

Item: 14 (iv)

<b>Date</b>	Tuesday, 15 January 2019
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<b>Title of paper</b>	<b>Shadow joint Quality &amp; Performance (Q&amp;P) Committee</b>
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<b>Presenter</b>	Diane Jones, Chief Nurse & Director of Quality				
<b>Author/s</b>	Diane Jones, Chief Nurse & Director of Quality				
<b>Responsible Director</b>	Diane Jones, Chief Nurse & Director of Quality				
<b>Clinical Lead</b>					
<b>Confidential</b>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

<b>The Governing Body is asked to:</b>
<b>Note</b> the update from the shadow joint Quality and Performance Committee

**Summary of purpose and scope of report**

The shadow joint Q&P Committee is a committee of all eight CCGs in the North West (NW) London Collaboration of CCGs. The second meeting was held on 6 December 2018. It remains a shadow committee meeting until the Terms of Reference are signed off by all 8 CCGs, which will be in March 2019.

**Governance arrangements**

The meeting reports to the Joint Committee where an overview of the discussions is shared and the Joint committee is asked to take assurance from the discussions held at the Q&P Committee.

The joint Q&P Committee also has a direct reporting line to each CCG Quality Committee, where each CCG QC chair is represented on the Q&P committee. The committee reviewed the Terms of Reference and felt there needed to be further details of how quality is/ will be managed locally through the CCG quality committees and strategic overview. Once this was clearer, the Terms of Reference could be considered.

It was agreed to bring a paper to the next Q&P Committee outlining

- What are we trying to achieve
- What is the role of different groups/ organisations/ individuals
- What happens at NWL level and locally
- What are the functions and rhythms of different meetings
- What do we do strategically and what do we do operationally

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**Areas of focus:**

These are the topics of focus discussed at the December joint Quality and Performance Committee:

- Cancer performance
- Infection, Prevention & Control strategy
- Fractured Neck of Femur

**Cancer deep dive**

Lizzie Bovill and the performance team presented a paper to illustrate NW London performance against the constitutional cancer standards in 2017/18 and current year (2018/19) to date. The paper highlighted that whilst there had been consistent achievement in 2017/18, this had deteriorated as of month 3 2018/19, with specific issues in the Gynaecology and Prostate pathways. There has been a significant increase in referral demand, which impacts on provider performance and patient experience and outcomes. Shared pathway thematic analysis will continue to be shared with Clinical Quality Review Groups (CQRG)

The performance and quality teams continue to work together to both identify and mitigate sector risks, utilising network partnership to drive improvements for patients and to assure the Governing Body.

**Infection, Prevention and Control (IPC) strategy**

The interim IPC leads presented a paper outlining how the NW L CCGs could / should consider its strategy for reducing Gram Negative Blood Stream Infections (GNBSI), which is the main cause of sepsis or septicaemia. E Coli is the main organism to be targeted. 80% of E coli are community onset and 20% hospital onset/ acquired.

In 2016, it was announced by Department of Health that there is an aim to achieve a 50% reduction in GNBSI by March 2021 and 50% reduction of the number of inappropriate antibiotic prescriptions by March 2021.

The NW London approach will focus on work streams:

- Community and primary care prevention and management of infections.
- Improving IPC standards of care.
- Improving Medicines Management and prescribing
- Working in partnership with providers on specific initiatives.

The strategy will improve patient experience, patient safety and patient outcomes as the prevalence of GNBSI will mean less people are affected.

A multi organisation steering group will be set up in January 2019 to take forward the strategy and it is keen to have primary care / GP lead as part of the group. However, it was also recognised that there is a lot of emphasis on primary care transformation; therefore we are looking at how the work does not become onerous on clinical staff in primary care.

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**Fractured Neck of Femur**

The quality team presented a paper on fractured Neck of Femur (NOF) which showed:

- The national position and local context, and provided recommendations based on research and locally held information.
- 75,000 patients experience a hip fracture/ fracture NOF each year at a cost of approximately £2 billion as well as the impact of loss in mobility which cannot be underestimated. This incident has a high mortality rate at by / within 30days of the fracture (approximately 7%). National Hip Fracture Database (NHFD 2018)
- 30% of cases are for patients from residential and nursing homes, of which 2/3 and 1/3 respectively (NHFD 2018)

The paper presented best practice as shown by NICE guidelines. The Committee discussed the best practice tariff and agreed that this should be encouraged to support providers to meet all the KPI's.

All providers have an active programme to reduce falls; many have a falls group or board which reports to the CQRG.

The paper made recommendations for

- Jointly review the rate of falls by borough and the contributory factors to enable prevention
- Commissioning: e.g. promoting the best practice tariff
- Providers: e.g. falls prevention programme

The Governing Body can be assured that there were robust discussions on each of the topics.

The full suite of papers have been circulated to members

**What are the benefits of this project?**

The benefits of working in this way enables CCGs and its officers to be more efficient by sharing items for discussion once, rather than eight times, as long as they are done in a way that enables each legal entity to demonstrably discharge its statutory duties.

**Patient, staff and stakeholder engagement**

The Committee recognises the need to invite additional lay members to be part of the group, as well as a health watch representative.

The Terms of Reference has been shared with the Health Watch representative that sits on the Joint Committee, who will discuss with NW London colleagues.

Lay members will be invited to select themselves / or be nominated following completion of the lay member review. Where a lay member chairs the local Quality Committee, they are members of the Quality and Performance Committee.

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<b>Jargon buster</b>
Abbreviations are explained in the text.

<b>Quality &amp; Safety</b>
Quality and safety issues are discussed in each of the papers. There was a request for the Fractured Neck of Femur paper to be presented at the NW London Clinical Board, which will be arranged before April 2019.
<b>Equality analysis</b>
None undertaken for this report.

<b>Finance and resources</b>
Financial considerations feature in individual reports.

Risk	Mitigating actions
The papers support the NW London Board Assurance Framework (BAF) in wanting all providers to achieve a rating of good or better at the next CQC inspection.	There are a range of controls which are referred to by the BAF.

<b>Supporting documents</b>
Full suite of papers previously circulated.

<b>Conflict of interest</b>
There has been no conflict of interests identified.

<b>Governance, reporting and engagement</b>		
Name	Date	Outcome and where in the report can you find out more
Shadow joint Quality and performance Committee	6 December 2018	This is a summary report of that meeting highlighting where the GBs can draw assurance.