

GOVERNING BODY OF THE SHADOW CCG
(Hammersmith and Fulham)

QUALITY, PATIENT SAFETY & RISK COMMITTEE MEETING

Tuesday 27th January 2015, 11.30 am – 2.00 pm
St Paul's Church, Hammersmith

Governing Body members:		
Trish Longdon	Lay member (chair)	TL
Vanessa Andraea	H&F Clinical Commissioning Group – Practice Nurse	VA
Michele Davison	H&F Clinical Commissioning Group – GP	MD
Paul Ferguson	H&F Clinical Commissioning Group – Practice Manager	PFA

Officers in attendance:		
Kathleen Sadler	Deputy Managing Director, H&FCCG	KS
Rachel Stanfield	Head of OD and Governance, H&FCCG	RS
Sam Wallace	Borough Manager, Healthwatch Central West London	SW
Mary Mullix	Deputy Director of Quality and Nursing, CWHHE	MM
Nicola Clark	Assistant Director of Patient Safety, CWHHE	NC
Peter Beard	Senior Commissioning Officer Learning Disabilities & Carers, Out of Hospital	PB
Patricia Grant	Safeguarding Children Lead, H&FCCG	PG
Julie Dalphinis	Safeguarding Adults Lead, H&FCCG	JD
Margaret Kelly	Business Support Manager, H&FCCG (minutes)	MK

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies	
1.1	Introductions were provided. Apologies were received from Jane Wilmot, Peter Fermie and Susan McGoldrick.	
2.	Conflicts of Interest	
2.1	The general conflict of GPs as commissioners and providers was noted.	
3.	Minutes of the last meeting	
3.1	The Committee approved the minutes of the meeting held on Tuesday 25 th November 2014.	
4.	Matters Arising	
4.1	See the actions table for updates.	
5.	Learning Disability Health and Social Care Self-Assessment Framework (SAF) Process 2013/14 indicative rating	
5.1	<p>PB introduced the Learning Disability Health and Social Care Self-Assessment Framework (SAF) process and explained that it provides an indicative rating for Hammersmith and Fulham for 2013/14, which is due to be submitted to NHS England on the 30th January 2015. TL noted that these targets are rated on last year's performance, therefore will not have been influenced by the work that has taken place so far in 2014/15.</p> <p>PB explained that there are 9 questions in each section to provide evidence on with 26 targets across three sections. He discussed the key points and the committee were asked to note that the health action plans, care reviews and contract compliance are areas likely to be rag rated as red but that there are 8 areas with a green rating.</p> <p>PB explained that the health outcomes in the health action plan is currently performing at 44% with a red rating and that currently we are focusing on the health maintenance of the target and that the health action plan is a living document that needs to be continually updated. VA commented that people living alone will use the action plans a lot less, and suggested having an app for those people who use mobile phones. RS said that work would continue on the health checks and health action plans and as part of the operating plan it would be introducing into the targets patient recognising and understanding the health action plans. PB said that the operating plan was discussed this morning, but a wider discussion would take place and he and RS would work together on this.</p> <p>PB reported that with regard to B1(care reviews including personal budgets), that this target was rag rated as red and that not all Local Authority funded placements had been reviewed, with 85% out of a target of 90% completed. He reported that with regard to B2 annual contract reviews, where the Local Authority has procured a contract, that this target was rag rated</p>	

	<p>as red and that 90% of the full annual contract reviews (100% target for green) had not been completed. This is generally on a three year rolling program, with limited capacity within the Local Authority contract team to improve. VA suggested that these concerns are put on the Health and Wellbeing Board agenda and are discussed at the next meeting. TL recommended that the concerns of the committee relating to the Local Authority red areas are escalated to the Governing Body.</p> <p>PB explained that concerning target A4 specific health outcomes within health action plans, that this is also rag rated as red with insufficient outcomes identified. PB noted that in regards to C5 employment that the target has changed and this is no longer rated on the number of people in employment, with a plan now in place to make improvements against this target. He explained that concerning target A5 cancer screening, that reported performance levels have got worse this year that information is centrally collected and that the target has changed with performance needed to be within 5% of the total population coverage rates.</p> <p>Concerning target A7 acute learning disability liaison that performance is worse and it is unclear who is using the different elements of the service, but once this issue is resolved it is anticipated that the target should go green for next year. He reported that concerning A4 sport and leisure, that there is a lack of easy read literature and accessible publicity in the community and that the performance has got worse. VA commented that as part of the target that a sports facilitator should be in place in the Local Authority and asked for details of the names of the facilitators and a description of their role to be circulated to the practice nurses and that the LD Team should have additional contacts. VA asked if there is an LD page on the extranet to collect information about the Local Authority and the various schemes we have in place, as it is unclear where practices should go to obtain information such as dietician details. She suggested that it would be useful to have this level of information available on our extranet page and that it should form part of the Health Action Plan. PB explained that similar information is currently available for carers.</p> <p>PB explained that target B7 Commissioning plans (JSNA) EIA and B8 Service improvement and mechanisms that performance has improved. Additionally, he reported that with regard to A6 LD flag and Reasonable Adjustments that this target has improved with a system now in place with guidance material to be communicated out to practices.</p> <p>PB informed members that the final SAF ratings would be available on Friday and would share this information with the committee.</p> <p>Actions:</p> <ul style="list-style-type: none"> ➤ PB to arrange for the outcomes of the health action plans and the reviews to be made available in an easy read format and shared ➤ PB and RS to take forward a wider discussion of the operating plan ➤ PB to share with the committee the level of detail for the red areas and provide details of the five improved areas ➤ RS to arrange for the concerns around the areas rated red that relate to the Local Authority to be added to the next Health and Wellbeing Board agenda to address the concerns raised by the committee ➤ PB to provide the practice nurses with details of the names of the sports facilitators in place in the Local Authority and a description of their role ➤ PB to develop an LD page on the extranet with details available to assist those completing an action plan to know how to identify the information and to work with practices on this ➤ For the red targets relating to the Local Authority to be escalated to the Governing Body ➤ PB to bring back to the next committee meeting the SAF action plans in place for 15/16 <p>The committee:</p> <ul style="list-style-type: none"> ➤ Noted the ratings relating to the 2013/14 Learning Disabilities SAF, but were unclear on what basis they could endorse it, due to the lack of detail available. ➤ Noted the requirement for the action plan in place for 15/16 and requested PB bring it back to the committee with details of the plans in place to measure it 	<p>PB</p> <p>PB/RS</p> <p>PB</p> <p>RS</p> <p>PB</p> <p>PB</p> <p>MK</p> <p>PB</p>
6.	Safeguarding Q2 Children Report	
6.1	<p>PG presented the safeguarding Children Report for Q2 and explained that the main area to highlight is around training and in particular relating to those Trusts that failed to achieve the 80% standard.</p> <p>PG reported that issues with training at Imperial and Chelsea and Westminster are being picked up early by the CQG. TL commented that the committee are not assured that training at Imperial, Chelsea and Westminster and CLCH is being achieved, as the committee does not have the Q3 figures and asked when this information would become available. PG clarified that the safeguarding children figures are collected differently compared with adults, and that the Q3 data will be become available in February. TL noted that the committee are seeking assurance through the CQG on the figures.</p> <p>PG reported that the initial health review for Looked After Children (LAC) shows it is not hitting the target and that this issue is being picked up by the contracts team to review how the data is being collected and to put pressure on the Trust by focusing on the contractual arrangements. TL raised concern about the risk that the initial checks for LAC were not being</p>	

	<p>carried out by Chelsea and Westminster Trust and asked whether this issue could be picked up at CQG level. PG stated that this issue has been raised with Steve Buckerfield the commissioner for this service. KS explained that there is insufficient capacity in the service with limited resources being made available for this service. TL said that in terms of performance, that an achievement of 51% out of a target of 100% is an issue for the ongoing contract monitoring. VA commented that there is an element of LAC commissioned through the CLCH contract and that we need to be clear who is responsible for commissioning this service. KS clarified that the designated doctors are employed by Chelsea and Westminster Trust and the nurses by CLCH. The committee asked that the issue around lack of assurance that the initial health checks target for LAC is being carried out above 51%, is escalated to the Governing Body.</p> <p>PB informed the committee that CNWL and RBH have not provided any training data and explained that H&F does not commission either of these Trusts but explained that this issue is being escalated to NHSE to determine whether there were any safeguarding concerns. TL said that the committee are not assured about CNWL, as no data is provided and there is an ongoing concern about the level 2 training data. MM informed the committee that at this week's CQG meeting it would check what plans the Trust has in place to address this issue.</p> <p>SW commented that health watch have done lots of patient engagement work with CAHMS and was concerned to see the low level of training provided. PG stated that WLMHT has a strategy in place to meet the requirements but we are not assured that the Trust would achieve the targets for level 3 training. MM explained that this concern was raised as no safeguarding data has been provided to the CQG over the last three months, in particular around training.</p> <p>PF raised a concern around the child adoption process, in particular how the computer system works and the level of information being shared with organisations and wondered what training was available to practice staff to explain how records should be shared. VA explained that training is available through the Tri-Borough Safeguarding Team and through the SystmOne Team with safeguarding involved.</p> <p>TL asked if the CCG were required to assist in achieving the national target of 80% for the Child Protection Information System (CPIS) rollout, and whether were any systems in place. PG said that the CCG are not part of the 80% target but agreed to clarify this and check whether assurance is in place. TL commented that if this target is not relevant for the CCG to remove it from the Q3 report.</p> <p>Actions:</p> <ul style="list-style-type: none"> ➤ MM to discuss the impact of poor performance of the LAC service on patients with Steve Buckerfield the children's commissioner and feedback at the next meeting ➤ The committee asked that the issue around lack of assurance that the initial health checks for LAC are undertaken above the 51% rate be escalated to the Governing Body ➤ PG to clarify if the CCG are part of the national target of 80% for the Child Protection Information System (CPIS) rollout and whether assurance is in place <p>The committee noted the providers' safeguarding children activities and development in Q2</p>	<p>MM</p> <p>MK</p> <p>PG</p>
7.	Safeguarding Q2 Adult Report	
7.1	<p>JD introduced the safeguarding Q2 Adult Report and explained that the report provides an updated position on the key safeguarding adult's activity from September 2014 to January 2015, within the main provider Trusts, from which HFCCG commissions its services.</p> <p>JD reported that the CCG are not sufficiently assured that enough staff have received appropriate training for the PREVENT agenda relating to the counter terrorism bill. She explained that staff needs training to identify adults who may be vulnerable to being radicalised and are aware of the relevant PREVENT referral procedures. She explained that training was released 7 weeks ago and that work is underway with Trusts to identify the level of staff required to do the training. TL asked what the timescale is for training to be complete. JD clarified that the training is a statutory requirement and that NHSE are scheduling workshops, with the training to include where to refer on, and would be included in next year's quality schedule with GP practices also required to undertake the training. She explained that the guidelines have yet to be released, but would include consent to refer on, however if consent is not obtained it would include other channels to refer on.</p> <p>MM commented that the level 1, 2 and 3 training is not clear in the report. JD clarified that level 1 is awareness training, level 2 is for staff who manage people and level 3 training is required by staff working in supervisory roles or at strategic level. TL commented that there is lack of assurance around adults training and in addressing MCA training and said that in future reports, where risks are included, it needs to contain what is being done to provide CCG assurance.</p> <p>TL asked what the recommendations are telling us and whether the committee needs to pick up any. JD said that all the recommendations are being taken forward. KS commented that the report should include the recommendations taken forward, by whom, and the ones specific to this committee.</p>	

	The committee noted the providers' safeguarding adult activities of the main commissioned providers and the developments and improvements that ensure safe services	
8.	Integrated Quality and Performance Report month 8 – 14/15	
8.1	<p>MM introduced the month 8 Integrated Quality Report and explained that this is the first version of the new format. She informed members that a full report would be provided on all exceptions, to include what information comes back from the CQG to address these exceptions.</p> <p>The committee commented on the format and the content of the report, the following was noted:</p> <ul style="list-style-type: none"> • The format of the report is clear but needs to include evidence around serious incidents as it is not clear whether WLMHT had no serious incidents or whether the Trust had not reported them on time. • The report should include details of the never events as a few grade 2 SI's were reported. • To have maternity reported separately as this is an area of concern across NWL. • The report to include the history, whether the concern is ongoing, or is it something that the committee needs to be alerted to as it may become a quality issue. • The report needs to include the context or full range of things to be measured. If something is an exception, it should refer you to a specific page to obtain further detail and to assure the committee that the exception is being dealt with and if it is ongoing why this is happening. • It should include the target, an arrow to include the direction of travel and commentary to show how long the information has been requested. • It lacks assurance that the RTT, cancer, HCAI and pressure ulcer targets are being met as the targets are excluded from the report. It is not clear from the report how the committee would know that quality of care is being provided. • To include all quality issues, if satisfied, the effective outcomes and a link to patient experience. <p>MM stated that this is the first time that information has been gathered for the exception report and explained that information also needs to be obtained from the CQG's as the Quality and Safety Team only obtain the exceptions. RS asked what are the standards and framework being used. MM clarified that the report highlights the red areas. TL noted that RTT's are red but are excluded from the report and said that the report needs to include all areas not hitting the target. MM explained that RTT is picked up under performance. VA commented that the data in the report is two months behind the CQG and that we must have a more effective system in place than relying on people attending a CQG. MM explained that the report will always be behind but will include what is happening at the CQG and from a quality perspective. TL asked in regards to ambulance waits, if patients are suffering, is our concern from a quality perspective, as nothing is included in the report that the committee needs to be concerned about.</p> <p>The committee agreed that the report should include the quality indicators and performance indicators that relate to quality, to include feedback from CQGs around what is being done to address the quality concerns.</p> <p>SW asked if the patient experience information contained in the report which shows that 86% of people are safe at WLMHT has been obtained using the meridian electronic patient feedback system or from elsewhere. SW said that the systems used by the Trust are not very good, that there are concerns in gathering patient experience data using meridian, and if the numbers are small it tells a different story.</p> <p>TL commented that concerning the Francis Report it is unclear that the complaints about quality address the Francis recommendations therefore the committee cannot provide assurance as the information is not shared with us. MM clarified that she will bring a quarterly Francis report to the committee that will underpin the information.</p> <p>MM presented some of the key exceptions in the report and reported the following:</p> <ul style="list-style-type: none"> • <i>First booking of maternity appointments</i> – Imperial has stated that the reported fall below threshold is due to the Cerner implementation and does not reflect the Trust's internal held records. • <i>Consultant ward cover is below the threshold</i> – Imperial Trust are reporting that they are meeting 98 hours however the performance report from the Trust indicated only 60 hours at St Mary's and Queen Charlotte maternity units. TL said that the Trust had an agreement to achieve 168 hours of cover by the 1st October but have failed to achieve the target. A trajectory is required for how the consultant hours will reach the expected 168 hours of cover and would be discussed at Thursday's CQG. MM stated that the Trust has locums in place and then plan to recruit to the consultant posts. MD stated that that there are no risks in terms of safety as the Trust has employed locums for a year while they recruit to the substantive posts. TL suggested that this concern is escalated to the Governing Body. RS commented that if H&F are taking responsibility for Imperial what is our mechanism for linking in with West London (WL) CCG around maternity units at Chelsea and Westminster (C&W) Trust. RS said that any concern about C&W needs to go by WLCCG or direct to the provider but no formal mechanism is in place. KS explained that the report does not address the assurance that the CCG requires for Tuesday's seminar and said that we need to obtain the rate that Imperial Trust are currently achieving for consultant ward cover. 	

	<ul style="list-style-type: none"> • <i>Root Cause Analysis (RCA)</i> – Submissions continue below the 100% threshold for CLCH. Improvements have been made to reporting timescales however the sustainability is under review. The patient safety team is reviewing the quality of RCAs submitted. • <i>Complaints</i> - Performance is below what we expect for CLCH and WLMHT. The Trusts are being asked to complete the reporting template, we do not have assurance, but the numbers are sustainable. <p>Actions:</p> <ul style="list-style-type: none"> ➢ RS to clarify if there is any overlap between what is being reported to the CWHHE Quality and Safety Committee and the CWHHE Performance Committee ➢ MM to clarify what patient experience system was used to show that 86% of people are safe at WLMHT ➢ To escalate to the Governing Body that Imperial Trust has failed to achieve the 168 hours of consultant ward cover ➢ KS to determine what is the current rate that Imperial are achieving for consultant ward cover ➢ Imperial has stated that the reported fall below threshold for first booking of maternity appointments is due to the Cerner implementation and does not reflect the Trust’s internal held records – KS to take this forward as an action <p>The committee noted the month 8 quality report.</p>	<p>RS</p> <p>MM</p> <p>MK</p> <p>KS</p> <p>KS</p>
9.	Serious Incident Report	
9.1	<p>MM presented the month 8 SI report and explained that it gives an overview of the incidents reported for months 8 and 9 across the providers, noting improvements, deterioration as well as actions taken. She explained that in future she plans to merge this report with the quality report with never events included. She informed members that the format will change to reflect the trends and learning from them. VA said she would like to know in the report if there were no never events. SW discussed the maternal death at Imperial and asked if there were issues with the pathways into perinatal mental health. MM explained that the maternity services are well connected into perinatal mental health and that people are aware of the referral pathways. Furthermore, she stated that Imperial has a lead midwife with robust systems in place for onward referrals, but there are some concerns around communication. KS asked in terms of lessons learnt and the recommendations, what assurance do we have that the plans and recommendations are taken forward and implemented. NC clarified that the quality team plan to seek assurance when they visit a Trust, but that the timing is crucial to ensure that learning from trends is taking place and to ensure that the same mistakes are not reoccurring.</p> <p>The committee noted the month 8 SI Report.</p>	
10.	Board Assurance Framework (BAF)	
10.1	<p>TL presented the Board Assurance Framework (BAF). The committee discussed the risks which were allocated to it and provided the following feedback to the CWHHE Governance Team:</p> <p>Risk 1 – this was reviewed by the Engagement and OD Committee, it was agreed to flag this with Ben Westmancott to develop a mechanism.</p> <p>Risk 2 – To include in gaps in assurance – reporting systems have been developed but is work in progress.</p> <p>Risks 4 – Under mitigating actions add PREVENT training as part of the counter terrorism bill, with an explanation of the requirements to be provided by the home office. Board seminar - what are the statutory requirements around safeguarding training.</p> <p>The committee noted the Board Assurance Framework and provided feedback on the risk allocated to it to Ben Westmancott via the proforma</p>	
11.	NCA Decisions update	
11.1	<p>RS provided a verbal update on the NCA decisions taken since the last meeting and explained that 2 decisions have been made. She explained that in regards to vocational rehabilitation, it was decided to go back to the GPs and to clarify if both patients had been referred into the local CHOICES rehab service. For one of the patient’s referred to the local CHOICES service it did not agree for the patient to be referred on to St George’s, due to the absence of clear clinical evidence that the treatment will be effective in this particular case, therefore the funding request was declined. The second patient was also seen by the local CHOICES service, who recommended onward referral to St George’s. This case has been recirculated to committee members for any additional comments.</p> <p>RS explained that concerning the funding request for IAPT counselling, that all members supported this case and that the funding request was approved. RS stated that a review is being carried out to determine the number of patients that may require this service in the future and that it may be part of future commissioning.</p> <p>The committee noted the NCA decision update.</p>	
12.	Clinical Quality Group (CQG) minutes of meetings	
12.1	<p>The Committee noted the CQG minutes.</p>	

13.	Exception Reporting – CWHHE	
13.1	<p>The committee agreed that the following exceptions should be reported to the CWHHE Quality and Safety Committee:</p> <p><u>CLCH Waiting Time targets</u> Concern was raised that the targets are too long, particularly for paediatric services. This is a quality issue for patients. The committee has previously requested that a shorter ‘average wait’ is agreed alongside a longer ‘maximum wait’ time. There was concern that there is a proposal to restrict the number of financial penalties that can be applied to contracts for 2015/16 and that this may hamper the ability to positively impact waiting times.</p> <p><u>Looked After Children (LAC) initial health checks</u> Chelsea & Westminster Foundation Trust are underperforming against the target of initial health checks for Looked After Children with only 51% being achieved against a target of 100%. The committee is concerned regarding the impact of this poor performance on patients. The CWHHE Deputy Director of Quality Nursing and Patient Safety has been asked to liaise with the safeguarding team and report to the committee.</p> <p><u>Safeguarding Children Training</u> The committee is not assured that providers are achieving required levels of safeguarding children training.</p> <ul style="list-style-type: none"> - CNWL – no data supplied by the Trust regarding Level 2 training - RBH – no data supplied by the Trust - WLMHT- the Trust is not achieving required targets for Level 3 training <p><u>Imperial Maternity Quality Indicator for Consultant Ward coverage</u> The exception report detailed a discrepancy between the November data reported to the performance team (60 hours) and the trust reported data (98 hours) against the target (168 hours).</p> <p>Mary Mullix requested a trajectory for achievement of this target on her site visit. However, this has not been available. The Quality Committee wished to escalate this particularly in view of the required assurance process for the Shaping Healthier Future maternity configurations.</p> <p><u>Integrated Quality and Performance Report</u> The committee liked the look of the new Quality Report, but were concerned that it did not include the quality implications of poor performance such as RTT, ambulance delays or HCAI. It felt that this did not therefore provide assurance about the quality of care for our Community. Mary Mullix agreed, and has undertaken to provide a more comprehensive and up to date report.</p>	
14.	Any Other Business	
14.1	No other business was discussed.	
Date of next meeting: Tuesday 24th February, 11.30 am – 2.00 pm, St Paul’s Church, Hammersmith		