Attachment 12A

Minutes of the St George's Clinical Quality Review Meeting

Wednesday 17th April 2013, 09:00-11:00am
Philip Constable Board Room, 1st floor Grosvenor Wing
St George's NHS Healthcare Trust

Present:	Tom Coffey (TC) (Chair)	Wandsworth CCG – General Practitioner
	Lucie Waters (LWa)	Wandsworth CCG – Director of Commissioning
	Andy Lyons (AL)	Wandsworth CCG - Clinical Governance Manager
	Mike Lane (ML)	Wandsworth CCG – General Practitioner
	Ravi Balakrishnan (RB)	London Borough Wandsworth - Consultant Public Health Medicine
	Andrew Murray (AM)	Merton CCG – General Practitioner, Acute QIPP Clinical Lead
	Tim Hodgson (TH)	Merton CCG – General Practitioner
	Theresa Douglas (TD)	SGH – Head of Contracts
	Rosalind Given-Wilson (RGW)	SGH – Medical Director
	Deirdre Baker (DB)	SGH – Assistant Director Finance - Resources
	Alison Robertson (AR)	SGH – Chief Nurse and Director of Operations
	Vikki Carruth (VC)	SGH – Deputy Chief Nurse
	Kevin Sanders (KS)	SGH – Deputy Director of Corporate Affairs
	Kaye Glover (KG)	SGH – Performance Development Manager
	Carmel Harrington (CH)	SL CSU – Head of Contracting
	Amelia Whittaker (AW)	SL CSU – Associate Director of Commissioning
	Leo Whittaker (LW)	SL CSU – Acute Contract Manager
	Jennifer Welton (JW)(Minutes)	SL CSU – Commissioning Support Officer
Apologies:	Christopher Brooks-Daw (CB-D)	SGH – Corporate Risk & Assurance Manager
	Nigel Kennea (NK)	SGH – Associate Medical Director

1.	**Introductions & Apologies**
	No apologies were noted.
2.	**Notes of the last meeting**
	The minutes of the CQR on 20th March were agreed as accurate.
3.	**Matters Arising – Actions from the last meeting.**

1.	SGH to advise CQR / SL CSU whether there is an issue with providers accepting transfers back within 24 hours of referral for suspected TIA where clinically fit. **UPDATE:** AR noted that there has been much improvement as in SWL. There has been difficulty with A&E admissions which is a key issue that will require discussion. Item discussed further within KPI, item 7.
2.	TC to link with Dr Rod Ewen regarding the electronic communications pilot at SGH. **UPDATE:** TC has discussed with Dr Rod Ewen, and addressed concerns with transfers of A&E data electronically.
3.	DB to confirm start date for the Saturday Morning Subarachnoid Coiling Service with KCH. **UPDATE:** DB agreed to follow up with KCH and provide an update, action carried forward. **ACTION[1]:** DB to confirm start date for the Saturday Morning Subarachnoid Service with KCH, likely to be quarter 3 or quarter 4.
4.	AR to circulate latest version of MRSA action plan to CQR group and confirm the Water Safety Action plan has been circulated. **UPDATE:** Action complete.
5.	AR to update CQR with the 6 monthly briefing update for Safeguarding in May. **UPDATE:** To be discussed at May CQRM.
6.	LW to confirm arrangements for extension to existing CQR meetings to cover CSW services. **UPDATE:** Action complete.

7.	LW to circulate the briefing paper outlining SGH's SI process. **UPDATE:** Action complete.
8.	AR to discuss results from the CQC A&E survey at the April meeting. **UPDATE:** To be discussed in May CQRM. AR agreed to circulate CQC A&E report before the May meeting, and confirmed that A&E consultants will be in attendance.
9.	AW to write a process for CIPs review to satisfy NHS England's request for host CCGs to sign-off Trust CIPs. **UPDATE:** CIPs review meeting is being held on 30th April.
10.	DB to identify a lead within SGH to take ownership of responding and acting on GP quality alerts. **UPDATE:** DB agreed to follow up and feedback at May CQRM about extending the GP quality alert scheme between Merton and Wandsworth GPs. The GP alert scheme has been piloted in Merton, and the process will expand to Wandsworth. Jenny Kay, Director of Quality at Merton CCG is reviewing the process and will be attending May CQR. ML reported that Wandsworth are establishing an intranet website for Wandsworth practices to use as a home page, where there will be access to submitting forms and including the 'make a difference' button. The date for the website hasn't yet been set. DB agreed to discuss analysing the data through noticing trends and arranging a system for Merton and Wandsworth CCG. **ACTION[2]:** DB to discuss analysis of GP Quality Alert data through trends and arrangement of a system used by all CCGs starting with Merton, Wandsworth.
11.	CH to liaise with AR to propose an annual work programme in response to the Francis Report to come back to May CQR. **UPDATE:** Discussed under agenda item 4.3.
12.	AR to create a flow chart and share with CQR clarifying when concern around a patient's nutritional status should be escalated. **UPDATE:** Action is for VC. TC confirmed that this SI was discussed in the previous CQRM. VC has draft flow charts to discuss at the next Nutrition Strategy meeting, date to be confirmed. **ACTION[3]:** VC to share a flow chart with CQR to identify when a patient's nutritional status should be escalated.
13.	AR and VC to discuss the SI report with dieticians at the Nutritional Steering Group and feedback to CCRG in June. **UPDATE:** Not

		discussed, VC to feedback to CQRM in June.
	14.	AR to go back to the RCA panel to understand the statement “no direct harm caused” on page 11. **UPDATE:** Not discussed.
	15.	RGW to liaise with the C-Diff team for prescribing guidelines for GPs to help reduce HCAI rates at SGH and advise the number of C-Diff infections originating from the community. **UPDATE:** The prescribing guidelines are currently being reviewed and RGW agreed to send electronically the current guidelines. TC requested that this item be discussed within the Clinical Commissioners Reference Group and feedback to CQRM. TC agreed to send current prescribing guidelines to Wandsworth GPs, AM and TH to share with Merton GPs. **ACTION**[4]: RGW to electronically circulate current prescribing guidelines **ACTION**[5:] TC to share prescribing guidelines with Wandsworth GPs **ACTION**[6]: AM and TH to share prescribing guidelines with Merton GPs **ACTION**[7]**:** TC to discuss prescribing guidelines for GPs with CCRG and feedback to CQRM
	16.	Pressure Ulcer policy to be reviewed as discussed at May/June CQR. **UPDATE:** VC clarified that it was the SI closure reports for a number of pressure ulcers that were due back in June not a policy.
	17.	KG to include latest information on two week breast symptom referral performance at April meeting. **UPDATE:** Discussed under agenda item 7.
	18.	Sickle cell report to come back to April or May CQR. **UPDATE:**See agenda item 7.
	19.	LW to re-invite NHS England/ Specialised Commissioning leads for SGH to CQR.**UPDATE:** Action completed.

		20.	RGW to bring back issues concerning elective surgery cancellations due to lack of ITU beds to April CQR. **UPDATE:** RGW to discuss at May CQRM due to an IT failure.
		21.	DB to send Advanced Recovery Program (ARP) patient leaflet to SL CSU. **UPDATE:** Action complete.
		22.	AW and LW to circulate ARP leaflet to local GPs. **UPDATE:** AW and LW to follow up, action carried forward. **ACTION[8]:** AW and LW to circulate ARP leaflet to local GPs.
		23.	AW to forward remaining feedback from commissioners on CQUIN pre-qualifications. **UPDATE:** Item on agenda.
		24.	SGH to respond to financial weighting of indicators. **UPDATE:** Item 8 on agenda.
		25.	SGH to respond with alternatives to CQUINs put forward by commissioners, including where quality improvements could be met by a KPI or covered by other CQUINs. **UPDATE:** Item 8 on agenda.
		26.	JR to send review paper to NK and pass on Ravi Balakrishnan's contact details for NK to discuss with the Cardiologists. **UPDATE:** Action complete.
		27.	NK and Ravi Balakrishnan to lead on a joint review of clinical criteria/risk assessment of patients for coronary artery bypass grafting, angioplasty and PCI stents. **UPDATE:** TC reiterated discussion from the last meeting to RB. RB was not informed of joint review of clinical criteria and risk assessment with CABG, and agreed to discuss with Jo Ruwende. RB and NK agreed to meet and discuss and bring proposal to May CQRM. **ACTION[9]**: RB and NK to discuss joint review of clinical criteria/risk assessment of patients for coronary artery bypass grafting, angioplasty and PCI stents and present at May CQRM.
4.	**Francis Report**		
	4.1 Process for Commissioner sign-off of CIPs for NHS England		

	AW has shared the process with the Trust, and is currently being reviewed. AW agreed to circulate process to CQRM when given feedback from the Trust. Clinical Commissioner review of CIPs will be held on 30th April, where CIPs will be presented to the Commissioners, with a separate meeting after to review, Wandsworth and Merton GPs have been invited to attend the CIPs review meeting. CH encouraged the group to consider in-year CIPs and discuss a process of how these will be handled on an ongoing basis. AW confirmed that NCB will be involved within the Commissioner process to avoid duplication. **ACTION[10]:** AW to share process for commissioner sign-off of CIPs for NHS England to CQRM. **4.2 GP Quality Alerts process at SGH** The group agreed to discuss the process within May CQRM. **4.3 Annual Work Programme in response to Francis Report** AR tabled the annual work programme document, noting previous discussions with AW and CH. The response to the Francis Report provides an opportunity to engage with staff regarding the quality of care. AR discussed Trust meetings which are listed within the paper for groups to take forward, such as leadership, patient experience and workforce. The report touches upon key themes, one of which is care for older people. AR proposed using the existing clinical walk rounds as part of the information gathering process, the first of these being Senior Health services visit in June. Internal and External audits are to continue to be reviewed regularly as a standing agenda item. TC encouraged the group to be aware of targets, but the main focus should be on patients' health and wellbeing. The group discussed breaching targets for patient Mixed Sex Accommodation (MSA), and a virtual panel being created for CQR colleagues to discuss the breach and whether the breach was clinically justified. The process may include a protocol which allows staff to breach MSA if it is necessary for a patient's well being, and can be clinically justified with evidence. TC suggested using Public Health and Clinical Commissioners if requiring advice. TC asked CH, AW and LW to develop a process to view clinical review of targets and breaches, specifically focusing on mixed sex accommodation. **ACTION[11]:** CH, AW and LW to develop a process to clinically review MSA breaches.
5	**Cancellation of Elective Surgery/ITU bed capacity**

	To be discussed further at May meeting, see above.
6	**Serious Incidents**
	6.1 SI process at SGH KS took the group through the SGH SI process paper, and noted the following areas: • The term “Serious Untoward Incident” was replaced in Dec 2010 by Serious Incident. • There has been a significant increase since 2008/09 in the number of reported SIs partly due to mandated SI categories and increased awareness • Approximately 30% of declared SIs are external pressure ulcers grade 3 or 4 • There has been a drop in declared SIs in 2012/13, a snap-shot audit was carried out to ensure no SIs were missed. None were identified. • Significant progress has been made since 2009/10 with regard to submitting closure reports within the national deadline. • A Serious Incident Declaration Meeting (SIDM) meets weekly to discuss all potential SIs. This group is made up of senior clinical staff. • The Trust has had a number of external assurances around the SI process, including NHS London asking SGH to present as an example of best practice. • There is still work to be done to achieve an accurate grading of incidents. Current data implies SGH has a higher severity rating or moderate incidents. • The average time lag between the incident and it being declared as an SI is around 20 calendar days. AR and RGW have been facilitating patient safety forums which are held every month, which allows discussion of SIs through specific relevant areas and use of different learning tools such as video. AW confirmed that Wandsworth have recently agreed a process for closing SIs, agreed by NHS England and that Merton may have a different process. AW agreed to share these with the CQRM. Wandsworth will be managing SI closures for SGH for all commissioners. The group discussed ways of implementing the same process for both Wandsworth and Merton to avoid complication.

ACTION[12]: AW to share SI process for Wandsworth and Merton with CQRM

KS confirmed that grading of SIs is completed locally, and commissioners will only be informed of an incident when it is classed as an SI. The group discussed sharing a list of incidents that are not considered SIs to provide assurance to commissioners that none are being overlooked.

TC asked KS to work with AW on a process to provide assurance around the incidents not reported as SIs. The agreed process would subject to a 6 month review.

ACTION[13]: KS and AW to agree an assurance process around incidents not declared as SIs.

6.2 List of SIs awaiting review

KS noted the two new SIs listed in the tracker, which are 2013/7669 and 2013/7654.

6.3 Closure Reports

RGW lead the group through the closure report STEIS Ref: 2012/32146, Missed Diagnosis. The patient was taken by ambulance to SGH and not to St Helier, as requested by their GP.

The three main recommendations from the investigation were:

- SGH to highlight to LAS the importance of following instructions from a healthcare professional.
- A standard operating procedure to check blood results before discharge
- A standard operating procedure for handover between LAS and Emergency Department (ED) staff to ensure all relevant information is included.

The group discussed the case, and questioned why the discharge letter sent from the GP was not received by St George's. ML informed the group that a previous audit confirmed that only 11% of outpatient clinic were received by GP practices. The SI was recommended for discussion at the Patient Safety Committee, to discuss an action plan to prevent reoccurrence of SI. RGW confirmed that she will be sharing the SI investigation with St Helier.

	ACTION[14]: RGW to share the outcome of the SI Investigation (STIES No. 2012/32146) with St Helier Hospital and SGH's Patient Safety Committee.
7.	**KPI Performance**
	The KPI performance documents were circulated. ***HCAI*** Arrangements have been made for SGH to visit Southampton NHS trust to discuss an action plan to reduce numbers for CDIFF. Southampton has a lower rate for CDIFF, and is a similar trust to SGH. ***A&E*** A&E has been busy in April 2013, a contributing factor was the bank holiday weekend with 4 days without GP cover and higher admission of patients. It has been reported that some patients are awaiting final checks before discharge, causing a delay discharging from care. TC discussed SGH ability to admit patients before 18 weeks, and confirmed that BSBV have estimated 41 thousand additional A & E attendances. SL CSU agreed to work with SGH with analysis behind the figures for areas such as length of stay, difficult care packages and transfers to other hospitals and discuss further at May CQRM. **ACTION[15]:**SL CSU to discuss a process with SGH to analyse areas such as length of stay, care packages and transfers to other hospitals ML identified that some patients have been developing pressure ulcers on earlobes, questioning whether it was due to a change in equipment being used. AR confirmed that this is noted in the annual report and investigated. ***Cancer*** CH questioned the context of the terminology for referrals being prioritised for a particular consultant, as listed under the actions for Cancer. DB confirmed that an urgent action plan is currently under review to address the performance issues in Cancer. ***Fractured Neck of Femur*** The group indicated that more information is required for Fractured Neck of Femur as 'due to medical reasons' is listed, but not explained.

8.	**2013/2014 CQUINs**
	Not discussed.
9.	**AOB**
	None.
10.	**Next Meeting:** 15th May 2013, 0900 – 1115, Venue: PCBC, 1st Floor, Grosvenor Wing, SGH

ACTION SUMMARY – CQR Meeting of 17th April 2013, 09:00-11:00am

Minutes ref	Action	Description	Action Lead	Update
3) Matters Arising	1.	DB to confirm start date for the Saturday Morning Subarachnoid Service with KCH	DB	Q3 or Q4, to be confirmed when agreed with KCH
	2.	DB to discuss analysis of GP Quality Alert data through trends and arrangement of a system used by all CCGs, with Merton, Wandsworth and ML.	DB	
	3.	VC to share a flow chart with CQR to identify when a patient's nutritional status should be escalated.	VC	
	4.	RGW to electronically circulate current prescribing guidelines.	RGW	
	5.	TC to share prescribing guidelines with Wandsworth GPs	TC	
	6.	AM and TH to share prescribing guidelines with Merton GPs	AM and TH	
	7.	TC to discuss prescribing guidelines for GPs with CCRG and feedback to CQRM	TC	
	8.	AW and LW to circulate ARP leaflet to local GPs	AW and LW	
	9.	RB and NK to discuss joint review of clinical criteria/risk assessment of patients for coronary artery bypass grafting, angioplasty and PCI stents and present at May CQRM	RB and NK	
4) Francis Report	10.	AW to share process for commissioner sign-off of CIPs for NHS England to CQRM	AW	
	11.	CH, AW and LW to develop a process to clinically review MSA breaches	CH, AW and LW	

Minutes ref	Action	Description	Action Lead	Update
6) Serious Incidents	12.	AW to share SI process for Wandsworth and Merton with CQRM	AW	
	13.	KS and AW to agree an assurance process around incidents not declared as SIs.	KS and AW	
	14.	RGW to share the outcome of the SI Investigation (STIES No. 2012 32146) with St Helier Hospital and SGH's Patient Safety Committee.	RGW	
	15.	RGW to circulate SOP for checking blood results prior to a patient's discharge.	RGW	
7) KPIs	16.	SL CSU to discuss a process with SGH to analyse areas such as length of stay, care packages and transfers to other hospitals	SL CSU	