

QUALITY, PATIENT SAFETY & RISK COMMITTEE MEETING

Tuesday 26 January 2016
St Paul's Church, Hammersmith

Governing Body Members Present:		
Vanessa Andrae	H&F Clinical Commissioning Group Member (Chair)	VA
Trish Longdon	H&F Clinical Commissioning Group - Lay member	TL
Jane Wilmot	H&F Clinical Commissioning Group - Lay member	
Michele Davison	H&F Clinical Commissioning Group - GP	MD
Paul Ferguson	H&F Clinical Commissioning Group – Practice Manager	PF
Jane Wilmot	Lay member	JAW

Officers in attendance:		
Kathleen Sadler	Deputy Managing Director	KS
Liam Edwards	Assistant Director of Quality Improvement and Clinical Assurance, CWHHE	LE
Patricia Grant	Designated Nurse Safeguarding Children NHS H&F CCG	PG
Judy Durrant	Interim Assistant Director of Safeguarding	JD
Jason Tong	Borough Manager, Healthwatch	JT
Jula Axford	Primary Care Development Nurse	JA
Mark Jarvis	Head of Governance and Engagement (minutes)	MJ

Apologies:		
Susan McGoldrick	H&F Clinical Commissioning Group – GP and Vice Chair	
Mary Mullix	Deputy Director, Quality, CWHHE	
David Hill	Senior Contracts Manager, H&F Clinical Commissioning Group	

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies	
1.1	VA welcomed everyone to the meeting. Apologies were noted from Susan McGoldrick,	
2.	Conflicts of Interest	
2.1	The general conflict of GPs as commissioners and providers was noted. No additional conflicts were declared.	
3.	Minutes of the last meeting	
3.1	It was noted that KS was only present for part of the meeting. The minutes were approved as a correct record.	
4.	Matters Arising/Action Log	
4.1	359 – Safeguarding Children Policy and Procedure. PG confirmed that actions had taken place and that a further draft of the policy would come to a future meeting. Action closed. 360 – Safeguarding Adults Executive Board Annual Report. To be followed up by MJ 361 – Learning Disability SAF Action Plan and Assuring Transformation Q2 Report. Close 363 – Whole systems integrated care. Update for next meeting	MJ
5.	Practice nurses in General Practice update	
5.1	JA summarised the detail in the paper. She reminded the meeting that practice nurses have no statutory responsibilities although they undertake a key role in ensuring and maintaining quality within primary care.	

	<p>JaW sought clarification on whether there was any analysis of the numbers of practice nurses required for the needs of the local population. VA said that CEPN (Community Education Provider Network) had undertaken some analysis. This had shown that for health care assistants the numbers were good. However, there was a shortage of practice nurses. It was hoped that with the band 7 post in place more work could be done on the overall picture and to work with CPEN to improve the overall position.</p> <p>PF asked whether any information was available on the extranet on courses and training available for practice nurses. VA explained that this was primarily because of the indirect funding arrangements, meaning that people apply for courses often quite far in advance, not always within the same financial years and can be booked at any location. She advised the committee that Health Education North West London was currently looking at the current training and were wanting to develop a list of courses that could be accessible to all.</p> <p>TL congratulated JA on the report and asked what the specific Hammersmith and Fulham (H&F) priorities were. JA said that once the band 7 nurse was in post in H &F they would be able to concentrate on the specific needs of the area. Currently H&F were piloting the health care assistant apprentice scheme.</p> <p>The committee noted the report.</p>	
6a.	Safeguarding Children Q2 Report 2015/16	
6.1	<p>PG introduced the report. She highlighted that there had been two serious case reviews published since the report had been written. She said that action plans had been developed and that both cases had highlighted a relationship with service improvement. She also highlighted that there was an out of borough case underway to which relevant local services were contributing. She said that she would provide feedback as the case progressed. She also brought the committee's attention to the data on child protection training which showed that in the majority of Trusts level 2 and level 3 training was above 80%.</p> <p>VA asked that for future reports the key issues and concerns should be highlighted in the cover sheet.</p> <p>JT sought clarification on the level 2 training reported at the Brompton hospital which was only 62%. PG said that the low level of training compliance had been highlighted to NHS England who commission the services at the Brompton. She also said that CCGs were supporting the Trust to improve its performance. VA noted that the level 3 training was reported as 96% and wondered whether the focus on level 2 training was wrong given that most staff within the Trust would have to have level 3 training. PG agreed to follow up on whether there were any over lap issues and whether by completing level 3 people were automatically compliant at level 2.</p> <p>JaW asked whether, overall, improvements were being made in the number of people undertaking their child safeguarding training. PG said that improvements were being made but was not able to give the committee assurance that the data on compliance levels was accurate. She confirmed that the linked, shared database for child protection would be available in quarter 3. She was able to assure the committee that good practice information was shared across providers. However, she was not able to provide assurance in respect of actions taken by individual providers following dissemination of the information. JD said that assurance was easier to demonstrate when there was an action plan with specific actions. It was more difficult where the actions were general or generic. The committee was concerned at the poor levels of assurance and asked for further work to be done in order to provide information to the committee on the levels of assurance in respect of learning from child protection action plans.</p> <p>In response to a question from TL, PG confirmed that she was satisfied with the level of training within general practice in respect of FGM.</p> <p>TL also raised a concern about the numbers in the report of younger people attending A&E with mental health problems and sought clarification as to whether this was a new issue. PG advised that there was more work to be done on understanding the data as it was unclear as to why the numbers appeared to be high. It was agreed that this would be followed up with Steve Buckerfield.</p>	<p>PG</p> <p>PG</p> <p>PG</p> <p>PG</p>

	The committee noted the report.	
6b.	Safeguarding Adults Q2 Report 2015/16	
6.2	<p>JD summarised the detail in the report. She highlighted the safeguarding deep dive that had been undertaken across CWHHE. She said that although the formal response from NHSE had not yet been received the informal feedback had been that there was a good level of assurance across the collaborative for the work being done in relation to adult safeguarding.</p> <p>During discussion committee members raised concerns with regard to the level of training compliance within Trusts and sought clarification and assurance that the contract leads for the Trusts were aware of this and having discussions within the contracting meetings. JD confirmed that there were good relationships between the quality and contracting teams but agreed to check what actions, if any, contract leads had been asked to take as a consequence of the data presented in the report.</p> <p>JaW asked for more specific data to be included on the Imperial Healthcare NHS Trust position as she was not sure what, if anything, the contract leads for Imperial had been asked to follow up. The committee noted that it was important to ensure that there was a clear audit trail of actions and responses.</p> <p>TL sought reassurance that the action plans that Trusts had put in place in relation to improved training compliance were being actively monitored and reviewed and that there was an acceptable level of trajectory. JD agreed to follow up and check that there was an acceptable level of assurance on this point. TL also highlighted that the report indicated that, from Imperial's perspective, the safeguarding referrals being received from the local authority were not of the required standard. LE advised the committee that this had been raised at the CQG meeting. JD agreed to clarify the position.</p> <p>The committee noted the report and the agreed actions.</p>	<p>JD</p> <p>JD</p>
7.	Complaints report Q1 & Q2 2015/16	
7.1	<p>JF introduced the report. She said that the report aimed to provide an overview of complaints within quarters one and two. She advised the committee that within the first two quarters of 2015/16 there had been 27 complaints. Most of these had need re-directed to either NHS Trusts, NHSE or GPs as they were related to services either commissioned or provided by these organisations. She said in view of the small number it had not been possible to identify any specific trends.</p> <p>KS thanked JF for the report and felt that it was particularly helpful to see data across a two quarter period. The committee agreed that in future reports covering two quarters should be presented with the understanding that if there were more urgent issues a report should be presented sooner.</p> <p>The committee noted the report.</p>	
8.	Learning Disabilities SAF Exception Report 2015/16	
8.1	<p>KS introduced the report. She advised the committee that future reports would include details of the in-month issues relating to care and treatment reviews (CTR). She said that she had asked that there was a discussion at a future Managing Directors' meeting about the health action plan application. She felt that making it available across a wider population base would be more beneficial. It would also be possible to share the development and roll out costs.</p> <p>JaW suggested that the work being undertaken by the voluntary sector to help people with a learning disability in to work should be included in the report. KS indicated that the work streams on transition to adulthood and employment were being brought together in the future. TL advised the committee that NHS employers had been asked to consider the employment opportunities for people with learning disabilities. She understood that a paper had been prepared within the collaborative. MJ agreed to establish where this had been discussed.</p> <p>TL raised an issue relating to the use of the easy read version of the health check documentation. She said that she had been made aware that one of the local providers was using photocopied versions of downloaded documentation which was not effective as much of the detail was not being reproduced properly. VA suggested that there should be a single template for the learning disability health checks that is accessible on SystemOne. KS agreed to look in to this.</p>	<p>MJ</p> <p>KS</p>

	<p>VA sought clarification as to whether patient participation groups (PPGs) included people with learning disabilities. It was agreed that Healthwatch should review this as part of the work they were doing to increase the numbers and effectiveness of PPGs.</p> <p>The committee noted the report.</p>	JT
9.	Healthwatch Update	
9.1	<p>JT provided an update to the work Healthwatch were doing. He specifically highlighted the progress being made with the PPG project and the positive impact it was having in raising awareness and improving communications amongst practices and patients. He also said that the urgent care work was currently at the interim report stage and that the maternity project was progressing well. He confirmed that there was CCG engagement with the project groups.</p> <p>TL thanked JT for a very good report. She asked how the PPG issues were being picked up. She was also concerned about the lack of understanding amongst users of the urgent care centres, about when to use the urgent care centre and when to use either the GP or A&E. She was especially concerned that it appeared that the London Ambulance Service crews did not seem to recognise the distinction between urgent care and A&E despite assurances given by the Trust that all crews were fully briefed on which service to access when. VA asked that the final report on urgent care centres pulls out any specific LAS issues. JT said that part of the process was to review the comments from a questionnaire on how people are using the urgent care centres. Any relevant information regarding LAS will be pulled and incorporated into the report.</p> <p>TL sought clarification on whether there were any specific issues within Hammersmith and Fulham in respect of disengagement of GPs with regard to maternity services as this seemed to be a theme emerging from the work done by Healthwatch to date. JT agreed to review the Hammersmith and Fulham information in order to clarify whether this was a particular issue.</p> <p>The committee noted the report.</p>	JT
10.	Clinical Quality Group Minutes	
10.1	The minutes were noted.	
11.	Exception Reporting	
11.1	There were no exceptions noted.	
12.	Any Other Business	
12.1	<p>Reporting to the Governing Body TL suggested that the Governing Body needed to be more aware of the issues that the committee were discussing. It was agreed that a report, similar to the one prepared for the joint quality and F&P meeting would be produced in the future.</p> <p>Coroner's Regulation 28 VA advised the committee that following a recent inquest the Coroner had issued a Regulation 28 notice to the CCG. This regulation gives the Coroner the power to write a report to relevant bodies if it was felt that they were in a position to prevent future deaths in respect of an aspect that came to light during an inquest. The CCG has been asked to provide assurance to the Coroner that action is being taken to reduce the risk of the lack of tissue viability services contributing to future deaths. She said that a letter had been drafted and was awaiting approval.</p> <p>Thanks VA wished to thank both MD and PF for their contributions to the work of the committee as they would be standing down from the Governing Body with effect from 31 January.</p>	MJ
Date of next meeting: Tuesday 23 February 2016, 12.00 – 3.00 pm, St Paul's Church, Hammersmith		