

QUALITY, PATIENT SAFETY AND RISK COMMITTEE MEETING
Tuesday 24th October 2017

St Paul's Church, Hammersmith, Queen Caroline Street, London W6 9PJ

Governing Body Members Present:		
Vanessa Andreae	H&F CCG Vice Chair/Practice Nurse (Chair)	VA
Trish Longdon	Lay member, H&F Clinical Commissioning Group (Chair)	TL
Jane Wilmot	Lay member, H&F Clinical Commissioning Group	JaW
Amy Wilson	GP member, H&F Clinical Commissioning Group	AW
Pritpal Ruprai	GP member, H&F Clinical Commissioning Group	PR
Sena Shah	Practice Manager member, H&F Clinical Commissioning Group	SS
Pippa Street	Deputy Director of Quality, Nursing and Patient Safety, CWHHE	PS

CCG Officers in attendance:		
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
Nnenna Eke	AD for Quality & Safety (Central Contracts)	NE
Olivia Clymer	Chief Executive Officer, Healthwatch, CWL	OC
Mak Inayat	Safeguarding Children Lead, Central London CCG	MI
Amy Crofts	Named GP for Child Safeguarding, Hammersmith and Fulham CCG	AC
Margaret Kelly	Business Support Manager, H&F Clinical Commissioning Group (minutes)	MK

Others in attendance:		
Olivia Clymer	Chief Executive Officer, Healthwatch	OC

Apologies:		
Mark Jarvis	Head of Governance and Engagement	
Beverley Mukandi	Safeguarding Children Lead, H&F Clinical Commissioning Group	
Andy Petros	Secondary Care Consultant, H&F Clinical Commissioning Group	

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 were noted. No additional conflicts other than those published were declared.	
3.	Minutes of the last meeting	
	The committee approved the minutes of the last meeting.	

4.	Matters Arising	
4.1	<p>VA commented on the LAS deep dive discussed at the last meeting and questioned the governance route and process and asked if such items should be discussed at Clinical Quality Group (CQG) level. LE explained that by bring the item to the committee; it provides additional assurance on a particular theme that remains on-going. OC said it provides added value, accountability and allows members the opportunity to challenge it. VA said this committee does not want to duplicate the work raised elsewhere at collaborative level, therefore need to be clear of the pathway and how such items are dealt with, until the new NWL committee structures are in place. PS said it was important that this committee was clear on the level of detail it wished to receive, but not to repeat the work happening elsewhere at other committees.</p>	
5.	Action Log	
5.1	The outstanding actions were reviewed and discussed; please refer to action log for updates.	
6.	Central Contracts Q1 Report – 2017/18	
6.1	<p>NE introduced the Q1 Central Contracts report. She informed the committee that Quality Assurance visits were carried out to all the 4 AQP Termination of Pregnancy (TOP) Services. She noted that the providers had devised an action plan to mitigate for the risk identified and to reduce any potential risk to patient safety, with a follow-up review visit planned for November to ensure continuous quality improvement and to make sure all agreed action plans were being implemented.</p> <p>NE noted that Quality assurance visits are underway for BMI, with planned visits in November to BMI Clementine Churchill Hospital and BMI Bishop’s Wood with the focus of the visits to seek assurance for concerns highlighted via recent CQC inspection reports and local intelligence gathered through serious incidents reporting. NE added that the Quality and Risk Committee to be chaired by the BHH Director of Quality and Safety was reinstated. NE said the group planned to meet in October and would be reviewing the quality of all reports provided.</p> <p>NE highlighted the improved quality reporting at Imperial following discussions with the service lead at the Trust for their community contracts. She added that the Trust would report on the quality indicators in line with the NWL core quality requirements for all the community contracts with any concerns raised to be escalated to the CQG.</p> <p>JaW sought clarification from NE on the contracts that the Central Contracts Team was responsible for managing and the particular areas and asked if the team were reporting on quality and safety. NW clarified that the Central Contracts Team was response for the management of a number of smaller contracts across NWL CCGs but not all small contracts. NE agreed to include on the cover sheet for the next quarterly report a list of all CCG contracts under the central contracts remit for the next meeting and to report to the committee by exception. VA added that Central Contracts were responsible for the management of all areas of the smaller contracts not managed elsewhere.</p> <p>NE noted that four complaints were received regarding staff communication and cancellation of appointments at InHealth. She reassured the committee that all complaints have been investigated with appropriate action taken to address the concerns.</p>	NE

TL commented on the RTT 52 week wait position and further deterioration, with people in H&F having to wait over a year to receive their treatment. LE explained that the deterioration in the 52 week position was also affecting London and was a national concern with Imperial accounting for circa 25% of the national 52-week waiters. LE added that a Task Force was established to review data entry to determine why this was happening, with bi-weekly Steering Group meetings also in place involving the CCG, NHS England and NHS Improvement. LE explained that an external review was also planned following the intensive support teams report, to support the Trust and to prevent miss-recording issues.

TL commented that 52-week waiters are a hugely affected group and sought reassurance that the revised trajectory had improved. LE clarified that based on current information it showed an improvement, and the Trust had plans in place to address current data issues but cannot provide assurance that no further data would be uncovered. TL asked that the committee escalate to the governing body that patients are waiting over a year to receive their treatment. The Trust has plans in place to address this issue; however these plans would need to be monitored strategically. LE informed the committee that the Trust had started to roll out competency-based training to address the issue of miss recording of patients.

Cancer: AW informed the committee that Dr Sarah Whiteside, Macmillan GP for Hammersmith and Fulham CCG was working with Imperial to obtain appropriate end of treatment summaries, as opposed to receiving a clinic letter, to be distributed to all GPs for cancer patients, at the end of their primary course of treatment.

POST MEETING NOTE:

Sarah explained that this would form a vital part of the recovery package which all cancer patients should have access to by 2020. See link with further details:

<https://www.england.nhs.uk/wp-content/uploads/2016/04/cancer-guid-v1.pdf>

This has been made a priority by the Imperial-Macmillan Partnership but the CCG await a guaranteed commitment from the Trust around what it will provide. A further update to be provided once a firm commitment has been obtained from the Trust.

Serious Incidents: LE reported a break in reporting 12-hour mental health breaches from Imperial. He added that this was currently being investigated to determine whether there was any under reporting or a decrease in occurrence.

Vocare Urgent Care Centre at St Mary's: LE said the CQC report following their visit to the site showed an overall rating of 'Inadequate' placing them in 'special measures'. He added that a recovery plan had been created by Central London CCG, the lead commissioner, in conjunction with Vocare.

St Marys Birthing Unit: LE informed the committee that following the major structural issues at the Birthing Unit that all women booked were offered alternative facilities over the next three months, whilst the unit was closed to allow the extensive work to be carried out. He added that the unit was expected to remain closed until December 2017.

Accident and Emergency Friends and Family Test (FFT): LE reported that the response rates continue to be below target. He added that additional efforts were being employed to achieve the 20% rate; however acknowledged that this was a stretch target for the Trust.

MK/LE

	<p>Maternity: Following a recent CQC inspection across the three hospital sites, Charing Cross, Hammersmith and St Mary's hospital, it highlighted that St Mary's Hospital maternity services 'requires improvement'.</p> <p>Screening for CPE (carbapenemase-producing Enterobacteriaceae) CPE: Following the continued screening for CPE a further 13 incidents of contamination have been reported and declared as a Serious Incident. LE noted that H&F CCG are working closely with the Trust to resolve a placement issue for one particular H&F patient.</p> <p>The committee noted the month 5 quality update and level of assurance provided on the work that the commissioners are doing to monitor, improve and address patient safety.</p>	
8.	Any Other Business	
8.1	No other business was discussed.	
Date of next meeting: Tuesday 28th November, 12.30 - 3.00 pm, St Paul's Church, Hammersmith		