

APPROVED 6 DECEMBER 2018

## NW LONDON CLINICAL COMMISSIONING GROUPS Minutes

### Quality & Performance Committee

Thursday 18 October 2018, 15:00 – 17:00  
87-91 Newman Street, W1T

Item A4

#### Members in attendance

Diane Jones (DJ)	Chief Nurse and Director of Quality NWL CCG's (acting Chair)
Mark Easton (ME)	Chief Officer, NWL CCG's
Dr Ian Goodman (IG)	Chair of Quality Committee, Hillingdon CCG
Dr Afsana Safa (ASa)	Chair of Quality Committee, Central London CCG
Dr Andrew Steeden (ASt)	Chair of Quality Committee (Deputy), West London CCG
Dr Nicola Burbidge (NB)	Chair of Quality Committee, Hounslow CCG
Lizzy Bovill (LB)	Director of Performance, NWL CCG's (and item 10)
Ben Westmancott (BW)	Director of Compliance, CWHHE CCG's
Dr MC Patel (MCP)	Chair, Brent CCG
Mary Clegg (MC)	Managing Director, Hounslow CCG
Tessa Sandall (TS)	Managing Director, Ealing CCG
Javina Sehgal (JS)	Managing Director, Harrow CCG
Sheikh Auladin (SA)	Managing Director, Brent CCG
Susan Roostan (SR)	Deputy Managing Director, Hammersmith & Fulham CCG

#### Non-members in attendance

Karen Brown (KB)	Designated Adult Safeguarding and Clinical Quality Manager, Hounslow (item 6)
Julie Hulls (JH)	Designated Nurse Safeguarding Children, Hounslow (item 6)
Richard Christou (RC)	Designated Adult Safeguarding and Clinical Quality Manager, Ealing (item 6)
Sue Pascoe (SP)	Deputy Director for Care Home Quality Improvement (item 6)
June Farquharson (JF)	Assistant Director of IFR / PPWT (item 7)
Chakshu Sharma (CS)	Senior IFR Business Manager (item 7)
Jack Phillips (JP)	IFR Business Manager (item 8)
Jeff Boateng (JB)	Deputy Director of Delivery & Performance (item 11)
Jonathan Pearson (JP)	Head of Performance Acute and Urgent Care (item 11)
Jennifer Roye (JR)	Deputy Director Quality & Safety, Quality & Safety Team, BHH CCG's (items 12 and 13)
Mary Mullix (MM)	Director of Quality, Nursing & Patient Safety, CWHHE CCG's (item 14)
Cathy Bowyer (CB)	Corporate Governance Officer, NW London CCGs (minutes)
James Stanton (JS)	Governance Officer, NW London CCGs (observing)

APPROVED 6 DECEMBER 2018

**Minutes**

	<b>Business Items</b>	<b>Action</b>
<b>1.</b>	<b>Welcome &amp; Apologies</b>	
1.1	Apologies were received from the members below:	
1.2	<ul style="list-style-type: none"> <li>• Carmel Cahill, Chair of Quality Committee, Ealing CCG;</li> <li>• Dr Rachael Garner, Chair of Quality Committee, West London CCG (AS attending on behalf of);</li> <li>• Richard Smith, Chair of Quality Committee, Harrow CCG;</li> <li>• Dr Vanessa Andreae, Chair of Quality Committee, Hammersmith and Fulham CCG;</li> <li>• Caroline Morison, Managing Director, Hillingdon CCG;</li> <li>• Jules Martin, Managing Director, Central London CCG; and</li> <li>• Louise Proctor, Managing Director, West London CCG.</li> </ul>	
<b>2.</b>	<b>Declaration of interests</b>	
2.1	No further interests were declared other than those previously identified.	
<b>3.</b>	<b>Minutes from the previous meeting</b>	
3.1	It was noted the meeting held on 26 April 2018 was held with the Central London, West London, Hammersmith & Fulham, Hounslow and Ealing (CWHHE) CCG's only. The minutes were agreed as a true and accurate record.	
<b>4.</b>	<b>Matters arising</b>	
4.1	The members present reviewed the minutes of the previous meeting and agreed there were no matters to discuss, with the actions being addressed.	
<b>5.</b>	<b>Review Terms of Reference</b>	
5.1	Regarding the Lay Member representation at the committee, it was commented upon that the membership lacked their presence. ME reported that at a recent meeting with the Lay Member cohort, lay members were keen to see the committee put in place and welcomed the attendance of those members.	
	Comments regarding the Terms of Reference included:	
5.2	<u>Membership –</u> As stated in the document, it was agreed the Chair of the committee would be a Lay member. However, there was concern expressed in regard to whether the additional lay Chair and three lay CCG quality committee chairs was sufficient lay member involvement; this would be addressed following the lay member review currently being undertaken.	
5.3	Membership of the Healthwatch representative was agreed, with the next step to determine the individual.	
5.4	It was decided that CCG Chairs would also be invited to attend.	
5.5	<u>Purpose and responsibilities –</u> Regarding the duties of the NWL CCG's Quality and Performance Committee against those of the individual CCG committees, there was a need to be specific. More specifically, the role of this committee was to play a part in aligning the areas of	

APPROVED 6 DECEMBER 2018

<p>5.6</p> <p>5.7</p> <p>5.8</p> <p>5.9</p> <p>5.10</p>	<p>concern.</p> <p>As an example, if a risk/issue was raised by one CCG, this committee was to be made aware; whereby the discussion would recognise similar issues experienced across other NWL CCG's, with a collective response being provided. A process for formal escalation to this committee was required; this would be presented and endorsed if necessary at the next meeting.</p> <p>Agenda planning for this committee would include:</p> <ul style="list-style-type: none"> <li>• Quality and performance risks/issues discussed at each meeting;</li> <li>• 'Deep Dives' into different areas of commissioning which would be prioritised on a risk basis, to provide a focus on a particular topic of concern or interest, to include;             <ul style="list-style-type: none"> <li>○ Cancer (by speciality) <b>next meeting</b></li> <li>○ Fractured hip (Neck of Femur/ NOF) <b>next meeting</b></li> <li>○ Serious Incident pathway</li> <li>○ National reports; serious case reviews</li> <li>○ System wide learning re transformation</li> <li>○ Disabled patient care learning disability specialist nurses.</li> <li>○ Mortality reviews</li> <li>○ Pressure ulcers</li> </ul> </li> <li>• One of the CCGs strategic objectives was to ensure that all of our providers were to achieve good or better in the next CQC inspection. Providers would be invited to attend whereby scrutiny would be performed on improvement plans; however, there was a need to be clear on the role of this committee and whether the mandate existed to do this.</li> <li>• Integrated Quality &amp; Performance report</li> <li>• Annual quality report (Patient safety, patient experience &amp; clinical outcomes)</li> <li>• Annual Individual Funding Requests (IFR) report</li> <li>• To agree Planned Procedure with a Threshold (PPwT) policies/ decisions</li> </ul> <p>Nb. When reviewing reports prepared across the CCG's, there would be clear requirements for the purpose of its presentation; ensuring that the same report was not presented at multiple committees generating the same conversation. Equally there was a necessity that authors were not required to generate many different reports with the same detail. In the interest of transparency and public accountability, where the reports were to be presented in the public domain, the detail was to be as clear as possible.</p> <p><u>Frequency –</u> Shown as monthly, this was to be amended to no less than five times a year. The performance report would contain the most recent raw data. Any issues which contained raw data and were subsequently referred on to the Joint Committee would be updated to make use of validated data so that it could be shared publicly.</p> <p>Consideration should be given to the sequencing and respective roles of meetings: including the Clinical Quality Group, CCG Quality and Performance Committee, NWL CCG's Quality and Performance Committee, NWL CCG's Joint Committee and CCG Governing Body. This is a planning matter and links to the timing of NWL CCG's Joint Finance Committee.</p>	<p>CB277</p>
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APPROVED 6 DECEMBER 2018

5.11	As the committee would remain in shadow form until such time as the sovereign governing bodies were content to grant the committee with decision making powers.	
5.12	The Committee <b>noted</b> that the Terms of Reference would be amended with the points raised above, following which they would be circulated to Lay Members for feedback and brought back to this committee for approval ahead of presentation at the NWL CCG individual Governing Body meetings in January 2019.	<b>DJ / CB 278</b>
<b>Safeguarding reports (items 6 and 9)</b>		
	The Committee agreed to receive items 6 and 9 together.	
6.1	<u>CWHHE Annual Safeguarding report 2017/18 –</u> The committee were informed that the report was being presented at this meeting, ahead of the statutory requirement to present at NWL CCG governing bodies in November. It contained updates and achievements for the year, as well as the priorities for the coming year.  Matters raised in discussion included:	
6.2	<ul style="list-style-type: none"> <li>Whether homelessness work across Ealing met the diverse safeguarding needs.</li> </ul>	
6.3	<ul style="list-style-type: none"> <li>The landscape was complicated; due to the move to delegated commissioning the commissioning had changed from being provided to funded and this had resulted in different approaches. In respect of primary care safeguarding, clarity was required around how much was addressed at this committee and how much was at CCG level.</li> </ul>	
6.4	<ul style="list-style-type: none"> <li>The issues with safeguarding within primary care and care homes challenged thinking in regard to what good and safe needed to look like. A quality matrix within the primary care dashboard was being worked through, and there were good models in relation to care homes but consistency would be helpful across the collaboration. Ideally, a proactive rather than reactive approach would be preferred but was difficult to achieve.</li> </ul>	
6.5	<ul style="list-style-type: none"> <li>The training of providers to achieve compliance in reporting Serious Incidents (SI's) was discussed and one of the biggest challenges was the transient workforce and knowledge retention; however, work was being carried out to determine and support providers where possible in achieving consistency.</li> </ul>	
6.6	The Committee suggested that the annual report should be presented at this committee only, with the caveat that a sufficient amount of discussion with Lay Members was done.  -----	
9.	<u>CWHHE Safeguarding Q3 2017/18 report –</u>	
9.1	The report was taken as read and noted.	
7.	<b>IRF annual report 2017/18</b>	

**APPROVED 6 DECEMBER 2018**

7.1	The purpose of the report was to provide a summary of the outcomes of the Individual Funding Request (IFRs) applications received within year 2017/18 (April 2017 to March 2018).	
7.2	There were strict guidelines for completion of the application form, with the next stage being the clinical triage panel. Following a comment regarding the complexity of the application, it was agreed that the detail required was necessary and relevant to determine clinical exceptionality.	
7.3	In 2017/18, a total of 371 IFRs were received of which 64 (17%) were approved, 251(68%) declined by the IFR Panel or rejected by Clinical Triage, 51 (14%) IFRs were discharged by Clinical Triage and 5 IFRs (1%) were withdrawn by the Applicant.	
7.4	The Committee enquired regarding whether there was any information available in regard to the 64 cases which were approved, particularly relating to outcomes and/or improvement post procedure vs application stage; JF responded this it would be difficult to measure.	
7.5	The Committee <b>noted</b> the report.	
<b>8.</b>	<b>PPwT clinical audit report</b>	
8.1	The PPwT audit was primarily intended to assure NWL CCG's that the self-authorisation process that underpins PPwT was being appropriately used by providers.	
8.2	The audit covered three NW London Trusts; Imperial College Healthcare Trust (ICHT), London North West Hospital Trust (LNWHT) and The Hillingdon Hospitals NHS Foundation Trust (THH).	
8.3	The audit was unable to take place at Chelsea and Westminster NHS Foundation Trust (CW) due to the Trust's omission in including patient consent via the questionnaire for the audit team to view their medical notes. This has been escalated as a contractual matter.	
8.4	Across the audited Trusts, there was evidence found to demonstrate that the patient met the criteria for treatment in 81.4% of notes, on average, indicating a high rate of compliance with policy.	
8.5	The Committee endorsed the report and thanked the IFR team for their hard work and robust processes.	
<b>10.</b>	<b>NW London CCG's Performance briefing</b>	
10.1	LB introduced the item, asking the Committee to note the content and provide any feedback on its format for future reporting. The report provided a 2018/2019 Performance overview of Acute, Mental Health and the Improvement and Assessment Framework.	
10.2	Accident and emergency performance had seen improvement across all sites, with Chelsea and Westminster NHS Foundation Trust (CW) being the most improved, elevating the NWL STP position.	
10.3	It was raised that the cancer performance presentation RAG rating system implied that	

**APPROVED 6 DECEMBER 2018**

	if a patient was waiting 62 days it was rated green which was acceptable, this should not be the case. There was a risk that the current rag rating system was making the NWL CCG's complacent.	
10.4	LB responded that the rating system reflected constitutional standards and the contracts held with providers. However, this would be biased towards specialties with large numbers.	
10.5	In addition to the comment above, the question was raised as to at what point in the 62 days people were receiving treatment and a thematic analysis to show the specialty and provider would be helpful. It would be helpful going forward to have a joined up performance and quality committee presentation.	<b>DJ / LB 279</b>
10.6	LNWHT had transferred a number of cancer cases to ICHT in efforts to address the issue of a severe 62 day backlog. The Committee were informed there was an ongoing investigation between ICHT and LNWHT in regard to gynaecological cancer referrals and treatments, which could potentially create two serious incidents.	
10.7	There had been a new LNWHT team recruited in the last three months to assist with meeting the performance targets, there was a list of outcomes expected and LB would bring a briefing to the next meeting of this committee.	<b>LB280</b>
10.8	ME mentioned that within the performance presentation for the meeting with the regulators, it would assist greatly if there were an additional column in the main pages and table to show the mental health trusts.  The Committee <b>noted</b> the report.	
<b>11.</b>	<b>NW London Referral To Treatment (RTT)</b>	
11.1	LB stated RTT was under national scrutiny, particularly the number of patients waiting over 52 weeks. The overall expectation was at a minimum, that the number was reduced by at least 50 per cent (from March 2018) by March 2019, with the overall objective of zero 52 week waiters. The report shows what is being done with the trusts to manage the backlog.	
11.2	Generally, the performance was good against the 52 week standard; the question was whether the waiting lists could be halved.	
11.3	The current risk was the LNWHT contract as there had been substantial investment but targets were not being met. There was a lack of confidence that there were any actions available to the commissioners, LNWHT appear to have overcommitted in the contract and work was being done with the Trust to work out how to address this.	
11.4	It was reported that Chelsea and Westminster NHS Foundation Trust (CW) were carrying out work which had been passed to them by LNWHT, there was however, uncertainty as to whether the CCG's were aware of the transfer.	
11.5	ME reported that the providers were to establish an Elective Care Network, this was agreed at a provider board meeting recently. The Elective Care Transformation Programme was supported by NHS England to assist local clinicians and commissioners in changing how patients referrals into services.	

APPROVED 6 DECEMBER 2018

	The Committee <b>noted</b> the report.	
<b>12.</b>	<b>The Hillingdon Hospital Briefing Paper</b>	
12.1	The Committee considered a briefing on the current Quality and Safety issues within The Hillingdon Hospitals NHS Foundation Trust (THHFT).	
12.2	An internal investigation was being carried out, to determine how decommissioning of the pain clinic was managed internally.	
12.3	The Committee heard that there was an opportunity for Chairs to meet with a representative of THHFT in the coming week.	
12.4	As Chair of the quality committee in Hillingdon CCG, as well as CCG Chair of the Hillingdon CCG Governing Body, IG stated that the CCG was not confident of the Trust Board's awareness of all the issues. The scrutiny panel had been very concerned and NHSI had raised the concerns with the Trust Board.	
	The Committee <b>noted</b> the report.	
<b>13.</b>	<b>London North West University Healthcare Trust (LNWHT)</b>	
13.1	The paper was presented and provided the outcome and current status of London North West University Healthcare Trust post CQC inspection which took place 6-9 June 2018.	
13.2	There were 29 actions associated to six requirement notices. There were 74 additional actions the CQC identified as should make improvement and the Trust was currently finalising their improvement plan to share with CQC.	
13.3	Once the improvement plan had been reviewed by the CQC, the commissioners would receive it. Although Dame Jacqueline Docherty had invited Brent CCG to discuss the plan, it had not been raised elsewhere and it was important for this to be picked up.	
13.4	It was recognised that the improvement plan would not have been reviewed by the CQC in time for the quality summit on 6 November 2018.	
13.5	DJ as Chief Nurse, agreed to make efforts to obtain the improvement plan. If this was not possible, then ME agreed to contact Dame Jacqueline Docherty to request it be sent to the executive office.	<b>DJ / ME 281</b>
	The Committee <b>noted</b> the report.	
<b>14.</b>	<b>West London NHS Trust provider overview</b>	
14.1	The Trust was previously known as West London Mental Healthcare Trust and changed its name on 25 September 2018 to West London NHS Trust to reflect the wider diversity of its services.	
14.2	The briefing provided a status report for the Committee on the current quality issues and developments within West London NHS Trust, including actions taken by the CCG quality team as well as assurances on progress made against those actions. Concerns had been raised previously regarding the Trust's incident reporting culture and identifying and sharing learning from incidents.	

**APPROVED 6 DECEMBER 2018**

14.3	In contrast, there was positive feedback regarding support for medical staff such as juniors. The new lead had also increased the collaborative working pace, and the serious incidents had been reduced by nearly 60%.	
14.4	There had been a CQC visit to the forensic facility at Broadmoor Hospital, which received a positive review.	
14.5	As a result of the completed and future improvements, the hope was that there would be a more positive CQC next time round.  The Committee <b>noted</b> the report.	
<b>15</b>	<b>AOB</b>	
	It was confirmed that as per the agenda planning items shown in 5.7 above, the following focus areas would be required at the next meeting: <ul style="list-style-type: none"> <li>• Cancer (by speciality)</li> <li>• Fractured hip (Neck of Femur/ NOF) next meeting</li> </ul>	