

CWHHE CLINICAL COMMISSIONING GROUPS COLLABORATIVE

Quality & Patient Safety Committee

Thursday 29 January 2015

15 Marylebone Road

Members in attendance

Alan Hakim (AH)	Secondary Care Consultant, CWHH CCGs
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs
Clare Parker (CP)	Chief Officer, CWHHE CCGs
John Riordan (JR)	Secondary Care Consultant, Ealing CCG
Jonathan Webster (JW)	Director of Quality and Patient Safety, CWHHE CCGs
Michael Morton (MMo)	Lay Member, Central London CCG
Mohini Parmar (MP)	Chair, Ealing CCG
Neville Pursell (NP)	GP, Central London CCG
Nicola Burbidge (NB)	Chair, Hounslow CCG
Rachael Garner (RG)	GP, West London CCG
Simon Tucker (ST)	Lay member, West London CCG
Trish Longdon (TL)	Lay Member, Hammersmith & Fulham CCG (Chair)

Non Members in attendance

Jane Beckford (JB)	Lead Nurse for infection prevention and control, CWHHE CCGs
Joanna Howard (JH)	Deputy director of compliance, CWHHE CCGs (secretary)
Leigh Forsyth (LF)	Assistant director for quality improvement and clinical assurance, CWHHE CCGs
Lizzie Smith (LS)	HENWL workforce director (agenda item 10)
Lizzie Wallman (LW)	Assistant director for quality and patient safety, CWHHE CCGs
Mary Mullix (MM)	Deputy director of quality, nursing and patient safety, CWHHE CCGs
Michael Roach (MR)	Quality improvement and clinical assurance manager, CWHHE CCGs
Nicky Brownjohn (NBr)	Associate director for safeguarding, CWHHE CCGs
Nicola Clarke (NC)	Assistant director for patient safety and quality improvement, CWHHE CCGs
Sue Pascoe (SP)	Deputy Director for Care Home Quality Improvement & Clinical Assurance, CWHHE CCGs

Minutes

	Business Items	Action
1.	Welcome/Apologies	

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

1.1.	Apologies were received from Tim Spicer.	
2.	Declaration of interests	
2.1.	There were no new declarations of interest.	
3.	Minutes of Meeting – 27 November 2014	
3.1	The minutes as previously circulated were approved as an accurate record of the meeting.	
4.	Matters Arising	
4.1	<p>CNWL near miss: Mary Mullix has been discussing the referral capacity within the system and the required assurances with Glen Monks. This will be discussed further at the CNWL CQG tomorrow and an update will be reported at February meeting.</p> <p>Action: Rachel Garner to provide detailed examples to Mary Mullix in advance of the CQG meeting Mary Mullix to raise at CNWL CQG and report back at February meeting</p>	<p>RG</p> <p>MM</p>
4.2	<p>Maternity diversion data: Mary Mullix provided an update and informed the committee that a total of 17 suspensions across all providers occurred in 2013. The SaHF maternity work stream is reviewing and will analyse the root cause of each suspension as a number were due to non-clinical factors. All suspension transitions were conducted well but due to recent pressures on LAS it has been suggested to providers that they review alternative transport options.</p>	
4.3	<p>111 directory of services: West London and Hammersmith and Fulham CCGs reported that 111 call handlers are now able to access information regarding GP weekend opening. The committee discussed the 111 procurement and concerns that lack of clinical input will not deliver the requirements of NWL CCGs and their service users. Confirmation regarding the management of the procurement process was requested as well as an update on the current patient and clinical representation across the eight CCGs within NWL.</p> <p>Action: Michael Roach to request details from the 111 procurement group on the following issues and report back: a) who is leading on the procurement and who has been involved b) Request that the draft specification and progress update be presented to CCG clinical boards or equivalent for clinical feedback c) assurance that patients have been involved in the procurement process</p> <p>Trish Longdon and Michael Morton to request that the draft specification is reviewed by the NWL patient user forum</p>	<p>MR</p> <p>TL/ MIMo</p>
4.4	<p>CQG inspection dissemination process: Jonathan Webster presented the proposed process and highlighted that patient and public engagement is implicit throughout the process. The committee requested a few amendments such as ensuring all CCGs were sighted on the briefings and not just the CCG lead for that provider.</p> <p>Action: Jonathan Webster and Rachel Garner to apply diagram to recent CQG inspection process and review accordingly</p>	JW/RG
5.	Central London CCG Highlight Report	

5.1	<p>CLCH workforce issue: The high level of agency staff within CLCH has been escalated to the CQG to be addressed. Following discussions with CLCH contract manager and CLCH HR assurances were provided that the increase in agency staff is to address the high vacancy rate and that these staff are being recruited on a block contract to help ensure continuity. In addition CLCH have developed a robust workforce strategy via staff interviews and reviewing detailed exit interviews and are conducting an in depth training programme to increase the number of band 6 district nurses. The committee went on to discuss concerns regarding the deteriorating health visitor provisions and how a joint workforce strategy across community providers would be beneficial.</p> <p>Action: Review opportunity to invite all community providers to the committee to discuss cross organisational workforce strategies</p>	JW
5.2	<p>Delays to the SHSOP programme: Concerns regarding contract delays and the impact this may have on patients was discussed. The committee was informed that the number of residents has been reduced in line with the available staffing but due to the high level of dependencies within the homes affected further assurances have been requested. Lizzie Wallman and Sue Pascoe will continue to visit and monitor the homes affected.</p> <p>Action: Jonathan Webster to write to both provider nurse directors requesting further assurances.</p>	JW
6.	West London CCG Highlight Report	
6.1	<p>C&W ambitious deadline for achieving all CQC recommendations: Assurances were provided at the CQG meeting that significant progress has been made and a detailed OD plan for all staff has been created. The CCG will continue to receive monthly progress reports.</p>	
6.2	<p>C&W operate a paper SI reporting system: An electronic system has now been purchased and will enhance ability to report SIs within 48 hours. In addition Nicola Clark, Assistant Director for patient safety and quality improvement, is now in place and will continue to monitor SI reporting by the trust.</p>	
6.3	<p>Healthwatch report dissemination: Concerns regarding the delay in Healthwatch reports reaching the CCG was escalated. It has been agreed that any actions from these reports will be addressed through the appropriate CQG meeting. Healthwatch have been asked for their dissemination process and Leigh Forsyth is due to meet the tri-borough Healthwatch lead later this month.</p> <p>Action: Leigh Forsyth to provide an update to the committee following the meeting</p>	LF
7.	Hammersmith and Fulham CCG Highlight Report	
7.1	<p>CLCH waiting time targets: The committee discussed the advantages and disadvantages of applying financial penalties to quality incidents and it was agreed that this was best addressed through the quality schedules.</p> <p>Action: Mary Mullix to review contract with contract manager and review options of addressing through quality schedule</p>	MM

7.2	LAC initial health checks: Nicky Brownjohn recently met with the paediatric lead at ChelWest and confirmed that this is being reviewed and will be incorporated within the quality schedule.	
7.3	Safeguarding Children training: The committee discussed the quarter 2 training data and how the length between training is more relevant rather than compliance within a financial year. Action: Nicky Brownjohn to contact providers to discuss reporting mechanism	NBr
7.4	Imperial maternity quality indicator for consultant ward coverage: Mary Mullix recently conducted a site visit and assurances were provided that consultant cover will increase to 130 hours as part of the business case within the trust and following the Ealing maternity transition further increase to 168 hours but no confirmed dates were given. The next Imperial CQG is maternity focussed where this will be discussed. Action: Mary Mullix to request a trajectory on how to reach 130 hours and beyond at the CQG.	MM
7.5	Integrated quality and performance report: The data that was missing from the report was omitted in error and was present in the other CCG reports. This will be reported to the performance team and rectified for the next meeting. Action: Mary Mullix to report data issues to performance team	MM
8.	Hounslow CCG Highlight Report	
8.1	Safeguarding Adults BAF risk: The committee discussed the issue that the collaborative BAF does not highlight individual CCG issues and it was suggested that a CCG heat map is inserted on each risk. Action: Ben Westmancott to review BAF to ensure local risks are captured.	BW
9.	Ealing CCG Highlight Report	
9.1	Consistent monitoring of community C Diff cases: Jane Beckford identifies and addresses any repeat community sources of infection and continues to work with Trusts. Data reported is presented each quarter to the local CCG quality committees.	
9.2	High staff vacancy rate in health visitor posts for EICO: The decrease in health visitors is a national issue and is a service not commissioned by the CCG but could have a large impact on primary care. Due to the low number of health visitors concern was raised that only statutory requirements were being met. It was agreed that the current position needs to be reviewed including information from public health on their plans to address the issue. Action: Jonathan Webster to conduct scoping exercise and to liaise with public health colleagues to gain assurances that actions are being taken	JW
10.	HENWL workforce report	

10.1	Lizzie Smith provided an update and overview on the programmes that HENWL are working on including the joint workforce committee with SaHF and ensuring investment in education meets future workforce plans. The committee discussed the current issues within community nursing and the reiterated the conversations (see section 5.1 of the minutes) regarding this. It was agreed that an update on HENWL work regarding community nursing was required. Action: Lizzie Smith to provide an update on work to recruit community nursing and health visitor staff.	LS
11.	A&E - performance committee update	
11.1	Alan Hakim provided an in depth verbal update to the committee on the quality implications of the current failures in LAS and A&E performance. The recent LAS independent review concluded that the LAS system remains safe and are continuing to work on the quality indicators. The LAS board continues to receive regular updates and a CQC inspection is planned for June which will provide further assurances for the provision of service. Action: The committee asked for the quality implications of performance challenges to be reported to both quality and collaborative quality committees.	AH
11.2	The collaborative quality and safety team are reviewing the provider SIs regarding LAS delays and have reported LAS are reporting all SIs which include detail of any impact on patients. Alan Hakim informed the committee of the successful 'perfect week' that 8 Trusts participated in and the benefits of a Pan London approach in the future.	
11.3	A community update was provided and the importance of supporting the workforce to deliver the expectations of the system was discussed. The committee discussed the 13 transformation programmes, identified by the CSDG, and raised concerns regarding the lack of patient co-production. The proposals will be going to governing bodies in March 2015 for approval.	
12.	Serious Incident report	
12.1	The serious incident report was reviewed and noted by the committee.	
13.	Nasogastric RCA report	
13.1	Due to time constraints the committee requested that this report is discussed in February. Action: NGT report to be added to February agenda	JH
14.	Process for Quality Accounts 2015/16	
14.1	Michael Roach presented the report which outlines the process and timeline. The committee approved the process that 2015/16 quality accounts are approved at local CCG quality committees and providers are to attend to present as per the process last year. Action: Michael Roach to circulate process paper to CCG quality committees for information	MR

15.	Health and Safety Report	
15.1	The committee approved the health and safety objectives and statement and delegate responsibility to the Building User Group to refine the detailed plans.	
16.	Date of the next meeting	
16.1	26 February 2015, 10am	