

**DRAFT MINUTES**

<b>Meeting</b>	<b>Quality and Clinical Governance Committee</b>	
<b>Date and time</b>	Tuesday 5 September 2017 14:30- 17:00	
<b>Venue</b>	Board Room, Dominion House	
	<b>Name</b>	<b>Title</b>
<b>Chair</b>	Dr Sue Tresman	Lay Vice Chair (Lay Member Quality and Governance)
<b>Members</b>	Vicky Stobbart	Executive Director of Nursing, Quality and safeguarding
	Phelim Brady	Lay Member Patient and Public Engagement
	Dr Jonathan Inglesfield	Medical Director (Commissioning)
	Elaine Newton	Director of Governance & Compliance
	Jagadish Chakraborty	Patient Representative
	Sian Jones	GP / Board Member
	Helen Collins	Associate Director of Quality and Improvement
	Dr Darren Watts	Vice Chair (Clinical)/ GP member
	Helen Clanchy	Non-Executive Director, Quality Committee, RSCH
	Fiona Poulter (Note taker)	PA to Executive Director for Nursing, Quality & Safeguarding
	Helen Hadjidimitriadou	Quality & Safety Manager, G&W CCQ
	Gopika Bilakhia	Quality & Safety Manager, G&W CCQ
	Lisa Page	Quality & Safety Manager (Mental Health), G&W CCQ
<b>Apologies</b>	Carol Dunnett Jane Williams Geoff Watson	Patient Representative Acting Deputy Director of Clinical Commissioning G&W CCG CCG Deputy Chair, Medical Director, (Acute Care) G&W CCG

	<b>Discussion and new actions</b>	<b>By whom</b>	<b>Deadline</b>
<b>1</b>	<p><b>Welcome, Introductions and Apologies</b>  ST welcomed attendees and noted the apologies as detailed above.</p> <p>ST thanked JI and HC for their contribution to the Committee as this was their final meeting before leaving the CCG</p> <p>ST reminded all that confidential papers should be handed in to FP after the meeting for secure disposal</p>		
<b>2</b>	<p><b>Declarations of Interest</b>  The Chair noted the register of Quality and Clinical Governance member and attendees interests included in the meeting papers, with no new declarations received since the previous Committee meeting.</p> <p>The Chair invited members and attendees to report any new declarations or amendments of declarations on the register or any declarations pertinent to items on this agenda. None were received.</p>		
<b>3</b>	<p><b>Quorum</b>  As the required quorum was met, the Chair declared the meeting open.</p>		
<b>4</b>	<p><b>Minutes of Previous Meeting held on 4 July 2017</b>  The minutes from the 4 July 2017 were agreed as an accurate record of the meeting.</p>		

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<p><b>5</b></p>	<p><b>Matters Arising from last meeting: Action Log</b> 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. Outstanding actions were reviewed as followed:</p> <p><b>6b) Surrey Downs CCG Update on progress against TIAA Internal Audit requirement for implementation of a Quality Assurance Framework):</b> This will be discussed at the CHC Programme Board which takes place on 6th September and, once agreed, will be circulated to all CCGs. <b>Action: To go on the November Agenda for update</b></p> <p><b>9) Medicines Management Policies:</b> <b>Action: FP to follow up on with KN on whether the documents were included in the Medicines Management newsletter</b></p> <p><b>14) Minutes to note from sub-committee</b> the option to send documents via links had been looked into but was not viable at the moment due to lack of access or correct security rights. There may be a future solution but this action was <b>to be closed</b></p> <p><b>16) AOB: VS</b> was to raise with CQRM the issue of sign language translation availability in hospitals. <b>Action: VS to check follow up and feedback to PB</b></p>	<p>Sara B</p> <p>FP</p> <p>VS</p>	<p>Nov</p> <p>Sept</p> <p>Nov</p>
<p><b>6</b></p>	<p><b>Joint Strategic Needs Assessment and Other Health Intelligence</b> This has been moved to the November Meeting <b>Action: FP to put on the Agenda</b></p>	<p>FP</p>	<p>Nov</p>
<p><b>7</b></p>	<p><b>Information Governance Update</b> For ratification of revised ToR and CCG 2017/2018 IG Improvement &amp; Work Programme</p> <p>EN gave an overview of the documents and highlighted the key issues:</p> <ul style="list-style-type: none"> <li>• IG assurance activities related to CSU Transition</li> <li>• IG activities that facilitate effective working between the three CCGs involved in the Surrey Heartlands Sustainable Transformation Partnership</li> <li>• GDPR preparation activities required</li> <li>• Understanding the legislative changes that are coming on board with additional temporary resource being put in place to be prepared before April 2018 deadline.</li> </ul> <p><b>Approved and ratified</b></p>		

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<b>8</b>	<p><b>Quality:</b></p> <p><b>For Note</b></p> <p>a) <b>Quality report</b> b) <b>Primary Care Dashboard</b></p> <p>HC presented on a) and b) together and gave the highlights from the report:</p> <ul style="list-style-type: none"> <li>• A&amp;E performance has significantly improved since December.</li> <li>• Ambulance handover much improved.</li> <li>• Patient Survey similar to last report. Trust preparing Action Plan and will give to next CQRM.</li> </ul> <p>Problems areas:</p> <ul style="list-style-type: none"> <li>• Diagnostic waits (Notice issued) It was noted that on the report, under ambulance handover, page 3 shows the category as red which is the reverse of the normal coding practice. HC said that this was automated on the report and was not editable but, to avoid potential confusion, this should be changed to green. The ambulance service has improved significantly. Similarly on page 7, staff sickness was showing incorrectly as 89.97% and needs to be changed.</li> </ul> <p><b>Action: HC to discuss the coding on automated reports with DH</b></p> <p><b>Action: HC to correct the staff sickness figure on the report</b></p> <p><b>Action: HC to find out about neurology performance which had been reported as problematic, feedback to next meeting</b></p> <p>HC gave update on SECAMB which, although improved, has been overshadowed by negative press reports. HC reported on a clinical visit she undertook recently when she spent a day out on an ambulance observing operations. New ARP standards introduced which give 4 minutes to triage cases and deploy assistance appropriately. HC – For future consideration by commissioners, time-limits on call-outs and a rationalizing of procedures. SECAMBs waiting times have improved but notices have been issued on treatment times.</p> <p>HC was asked by DW about looking at stroke data, particularly the response times.</p> <p><b>Action: EN will circulate a report on Strokes going to WSSS CiC on 7<sup>th</sup> September</b></p> <p>PB cited a case of serious delay on a stroke victim.</p> <p><b>Action: PB to send details to HC who will look into this specific case</b></p> <p>Primary Care – HC attended a NHSE workshop, the message coming from that was that CCGs need to do more in terms of quality assurance with primary care. NHS England is working on a dashboard, key highlights on p17 of report. Majority of primary care practices are CQC rated as good. Complaints are low. VS asked how the dashboard should be reported back to this committee. ST said that a level of analysis would be useful.</p> <p><b>Action: GB to look into where this dashboard should be used and in what format. Feedback at next meeting.</b></p>	<p>HC HC HC</p> <p>EN</p> <p>PB / HC</p> <p>GB</p>	<p>Oct Oct Oct</p> <p>Nov</p> <p>Oct</p> <p>Nov</p>
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	<p>c) <b>Quality &amp; Clinical Risk</b> – tabled          HC – regular analysis which have direct impact on quality. Cluster around grade 2 level pressure ulcers which needs looking at to see if controls are having proper impact on grading.          Total number of risks has remained static.</p> <p><b>For Approval</b></p> <p>d) <b>Joint Surrey Heartlands CCGs Quality Committee</b>          VS presented this paper. The main drive behind initiative is to reduce duplication across the three CCGs whilst keeping clinical focus and promoting learning.          Need this committee’s approval for go-ahead to undertake further scoping to see how these committees can be brought together.          Recognize that there is a need for a longer lead in time and the suggestion is to hold a workshop in November to discuss options.          There was a discussion on how this can be handled and keep the focus on local agenda. JI suggested we set up a shadow ACS group in the 3 areas now. ST – need to identify the parameters that the committee wants to protect and look at how these can be applied to models.</p> <p><b>Action: All to feedback any thoughts to VS by Friday 15<sup>th</sup> September</b>  <b>Committee approved further scoping</b></p> <p>e) <b>Patient Group Directions Assurance Process to authorise VCS to use Public Health England Authorised Patient Group Directions.</b>          Four recommendations around Public Health England authorised patient group directions. Under recommendation 4, VS was the named person to authorise the national vaccination programme and declared that she was happy to continue in that capacity.</p> <p><b>Committee approved the recommendations on page 3</b></p> <p>f) <b>Quality Impact Assessment Policy</b>          For committees information. Already approved but brought to meeting for view of process. HC outlined the changes.          HC will submit to CPFC and in the next steps section will reference discussion of the paper at this meeting</p> <p><b>Committee duly endorsed the approval</b></p> <p>g) <b>Annual Report for Looked After Children 2016/2017</b>          Liz Channing presented this report and highlighted the key points. There was an achievement of 85.6% which exceeding the national target for reviewing health assessments this year and there are now named professionals in compliance with statutory obligations for all looked after children. Survey gone to all looked after children in Surrey, results being audited next March.          ST asked about where the responsibility lies for children placed out of area and who works to mitigate risks of CSE. LC explained that the CSE</p>	<p>All</p>	<p>15 Sept</p>
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	<p>risk is multi-agency managed and discussed at weekly meetings and specialist nurses have oversight. VS explained the improvement in contracts concerning out of area placements. There followed a discussion about SDQ scores. Questions about immunization levels which are below the national average.</p> <p><b>Committee approved the report</b></p> <p><b>Action: Feedback from this meeting to the Corporate parenting board on 25<sup>th</sup> September in relation to data validity.</b></p>	LC	25 Sept
9	<p><b>Safeguarding Children, Adults and Looked after Children's Exceptions Report for Surrey Clinical Commissioning Groups July 2017</b></p> <p>VS – noted that NHS E agreed funding for safeguarding. As agreed by Q&amp;CG Committee previously this has been used to fund Mental Capacity Act and Deprivation of Liberty training to G&amp;W CCG GP Practice and the Royal Surrey Country Hospital. Update, this training has now taken place with good attendance reported.</p>		
10	<p><b>Carers Update – Quarter 1 Reviewed and noted by Committee</b></p> <p>Adult Carers Support Service which started on 3 April. Overview of service given by Jamie Gault Chief Executive of Action for Carers. This was well received and was followed by a brief discussion. Document was tabled at meeting. There were a few gaps in the data but exercise currently being undertaken to complete the figures.</p> <p>VS commented on the improvement in staffing levels and good quality data analysis</p> <p><b>Action: JG agreed that there would be a 6 monthly updates to the committee.</b></p>	JG	March '18
11	<p><b>Minutes to note from sub-committees</b></p> <ul style="list-style-type: none"> <li>a) Patient &amp; Public Engagement Meeting - May</li> <li>b) Information Governance Sub-Committee, August</li> <li>c) CAMHS CQRM and Contract Meeting - June</li> <li>d) SaBP SI Panel: <ul style="list-style-type: none"> <li>June</li> <li>July</li> </ul> </li> <li>e) SaBP CQRM: <ul style="list-style-type: none"> <li>June</li> <li>July</li> </ul> </li> <li>f) RSCH CQRM - June</li> <li>g) RSCH Serious Incident Sub-Committee - June</li> <li>h) Phylis Tuckwell Care Contract Review Meeting - June</li> <li>i) Mount Alvernia, Clinical Governance Committee - June</li> <li>j) Mount Alvernia, Clinical Effectiveness Committee - July</li> </ul> <p><b>No comments – Noted by Committee</b></p>		

<b>12</b>	<p><b>AOB</b></p> <p>HC's replacement, Suzie Barker, will be taking up post as Interim Associate Director of Quality and Improvement for 3 months on 18 September.</p>		
<b>13</b>	<p><b>Top Three Risks</b></p> <p>The top risks were agreed as follows:</p> <ul style="list-style-type: none"> <li>• SECAmb performance</li> <li>• Transition</li> <li>• Workforce (training and appraisals) at Royal Surrey County Hospital</li> </ul> <p>These would be assessed and reflected on the CCG's risk register as appropriate (and if not already featured).</p>		
<b>14</b>	<p><b>Overall review of papers submitted to the meeting</b></p> <p>The volume of papers received was noted.</p> <p>For future meetings FP to make sure that the papers were cited on the Agenda in line with action required</p>		
<p><b>Date of next meeting: Tuesday 7 November 2017, 14:30 – 17:00, Boardroom, Dominion House</b></p>			

Signature of Chair



Date: 19/12/17

Signature of Lead Director (Approval for public website)



Date: 27/10/17

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