

MINUTES

Name of meeting	Quality and Clinical Governance Committee	
Date and time	Thursday 17 November 2016; 09:30- 12:00	
Venue	Board Room, Dominion House	
	<i>Name</i>	<i>Title</i>
Chair	Vicky Stobbart	Executive Nurse, Director of Quality and Safeguarding
Members	Phelim Brady (PB) <i>Until 11:45</i>	Lay Member Patient and Public Engagement
	Helen Collins (HC)	Associate Director of Quality and Improvement
	Dr Jonathan Inglesfield (JI)	Medical Director (Commissioning)
	Leah Moss (LM)	Deputy Director of Clinical Commissioning
	Elaine Newton (EN) <i>Until 11:30</i>	Director of Governance & Compliance
In Attendance	Anna Vigurs (AV)	Senior Quality and Performance Analyst
	Laura Borrer Closs (LBC)	Information Analyst
	Michaela James (MJ) <i>For item 8</i>	CHC Business Manager Surrey Downs CCG
	Christine Arnold (CA) <i>For item 12a</i>	Designated Doctor for Looked After Children
	Philip Tremewan (PT) <i>For items 12b and 13</i>	Designated Nurse for Safeguarding Adults
	Natasha Moore (NM)	Note Taker, PA to CCG Directors
	Michelle O'Dell (MO'D)	Note Taker, PA to CCG Directors
Apologies Members	Dr Sue Tresman (ST)	Lay Vice Chair (Lay Member Quality and Governance)
	Dr Darren Watts (DW)	Vice Chair (Clinical)/ GP member
	Jagadish Chakraborty (JC)	Patient Representative
	Carol Dunnett (CD)	Patient Representative
	Dr Geoff Watson (GW)	Medical Director (Acute)/ Secondary Care Consultant

	Discussion and new actions	By whom	Deadline
1	<p>Welcome, Introductions and Apologies</p> <p>The Chair welcomed attendees and apologies were received as detailed above. She also reminded members and those in attendance that confidential papers should be handed in to MO'D after the meeting for secure disposal.</p> <p>The Chair also reminded attendees that the meeting would be recorded for administration purposes only and that the recording would be deleted once the minutes had been approved.</p>		
2	<p>Declarations of Interest</p> <p>The Chair noted the register of Quality and Clinical Governance member and attendees interests included in the meeting papers, with the following declarations received since the previous Committee meeting:</p> <ul style="list-style-type: none"> • Dr Sue Tresman had declared from October 2016 she has been appointed Trustee of The Mane Chance Sanctuary. • Dr Darren Watts had declared a relative works in HR department at Novartis (pharmaceuticals) and a friend works for DiME (pharmaceuticals). <p>The Chair invited members to report any new declarations, amendments or related to items on the agenda. None were received.</p>		
3	<p>Quorum</p> <p>As the required quorum was met, the Chair declared the meeting open.</p>		
4	<p>Minutes of Previous Meeting</p> <p>The minutes from the 6 September 2016 were agreed as an accurate record of the meeting.</p>		
5	<p>Matters Arising from last meeting: Action Log</p> <p>The Chair advised the areas shaded grey on the Action Log were complete and would not be discussed unless members had any comment or feedback.</p> <p>Incomplete actions were reviewed as followed:</p> <p><u>Quality and Safety Report:</u> HC confirmed that that monitoring of RAPs had been discussed with Niki Baier with regards to how to move towards 'business as usual'. Agreed to close.</p> <p><u>Quality and Clinical Risks Report:</u> EN confirmed assurances have been updated, this has been reviewed. Agreed to close.</p>		

	<p><u>Complaints Summary Report Q1</u>: HC has confirmed that the serious complaint re SECamb has been reported as a high incident but not a serious incident. Agreed to close.</p> <p><u>Together for Carers: A Memorandum of Understanding</u>: NM to follow up with DH slides to distribute.</p> <p><u>Top Three Risks</u>: HC confirmed these are on the register. Agreed to close.</p> <p><u>Update on Mazar's Recommendations- Obtain the most recent data</u>: HC confirmed that she had received the data and that this had been circulated to the Learning Disability Programme Board. Agreed to close.</p> <p><u>Update on Mazar's Recommendations- Promotion of annual health checks</u>: The Chair highlighted that Primary Care Liaison Nursing Team presented at the last Learning Disability Programme Board and outlined a strategy for future work to engage GP Practices in annual health checks for people with learning disabilities. LM to update at the next committee in January with regards to working with Procure. MO'D to add to agenda.</p> <p><u>Communications & Engagement Report</u>: LM highlighted the importance of patient engagement with regards to service redesign and PB highlighted difficulties with some PPG groups engaging with practices in their area. Members agreed that a Commissioning Team representative attending the PPE meetings would be beneficial and LM agreed to identify an individual to attend. JI also questioned whether Procure had their own PPE Group. LM confirmed they had not and agreed to raise this with Procure, involving the Partnership and Engagement team as required.</p>	<p>MO'D</p> <p>LM LM</p>	<p>30/11/16</p> <p>30/11/16 30/11/16</p>
6	<p>Chair's action for July part 1 Quality and Clinical Governance Committee minutes</p> <p>The Chair noted that a Chair's Action was taken to approve amendments to the draft Quality and Clinical Governance Committee minutes from 5 July 2016, with herself as the Member consulted and Sue Tresman as Chair.</p> <p>Recommendation: The Committee is to:</p> <ul style="list-style-type: none"> • Ratify the Chair's action regarding the Quality and Clinical Governance Committee minutes from 5 July 2016. <p>The Committee:</p> <ul style="list-style-type: none"> • Ratified and approved the Chair's action regarding the Quality and Clinical Governance Committee minutes from 5 July 2016. 		
7	<p>Clinical Quality Review Meeting Terms of Reference</p> <p>HC outlined the Terms of Reference for the Clinical Quality Review Meeting (CQRM) and confirmed that the membership had been reviewed and were in agreement.</p>		

	<p>Members noted the following points which HC agreed to amend:</p> <ul style="list-style-type: none"> • VS title to be updated. • Quorum to be specified with required members. • Bullet point 2 on 5.4 to read CCG, not RSCH. <p>Recommendation: The Committee is to:</p> <ul style="list-style-type: none"> • Approve the Terms of Reference for the Clinical Quality Review meeting. <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the Terms of Reference, subject to the above changes, and agreed to review annually. 	HC	30/11/16
8	<p>Continuing Healthcare (CHC) Annual Report 15/16</p> <p>MJ confirmed that the Annual Report had been presented at the CHC Programme Board in June and that CHC had met their QIPP targets for 2015/16. Also, currently at month 7, they were meeting their 'stretch QIPP'.</p> <p>She also highlighted the following key points:</p> <ul style="list-style-type: none"> • <u>Quality</u>- working to ensure that all patient journeys are smooth, concise and without potential for challenge and that overall focus has been on clear clinical decisions. Highlighted that in 85% of appeals raised, the decisions had been unchanged and of those that are challenged through NHSE, 85% decisions are upheld. • <u>Compliance</u>- 18% non-compliant for 2014/15 with regards to the number of cases where an outcome was given later than the 28 days required under National Framework. Across quarters 2/3 of 2015/16, this was now at 13%. Currently an annual 15% increase in number of eligibility for referral requests but the number of eligible patients has remained consistent. • <u>Complaints</u>- number of complaints dropped by 23% with a target of 10. MJ suggested that this decrease may be due to learning through patient feedback and engagement. • <u>Funded Nursing Care (FNC)</u>- G&W CCG have approx. 650 FNC patients in nursing homes and a further 175 fully funded patients. She flagged a future concern of a potential growing number of FNC patients, which is already above the Surrey-average (19% of over 65s across Surrey are in G&W.) She highlighted the potential increase in patients moving from FNC to CHC and the associated increased costs with this. • <u>Compliance levels for reviews</u>- Stated that the areas where they were facing the most challenges at initial assessment were where a Social Care Practitioner from the local authority was required at the initial assessment alongside the Multi-Disciplinary Team (MDT)- due to low capacity and resources. Confirmed that this was under review as a priority issue with a suggested solution of joint funding a Practitioner position or a colleague coming across from the local authority to the team with CHC funding the backfill. 		

<p>Confirmed that reviews took place three months after first point of contact and twelve months thereafter, unless there is a dramatic change in the patient's condition. Current compliance data is being compiled for reviews and MJ agreed to share the compliance data once prepared for the CHC Board on 06/12/16.</p>	MJ	30/11/16
<ul style="list-style-type: none"> • <u>Recruitment and staffing</u>- Flagged recruitment as an issue and that agency workers were being appointed to backfill vacancies and that current vacancy rate for G&W was 2.6%. MJ agreed to send through current vacancy and establishment data for G&W's locality. In terms of winter contingency plans, MJ confirmed that the restriction on leave for clinical staff over the Christmas/ winter period. LM flagged the contractual requirements of care homes over this period with additional beds being available. LM agreed to follow this up. 	MJ	30/11/16
<ul style="list-style-type: none"> • <u>Carers group</u>- MJ confirmed that it had been difficult to identify volunteers for this group, possibly due to the challenging nature of 'the carer' role. The Chair suggested for MJ to speak to Debbie Hustings regarding how to engage with carers to improve accessibility, provide rest-bite etc. 	LM	30/11/16
<p>MJ also highlighted that the team were open to any general suggestions regarding future improvements to the report. Members highlighted the following for consideration and noting:</p> <ul style="list-style-type: none"> • Whether the 'over 65' category could be further broken down to illustrate the improving health of this demographic and increasing numbers of over 85s. • To include data re number of assessments completed in hospital versus community. • General suggestions regarding language, acronyms (including a glossary of terms) etc to increase accessibility for publically available report. • To include top risks for each CCG on the monthly dashboards. • A brief highlight/exception summary at the start of the report. 	MJ	30/11/16
<p>Recommendation: The Committee is to:</p> <ul style="list-style-type: none"> • Review and note the Annual Report. • Engage with patients and the public as appropriate. 		
<p>The Committee:</p> <ul style="list-style-type: none"> • Noted the annual report. • MJ to send through data on the above areas and also for numbers of fast track reviews. • MJ to check if report was available on public website and feedback to NM to update. • MJ to forward dashboard to VS for onward circulation as required. • MJ to consider appending a glossary of terms to the report to improve accessibility • NM to sight MJ on the actions as identified above. 	MJ	30/11/16
	MJ	25/11/16
	MJ	30/11/16
	MJ	30/11/16
	NM	25/11/15

9	<p>Quality</p> <p>a) Quality and Safety Report (by exception only) HC outlined the following by exception:</p> <p><u>BMI Mount Alvernia</u></p> <ul style="list-style-type: none"> • Recommendations arising from an inquest into a procedure which resulted in the death of a patient. Confirmed that BMI Mount Alvernia had implemented changes in advance of these recommendations and no longer perform this procedure. • As a result of these changes, HC the proportion of procedures with adverse outcomes versus total number of procedures was low and that rates were the same to those in similar acute settings. She agreed to include this benchmarking of data in future reports. • Satisfied with the governance surrounding adverse outcomes and that BMI Mount Alvernia had undertaken significant learning reviews. • A recent CQC audit in which they had received a 'good' score and also had three points of learning identified. She agreed to circulate once published. • HC agreed to introduce LM to her contacts at BMI Mount Alvernia for further contractual conversation to be had regarding potential future work and increased use of the provider going forward. <p><u>SECamb</u></p> <ul style="list-style-type: none"> • Members flagged concerns regarding trajectories and poor performance within this area and suggested an internal meeting to share intelligence and to discuss actions to date, future discussions with North West Surrey CCG as host commissioner and how to take this forward. HC agreed to facilitate this meeting. • Potential future concerns were also flagged regarding stroke services redesign across Surrey in this context. <p><u>Virgin Care</u></p> <ul style="list-style-type: none"> • LM confirmed that they were working on a set of KPIs to be monitored on the new contract and that as a result of this tighter and stronger contract, penalties are more likely to be able to be applied if necessary. Members supported this local control of the contract in bringing about improvements. • LM agreed to feed this back to next Virgin Care Mobilisation and Service Specification meeting with regards to reviewing staff bandings and analysis current agency costs. <p>Recommendation: The Committee is to:</p> <ul style="list-style-type: none"> • Review quality performance. • Discuss additional actions required for areas of particular sub-optimal performance. 	<p>HC</p> <p>HC</p> <p>HC</p> <p>HC</p> <p>HC</p> <p>LM</p>	<p>16/12/16</p> <p>30/11/16</p> <p>30/11/16</p> <p>25/11/16</p> <p>16/12/16</p>
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	<p>The Committee:</p> <ul style="list-style-type: none"> • Agreed to continue quality surveillance. • Agreed to seek assurances where specified in the report. • Agreed to correlate areas of sub-optimal performance with risk register. <p>b) Health and Justice Thematic Review- July 2016 HC presented this paper which had previously been received at the July Quality Surveillance group meeting. Highlighted significant challenges with regards to ensuring equal access to health care. Need to ensure that existing and future policies, including equality policies, take this into account to ensure equal access.</p> <p>Members flagged that ‘tele-health’ should be explored in this context, e.g. video consultations and telephone calls. Additionally, it was identified that this technology could also be used for care homes and contracts should include the expectation of exploring a range of delivery options going forward. LM and JI agreed to discuss outside of this meeting.</p> <p>Recommendation: The Committee is to:</p> <ul style="list-style-type: none"> • Review the findings, conclusions and recommendations of the report. • Take decision based on the review of the findings, conclusions and recommendations. This includes a shift towards place based commissioning and the ambition to ensure that planning for the health needs of victims of sexual assault and offenders are including in strategic transformation plans and local CCG Commissioning Strategies and Planning. <p>The Committee:</p> <ul style="list-style-type: none"> • Noted Health and Justice Thematic Analysis Report. • For a further update to be provided under matters arising at the January meeting. MO’D to note on the action log to expect this. <p>c) Positive Stories LM stated that this item will be a standing item going forward to highlight ‘positive stories’ and examples of good experiences and quality improvements within services. Members agreed that this would be beneficial going forward and also expressed interest in this being explored in other committees and meetings.</p> <p>Members highlighted the following examples:</p> <ul style="list-style-type: none"> • LM gave an example of a letter received from a patient within the respiratory service who had received a good experience of an integrated and ‘joined-up’ service. • HC highlighted the impact of the improved CAMHS where there has been a noticeable drop in the number of complaints from GPs. 	LM/ JI	16/12/16
		MO’D	16/12/16

	<p>The Committee:</p> <ul style="list-style-type: none"> Agreed for LM to provide an update on this patient and their experience of services and clarity of care pathway at the committee meeting in May. MO'D to add to the forward work-plan. LM to examine opportunities for a similar item to be included in other meetings, such as Frailty Forum, Practice Council etc. <p>d) Update on Remedial Action Plans for RSCH The Chair presented the update paper for the RSCH remedial action plans as previously presented at Exec Team meeting. HC confirmed that the paper highlights future arrangements for assurances for each area covered by the action plans, some of which will be monitored through 'business as usual' and some to be continually monitored.</p> <p>Recommendation(s): The Committee is to:</p> <ul style="list-style-type: none"> To note progress to the remedial action plans at the RSCH. <p>The Committee:</p> <ul style="list-style-type: none"> Agreed for HC and VS agreed to meet to discuss how G&W can obtain assurances within these areas without duplicating work done with NHSI. 	<p>MO'D</p> <p>LM</p> <p>VS/ HC</p>	<p>30/11/16</p> <p>16/12/16</p> <p>16/12/16</p>
<p>10</p>	<p>Complaints Summary Report: Q2 July to September 2016 [1:31:30 EN presented the Quarter 2 Report highlighting a total of 14 complaints received for quarter 2, with 6 of these complaints relating to a change in service. Flagged that consideration of both patient and staff engagement needs to be stronger with regards to mobilisation with a different provider and resultant service changes.</p> <p>EN highlighted 6 enquiries received since November 2015 (including one in this quarter) relating to diabetes education. LM highlighted that contradictory to the report, that RSCH currently fully commissions the DESMOND diabetes education programme, but recognised that there had been issues with delivery and uptake. EN agreed to amend the report to reflect this.</p> <p>EN also flagged the success of the Partnership and Engagement Team engaging in face-to-face meetings to successfully resolve issues and address concerns.</p> <p>Recommendation(s): The Committee is to:</p> <ul style="list-style-type: none"> The Committee is asked to note the Complaints Summary and its recommendations as set out in Section 6 of the Report. <p>The Committee:</p> <ul style="list-style-type: none"> Agreed for the report to contribute to the Annual Complaints Report, which will be presented to the Committee in May 2017 and published on the CCG's website subject to approval. MO'D to add to work-plan. 	<p>EN</p> <p>MO'D</p>	<p>16/12/16</p> <p>16/12/16</p>

11	<p>Communications and Engagement Qtrs. 1 & 2 2016 Report</p> <p>EN presented the Communications and Engagement Quarters 1 & 2 report. She highlighted that current patient and public engagement activity across the CCG was proactive and well received. LM agreed and supported the implementation of a Patient Service User Reference Group specifically to discuss service redesigns which had been explored by the Head of Partnership and engagement as an area for development. .</p> <p>Recommendation(s): The Committee is to:</p> <ul style="list-style-type: none"> • Note the forward planning of engagement to inform service developments needs to be factored in to programmes by all commissioning leads to maximise benefits of engagement. • Review timing for next year's AGM to involve different demographic groups. • Develop CCG-wide ownership of the CCG's website, intranet and Twitter account to ensure information remains up-to-date and channels are being used optimally. • Develop and implement a CCG house style to build brand and improve matrix working. • Develop a scheme for patients and carers to become more involved with decision-making within the CCG. <p>The Committee:</p> <ul style="list-style-type: none"> • Agreed to the above recommendations. • Agreed to feedback observations, comments or suggestions to Partnership and Engagement Team. Members agreed that this was an excellent report and EN would feed this back to the team. 	EN	16/12/16
12	<p>Safeguarding</p> <p>a) Looked After Children Annual Report</p> <p>CA highlighted that the report had previously been presented to the Corporate Parenting Board in September and Healthy Outcomes sub-group and outlines work being done by health providers and partners across Surrey, e.g. Public Health etc, through multi-agency working.</p> <p>Main highlights for developments include:</p> <ul style="list-style-type: none"> • New rolling consent form to obtain consent at point in which the child becomes looked after to cover every point where child needs intervention, referral etc. • New care pathways being developed, however identified as an area for further work regarding tracking children within pathways and with timeliness of referrals. • More robust quality assurance mechanisms for health assessments for nursing teams to monitor. • Additionally, new roles of Named Professionals have been in place since 2015 and acknowledged this as an area for further development regarding these roles becoming more embedded in pathways. • Improved contact for CAMHS so team can obtain GP details 		

	<p>if required, which has enabled better assessments to take place.</p> <ul style="list-style-type: none"> • Template for a Care Leavers Access to Health History Report where this is signed off by the young person at their 16+ assessment. Mindful that not all care leavers may want access to this, but instead to know where they can find it. • CAMHS re-procurement has provided extra resources to team and extended the remit to include 20 miles outside Surrey border. Working with G&W to recruit an additional team member to help with tracking of out of county CAMHS. Also been successful in bid to procure a new role of Mental Health Practitioner for unaccompanied asylum seeking children and currently in process of shaping this role. <p>Attendees flagged the following with responses in italics. Questioned why the rates for identifying dentists for children were high compared to health checks, immunisation records etc. <i>Suggested that poorer rates of health checks, immunisation etc may be due to less accurate and reliable recording and logging of data.</i></p> <p>PB flagged that with a 22% increase in the numbers of looked after children, as stated in the report, whether existing systems and resources had adequate capacity. <i>CA confirmed that there were other ways in which the systems and infrastructure could be improved to maximise service delivery. She anticipated that the new children's community services contract will allow for future changes within the model and services to be in line with longer-tem goals and aspirations of the service.</i></p> <p>Recommendation(s): The Committee is to:</p> <ul style="list-style-type: none"> • Note the Looked after Children Annual Report. <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the Looked After Children Annual Report. • Agreed to continue to monitor risks and ensure looked after children arrangements are in place. <p>b) Integrated Children's and Adults exceptions report PT presented the exceptions report and flagged that the Adults and Childrens Safeguarding teams were now integrated.</p> <p>Recommendation(s): The Committee is to:</p> <ul style="list-style-type: none"> • Note the Safeguarding Children and Adults Exceptions Report for September 2016. <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the Integrated Safeguarding Report for September 2016. • Agreed to continue to monitor risks and ensure safeguarding children's arrangements are in place through safeguarding supervision with named professionals and triangulated with the 2016 Section11 and Safeguarding children dashboard. 		
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16	<p>Top Three Risks The three top risks were agreed as follows:</p> <ul style="list-style-type: none"> • Offender Health inequalities; • Diabetes education programme – capacity; and • CHC – impact on Guildford and Waverley of higher number of FNC placements which will create a CHC pressure in the future. <p>These would be assessed and reflected on the CCG’s risk registers if appropriate (and if not already featured).</p>	HC	30/11/16
17	<p>Overall review of papers submitted to the meeting Agreed all papers satisfactory.</p>		

Date of next meeting: Tuesday 3 January 2017, 14:30- 17:00; Board Room, Dominion House

Signature of Chair:

_____ *S. Attasman* _____ **Date:** 03/01/17

Signature of Lead Director (Approval for public website):

_____ *NE SMIT* _____ **Date:** 6/1/17