

CWHHE CLINICAL COMMISSIONING GROUPS COLLABORATIVE

Quality & Patient Safety Committee

Thursday 10 December 2015, 10:30 – 12:00
15 Marylebone Road

Members in attendance

Jonathan Webster (TL)	Director of Quality, Nursing & Safeguarding, CWHHE CCGs, CWHHE CCGs (Chair)
Tim Spicer (TS)	Chair, Hammersmith & Fulham CCG
Mona Vaidya (MV)	Vice Chair, Central London CCG
Rachael Garner (RG)	Vice Chair, West London CCG
Ian Robinson (IR)	Interim Deputy Managing Director, Ealing CCG
John Riordan (JR)	Secondary Care Governing Body Member, Ealing CCG
Ben Westmancott (BW)	Director of Compliance, CWHHE CCGs
Lizzie Wallman (LW)	Associate Director of Quality and Patient Safety, CWHHE CCGs
Liam Edwards (LE)	Associate Director of Quality and Patient Safety, CWHHE CCGs
Anna Dorothy (AD)	Associate Director of Quality for central contracts

Non Members in attendance

Simon Carney (SC)	Head of Corporate Governance, CWHHE CCGs
Tandeep Fairman (TF)	Head of Planning and Governance, Hounslow CCG (dialling in)
Delvir Mehet (DM)	Assistant Director for Workforce and OD, Strategy & Transformation

Minutes

	Business Items	Action
1.	Welcome/Apologies	
1.1.	<p>Apologies were received from Trish Longdon, Alan Hakim, Clare Parker, Mary Mullix, Janet Cree, Sue Pascoe and Mohini Parmar.</p> <p>The Chair noted that the meeting was starting 30 minutes late due to an over running 'Extraordinary Finance and Performance Committee' which meant that there was one hour to cover the agenda and that the meeting was not quorate. As a result, any actions agreed would necessarily require ratification in correspondence from absent members. It was agreed that areas to prioritise on the agenda (due to reduced time) were those in which papers were being presented.</p> <p>The Chair also noted that this was planned to be the final meeting of the Quality and Patient Safety Committee in its current Form. In the New Year, a new Committee was to be established that combined the strategic functions of this committee with those of the CWHHE CCGs Performance Committee.</p>	
2.	Declaration of interests	

2.1.	There were no new declarations of interest.	
3.	Minutes of previous meeting – 29 October 2015	
3.1	The minutes were approved as an accurate record of the meeting.	
4.	Matters Arising	
4.1	There were no matters arising for this meeting that were not already on the agenda. The Committee agreed that the outstanding matters should carry forward to the replacement Committee on 28 January 2016.	
5.	Central Contracts	
5.1	<p>Anna Dorothy introduced the paper and gave an overview of the arrangements and key issues relating to the central contracts' work.</p> <p>AD reported that, having analysed the body of contracts for coverage, quality highs and low and future issues, a consistent quarterly reporting regime would be in place from January 2016.</p> <p>ACTION: The Committee agreed that these reports would be tabled at the new Committee for noting only, supplemented by periodical (twice a year was suggested) presentation and deeper discussion.</p> <p>[Anna Dorothy]</p> <p>Key current specific issues were the on-going concerns with Marie Stopes and the Age UK foot care contract and issues surrounding infection control.</p> <p>Further work was planned to review TOPs contracts, their quality requirements and monitoring requirements thereof going forward – engagement with GPs and other stakeholders was a core component of that review.</p>	(AD)
6.	Joint Workforce Steering Group	

6.1

Delvir Mehet introduced the paper to the Committee, reporting that there were four key areas to cover, namely:

- how the Steering Group feeds into the CCGs' governance;
- the key issues the Group exists to contend with;
- establishing a corporate view on what the current workforce is and what is needed to support future models of working; and
- accountability of the workstream.

DM updated the Committee of the refreshed NWL Workforce Transformation Group along with the newly agreed ToR and Governance. He confirmed that both Trish Longdon and Sola Afuape, in their capacity as Lay Members, were members of the Group.

DM updated the Committee the work that was currently underway to understand more specifically the workforce challenges in the system, where the pressures were specifically and how this mapped across to the current workforce in NWL, including identifying gaps. An engagement exercise around the modeling work was planned to commence in January with CCGs and Trusts. This work was critical to understand the scale and make-up of the workforce that is required to achieve the delivery of new models of care in a local setting.

DM also highlighted the need to ensure that sight was not lost of the existing workforce - retention of existing staff was a key feature of the programme.

The Committee agreed the need for understanding and thereafter ensuring that the workforce was developed and maintained to deliver the ambitious changes to models of care - without the correct skills and resources, successful transformation was not going to be possible. Given the breadth of the workforce-related issues, the Committee repeated the concerns that were being voiced throughout Governing Bodies and Committees about the need to have a joined-up, strategic approach to understanding and overseeing the required changes.

The Committee explored the stated need to baseline and understand the current workforce as the Groups outputs and how this could generate a model/approach that simply fits into the existing health and social care. DM explained that the approach was to look at population needs upwards, was based on different population groups (e.g. healthy adults, older people with long term conditions) and reflected the whole systems approach.

Key specific points from the Committee included the need to:

- consider the voluntary sector with the mapping exercise and the unpaid (hidden) workforce of which, in H&F alone, accounted for 7% of the total workforce;
- ensure that the modelling work considered the workforce beyond the NHS and included those others upon which the NHS rely – eg social care, care providers / care homes;

	<ul style="list-style-type: none"> - consider implications of an aging workforce and the lead-in times to replace such skills and experience; - recognise that this is a national issue facing all CCGs and to look at what other areas outside of London are doing innovatively things around workforce development (including Cornwall and North Norfolk) – primarily trying to design the workforce around the patient as opposed to making distinctions between primary, community and secondary care, creating the framework for a seamless distinction between 'health'-related and 'social'-related care; - educate the public of the changes in workforce and how other parts of the health and care sector/profession can support a person's care – reinforcing the 'patients do not always need to see a GP' message. <p>The Committee expressed some uncertainties about the Physician Associate programme - why they were being recruited, how they were to be assigned and the role they would play and whether this was the optimum use of a rare resource. The Committee agreed that ACTION: Programme Lead for the National PA programme) should present on this issue at the CL CCG's next Quality Committee meeting. [Rachel Stanfield]</p> <p>The Committee agreed that ACTION: DM should reflect back its comments to the Committee so the record could show that its concerns and the proposed ways forward</p>	<p>(RS)</p> <p>(DM)</p>
7.	Ealing CCG Escalation Report	
7.1	was noted that there were no other highlight reports received from other CCGs - it was agreed that the Ealing CCG Report would be reviewed outside of the meeting due to time constraints.	
8.	CWHHE Integrated Quality & Performance committee	
8.1	<p>Ben Westmancott introduced the paper, explaining that the Committee was being asked to approve the purpose and the work plan and signal its contentment to close the current Committee, ensuring it is content with where any outstanding issues would cede to.</p> <p>The Committee discussed the work of the new Committee in detail. Key points arising were:</p> <p>There was a need to refocus the collaborative committee as on occasions there was too much 'blurring' (operational) between CCG QPS and the Collaborative QPS Committees. Some CCGs escalated a lot others very little - there was not consistency between CCGs. The new committee across the 5 CCGs needed to take a greater strategic view across the 5 CCGs.</p> <ul style="list-style-type: none"> · the relationship between the CWHHE Committee and the CCG's 'local' Quality and Patient Safety Committees was crucial, needed to be consistent across the five CCGs and not blur the local Committees' statutory responsibilities; · the new Committee felt designed from the top down and was task-oriented - there remained an opportunity to build it bottom-up, CCG QPS Committees wanted an opportunity to design what would best support them in delivering their statutory duty's; · the new Committee should explore more explicitly not only the quality and performance risks but also where in the system those risks lie for the patient. This would better aid the understanding of 'outcome' from a patient perspective; · whether the JSNA needed to feed the agenda of the new Committee. <p>The new Committee needed to be 'new' not just 'joining' quality and performance together - it needed a new identity and new strategic remit across the 5 CCGs.</p>	

9.	Allocation of next steps	
9.1	The Committee agreed that the new Committee should meet to discuss the issues (under item 8) in late January. BW would delineate and disseminate the next steps in the meantime. It was identified that for the first meeting at the end of January 2016 there would be a 'Deep Dive' on LAS, Dr Alan Hakim would Chair whilst a Chair for the Committee was identified.	
10.	Any other business	
10.1	There was no other business.	
19	Date of the next meeting	
	<ul style="list-style-type: none"> 28 January 2015 (<i>proposed next steps of the joint committee</i>) 	