

## CWHHE CLINICAL COMMISSIONING GROUPS COLLABORATIVE

### Minutes

#### Quality & Performance Committee

Thursday 22 June 2017, 12.00 – 1.00pm  
15 Marylebone Road

#### Members in attendance

Jonathan Webster (JW)	Director of Nursing and Quality, CWHHE CCGs (Chair, also presented item 6)
Dr Mona Vaidya (MV)	Vice Chair, Central London CCG
Dr Niamh McLaughlin (NM)	GP Governing Body member, Central London CCG
Jonathan Boyd (JB)	Assistant Director of Quality Improvement and Clinical Assurance, Hounslow CCG CCG / CWH E CCGs
Gordon Turner (GT)	Assistant Director of Quality Improvement and Clinical Assurance, Ealing CCG CCG / CWHHE CCGs
Liam Edwards (LE)	Assistant Director of Quality Improvement and Clinical Assurance, Hammersmith & Fulham CCG / CWHHE CCGs
Michael Roach (MR)	Assistant Director of Quality Improvement and Clinical Assurance, West London CCG / CWHHE CCGs
Carmel Cahill (CC)	Governing Body Lay member and quality lead, Ealing CCG
Michael Morton (MMo)	Governing Body Lay member, Central London CCG

#### Non-members

Prodine Kubalalika (PK)	Lead Nurse Infection Prevention and Control, CWHHE CCG's (item 5)
Beverley Braithwaite (BB)	Operations Manager, IFR team CWHHE CCG's (item 6)
Cathy Bowyer (CB)	Corporate Governance Officer, CWHHE CCG's (minutes)

#### Minutes

	Business Items	Action
<b>1.</b>	<b>Welcome &amp; Apologies</b>	
1.1	Apologies were received from Vanessa Andreae and Trish Longdon.	
<b>2.</b>	<b>Declaration of interests</b>	
2.1	No interests were declared other than those previously identified.	
<b>3.</b>	<b>Minutes from the previous meeting</b>	
3.1	The minutes from the meeting on 27 April 2017 were agreed as a true and accurate record.	
<b>4.</b>	<b>Matters arising and outstanding actions</b>	

CWHHE is a collaboration between the Central London, West London, Hammersmith & Fulham, Hounslow and Ealing Clinical Commissioning Groups

4.1	Act. 83 An update was provided regarding paediatric transfers by London Ambulance Service (LAS), and it was noted treatment was not being provided immediately due to a lack of specific training. NM (CLCCG) raised whether the child could be referred to a paediatric hub; this would be part of a discussion with LAS.	
<b>5.</b>	<b>Terms of Reference</b>	
5.1	The committee acknowledged receipt of the Collaborative Quality and Performance Committee Terms of Reference circulated for comment.	
5.2	In respect of CCG agreement and feedback, the following was offered: <ul style="list-style-type: none"> <li>• there was support from West London CCG.</li> <li>• Central London CCG also confirmed support, adding that working in this way would assist with incorporating the moving landscape whilst picking up any issues across the five CCG's; other members were in agreement.</li> <li>• Ealing CCG feedback highlighted that the volumes of quality work; particularly relating to primary care commissioning and concerns with central contracts, further reinforced the need for this committee.</li> <li>• Hounslow CCG expressed their support via Jonathan Boyd, their Associate Director of Quality Improvement and Clinical Assurance.</li> </ul>	
5.3	In respect of the membership indicated and governance matters, BW emphasised that the Chair or Vice Chair of CCG and Chair or Vice Chair of the CCG local committee were core members; also that lay membership would be adequately represented with two as the minimum. JD – safeguarding representative should be added to core membership.	
5.4	Additional comments included; regular interaction would be required between the local CCG and this committee, with the aim of maintaining sight of local data. There was also recognition that this may need to spread across the eight CCG's in NWL.	
5.5	The committee <b>endorsed</b> the terms of reference for presentation to Governing Bodies in July for approval.	
<b>6.</b>	<b>IFR policy update</b>	
6.1	BB presented the updated policy, highlighting some of the changes and further clarity had been provided in some areas, for example clinical trials funding. <ul style="list-style-type: none"> <li>• a clinical gatekeeper style system had been introduced to triage exceptional cases;</li> </ul>	
6.2	<ul style="list-style-type: none"> <li>• the appeals process was now independent of IFR panel; and</li> <li>• explicit patient consent had been added as a requirement for IG reasons, this would be the clinicians responsibility to obtain.</li> </ul>	
6.3	The committee <b>approved</b> the policy with the caveat that a note be included to state that the patient was not precluded from treatment when consent was withheld.	
<b>7.</b>	<b>CWHHE Health Care Associated Infection annual report 2016/17</b>	
7.1	Prodine Kubalalika introduced the annual report and mentioned the key items.	
7.2	Nationally, C-diff figures had stagnated. However, CWHHE had seen favourable	

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	decreases.	
7.3	There had been cases of influenza and norovirus reported in Ealing care homes over a period of two weeks between December 2016 and January 2017. Training and support was offered to assist where control measures were found to be lacking.	
7.4	The challenge set out in November 2016 by the government of a 50% reduction target in E.coli blood stream infections, would be a challenge with the resources available.	
7.5	The committee <b>approved</b> the report.	
<b>8.</b>	<b>Patient Transport Services Eligibility Assessment Review - Stage One</b>	
8.1	The committee noted the paper.	
<b>9.</b>	<b>NWL 62 day cancer plan</b>	
7.1	The committee noted the paper.	
<b>10.</b>	<b>AOB</b>	
10.1	There were no items raised as any other business.	
Date of next meeting – 5 October 2017.		