

QUALITY, PATIENT SAFETY & RISK COMMITTEE MEETING

Tuesday 23 August 2016
 St Paul's Church, Hammersmith

Governing Body Members Present:		
Vanessa Andreae	H&F Clinical Commissioning Group Interim Vice Chair (Chair)	VA
Paul Skinner	H&F Clinical Commissioning Group - GP	PS
Janet Cree	Managing Director, H&F Clinical Commissioning Group	JaC
Sena Shah	H&F Clinical Commissioning Group – Practice Manager	SS

Officers in attendance:		
Mark Jarvis	Head of Governance and Engagement- H&F Clinical Commissioning Group	MJ
Liam Edwards	Assistant Director of Quality Improvement and Clinical Assurance, CWHHE	LE
Beverley Mukandi	Designated Adult Safeguarding & Clinical Quality Manager, CWHHE	BM
Judy Durrant	Assistant Director of Safeguarding CWHHE	JD
Matt Mead	Integrated Care Programme Manager, H&F Clinical Commissioning Group	MM

Apologies:		
James Cavanagh	H&F Clinical Commissioning Group Interim Vice Chair	
Peter Fermie	H&F Clinical Commissioning Group GP Member	
Jonathan Webster	Director of Quality, Nursing & Patient Safety, CWHHE	
Amy Wilson	H&F Clinical Commissioning Group - GP	
Trish Longdon	H&F Clinical Commissioning Group - Lay member	
Jane Wilmot	H&F Clinical Commissioning Group - Lay member	

Item	Agenda Item /Discussion	Action Owner
1.	Welcome & Apologies	
1.1	VA welcomed everyone to the meeting.	
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		
4.	Matters Arising/Action Log	
4.1	<p>445 LD Employment: It was noted that KM was leaving Action on Disability. MJ to pick up with new person once they are in post via Patient Reference Group. CLOSE</p> <p>360 Safeguarding Adults Executive Board annual report: VA reported that she had met with ML who had agreed to incorporate information on DoLS into future reports. CLOSE</p> <p>488 Patient Safety Report – Access to policies for temporary staff (Imperial): It was reported that all staff are advised where policies are located on the intranet and reinforced at induction. Agreed that an update would be included in the next patient safety report. CLOSE</p> <p>489 Patient Safety Report – Information on SIs: Agreed that future reports would include assurances that lessons learnt have been applied. CLOSE</p>	
5.	Safeguarding Children and Adults Quarter 4 Report	
5.1	BM introduced the report. She highlighted the current position with the Goddard Inquiry and the recent change in the Inquiry Chair to Alexis Jay. An update from the Inquiry as to future working was awaited. BM also advised the committee that, following the publication of the	

	<p>Wood Review in May 2016, which reviewed the function of the Local Safeguarding Children Boards in protecting and safeguarding children, the local Board was working on an action plan for implementation of the recommendations locally.</p> <p>BM advised the committee that there was currently one serious case review across the three boroughs awaiting publication and two that had been published with only one of these having recommendations for health.</p> <p>In respect of safeguarding training BM advised the committee that there were a number of actions taking place across the Trusts to support the improvement in current compliance levels. She said that monthly monitoring was now in place, improvements were being made to the data being received in order to provide greater assurance that Trusts were delivering on their obligations which in turn should provide assurance to the Committee of the improvements going forward. She highlighted that Imperial College Healthcare Trust were changing the safeguarding team structure which would provide additional resource for training. Within the CCGs arrangements were now in place to deliver more face to face training which had had a positive impact on the level of compliance across the CCGs.</p> <p>BM highlighted the work that Molly Larkin had been doing on Deprivation of Liberty Safeguards, in particular reminding care homes of their responsibilities. It was also noted that ML had undertaken a number of quality visits and was continuing to work across a number of agencies. It was noted that a recent visit to St Vincent's nursing home had been positive.</p> <p>JD advised the committee of the current position with regard to childrens' assessments. She said that as a result of a reduction in the available hours of designated paediatric doctors at Imperial there had been a reduction in the number of assessments undertaken. However, she said that the situation should improve as a result of additional hours that had been put back in to the team although she said that this would need to be kept under review. It was also noted that there were on-going discussions between Imperial, Chelsea and Westminster Trust and Central London Community Health Trust to ensure that data on the assessments was robust.</p> <p>During discussion the committee expressed concern about the low levels of safeguarding training compliance. The committee was concerned that despite having raised concerns previously little progress appeared to have been made on improving compliance levels within Trusts. JD advised the committee that, although it had been agreed to send a letter from Jonathan Webster to Trusts, it had been decided that direct meetings with Trusts to go through the concerns would be more appropriate. It was agreed that the committee would receive details of the meeting and the agreed outcomes.</p> <p>VA expressed her thanks for the report, noting the significant improvements on previous papers.</p> <p>The committee noted the report.</p>	<p>JD</p>
<p>6.</p>	<p>Annual Report on Healthcare Associated Infection 2015/16</p>	
<p>6.1</p>	<p>LE introduced the report. He advised the committee that when the report is published it would not include the appendices in view of the small number of cases. Forty CPE cases had been reported. He highlighted that in 2015/16 Imperial had reported one MRSA blood stream infection and 28 CDiff cases. He said that the Trust had undertaken learning from the MRSA case. He said that the level of CDiff cases was above trajectory for the year which was a concern because of the similarity of presentation with CPE. He also said that it was likely that the Trust would continue to see clusters of CPE cases as they were actively testing for this. The committee noted that anti-microbial prescribing within the Trust was in</p>	

	line with agreements set out in the quality schedule.	
	The committee noted the report.	
7.	Healthcare Support Workers in GP Practices	
7.1	<p>LE introduced the report. He advised the committee that following a development session with Health Care Support Workers a number of issues were raised with regard to levels of competencies, role/scope of practice and the tasks they are undertaking. This was of particular concern in relation to the rolling out of the out of hospital services as success of this would rely in part on the role of Healthcare Support Workers. LE advised the committee that action was being taken via the CEPN and would be picked up specifically when the new primary care development lead took up post.</p> <p>VA highlighted that one of the issues has been the lack of assessment of the workload implications on the rolling out of the out of hospital services. Although training is available for Healthcare Support Workers there was often a lack of process to sign people off as being competent once they have completed the training. She said that although existing staff were encouraged to undertake the Care Certificate this took time, although this was a requirement for all new Healthcare Support Workers. She acknowledged that there was good work being done via the CEPN and that practices needed to be supported in ensuring that they provide the necessary support to staff. It was noted that a training needs analysis was currently being undertaken which should highlight the specific gaps and therefore identify the actions that needed to be taken. It was stressed that any future work on training needed to include a clear competency assessment element.</p> <p>JC advised the committee that a recent email from NHS England highlighting the concerns and seeking actions needed a North West London response as this was not a single CCG issue. VA suggested that the CEPNs should be leading on this and that the local CEPN did have a strategy to improve training and competencies.</p> <p>The committee agreed that an email should be sent to practices reminding them of their obligations in relation to staff training and competency of staff to undertake aspects of practice, the CEPN should be asked to provide assurance that the issues highlighted in the report are being addressed at a local level, that the CEPN be asked to confirm that they are actively engaged in the training needs analysis work and that there be a co-ordinated response to the email from NHS England.</p> <p>The committee noted the report.</p>	LE
8.	Whole Systems Integrated Care Update	
8.1	MM introduced the paper which the committee noted .	
9.	Clinical Quality Group Minutes	
9.1	The minutes of the CQG meetings at Imperial, Chelsea and Westminster and West London Mental Health Trusts were noted	
10.	Exception Reporting	
10.1	There were no items agreed for escalation/exception reporting.	
9.	Any Other Business	
9.1	There were no items of any other business.	
Date of next meeting: Tuesday 27 September 2016, 12.30 – 3.00 pm, St Paul’s Church, Hammersmith		