

**JOINT QUALITY, PATIENT SAFETY AND RISK AND FINANCE AND
PERFORMANCE COMMITTEE MEETING**

Tuesday 22nd August 2017

St Paul's Church, Hammersmith

| Governing Body Members Present: | | |
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| Vanessa Andreae | Vice Chair and Practice Nurse member, H&F Clinical Commissioning Group (Chair) | VA |
| James Cavanagh | Vice Chair and GP member, H&F Clinical Commissioning Group | JCa |
| Janet Cree | Managing Director, H&F Clinical Commissioning Group | JC |
| Tony Willis | GP member, H&F Clinical Commissioning Group | TW |
| Sena Shah | Practice Manager member, H&F Clinical Commissioning Group | SS |
| Trish Longdon | Lay member, H&F Clinical Commissioning Group | TL |

| Officers in attendance: | | |
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| Liam Edwards | Assistant Director for Quality Improvement and Clinical Assurance, H&F Clinical Commissioning Group | LE |
| Susan Roostan | Deputy Managing Director, H&F Clinical Commissioning Group | SRO |
| David Hill | Senior Contract Manager, H&F Clinical Commissioning Group | DH |
| Nathan Whiting | Contract Manager, H&F Clinical Commissioning Group | NW |
| Margaret Kelly | Business Support Manager, H&F Clinical Commissioning Group (minutes) | MK |

| Apologies: | |
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| Paul Skinner | H&F Clinical Commissioning Group – GP member |
| Pritpal Ruprai | GP member, H&F Clinical Commissioning Group |
| Helen Poole | Deputy Managing Director, H&F Clinical Commissioning Group |
| Jane Wilmot | Lay member, H&F Clinical Commissioning Group |
| Nick Martin | Lay member, H&F Clinical Commissioning Group |
| Amy Wilson | H&F Clinical Commissioning Group – GP member |
| Mark Jarvis | Head of Governance and Engagement |

| Item | Agenda Item /Discussion | Action Owner |
|-------------|--|---------------------|
| 1. | Welcome & Apologies | |
| 1.1 | VA welcomed everyone to the meeting. | |
| 2. | Conflicts of Interest | |
| 2.1 | The general conflict of GPs as commissioners and providers was noted. No additional conflicts were declared. | |

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| 3. | Minutes of the last meeting | |
| | The committee approved the minutes of the last meeting, pending the inclusion of the word | |
| 4. | Matters Arising/Action Log | |
| 4.1 | The outstanding actions were reviewed and discussed. | |
| 5. | Integrated Performance Report month 3 – 2017/18 | |
| 5.1 | <p>The month 3 Integrated Quality and Performance Report was presented. LE provided a quality update and highlighted the following key themes:</p> <p><u>Imperial College Healthcare NHS Trust (ICHT)</u></p> <ul style="list-style-type: none"> • Referral to Treatment (RTT): The harm review process at Imperial continues for long waiters as previously reported with two cases of moderate harm reported in Orthopaedics. • Serious Incidents (SI's): The Trust continues to report SI's due to an increase in the number of Mental Health delays in the Emergency Department being reported. This has been presented at the A&E Delivery Board although no clear action plans or mitigations are in place to address what happens next therefore suggested escalating to September's governing body to obtain their viewpoint. LE said no clear solution was in place and the only action being taken was to commission additional capacity. JC responded that this issue had been escalated and raised through the A&E Delivery Board. TL added that the governing body and public should be informed of the long waits; lack of mitigations and action plans so members are aware how this issue was being addressed. VA reassured the committee that checks are carried out and patients continue to receive good care. She said the issue relates to the lack of adult mental health beds in the system and not the level of care being delivered but the CCG should be informed why the delays have occurred and whether the beds being offered are not local. LE acknowledged the monthly CQG discussions and meetings between the Chief Officer, Medical Directors and Imperial and the agreed escalation between CNWL and Imperial, but said a NWL Systemwide approach was required to address this and recommended that the pan North West London workstreams continue to focus upon this as a matter of urgency. JC said the committee could inform the governing body of the escalation process between CNWL and Imperial, however due to insufficient beds in the system may not alter the actions. <p>POST MEETING NOTE</p> <p>The Governing Body were asked to note that the committee discussed the deteriorating position in regards to twelve hour trolley breeches across North West London with 19 reported for July 2017. All 12 hour trolley wait breeches are attributed to mental health waits declared across North West London for 2016/17. The committees recommended that the pan North West London workstreams continue to focus upon this as a matter of urgency.</p> <ul style="list-style-type: none"> • Following the continued screening for CPE (carbapenemase-producing Enterobacteriaceae) a further 12 incidents of contamination occurred and were declared as a Serious Incident (SI). • Trust agreed to close the unit for a further 13 weeks to allow the full scale of work to be carried out. | LE |

- **Estates structural issues:** The structural issues highlighted at Imperial included a flood in the Jefferiss Wing which affected the sexual health clinic also cracks in the birthing unit ceiling identified from the structural survey. A decision regarding the appropriateness of this issue being an SI will be made once the initial investigation concludes. JC said that the birthing unit was closed for a one week period to allow work to be carried out but following further investigation more substantive structural problems became evident therefore the Trust agreed to close the unit for a further 13 weeks to allow the full scale of work to be carried out.
- JC said the Trust was trying to establish the communication and to address the choice and capacity issues to ensure those women affected were offered provision throughout the site and would continue to update the committee on progress. LE noted that all women affected have been diverted from the old building. Communication was being produced for distribution to GP practices and Associates.
- **Dermatology Referrals:** In line with the latest national NICE guidance and best clinical practice, the walk in clinic for dermatology referrals at Hammersmith hospital has been withdrawn therefore normal two week, urgent and routine pathways should be followed. The committee noted that until the 1st October referrals would be accepted with appointments allocated in line with national guidance. LE said that any patients that turn up on the day would be allocated an appointment but would not be seen on the day and informed the committee that communication had been issued to GP practices and Associates.

POST MEETING NOTE

The Primary Care Team sent comms out to all GP practices on Wednesday 23rd August together with the joint letter from Imperial and Hammersmith and Fulham CCG and agreed to include a copy in their weekly newsletter until the walk in service closes on Sunday 1st October 2017. The Primary Care Team will likewise ensure it gets discussed at forthcoming Network meetings during September in addition to the planned members meeting on Thursday 21st September 2017. Furthermore, the Collaborative Comms Team agreed to follow up with the Primary Care Network Teams across the 8 CCGs that comms was being issued to GP practices. The letter has also been shared with the Associates.

- **Headers on Outpatient letters:** It was reported that GP surgeries had revealed that a proportion of outpatient letters had been received from Imperial without headers on the letters due to an IT issue, which was currently being investigated. JC commented further on the inconsistency around the use of letterheads and instances where letterheads were excluded and that the CCG had obtained assurance from the Trust where accountability should sit and said that work was underway on the remedial action to resolve this issue. DH said that the process currently being used would be incorporated into the Trusts Systemwide system therefore should be more simplified once processes were developed.
- TL asked if patients would be affected. DH clarified that it was more of an issue when you carried out a look back exercise, as the hospital site that patients had attended was unclear.
- TL queried if GPs receiving the letters were unclear of the hospital. SS said the letter would include additional information to allow you to differentiate the hospital but if the letter included headed paper, it allows the GP practice to code it from the relevant provider.
- JC informed the committee that no GP practice in Hammersmith and Fulham had flagged this as an issue.

Out of Hospital Services

- VA said in terms of the out of hospital contract that there were two areas being monitored, the therapeutic range (TTR) of warfarin and level 2 diabetes. LE stated that the GP Federation were asked to provide assurance for the next meeting of the additional work being carried by GP practices to address variation and wide discrepancies between GP practices.

Chelsea and Westminster Hospital NHS Trust (CheWest)

- **Discharge Summaries:** LE reported an incident where discharge summaries and results were not sent out by CheWest to GP practices due to a server error but once the problem was rectified, it had distributed 8100 summaries to GP practices in one day. LE said Senior Trust Clinicians including the Medical Director would be reviewing all of the affected discharge summaries for risk of harm and would communicate directly with the GPs and patients.

DH provided a performance update and focused on the following key areas:

Imperial College Healthcare NHS Trust (ICHT)

- **Referral to Treatment (RTT):** DH mentioned the RTT issues at the Trust over the past year with performance continuing to be below the 92% incomplete pathway standard whilst backlog issues are resolved. He noted that the M3 performance showed a small improvement compared with M2, with the Trust ahead of the recovery trajectory target. DH said that the M4 performance (unvalidated data) shows a slight deterioration although the Trust should still meet the recovery trajectory target.
- **52-week waits:** DH reported that the Trust were off trajectory due to the data quality programme going through but remained within threshold of its revised 52-week recovery trajectory in M3, with 210 breaches against a recovery trajectory of 214. DH highlighted that for the first time since October 2016 there was a month on month increase, having dropped to 197 at M2. DH emphasised the need for more detailed recovery plans from the Trust. TL commented that going forward greater assurance was required from Imperial. DH explained that the Trust had well established processes in place for booking in patients and carrying out reviews. DH said LE and himself would be going to the next Collaborative Quality and Performance Committee to provide an update on Imperial.
- **Cancer:** DH informed the committee that Imperial achieved the standard for first definitive treatment of urgent GP referral within 62-days in April and June and expected to achieve it in July (performance yet to be confirmed), in addition to delivering the recovery trajectory, the greatest performance by Imperial since November 2015. DH said this demonstrates that the issues experience in M1 and 2 relating to the breast service have now been resolved with the Trust achieving the two week wait for first appointment from GP referral.
- DH highlighted that the Trust also met all other national and local standards in M3. He said there was a higher than normal number of breaches being reported in August and as a sector the priority was to achieve the standard in September but there was a risk it may not be achieved. DH stated that in moving forward Imperial would be aiming for over-delivery in order to help NWL deliver as a sector.

