

Title of paper:	Quality Committee Report		
Author:	Alison Pointu, External Clinical Member – Nurse /Committee Chair		
Exec Lead:	Karen Parsons, Chief Operating Officer		
Date:	10 th July 2015		
Meeting:	Governing Body		
Agenda item:	18	Attachment:	15
For:	Note		
Executive Summary:			
<p>This report summaries the activity of the Quality Committee during 2014/15 to confirm that it is discharging its core functions.</p> <p>The report draws attention to significant issues that the Committee has considered and level of assurance received. Where there is limited assurance these key concerns have been set out with mitigating actions which continue to be monitored.</p> <p>The report was received by the Quality Committee at its June meeting.</p> <p>Also attached are the minutes of the March Quality Committee meeting.</p>			
Compliance section			
Please identify any significant issues relating to the following			
Risk Register and Assurance Framework	Risks identified through the work of the Committee are added to the corporate risk register		
Patient and Public Engagement	No specific points to note.		



Patient Safety & Quality	Ongoing focus on improving quality and safety is essential, especially in a financially challenged NHS.
Financial implications	As above
Conflicts of interest	No significant issues
Information Governance	No significant issues
Equality and Diversity	No significant issues
Any other legal or compliance issues	Some performance issues are related to NHS Constitution legal duties.
<p>Accompanying papers (please list):</p> <p>Quality committee annual report Quality Committee Minutes</p>	
<p>Summary: The Governing Body is requested to note the report.</p>	



Annual Report of the Quality Committee for 2014/15

1. Introduction

As its Chair, I have overseen the work of the Quality Committee during the last year and believe that it has been effective in discharging its core functions under the terms of reference in the original Constitution at the establishment of the Clinical Commissioning Group (CCG).

2. Regulatory environment

The CCG is authorised by NHS England and the role of the Quality Committee is established in accordance with the CCG's Constitution, Standing Orders and Scheme of Reservation and Delegation. The terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

During the year the CCG reviewed its governance structure and, because the Committee has also developed and clarified its role and function, the terms of reference were reviewed at the end of the year to ensure the Committee acts effectively during 2015/16 as the control environment of the CCG develops.

3. Significant issues that the committee has considered during the year

The following is a summary of the key matters that I, as Chair, would like to bring to the attention of the Governing Body for the year in question. The minutes of the Committee are public and available on the CCG website should anyone wish to understand the detail of these issues.

During the year the Committee has overseen the development and monitoring of the CCG's Quality Improvement Strategy. The strategy seeks to ensure that there is a continuous focus on improving the quality and safety of services we commission, and within the CCG's own programme of work.

Quality assurance in commissioned services

The Committee received quality and performance reports with **significant** assurance in the following areas:

- Contract management and monitoring of quality and patient safety

	Risk Rating	
Safeguarding Adults	4	Tolerate
Safeguarding Children	4	Tolerate

The Committee received reports with **reasonable** assurance in the following areas:

- Risks relating to quality and patient safety identified in the Governing Body Assurance Framework and Risk Management; corporate governance.

	Risk Rating	T-value	Trend
Individual Funding Requests capacity in the team	9	Treat	Resolved 30.06.15
Specialist Equipment in the Community	9	Tolerate	Static
CSH Surrey Workforce	16	Treat	New risk

The Committee received reports with **limited** assurance in the following areas:

	Risk Rating	T-value	Trend
Quality of care in care homes	8	Treat	Static
Care home – potential failure	8	Tolerate	Static
Continuing Healthcare (CHC) assessments	12	Treat	Improving
Infection Prevention and Control	12	Tolerate	Static
South East Coast Ambulance services	12	Tolerate	Static

The above risk ratings are taken from the April 2015 Surrey Downs CCG Risk Register, and reflect the position at the time of this annual report. There were no reports of no assurance.

Key concerns

The key concerns and activities of the Committee were in the following areas:

- Quality of care in care homes – There have been a concerns raised throughout the year around the quality of care in care homes. This culminated in the high profile closure of a home in the Surrey Downs area in December 2014. Therefore, in January 2015, the Quality Committee held a seminar which focused on the quality and safety of care delivery in care homes. In addition to committee members, the seminar was attended by representatives from the Care Quality Commission and Surrey County Council who shared their knowledge and experiences with the committee, bringing a different perspective to the debate. As a result, the CCG has developed a number of work streams that focus on improving the quality of care offered in care homes and progress around these will be a focus of the committee throughout 2015/16.
- Continuing Health Care, where there it has been necessary to pursue improvements in the timeliness of assessments and in the level of reporting. Significant progress was made on this during the year and assurance on this was received by the CHC Programme Board which meets monthly and is attended by representatives of all Surrey CCG and a range of other stakeholders. The Programme Board will meet quarterly during 2015 and so between these times, assurance on quality and performance issues will be reported through a monthly performance dashboard that has been developed by the service and relevant information will be added to the Quality and Performance report.

In addition, the work with Care Homes that is described above will have a significant impact on the quality of care received by patients who are funded through NHS Continuing Health Care and who are some of the most vulnerable Surrey Downs residents.

- Infection prevention and control. Healthcare Associated Infections have been a key area of concern during 2014 – 15 with particular focus on the increasing

incidence of MRSA Bacteraemia and C.Difficile. The committee has received assurance around the infection prevention and control policies and practice of providers and has scrutinised mitigating actions that have been put in place to improve performance, however concern remains about the lack of capacity and subject expertise within the CCG quality team to enable robust monitoring which is currently a static risk on the corporate register.

- SECAMB – in-year performance has fluctuated and is being closely monitored through contract management and will be reviewed in a Surrey-wide quality seminar early in 2015/16
- Working to improve the CCG's risk management systems, developing stronger approaches to risk appetite and risk maturity.

4. Relevant policy areas

In May 2014, the Committee reviewed the Safeguarding Adults and Safeguarding Children's Statement and Policy approving them for recommendation to the Governing Body. Going forward, in accordance with the revised terms of reference and the CCG Policy for Production of Policies, the Committee will continue to take an active role in this area of work.

Also, the Audit Committee has expressed concerns during the year about the effectiveness of policy dissemination and training, and in particular would recommend more training on risk management for staff throughout the organisation.

As Chair of the Quality Committee I support these developments.

5. Access to relevant and timely information

The committee was satisfied that it had access to the information it required during the year and that contributors responded well to requests for additional information.

6. Working with other Governing Body Committees

The Chief Officer, who chairs the Executive Committee, has attended the Quality Committee regularly. This means that there is a good interface between the committees to minimise the risk of gaps or overlap in business. It is common for the committees to recommend actions to each other as appropriate.

During the year the membership of the Audit Committee has been extended to include the Quality Committee Chair which has strengthened the inclusion of quality and safety matter in the discussions.

7. The system of Internal Controls and underlying risks and issues

The Committee has regularly reviewed the assurance framework and corporate risk register and was reasonably assured that risks around quality and safety had been identified; however there is room development and growth. This will be achieved in 2015/16 by increasing the involvement of quality leads in quality assuring and risk assessing the CCG's commissioning programme with assurance reports coming back to the Committee for scrutiny.

8. Evaluation of the effectiveness of the committee

The Governing Body Secretary reviewed the effectiveness of the Governing Body Committee through a survey of members and regular attenders. A summary of the results is attached in Appendix 1.

In broad terms the committee is felt to have grown in effectiveness during a turbulent year for the CCG and some of the issues have been addressed in-year, however developments are needed, particularly in terms of feedback to committee members and developing them in their role.

Also, inconsistent secretariat support to the committee with poor connection to advice from the central governance function in the CCG has hampered development and administration of the Committee.

Membership and Attendance

The Committee is required to meet at least six times per year. From September the Committee moved to alternating formal and seminar sessions. It met eight times in

formal session and three times in seminar session. Members of the Committee must attend at least four meetings in each financial year but should aim to attend all scheduled meetings. The attendance record is at Appendix 2.

The meeting was also attended regularly by senior CCG leaders including the Chair, Chief Operating Officer and Director of Commissioning to strengthen the look across the whole CCG.

Going forward into 2015/16 the dates and times of the meetings have been revised to facilitate a higher level of attendance by the Secondary Care Doctor and the Public Health Consultant.

9. Proposals for the coming year

The financial sustainability of the CCG will be a key theme over the next three years, as will developments in primary care, and it is important that the focus on improving quality, safety and patient experience is not lost. There are two new Governing Body Committees to service, and a greater engagement with NHS England so, in agreement with the recommendation from the Audit Committee, I believe that support to, and capacity within, the quality and corporate governance functions needs to be reviewed by the Executive.

Signed



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Alison Pointu, Quality Committee Chair



**Surrey Downs
Clinical Commissioning Group**

Minutes of the Quality Committee

held on Friday 6th February 2015

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

Part 1

Chair: Alison Pointu

Present			
Members			
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse	
GC	Gavin Cookman	Governing Body Lay Member - Governance	
JO	Jacky Oliver	Governing Body Lay Member - PPE	
PG	Dr Phil Gavins	Clinical Lead – East Elmbridge - Kingston	
RG	Dr Robin Gupta	Clinical Lead –Dorking SASH	
AP	Alison Pointu	Governing Body Register Nurse / Chair	
SM	Dr Suzanne Moore	Clinical Lead – Medlinc/Mid Surrey - Epsom	
In attendance			
JB	James Blythe	Director of Commissioning and Strategy	
KP	Karen Parsons	Chief Operating Officer	
MW	Mabel Wu	Head of Performance and Governance for item 6	
Supporting Officers			
MF	Miles Freeman	Chief Officer	
CF	Claire Fuller	Chair	
JM	Jackie Moody	Clinical Quality and Safety Manager	
KR	Karen Rodgers	PA/ Minute Taker	

No.		Action Lead	Para ID	
1.	Welcome and introductions			
	Alison Pointu welcomed everyone to Part 1 of the Quality Committee meeting.		QC060215/	001
2.	Apologies for absence			
	Apologies were received from Mark Hamilton and Liz Saunders. It was noted that both Karen Parsons and Miles Freeman would be arriving		QC060215/	002

No.		Action Lead	Para ID	
	late.			
3.	Declarations of interest			
	<p>The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda.</p> <p>There were no additional declarations at the start of the meeting.</p>		QC060215/	003
4.	Minutes of the previous meeting			
	To approve the minutes of the Quality Committee meeting held on Friday 12 th December 2014.		QC060215/	004
	<p>The minutes of the meeting held on 12th December were approved with the following amendments:</p> <p>Paragraph 006 – ESUHT should read ESTH Paragraph 007 – the word 'as' should be removed. ESTH should read ESHUT Paragraph 008 – ESUHT should read ESTH Paragraph 009 – ESUHT should read ESTH</p> <p>Secondary Note: Although the decision at the meeting was to use ESHUT it was subsequently confirmed with the Trust that ESTH is their usual form, therefore the December minutes will be amended accordingly.</p>		QC060215/	005
5.	Matters Arising and Action Log			
	<p>The action log was reviewed and status for each action agreed.</p> <ul style="list-style-type: none"> • QC121214/072 Children and Adolescent Mental Health Services Surrey County Council had agreed to match the funding penny for penny. Agreed for closure. • QC121214/070 Proposed Quality Committee dates – on the agenda. Further discussions are taking place therefore the action will remain ongoing. • QC121214/065 Q2 Risk Management Report – a new risk has been drafted and is awaiting approval. Agreed for closure. • QC121214/057 Safeguarding Children Process – Suzanne Moore met with Sarah Barrett; Early Help Coordinator for Surrey 		QC060215/	006

No.		Action Lead	Para ID
	<p>County Council, and shared that Ofsted are bringing out a new report. Early indications are that there are gaps emerging on the pathway of care. This is being addressed at strategic level and, although Social Services will have a team who will work with particular families, further clarity is needed around definitions and levels. As lead commissioner children's service, Guildford and Waverly CCG are sighted on the issues which will also be covered at the Health and Well-Being Board and the Health sub-group of the Surrey Safeguarding Children Board. The action will remain ongoing until assurance is received on the actions being taken.</p> <ul style="list-style-type: none"> • QC121214/043 Serious Incident (SI) Reporting by Commissioners – Eileen Clark raised this at the Surrey Quality Leads meeting. New guidance and national framework is coming out in April. It is anticipated that SI categories will be simplified; the database will be changed accordingly and time periods for completion of investigations may be different. This action will remain ongoing. • QC121214/032 agreed for closure. • QC121214/017 Health Visitors (HV) – this will be monitored through the joint Systems Resilience Group with CSH Surrey. The structure for contract monitoring meetings is also under discussion. Agreed for closure. • QC121214/016 agreed for closure. • QC121214/014 Unplanned Admission for Asthma and Diabetes – the asthma bundle is being discussed as a CQUIN with ESHUT and was therefore agreed for closure. • QC121214/012 Vacancy rate within the CSH Surrey 0-19 service – EC had discussed with CSH Surrey and will seek a further update from Victoria Griffiths. <p>AP expressed concern about the combination of issues that had been identified recently within CSH Surrey. There are a significant number of workforce vacancies within the 0-19 service and Director of Children Services has recently left her post and as yet has not been replaced. In addition, there has been no clinical quality review group meeting where the quality of children's services can be discussed.</p> <p>In order to establish if the vacancy rate was a regional issue, EC would look into comparative data for CSH Surrey and First Community Health.</p>	EC	

No.		Action Lead	Para ID	
	<p>Members were concerned about whether the scale of the issue was fully known and the potential impact on resilience of the service.</p> <p>Claire Fuller and Miles Freeman would discuss with the Chair of CSH Surrey with a view to raising a risk on the CCG Risk Register. James Blythe would highlight the matter at the next Governing Body Assurance Framework (GBAF) review and report back to the Quality Committee.</p> <ul style="list-style-type: none"> • QC031014/45 agreed for closure. • QC031014/34 Cancer waits and Jarvis Centre – As per item 4.4.2 in Quality & Performance report, the target has been reached with the trend showing that this is being dealt with and action plans have been put in place. Agreed for closure. • QC030114/26 SECAMB quality – This will be the topic for the March Quality Seminar. Jane Lovett from NWS CCG has been invited to attend. Agreed for closure. • QC080814/086 Medicines Management – Infection control update – Alison Pointu suggested that James Blythe update outside of the meeting. 	JB		
Assurance on Quality & Safety				
6.	Integrated Quality and Performance Report			
	Eileen Clark explained that she had pulled out the key risks for the Committee to note on page 5 of the report.		QC060215/	007
	<p>Section One <u>Healthcare Associated Infections</u> The level of clostridium difficile (C.Diff) is rising in a number of acute providers that the CCG commissions from and there is discussion about whether they are at an irreducible minimum. This is an on-going issue for a number of CCGs, and the hospitals need to address this.</p>		QC060215/	008
	C.difficile in the community is also a problem and the focus for next year is how we work with GP practices to identify key issues and support improvement.		QC060215/	009
	There would be opportunity to learn from Trusts that had achieved lower numbers, such as Kingston Hospital NHS Foundation Trust. Sutton CCG has recently jointly appointed with their local authority to an Infection Prevention and Control post which would maintain the scrutiny and support to Epsom and St Helier Hospitals with a potential		QC060215/	010

No.		Action Lead	Para ID	
	knock on benefit to Surrey Downs CCG.			
	In response to a suggestion from GC that Kingston could help ESHUT by sharing best practice, EC commented that it would a matter of ESHUT being willing to seek assistance and there were historical cultural issues that may hinder that.		QC060215/	011
	Clinical lessons had been learned, for example, St. George's Hospital was testing all 'flu cases to check whether antibiotics or anti-viral medications were required.		QC060215/	012
	JM confirmed that good practice is flagged at the CQRG meetings.		QC060215/	013
	SM said there was an issue that had been identified with older people having the opportunity to wash their hands before a meal and although better processes are in place, momentum is not being sustained. Health Professionals are being reminded on a continuous basis about the need to prompt hand hygiene and to ensure that their own practice is good.		QC060215/	014
	It was noted that a new Director of Nursing was being appointed to ESHUT and AP commented that this may create an opportunity for sharing good practice between Trusts.		QC060215/	015
	AP congratulated Kingston and Surrey and Sussex Healthcare (SASH) for turning around their infection control figures.		QC060215/	016
	<u>Speech and Language Therapy</u> With reference to the vacancies in Speech and Language Therapy (SLT) at CSH Surrey, EC confirmed that CSH Surrey are exploring different staffing models by skill mixing and employing junior grade staff. This will continue to be monitored through the Adult Clinical Quality Review Group (ACQRG) and regular updates will be shared at the Quality Committee.		QC060215/	017
	CF commented that nationally CSH Surrey had a good reputation however that was not the same on the ground, and whether there was value in considering decommissioning the service from CSH Surrey in order to draw from therapists from a larger area. EC commented that it depended on the level of risk the CCG was prepared to hold.		QC060215/	018
	It was noted that there is a national shortage of SLT therapists and it appears to have had an impact on that section of the Sentinel Stroke National Audit Programme (SSNAP) data for some Trusts.		QC060215/	019
	SM mentioned the requirement for SLT in respect of children's services and whether there was potential to improve use of time and resources with shorter courses of therapy with a greater emphasis on outcome.		QC060215/	020

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	SM also noted that there are numerous issues within services for elderly patients.			
	CF highlighted the fact that the block contract arrangements that the CCG holds with CSH Surrey means that there are often requests for further funding to support new areas of service delivery. CF requested that the current service specifications be used to hold CSH Surrey to account.		QC060215/	021
	JM drew attention to the fact that the CCG's management of the CSH Surrey contract since transition from Surrey PCT had been poor and that service specifications in the contract were out of date. CF advised that if those were the only specifications on record then that was to be used.		QC060215/	022
	<p><u>Emergency Activity</u></p> <p>With regard to emergency activity in the acute sector, it was highlighted that the Trusts were very pleased with the support they had received from all CCGs in relation to the increase in emergency activity experienced across the sector and the potential impact on patient safety experience. SECamb and the acute trust reported that all key stakeholders were talking to each other and collaborative working was being achieved. SM confirmed that there would be a 'wash up' in late spring and further details would be shared.</p>		QC060215/	023
	<p><u>Never event at Ramsey Ashtead</u></p> <p>Robin Gupta declared an interest in this item as a partner in Dorking Healthcare.</p> <p>A de-brief had taken place for all staff involved and it was confirmed that the patient was notified of the error as soon as practically possible and all details were discussed with them. There was no actual patient harm and this is classified as a low risk incident.</p>		QC060215/	024
	<p><u>Emergency closure of care home in Surrey Downs</u></p> <p>CF declared an on-going interest as a salaried GP at Longcroft surgery which has a GP on a retainer with Merok Park to look after their residents.</p> <p>The safeguarding team has been providing on-going support for patients and the SDCCG communications team has been working closely with communications teams in other organisations to ensure a unified front.</p>		QC060215/	025
	RG advised the Committee that he had concerns about the poor quality of handover notes and history provided by Merok Park when a former		QC060215/	026

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	resident had moved into one of the care homes he provides GP services to.			
	There would be a multi-agency meeting to review the closure and events leading up to it. CF suggested that the GP on a retainer with the Merok Park and the CQC be invited.	EC	QC060215/	027
	Pg. 11 CQUINs – Epsom & St Helier University NHS Trust (ESHUT) EC advised that the report on 2014/15 would come to Committee and confirmed that she and Owen White, contract manager, had met with the Trust on 5 February and the direction of travel for 2015/16 had been agreed. The aim was to support, but not duplicate, work being done through the QIPP and Service Development programmes.		QC060215/	028
	JB said that the initial strategy had gone to the Executive Committee before Christmas and the formal proposal needed to a balance of working with the lead commissioner, Sutton CCG, and robust enough to meet the requirements of the Surrey Downs' financial recovery plan (FRP). At the time of the meeting the National CQUIN guidance had not been released.		QC060215/	029
	Pg. 11 Ophthalmology Screening - ESHUT The question was raised as to what percentage of staff were permanent/locum. SM told the committee that she didn't have that information but an update was due to be shared at the March CQRG and she would feedback at the April meeting.	SM	QC060215/	030
	Pg. 12 Stroke - ESHUT CF informed all that she was anxious about ESHUT's SSNAP data because their rating had slipped from a B to a D in the period between the April to June and July to September reports indicating a drop in performance. She wanted this to be raised with the CEO and Medical Director		QC060215/	031
	EC and JM attended the February CQRG at which this had been raised. EC explained that a dashboard was tabled regarding stroke unit activity but the right people were not in the room to provide a response. Charlotte O'Brien would be looking into the issues raised and bring a report to the CQRG on 5 March.		QC060215/	032
	A discussion took place and the decision was made to consider the SSNAP data against the Stroke unit activity but to keep Epsom and St Helier site data separate. It was noted that Epsom were not thrombolising patients in a timely manner. JB commented that the CCG had also raised the matter with the Trust separately and Epsom had been given a month to respond to the concerns. As yet no information had been supplied.		QC060215/	033
	SM felt the issue was to ensure that patients were being treated on the		QC060215/	034

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	right ward that could meet their clinical needs. JB suggested that as part of the Surrey-wide Stroke Review a peer review at desk level should be carried out.			
	GC said that he thought an independent review was needed. MF concurred, saying that this would be discussed at the Executive Committee to agree a timeline and that it may be better if the CCG allowed ESHUT to complete their internal review first.		QC060215/	035
	Pg. 13 Localities Report (Readmission rates) SM advised that she had requested a more detailed report to clarify if the readmission rates are due to Urinary Tract Infections in the elderly or catheter infections.		QC060215/	036
	Pg. 15 CSH Surrey - Feedback from CQRG (28 November '14) With reference to the caseload of Community Matrons, RG asked if they were being fully utilised. EC said she was not assured that the work was being shared out appropriately across service areas and was following this up with CSH Surrey.		QC060215/	037
	Pg. 17 Surrey and Borders Partnership NHS FT - Serious Incidents including Never Events RG queried whether the serious incident involving a patient who had fallen from the chimney should have been included in the report as a Never Event. EC confirmed that this had been logged as a SI but was not a Never Event.		QC060215/	038
	Pg. 29 South East Coast Ambulance Service - Safeguarding Adults and Children AP asked if assurance had been received from NW Surrey CCG around the robustness of the Trust's safeguarding policy. EC informed the Committee that nothing had been received and will follow up.	EC	QC060215/	039
	Pg. 31 Royal Marsden NHS FT - Clostridium difficile RG said that mathematically the Trust had already exceeded their DH end of year set objective as 35 had been reached.		QC060215/	040
	Pg. 32 St George's Healthcare NHS Trust – Infection prevention and control RG remarked that despite being ranked as 'amongst the worst' for infection control and cleanliness they had a low Clostridium difficile rate. EC confirmed that they are working through their action plan and have received some good feedback.		QC060215/	041
	Section Two <u>Improving Access to Psychological Therapies (IAPT) – (Sec. 2 item 1)</u> Mable Wu reported that the target to refer and treat 15% of patients		QC060215/	042

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	before March 2015 was at risk of not being met as currently only 5.5% have entered treatment. CF suggested including in 'Start the Week' to remind GPs of the service and the current short waiting time.	JB		
	MF said that the CCG could not afford to miss targets but need to refer appropriately. Audit data showing patient outcomes is available.			043
	<u>Dementia diagnosis rate - (Sec. 2 item 5.2)</u> MW informed all that a dementia register of 2896 patients was required in order for the CCG to meet the 66.7% target by the end of March. As at 31 December, there were only 2210 patients which meant 229 new patients must be added to the register each month for the remainder of the financial year. The CCG is working with practices to improve diagnosis rates and are targeting practices with the lowest diagnosis rate. To date patients have been identified in four practices and there is every confidence that the remainder of the practices will be visited before the end of March.		QC060215/	044
	The Surrey Downs CCG GP practice dementia diagnosis rates table is to be circulated to the Quality Committee members as this was omitted from the report.	MW	QC060215/	045
7.	Infection Control Annual Report: six month report			
	EC said that the key issues to note were: <ul style="list-style-type: none"> • The quality of infection prevention and control (IPC) practice in care homes. The CCG quality team is working together with the Surrey County Council IPC lead to continue monitoring this and increase the level of training education. • The increased level of Health Care Associated Infections (HCAI) in a number of providers delivering care to Surrey Downs patients and the lack of capacity and expertise in IPC in Surrey CCGs to implement Lapse in Care Assessments in GP practices. There is a co-ordinated approach to improving this situation between the commissioning CCGs, CSU South East and the providers. 		QC060215/	046
	It was noted that not every care home has issues but that resource to identify and address issues was limited in Surrey CCGs. There continues to be an overarching resource sitting with public health in the local authority but more resource was required to enable the CCGs to meet their responsibilities around IPC generally. A paper was being presented to the Surrey CCGs Collaborative on 10 th February.		QC060215/	047
	AP highlighted that there appears to be a gap in monitoring the quality of care homes and standards need to be raised. MF suggested that support in primary care training for infection control should be included.		QC060215/	048

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	SASH and Kingston Hospitals appear to be doing well although there has not been a significant reduction for Epsom.		QC060215/ 049
	EC acknowledged that the format of the report needed to be strengthened and confirmed that there were ongoing discussions with the Surrey IPC lead.		050
Governance			
8.	Risk Management Report: Q3 report		
	Justin Dix confirmed that the Quality Committee section within the risk register had been updated and 'draft' risks can now be put on. The language around risk appetite was now being used and would be included in the next iteration of the risk management strategy which is updated on an annual basis.		QC060215/ 051
	A meeting was taking place on 6 February with JB and Matthew Knight to go through the full corporate risk register. An up to date version would be available week commencing 9 February in preparation for the governing body meeting on the 27 th February.		QC060215/ 052
	Regarding risk management training, JD informed all that a company who had worked with Guys and St Thomas' has been identified to design an online training tool specifically for Surrey Downs CCG.		QC060215/ 053
	In relation to the conversation under item 6, JB would pick up the addition of a risk around the community contract and staff vacancies in CSH Surrey in services such as Speech and Language Therapy where there is a high demand.	JB	QC060215/ 054
	The question was asked if 'failure to achieve quality premium' could be shut down due to the fact that it is completely unachievable for this year. Miles Freeman responded that it should be brought back on the register on 1 April.		QC060215/ 055
	Jackie Moody drew attention to the fact that on reviewing the risks assigned to the Quality Committee some were considered to be under other Committees. JD agreed with the proposed changes and would confirm in discussion with the Executive.		QC060215/ 056
	AP thanked everyone for their help as despite it being a long journey all risks on the register were plotted at the right level.		QC060215/ 057
	Justin Dix left the meeting at 11.18 at the end of this item.		QC060215/ 058
9.	Integrated Governance/feedback from Governing Body and other committees		
	AP informed all present that the CCG annual report is being		QC060215/ 059

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	progressed by Surrey Downs CCG. There will be a specific section on quality and safety and this will encompass the functions of the Quality Committee. Discussions are currently taking place as to what are the statutory requirements to be included in the annual report for the Quality and Audit Committees.			
	Re: counter-fraud, AP asked that general practice were alerted to the fact that stolen prescriptions within primary care were still an issue.		QC060215/	060
10.	Medicines Management: Summary of Prescribing Clinical Network (PCN) recommendations: 3rd December 2014		QC060215/	
	<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 130-2014 : (replaces PCN 75-2013) Aflibercept and ranibizumab for the treatment of wet AMD</p> <p>PCN 131-2014 : Alprostadil Cream for the treatment of erectile dysfunction</p> <p>PCN 132-2014 : Avanafil for the treatment of erectile dysfunction</p>		QC060215/	061
	Committee members were content not to receive the full recommendation papers as these were available on request. The summary format for this item would therefore be adopted going forward.			062
	Committee Business			
11.	Committee Forward Plan, including 2015/16 meeting dates			
	The key issues to be noted from the report were changes to the forward plan and the progress on corporate governance review and committee terms of reference.		QC060215/	063
	JM confirmed that some of the report had moved on around dates and roles and responsibilities for committees.		QC060215/	064
	It was anticipated that the revised Terms of Reference would be brought to the April Quality committee meeting for discussion and approval.		QC060215/	065
	AP said that future meeting dates were being reviewed to enable Mark Hamilton to attend as Gavin Cookman would be stepping down from the Quality Committee to provide Lay Member /non-executive oversight to the Programme Management Board. This would mean that Jacky Oliver and Alison Pointu would be the only lay members on the Quality Committee and that it was anticipated that quoracy would not be an		QC060215/	066

No.		Action Lead	Para ID	
	issue.			
	A general discussion took place and everyone was in agreement that a Tuesday would be feasible and it would be productive if the Quality meetings followed the CQRGs. New dates to be circulated to members to confirm availability.	KR	QC060215/	067
	MF asked if the attendance needed to be strengthened around the Epsom CQRG and JB confirmed that he would be joining these meetings going forward.		QC060215/	068
12.	Any other business			
	<p><u>Cancer Diagnostic Review for Epsom & St Helier University Hospitals NHS Trust</u></p> <p>The report was tabled at the meeting. MF had received it the previous day and gave a brief overview of the report:</p> <ol style="list-style-type: none"> 1) The trust were failing the 62 day standard 2) There is insufficient leadership 3) Only four out of six MDT Coordinators are in post 4) Other directorates within the Trust aren't listening to, or cooperating with, the Cancer directorate 5) At one MDT there was no pathology representative present via the video link therefore no decisions could be made. 6) The trust felt that 2 PA's a week was adequate <p>MF told the Committee that fundamental change was required and strengthening clinical leadership. It still felt like a complacent organisation trying to report good news.</p>		QC060215/	069
	MF pointed out that the report was not a criticism of individuals but went deeper than that and a cultural change was needed. Unfortunately the NHS Intensive Support Team (IST) did not find an opportunity to speak to Commissioners which was poor but MF has requested that they return again in 6 months' time and carry out a further review.		QC060215/	070
	JM highlighted that in a CQRG setting the CCG was working very closely with Sutton CCG and JB confirmed that he too had regular meetings with Sue Roostan; his counterpart at Sutton.		QC060215/	071
13.	Meeting Close			
	The meeting closed at 11:47		QC060215/	072
14.	Date of Next Meeting			
	The next meeting is a seminar and will be held on Thursday 5 th March 2015. The committee agreed that SECamb would feature as the topic.		QC060215/	073

