19 th December for further discussion. Alison Pointu suggested that, in light of the recent emergency closure of a nursing home, a risk around quality of care in nursing homes needed to be added.	EC	QCP1121214/065
13.	Integrated Governance/feedback from Governing Body and other committees		
	AP informed all present that Disclosure and Barring Service (DBS) assurance was discussed at the Audit Committee. Gaps in records for staff DBS checks were identified during transition of Human resources services from South CSU to the CCG. The Director of Finance and she had written to South CSU Director asking them to raise it as a serious incident.		QCP1121214/066
14.	Prescribing Clinical Network (PCN) recommendations		
	<p>The following PCN recommendations had been previously circulated to GP Prescribing Leads for review and approval and were presented to the Committee for note.</p> <p>PCN 118-2014 : Rosuvastatin and NICE CG 181 – Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease</p> <p>PCN 119-2014 : Umeclidinium/vilanterol inhalation powder for COPD</p> <p>PCN 120-2014 : Fibrates for the prevention of CVD</p> <p>PCN 121-2014 : Canagliflozin for the treatment of type 2 diabetes mellitus</p> <p>PCN 122-2014 : Fostair for the treatment of COPD</p> <p>PCN 123-2014 : Fostair NEXT haler for the treatment of Asthma</p> <p>PCN 124-2014 : Duoresp Spiromax dry powder inhaler for the treatment of Asthma and COPD</p> <p>PCN 125-2014 : Oral Glycopyrronium Bromide for treating hyperhidrosis or excessive sweating</p> <p>PCN 126-2014 : Flunarizine for Prophylaxis of Migraine</p> <p>PCN 127-2014 : Potassium Hydroxide Treatments for the management of Molluscum Contagiosum</p> <p>PCN 128-2014 : Lurasidone for the treatment of Schizophrenia</p> <p>PCN 129-2014 : Lubiprostone for the treatment of Chronic Idiopathic Constipation</p>		QCP1121214/067

15.	Committee Forward plan		
	The forward plan was noted by the Quality Committee and Jackie Moody confirmed that the terms of reference are still to be formalised therefore proposed changes to the Forward Plan brought to the previous meeting remained in the cover document until there was clarity about where responsibility lay for those areas.		QCP1121214/068
16.	Meeting Dates: 2015/2016		
	AP asked if everyone was happy to continue with a Thursday/Friday rotation on a monthly basis to which all were in agreement.		QCP1121214/069
	JM would ask the administration team to circulate proposed dates and collate information about members' availability.	JM	QCP1121214/070
17.	Any other business		
	<p><u>Transforming Care for People with Learning Disabilities</u></p> <p>This programme required care and treatment reviews for all people in in-patient facilities. Eileen Clark informed the Committee there was an issue around the pace of change for assessing people with learning disabilities out of the area. This was now a punishing timetable as the CCG had been asked to carry out 360 reviews on all people funded by us at the moment. Originally 50% had to be discharged by the end of March 2015 and this has now been brought forward to the end of December 2014. There were a number of plans in place and some clients were in purpose build accommodation. Of the 18 people in question the following has been completed:</p> <ul style="list-style-type: none"> • 8 people have already discharged from inpatient care • One person is due to be discharged next week • One person is due to be discharged on 5 January • 3 people are currently having reviews carried out • The remaining 5 people have reviews planned <p>Julia Dutchman-Bailey, Director of Nursing and Quality, Surrey and Sussex Area Team, NHS England, had been pushing back on behalf of the CCG and had had numerous conversations with the National Team.</p>		QCP1121214/071
	<p><u>Children and Adolescent Mental Health Services (CAMHS)</u></p> <p>EC reported that Sarah Parker, Deputy Director of Commissioning: Children and Transformation NHS Guildford and Waverley Clinical Commissioning Group had said that the Surrey County Council had agreed to match health funding for CAMHS and asked if anyone could confirm</p>		QCP1121214/072

	this SM would check with Sarah Parker if there was any possibly resource.	SM	
18.	Dates of future meeting		
	The next meeting is a seminar and will be held on Thursday 15 th January 2015. The committee agreed that care homes would feature as the topic. The meeting closed at 11:35		QCP1121214/073