Wednesday 16th January 2013, 09:00-10:30am
Grosvenor Wing, 1st Floor, Room 52
St George's NHS Healthcare Trust

Present:	Tom Coffey (TC) (Chair)	Wandsworth CCG – General Practitioner
	Mike Lane (ML)	Wandsworth CCG – General Practitioner
	Carmel Harrington (CH)	SL CSU – Associate Director of Commissioning
	Leo Whittaker (LW)	SL CSU – Acute Contract Manager
	Deirdre Baker (DB)	SGH – Assistant Director Finance - Resources
	Josephine Ruwende (JR)	London Borough Wandsworth - Consultant Public Health Medicine
	Alison Robertson (AR)	SGH – Chief Nurse and Director of Operations
	Nigel Kennea (NK)	SGH – Associate Medical Director
	Kaye Glover (KG)	SGH – Performance Development Manager
	Vikki Carruth (VC)	SGH – Deputy Chief Nurse
	Theresa Douglas (TD)	SGH – Head of Contracts, CSW
	Christopher Brooks-Daw (CB-D)	SGH – Corporate Risk & Assurance Manager
	Andrew Murray (AM)	Merton CCG – General Practitioner, Acute QIPP Clinical Lead
	Caroline White (CW)	Wandsworth CCG – Interim AD for Quality, Innovation and Clinical Governance
	Daphne Slater (DS)	Wandsworth CCG – Interim Maternity Commissioner
	Teresa Manders (TM)	SGH – Head of Midwifery
	Andy Lyons (AL)	Wandsworth CCG - Clinical Governance Manager
	Julia Crawshaw (JC)	SGH –General Manager, Children's and Women's services
Apologies:	Sue Roostan (SR)	Sutton CCG – Assistant Director of Commissioning
	Sandra Iskander (SI)	Wandsworth CCG - Director of Performance and PPI
	Kevin Sanders (KS)	SGH – Deputy Director of Corporate Affairs
	Rosalind Given-Wilson (RGW)	SGH – Medical Director

1.	**Introductions & Apologies**

2.	**Notes of the last meeting**
	Corrections requested: Andy Lyons to be added to the list of attendees at the last meeting. The following sentences are to be amended from the last meeting: Page 11 – "Electives have been cancelled, with the inclusion of cancers" – amend to read "exclusion" Page 6 – "Headlines of ongoing or work not yet auctioned include the following" – amend to "actioned" Page 9 – "**ACTION[11]:** CH to forward the full action plan around MRSA to CB-D" – amend to "AL or CW"
3.	**Matters Arising – Actions from the last meeting.**

1.	CH to clarify SGH TIA catchment area with the Stroke and Cardiac Network and confirm to SGH. UPDATE: Action carried forward. CH will forward to SGH and GPS **ACTION[1]:** CH to forward SGH Stroke / TIA catchment area to SGH and GPs.
2.	DB to follow up with JS on criteria for omitted doses for the medication safety CQUIN UPDATE: Criteria for omitted dose was agreed as patient refused the medication or drug not clinically indicated.
3.	DB to follow up on areas of Medication Safety CQUIN to be considered for 2013/14. UPDATE: DB will be meeting internally to discuss Q3 performance and on proposals for 2013/14.
4.	ML to draft a letter to GPs regarding information and timeliness of maternity referrals.

		UPDATE: ML recalled that he had agreed to sign a letter if drafted. To be discussed under agenda item 4.
	5.	DB to feedback in January meeting around A&E letter pilot at Brocklebank. UPDATE: Email received yesterday from SGH about A&E letters sent via Docman, which was copied to Dr Rod Ewen and Dr Nicola Jones, to ask how SGH will ensure that 100% of letters from A&E will be received by General Practitioners. DB advised that four practices are part of a pilot; Brocklebank, Balham Park, Wallington and Waterfall House. 924 pieces of communication have been sent between 1st December and 5th January, including A&E letters and discharge summaries. DB believed the process required the practices electronically confirm receipt. TC asked DB to link with Dr Ewen. TC asked whether Merton had an IT lead to link in with SGH. AM is to advise of IT lead for Merton to link with DB. **ACTION[2]:** AM to advise DB of IT lead for Merton to link in around electronic communications pilot at SGH. **ACTION[3]:** DB to link with Dr Rod Ewan regarding the electronic communications pilot at SGH.
	6.	CH to take proposal of late morning/ weekend subarachnoid service in partnership with King's to CCRG – £100k between the two Trusts. UPDATE: CH reported that £100k is for the weekly service between the two trusts. A meeting will be held with KCH on 28th January to discuss formally. CH had raised the proposal with the contract lead for Kings, and taken it to SGH CCRG. NK advised that he recently spoke with colleagues in Newcastle who have a 24 hr service and that there may be learning from there. **ACTION[4]:** DB to liaise with KCH colleagues around costings for the Saturday morning service, and link with NK about learning from Newcastle.
	7.	DB to confirm charge at King's for a joint subarachnoid (will be discussed at joint meeting end of January), and whether the £100k proposed would cover the costs at King's.

	UPDATE: As above
8.	HM to provide estimated dates for all ongoing actions following the Outpatient National Survey. UPDATE: AL has not received a full action plan. Action carried forward. **ACTION[5]:** HM to provide AL with the action plan following the Outpatient National Survey.
9.	HM to provide action plan of service improvement around Outpatient booking to the CQR group. UPDATE: TC sought clarification following queries from other GPs. TC recalls a statistic that 90% of patients leave hospital (either after discharge or outpatient appointment) with a follow up booked, but elsewhere the figure is 90% of a small group and the actual figure is closer to 18% of all patients. TC asked SGH to describe the process in detail in February meeting. DB stated that the problem was about capacity in outpatients for some specialties. **ACTION[6]:** Booking follow-ups prior to leaving hospital to be a substantive agenda item at the February meeting.
10.	ND / AR to report on the Water Safety Action Plan for January meeting. UPDATE: No update. AR to follow up with ND around the circulation of the water safety action plan. **ACTION[7]:** AR to circulate the Water Safety Action plan.
11.	CH to forward the full action plan around MRSA to AL UPDATE: AR has since updated the action plan and will circulate. To be discussed under item 9. **ACTION[8]:** AR to share the updated MRSA action plan with the group.
12.	Group to review commissioner role in SI Declaration Meetings after release of Francis Report. UPDATE: Francis report is expected by end of January or early February. There is an SI meeting next week.
13.	GF to lead on revising the smoking cessation CQUIN following comments. Proposal to include value for 3 Year CQUIN, outcomes,

		NRT issues regarding non-Wandsworth patients, and relationship with pre-op assessment clinic. UPDATE: AR asked for some detail on the CQUIN, CH advised that it was materially different to previous schemes as it funds recruitment of staff to deliver. There needs to be a mechanism to prescribe Nicotine replacement to other than Wandsworth patients.
	14.	TC to follow up with Rod Ewan re: EMIS Web UPDATE: AM reported that NRT issues relating to non Wandsworth patients. TC agreed to continue follow up.
4.	**Maternity**	
	4.1 Post-natal Audit Clinic SGH were to repeat an audit in December around the post-natal clinic changes. The reason for changes was to improve the midwifery presence on the maternity ward, by offering postnatal visits within the clinic. There were four clinics within Wandsworth, and one in Merton. The original audit was carried out to determine if the clinical and social criteria for home visits and following up DNAs were met. These questions were not specifically answered within the first audit and the group requested a second audit to answer these questions. **ACTION[9]:** JC confirm criteria with DB for the Post-natal Audit and repeat the recent December audit to answer key questions raised in CQR. ML recalled that there had been concerns raised in primary care about the changes. JC noted that the feedback received has been positive from women. TC asked that the audit be carried out and results to come back to March. Key issues were 100% of DNAs followed up, were the criteria being applied for second/third visits at home being applied and particular note of women for whom English is not their first language. TC asked JC to direct any questions around the audit to ML as the GP lead for Maternity. **4.2 12+6 Week** The Trust's performance has been around 75% for the past few months. Most women referred within 11 + 6 weeks are seen within 12 + 6 and	

late referrals seen within 2 weeks.

Three letters are sent to women after referral, one for appointment to make a booking, one for an appointment for a scan and one for blood tests, which may cause further confusion for those who do not speak English as a first language. Some patients with medical and social concerns are not booking appointments with GPs early enough, so there is a delay with antenatal intervention. Interpreters are reported to be booked mainly after the 12 week period, which indicates further than non-English speakers may be part of the after 12 week's statistic. For patients who require an interpreter, JC suggested that a member of staff to contact the patient via Language Line to ensure that they attend and understand the system, this can also save costs if an interpreter is booked and a patient does not attend. TC asked whether patients that turn up requiring an interpreter unexpectedly are seen utilising Language Line. JC will confirm.

ACTION[10]: JC to confirm use of Language Line where an interpreter was not required at point of referral.

A Tamil advocate originally funded by commissioners was picked up by SGH when the funding stopped. Recently, this service is being re-evaluated as the post holder left. SGH considering whether there needs to be a Tamil, Polish, etc, advocate. The service are also looking at using existing staff from different backgrounds to improve services and take a lead for non-English speakers e.g. a Polish midwife delivering Polish ante-natal classes.

JC discussed further information from patient records which suggests that women in their 30's have the highest statistic of booking on time, and teenagers have the lowest .

NK noted the practice distribution and suggested that the specific practices engage with these patient groups. AM asked that if service design decisions are going to be made on this data, that confidence intervals be noted.

ML recounted the work carried out about 3 years ago to standardise a referral booking form. At that time it was not available electronically (automatic completion). ML would be happy for a letter to go out in his name to ask CCGs that they circulate a standard referral form to their practices.

DS suggested using universal services, e.g. school nursing visiting schools, helping reach the teenage population.

ML asked that DS draft a letter to go out to SWL GP practices reminding of the need to refer early, where a translator is required.

ACTION[11]: DS to draft a letter to SWL GPs, to be signed by ML, regarding maternity referrals.

JC clarified the issue of post natal appointments, three appointments can be made into two appointments for blood screening and first booking and a separate appointment for a scan. The scan is required at a later stage; therefore this cannot be completed together. More action is being taken for patients who do not attend appointments by following up with phone calls and letters, there have been problems with booking different clinics on different systems.

DS is engaging with director of children and families services within Wandsworth CCG, linking with the health visiting project. DS has been discussing this with John Beckles . TC looked at figures of practices with percentages of over 12 weeks and practice population may affect the results. JC has access to this information and agreed to pass onto the CQR.

ACTION[12]: JC to pass on information regarding percentages of 12+6 weeks referrals by GP practice.

The KPI for St Georges will need to reflect patients referred before 11+6, seen by 12+6, those referred late seen within 2 weeks, this will give a better judgement on how the trust is performing. ML clarified about the percentage of women who are not reported in these figures due to the uncertainty of gestational age. DS advised that it has been the practice of other units to exclude late referrals from the 12+6 week performance.

ACTION[13]: February KPI to reflect the figures for patients referred before 11+6 weeks and after 12+6 weeks.

4.3 2013/2014 Maternity CQUIN

Maternity is not included within the national CQUIN.

2012/13 is year two of local maternity CQUIN supports a supernumerary midwife, midwifery workforce ratio at 1:27 and consultant cover of 98hrs by the end of the year. The proposal was to taper the CQUIN funding in year 2 but to what extent was not been agreed. SGH ask funding maintained at 100% for year 2 as the Trust could not make the financial gap and there is some volatility around the new maternity tariff.

	CH wondered about maintaining the value but stretching the metric. TC asked AR how the maternity CQUIN has helped this year. Both AR and JC confirmed that it had helped greatly. TC asked about tapering to 90% or maintain the value and increase stretch. DB advised that the standards are also a part of AES standards. JC thought the new maternity tariff will be cost neutral but this does not necessarily factor in the cost of transactions cross charging other units. The Group's preference was to maintain the value and increase the stretch in 2013/14.
	Pseudomonas Assurance
	Covered in matters arising (action point 3).
6.	**Safeguarding**
	Safeguarding to be discussed as a main agenda item for CQR in March following the publication of the Francis report. CW also highlighted work on a SWL terms of reference for CQR to standardise the scope and depth of each group, CH reported that she is currently trying to clarify the role of CQR with regards to safeguarding as it is within the remit of a multi-agency group lead by the local authority. **ACTION[14]:** CW, CH and AR to discuss addressing safeguarding concerns with minimal duplication.
7.	**Community / QMR Quality Issues**
	LW raised the issue of focusing on the CQR agenda for QMR and the Community services in this group. TC recognised the sensitivities around QMR issues and West Wandsworth. **ACTION[15]:** TC to raise the issue of overseeing the quality of services in QMR and Community with NJ.
8.	**Serious Incidents**

	8.1 List of SIs awaiting review Whilst there are no SI closure reports for this meeting, CBD informed the group that the case regarding a patient receiving the wrong medication resulting in a stroke and eventual death would be going to a 1 day Coroner's inquest. CW asked for the date of incident to be incorporated in the SI tracking report and closure reports. **ACTION[16]:** CBD to create a column for date of incident in SI paperwork for CQR. TC asked for the SI process to be presented to the group. **ACTION[17]:** CBD to put together a briefing paper around the SI process for CQR including external correspondence confirming the approach is considered good practice. ML asked about the stroke rate post-surgery which appeared to be linked to XX equipment. AR thought that this had returned to normal but will advise. **ACTION[18]:** AR to confirm whether the stroke rate post-surgery had returned to normal. **8.2 Closure reports** CBD reported that there are currently no closure reports for January.
9.	**KPI Performance**
	MRSA – AR had previously reported a cluster of MRSA bacteraemia a month ago, which has increased to 8 year to date. A number of actions have broadened the scope of the root cause analysis (RCA) tool and previous cases will be reviewed with new tool. SGH have invited the SHA, SWL Cluster and the Health Protection Agency to challenge the RCA.

	4 of the MRSA cases had an association with line care. The remedial action plan focuses on areas not compliant with best practice. Cultures have been sent to the lab for genome sequencing. CW asked whether there will be an exception report in the same format as an SI report. AR offered to share a terms of reference of the group leading on the MRSA investigations. **ACTION[19]:** AR to share the terms of reference of the group leading on the MRSA cluster investigations with CW. **CDIFF** – The local target was agreed due to the introduction of a more sensitive test. AR advised that 50 cases of C-~Diff have been recorded using the less sensitive test against a centrally set target of 52. With the publication of the formula used to set the target and showing rates per beddays, SGH will be able to benchmark against other providers. SGH visited Guys & St Thomas' to pick up better practice. **ACTION[20]:** AR to share benchmarking figures for C-Diff. CW stated that a health economy action plan would be the next step with regard to HCAI control. AL asked that the A&E survey by CQC to come back to CQR. **ACTION[21]:** AR to bring the results from the CQC A&E survey to the next meeting. JR highlighted that patients with sickle cell KPIs had not been reported on, a full year's worth of data will be available by March. **ACTION[22]:** KG will respond to the group around sickle cell and TB KPIs, linking in with JR if necessary The group agreed that these metrics should be reported quarterly.
10.	**CQUIN Pre-Qualifications 2013/14**

	All national CQUINs have been published by SGH by 0.5%, and local CQUINs by 2.0%. CW flagged the recently published CCG premium guidance which are effectively CQUINS for CCGs.
11.	**Acute Hospitals Serious Incident Report**
	Not discussed
12.	**GP Quality Alerts**
	Not discussed
13.	**Quality Risk Profile**
	Not discussed
14.	**External/Internal Audits**
	Not discussed
15.	**Any Other Business**
	ML informed the group of a new Wandsworth CCG Integrated Governance process which TC reports in to. At the last meeting one of the themes was self-reported patient safety incidents. From the East Midlands Observatory data, 10.21 incidents are reported per 100 admissions. CW confirmed that reporting was good, it is the repeat incidents and severity which are of greater concern. AR offered to share the latest thematic analysis. **ACTION[23]:** AR to provide the latest thematic analysis of reported incidents.
16.	**Next Meeting:** 20th February 2013, 0900 – 1030, Venue: Room G2.7M. (Grosvenor Wing 2nd floor)

ACTION SUMMARY – CQR Meeting of 16th January 2013, 09:00-10:30am

Minutes ref	Action	Description	Action Lead	Update
3) Matters Arising	1.	CH to forward SGH Stroke / TIA catchment area to SGH and GPs.	CH	
	2.	AM to advise DB of IT lead for Merton to link in around electronic communications pilot at SGH.	AM	
	3.	DB to ask IT colleagues to link with Dr Rod Ewen regarding the electronic communications pilot at SGH.	DB	
	4.	DB to liaise with KCH colleagues around costings for the Saturday morning service, and link with NK about learning from Newcastle.	DB	
	5.	HM to provide AL with the action plan following the Outpatient National Survey.	HM	
	6.	Booking follow-ups prior to leaving hospital to be a substantive agenda item at the February meeting.	LW	
	7.	AR to circulate the Water Safety Action plan.	AR	
	8.	AR to share the updated MRSA action plan with the group.	AR	
4) Maternity	9.	JC confirm criteria with DB for the Post-natal Audit and repeat the recent December audit to answer key questions raised in CQR.	JC	
	10.	JC to confirm use of Language Line where an interpreter was not required at point of referral.	JC	
	11.	DS to draft a letter to SWL GPs, to be signed by ML, regarding maternity referrals.	DS	
	12.	JC to pass on information regarding percentages of 12+6 weeks referrals by GP practice.	JC	
	13.	February KPI to reflect the figures for patients referred before 11+6 weeks and after 12+6 weeks.	KG	
6) Safeguarding	14.	CW, CH and AR to discuss addressing safeguarding concerns with minimal duplication.	CW/CH/ AR	
7) Community / QMR	15.	TC to raise the issue of overseeing the quality of services in QMR and Community with NJ.	TC	

Minutes ref	Action	Description	Action Lead	Update
8) Serious Incidents	16.	CBD to create a column for date of incident in SI paperwork for CQR.	CBD	
	17.	CBD to put together a briefing paper around the SI process for CQR including external correspondence confirming the approach is considered good practice.	CBD	
	18.	AR to confirm whether the stroke rate post-surgery had returned to normal.	AR	
9) KPI Performance	19.	AR to share the terms of reference of the group leading on the MRSA cluster investigations with CW.	AR	
	20.	AR to share benchmarking figures for C-Diff.	AR	
	21.	AR to bring the results from the CQC A&E survey to the next meeting.	AR	
	22.	KG will respond to the group around sickle cell and TB KPIs, linking in with JR if necessary	KG	
	23.	AR to provide the latest thematic analysis of reported incidents.	AR	