

# CWHHE CLINICAL COMMISSIONING GROUPS COLLABORATIVE

## Quality & Patient Safety Committee Minutes

(as approved on 24 September 2015)  
Thursday 30 July 2015, 10:30 – 12:00  
15 Marylebone Road

### Members in attendance

Trish Longdon (TL)	Lay member, Hammersmith & Fulham CCG (Chair)
Jonathan Webster (JW)	Director of Quality and Patient Safety, CWHHE CCGs
Neville Pursell (NP)	Vice Chair, Central London CCG
Mohini Parmar (MP)	Chair, Ealing CCG
Alan Hakim (AH)	Secondary Care Consultant, CWHHE CCGs
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs
Mary Mullix (MM)	Deputy Director of Quality, Nursing and Patient Safety, CWHHE CCGs
Lizzie Wallman (LW)	Assistant Director for Quality and Patient Safety, CWHHE CCGs
Leigh Forsyth (LF)	Assistant Director for Quality Improvement & Clinical Assurance, CWHHE CCGs
Liam Edwards (LE)	Associate Director of Clinical Assurance & Quality Improvement, Hammersmith & Fulham CCG
Nicky Brownjohn (NB)	Associate Director for Safeguarding, CWHHE CCGs
Nicola Clark (NC)	Assistant Director of Patient Safety, CWHHE CCGs
Michael Roach (MR)	Clinical Improvement & Quality Assurance Manager, CWHHE CCGs
Nicola Clark (NC)	Assistant Director of Patient Safety, CWHHE CCGs

### Non Members in attendance

Riordan Hill (RH)	Governance officer, CWHHE CCGs
Tandeep Fairman (TF)	Head of Planning and Governance, Hounslow CCG (dialling in)
Deepti Gaddam (DG)	Senior Contract Manager, West London CCG
Vanessa Andreae (VA)	Joint Vice Chair, Hammersmith & Fulham CCG
Julia Axford (JA)	Primary Care Development Nurse, Hammersmith & Fulham CCG

### Minutes

	Business Items	Action
<b>1.</b>	<b>Welcome/Apologies</b>	
1.1.	Apologies were received from John Riordan, Rachael Garner, Ruth O'Hare, Tim Spicer, Nicola Burbidge, Michael Morton, Samira Ben Omar and Sue Pascoe.	
<b>2.</b>	<b>Declaration of interests</b>	
2.1.	There were no new declarations of interest.	

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<b>3.</b>	<b>Minutes of previous meeting – 4 June 2015</b>	
3.1	The minutes were approved as an accurate record of the meeting.	
<b>4.</b>	<b>Matters Arising</b>	
4.1	Action 4.7 - ICHT patient tracking pathway: It was reported that 5 of the 16 breaches reported were due to administrative errors over a period of 6 months; if a patient did not attend then a diagnosis could not be recorded which in turn was recorded as an administrative error. A weekly review of this process had been confirmed to ensure that these errors do not continue. <b>ACTION: Liam Edwards to report back to the committee regarding any concerns ICHT have with any missed cancer performance targets in 14/15.</b>	
4.2	Action 4.9 - Chronic Fatigue Service Commissioning review: A comms has been sent to all staff advising NCA requests to services other than Hillingdon to be accepted and funded individually by CCGs. <b>Action closed.</b>	
4.3	Action 8.1 - CWHHE Quality & Safety committee's request for an update paper in relation to workforce planning and strategy across NWL from the collaboration board: This is on the agenda (item 11). <b>Action closed.</b>	
4.4	Action 10.1 - Root causes of all suicides relating to IAPT: Leigh Forsyth advised that data from the last 18 months had been reviewed and that there were no obvious cases linked with IAPT services. However there were examples where access to services was identified within RCA's and where an IAPT staff member was mentioned.	
4.5	Action 11.1 - Meeting between CCG & NHSE London commissioners in relation to how they can best work together effectively: A newly appointed case manager had been proactive in finding placements for children who needed tier 4 services. A meeting had been held with West London Mental Health Trust to discuss the quality of information that clinicians are recording on referrals being submitted to NHSE, a report considering tiers 2 and 3 CAMH Services commissioned in order to prevent tier 4 referrals is to be presented to the committee in September. The committee discussed the urgent contractual gap in provisions for 16 and 17 year olds. <b>ACTION: Mary Mullix to investigate the contractual gap in provisions for 16 &amp; 17 years olds and update the membership of the committee as soon as possible.</b>	
4.6	Action 11.1 – CAHMS to be an agenda item in September: <b>Action closed.</b>	
4.7	Action 12.1 - Learning around how to prevent reoccurrences of Serious incidents: This item is on the agenda (item 14). <b>Action closed.</b>	
4.8	Action 14.1 - Tracking the pressure ulcer prevalence over the past 12 months: Data had been received which reflected the patterns in London over five quarters, this data showed 22% increase from Q1 2014 to Q1 2015 in North West London. This upward trend is not reflected across London. This was believed to be a combination of the greater oversight and the greater focus the CCGs have placed upon learning from incidents. <b>Action closed.</b>	
4.9	Action 15.1 - Business case on equalities resourcing: This business case had been written and will be discussed at the Senior Management Team for sign off. <b>Action closed.</b>	
4.10	Action 16.1 – What do care homes being put in special measures looks like in reality? Sue Pascoe had produced a briefing that was circulated to the membership. The implications that had been outlined relate to the CCGs actions when a home is placed in special measures. Work underway with Hounslow to define a decision making process policy for suspending action; this will be applied across the tri-borough. <b>Action closed.</b>	
<b>5.</b>	<b>Central London Highlight report</b>	
5.1	Central London CCGs Quality & Safety committee reported issues with correspondence being received from Imperial College Healthcare trust. This issue had been reported before without resolution. A walk-round exercise is required to find out the root cause of the issues alongside a letter from Clare Parker to ICHT's Chief Executive was proposed. This was highlighted as both a performance and a quality issue as not only were there administrative errors the quality of information being provided was substandard. <b>ACTION: Mary Mullix to report the issue of correspondence from ICHT at the CQG</b>	

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	<p><b>meeting.</b>  <b>ACTION: Richard Baxter, Alan Hakim and a quality representative to meet and discuss the issue of correspondence from ICHT and report back to the committee before the next meeting in September.</b></p>	
5.2	<p>Central London CCGs Quality &amp; Safety committee reported issues with the reliability of the E-referrals service which had issues consistently throughout the last month and was completely unavailable on July 6<sup>th</sup> resulting in backing in the Patient Referral Service and GP practices.  <b>ACTION: Neville Pursell to clarify the reliability issues with the E-referrals service with Jonathon Webster to consider how to escalate this nationally.</b></p>	
<b>6.</b>	<b>West London CCG Highlight Report</b>	
6.1	There were no items to highlight from Hounslow CCGs quality committee.	
<b>7.</b>	<b>Hammersmith and Fulham CCG Highlight Report</b>	
7.1	<p>Safeguarding adult Q4 report; HFCCG reported limited assurance of compliance with the prevent agenda and principles of the Mental Capacity Act (MCA) from all provider Trusts. The committee discussed that that trusts are required to report to NHSE on quarterly basis regarding the prevent and that work had been undertaken with trusts that weren't compliant. Regarding the principles of the MCA; the committee were advised that the Bucks university project is underway.</p>	
7.2	<p>Maternity recruitment; HFCCG requested information around the minimum level of assurance that should be attained from the trust regarding expected improvements as previously stated improvements had not materialised and patient safety was still an issue.  <b>ACTION: Mary Mullix to discuss the maternity transition assurances with Mohini Parmar.</b></p>	
7.3	<p>Pressure Ulcer reporting; HFCCG raised concerns with the new national serious incident reporting template due to a significant drop in the number of serious incidents being reported across London following its implementation. The committee discussed the concern that this is affecting the position with regard to pressure ulcer reporting. This issue was raised with NHSE who had produced overarching data which showed a large drop in at ICHT, a contract query notice has been issued in order to obtain the true figures for Pressure ulcer reporting. Findings to be presented back to the committee in three months.</p>	
7.4	<p>Imperial Trust – C.Diff infection control related cases; 8 C.Diff infection control related cases were reported at ICHT in M2 which raised questions about if ICHT have infection under control. A letter is to be written to the trust outlining improvements to be made following a recent walkthrough to encourage a recovery plan to be produced. ICHT has begun remedial work but the committee cannot currently be assured.</p>	
7.5	<p>Imperial trust – diagnostic testing; HFCCG raised concerns regarding harm being caused to patients who have had to wait more than 6 weeks for diagnostic testing. The Deputy Director of Quality, Nursing and Patient Safety had requested assurances that this is not the case from ICHT.  <b>ACTION: Jonathan Webster to liaise with Clare Parker regarding where the action should sit in response to concerns that were raised with diagnostic testing at ICHT.</b></p>	
7.6	<p>HFCCG raised concerns around how to manage the gaps in quality for those services that have moved from acute into a community setting.</p>	
<b>8.</b>	<b>Hounslow CCG Highlight Report</b>	
8.1	There were no items to highlight from Hounslow CCGs quality committee.	
<b>9.</b>	<b>Ealing CCG Highlight Report</b>	
9.1	<p>ECCG highlighted the variation in TB reporting across NWL providers to the collaborative committee so that consistent processes can be adopted across NWL. Leigh Forsyth had been working with LNWLHT to address data inaccuracies. A dashboard has been produced and the resolution will be reported back to the committee.</p>	

9.2	Ealing CCG escalated the recent suicides related to IAPT to the collaborative committee to raise awareness and ensure that learning is shared. Suicide data from the past two years had been looked into and 5 incidents were reported where IAPT was mentioned. The SI investigation will take up to 6 weeks to complete at which point it will be reported back to this committee.	
<b>10.</b>	<b>ICHP</b>	
10.1	Adrian Bull was unable to present due to previous agenda items overrunning. Jonathan Webster advised the committee that he will make contact and report back to the committee at a later date.	
<b>11.</b>	<b>Joint Workforce Steering Group</b>	
11.1	This agenda item was not discussed due to present due to previous agenda items overrunning. <b>ACTION: Riordan Hill to ensure that Joint Workforce Steering Group is placed on the agenda for September.</b>	
<b>12.</b>	<b>Performance and Quality reporting gap</b>	
12.1	The committee discussed the paper which presented 4 options for the merging the Performance committee and the Quality & Patient safety committee. It was agreed that the inputs to any merged solution would need to take on a different form than the current performance and quality reports that serve the respective committees, as this would enable a more holistic view of the problems being encountered. The committee questioned the effectiveness of only making the changes at a collaborative level and how this would work at CCG level. <b>ACTION: Ben Westmancott to further explore the options of merging the Performance committee with the Quality and Patient Safety committee considering; Terms of reference, membership and format.</b>	
<b>13.</b>	<b>Health Visiting/School nursing update</b>	
13.1	Mary Mullix advised that the Health Visiting/School nursing update was provided to GPs for noting of the planned changes to the commissioning on Health visiting services from NHSE to Local Authorities on 1 October.	
<b>14.</b>	<b>Patient Safety Report</b>	
14.1	The committee noted the patient safety report.	
<b>15.</b>	<b>Safeguarding children training audit</b>	
14.1	Nicky Brownjohn advised the committee that work is currently going on following the audit with the individual Trust's CQG which will report back to the CCG Quality & Patient safety committee on their improvements.	
<b>15.1</b>	<b>Any other business</b>	
15.1	A number of health and safety concerns at Sovereign Court had been raised and the risk to staff was higher than usual. Helen Christodoulou (Head of Facilities) had been working with Tandeep Fairman to make sure all of these issues are resolved as soon as possible. Daily contact had been made with the landlord of the site to work on short term resolutions prior to the move to the Civic Centre.	
	Alan Hakim informed the committee of the increased difficulty in hiring General Practitioners due to rising costs. Central London CCG had been in contact with the lawyers to ascertain the legal position before the issue is taken to the investment committee.	
<b>17.</b>	<b>Date of the next meeting</b>	
	<ul style="list-style-type: none"> <li>• 24<sup>th</sup> September 2015;</li> <li>• 29 October 2015; and</li> <li>• 26 November 2015.</li> </ul>	

<b>ACTIONS</b>		
4.2	Liam Edwards to report back to the committee regarding any concerns ICHT have with any missed cancer performance targets in 14/15.	<b>LE</b>
4.5	Mary Mullix to investigate the contractual gap in provisions for 16 & 17 years olds and update the membership of the committee as soon as possible.	<b>MM</b>
5.1	Mary Mullix to report the issue of correspondence from ICHT at the CQG meeting.	<b>MM</b>
5.1	Richard Baxter, Alan Hakim and a quality representative to meet and discuss the issue of correspondence from ICHT and report back to the committee before the next meeting in September.	<b>AH</b>
5.2	Neville Pursell to clarify the reliability issues with the E-referrals service with Jonathon Webster to consider how to escalate this nationally	<b>NP</b>
7.2	Mary Mullix to discuss the maternity transition assurances with Mohini Parmar.	<b>MM</b>
7.5	Jonathan Webster to liaise with Clare Parker regarding where the action should sit in response to concerns raised with diagnostic testing at ICHT	<b>JW</b>
11.1	Riordan Hill to ensure that Joint Workforce Steering Group is placed on the agenda for September.	<b>RH</b>
12.1	Ben Westmancott to further explore the options of merging the Performance committee with the Quality and Patient Safety committee considering; Terms of reference, membership and format.	<b>BW</b>