

APPROVED 26 April 2018

## CWHHE CLINICAL COMMISSIONING GROUPS COLLABORATIVE Minutes

### Quality & Performance Committee

Thursday 5 October 2017, 11.45 – 1.30pm  
15 Marylebone Road

#### Members in attendance

Mary Mullix (MMu)	Director of Quality, Nursing & Patient Safety, CWHHE CCG's (Chair)
Dr Mona Vaidya (MV)	Vice Chair, Central London CCG
Dr James Cavanagh (JC)	Co-Vice Chair, Hammersmith & Fulham CCG (obo Dr Tim Spicer)
Dr Rachael Garner (RG)	Vice Chair, West London CCG
Jonathan Boyd (JB)	Assistant Director of Quality Improvement and Clinical Assurance, Hounslow CCG CCG / CWHE CCG's
Liam Edwards (LE)	Assistant Director of Quality Improvement and Clinical Assurance, Hammersmith & Fulham CCG / CWHHE CCG's (also item 8)
Michael Roach (MR)	Assistant Director of Quality Improvement and Clinical Assurance, West London CCG / CWHHE CCG's
Carmel Cahill (CC)	Governing Body Lay member and quality lead, Ealing CCG
Ben Westmancott (BW)	Director of Compliance, CWHHE CCG's

#### Non-members in attendance

Sue Pascoe (SP)	CWHHE CCGs Deputy Director of Quality, Nursing & Safeguarding (also item 6)
Julie Fuller (JF)	Complaints Manager CWHHE CCG's (item 7)
Samira Ben-Omar	Assistant Director, Patient Experience and Equalities CWHHE CCG's (item 7)
Jenny Finch (JFi)	Quality Improvement & Clinical Assurance Lead Nurse, CWHHE CCG's (item 9)
David Hill (DH)	Senior Contract Manager, Hammersmith & Fulham CCG (item 8)
Cathy Bowyer (CB)	Corporate Governance Officer, CWHHE CCG's (minutes)

#### Minutes

	Business Items	Action
<b>1.</b>	<b>Welcome &amp; Apologies</b>	
1.1	Apologies were received from: <ul style="list-style-type: none"> <li>• Gordon Turner, Assistant Director of Quality Improvement and Clinical Assurance, Ealing CCG CCG;</li> <li>• Margie O'Connell, Assistant Director of Quality Improvement and Clinical Assurance, Central London CCG;</li> <li>• Dr Vanessa Andreae, Co-Vice Chair, Hammersmith &amp; Fulham CCG;</li> <li>• Michael Morton, Governing Body Lay member, Central London CCG</li> </ul> It was noted that attendance was sparse. It was confirmed that the quorum, as written	

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1.2	meant that the Director of Quality and Nursing could count as a representative of each CCG thus fulfilling the criterion that each CCG has two representatives. It was also noted that there was only one lay person present and two were required for a quorum.	
1.3	Given that the meeting had been rescheduled previously and that the previous meeting took place in June, it was agreed that the meeting would proceed with those present and that views from others would be sought after the meeting.	
1.4	Secretary's post meeting note: it had been noted in the Governing Body meetings where the terms of reference were approved that there was concern that there might not be enough lay members on the committee and that the quorum might be challenging to achieve. Given that this risk had materialised at the first meeting in this format, the membership (and/or the quorum) would be revisited.	<b>MM/CB</b>
<b>2.</b>	<b>Declaration of interests</b>	
2.1	In relation to item 6 on the agenda, Dr James Cavanagh declared an interest as a partner of the care home service provider.  No further interests were declared other than those previously identified.	
<b>3.</b>	<b>Minutes from the previous meeting</b>	
3.1	The minutes from the meeting on 22 June 2017 were agreed as a true and accurate record, subject to the following amendments; <ul style="list-style-type: none"> <li>• Amend 'associate' directors to 'assistant' directors in job titles; and</li> <li>• Mary Mullix should not appear in the list of attendees.</li> </ul>	<b>CB</b>
<b>4.</b>	<b>Matters arising and outstanding actions</b>	
4.1	Act.0083 - LAS has not been completely answered regarding triage; this needs to be taken back to the lead commissioners (Brent CCG). Mary Mullix to progress this matter.	<b>MM0083</b>
<b>5.</b>	<b>Planning</b>	
5.1	MM opened the item by asking members of their thoughts in relation to the items and matters which may be brought to this committee; although not an final list, suggestions included:	
5.2	<ul style="list-style-type: none"> <li>• It was agreed that where a CCG was a lead provider, any items of concern raised through contract meetings should be brought to this meeting, which would facilitate learning across the system.</li> <li>• 2 out of 5 CCGs expressed that a regular item be added to the planner concerning central contracts;</li> <li>• Add winter pressures linked to care homes;</li> <li>• Diagnostics/pathology;</li> <li>• LCW/111 learning; and</li> <li>• infection control</li> <li>• an issues log, in order that committee members would be able to see matters raised/discussed and be able to participate or add to the items.</li> </ul>	
5.3	It was agreed that the committee would evolve to consider members requests, if required. This would however, need to be reflected in the Terms Of Reference of the	<b>MM/CB</b>

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	committee for approval.	
	<b>Reports</b>	
<b>6.</b>	<b>Safeguarding Annual report 2016/17</b>	
6.1	SP presented and gave an overview of the partners who were involved in the report.	
6.2	Through production of this report, it had been noted that the Safeguarding Health Outcome Framework was embedded in provider quality schedules, which assisted to prevent delays in reporting.	
6.3	Work in nursing homes had added value in that residents were supported in times of concern as well as feeding into transformation workstreams through the strategy and transformation team.	
6.4	Through research work, hydration for patients in care homes had been identified as requiring further support; and this was added to the infection control and prevention presentations. It had emerged that local authorities had limited capacity to deal with matters where there were Deprivation Of Liberty (DOL) issues; with members of the safeguarding team working through DOL assessments in care homes, particularly regarding any challenges of mental health capacity.	
6.5	<b>The committee approved</b> the report for presentation at Governing Bodies.	
<b>7.</b>	<b>Combined Patient Experience and Quality Annual report 2016/17</b>	
7.1	JF and SBO presented the report to the committee. The complaints section was to be approved by the governing body of each CCG in November; therefore the complete report was being presented at this committee for endorsement and assurance. The patient experience element of the report was not a statutory requirement, but it was felt this showed trends as well as giving feedback relating to key commissioned providers.	
7.2	As providers reported to CQGs on their own complaints, this report contained CCG commissioned services, which were mainly Individual Funding Requests (IFR) and Continuing Health Care (CHC). It was helpful to note there had been less in relation to IFR than reported in previous years.	
7.3	The committee were informed that the report also included information around improvement and highlighted potential areas for development; with templates included in the quality framework were not being used or enforced with the providers.	
7.4	For ease of presentation to governing body members, it was agreed that there would be an executive summary written for those reports which required approval.	
7.5	<b>The committee approved</b> the report for presentation at Governing Bodies.	
	<b>Focus on</b>	
<b>8.</b>	<b>Imperial RTT report</b>	
8.1	DH and LE introduced the paper and asked the committee to note the contents; not least the reported deterioration in performance at Imperial College Healthcare NHS Trust (ICHT) for Refer To Treatment (RTT), with the expectation that this would improve from October 2017 onwards Also, that the committee be provided with assurance on work being carried out by the lead commissioner to address	

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	<p>performance and patient safety issues. Additionally and separately, ICHT had invited the intensive support team from NHSI to review their waiting lists. Following the review, NHSI made a recommendation that the Trust commission an external organisation to review the RTT's and ICHT were in the process of arranging this.</p> <p>A slump in performance figures was noted in figures for a period of time and the explanation was given that an RTT pathway review was undertaken, where patients were re-entered onto the RTT list appropriately, in order that they could be tracked.</p> <p>Changes in leadership across the organisation and revised processes had been put in place; indicating that improvements would be made. The elective care operating framework, was a training programme for staff to ensure patients were appropriately administered, as well as an electronic validation tool.</p> <p>Patient choice was discussed and it was noted that relevant to the speciality, GPs should consider using a different provider. In support of assisting with this, ICHT had enlisted a team which would discuss the route to an alternative providers (with ICHT holding clinical governance) and the committee were informed that out of the patients who had been consulted, 60% had agreed to use other providers and 40% remained.</p> <p>Finally, Dr Susan Labrooy was an independent clinician investigating the level of harm encountered by patients through a desktop review, for those who had been waiting longer than 52 weeks.</p> <p><b>The Committee did not feel assured</b> regarding the level of improvement and agreed the issues highlighted in the report needed to be raised and worked through at the associates meeting. There were important issues regarding quality assurance which should be addressed. It would also be helpful to include a patient perspective of the service.</p>	<p><b>DH / LE104</b></p>
<p><b>9.</b></p>	<p><b>OOHS 2016/17 Warfarin Audit, Summary Report</b></p>	
<p>9.1</p>	<p>JFinch presented the audit and the committee were made aware that the Out Of Hospital (OOH) warfarin services went live across the CWHHE CCG collaborative in 2015. As part of the six month review of out of hospital services, specifications were updated and greater clarification provided on the requirement for providers to submit evidence of annual audit, in line with National Patient Safety Agency (NPSA) guidelines.</p> <p>The report detailed assurances of the clinical effectiveness of warfarin services commissioned under the OOHS, and highlighted areas requiring quality improvement. Where the need for quality improvement was identified, supported by the CCG, GP Federations were working with practices to monitor progress against quality improvement plans. The effects would be shown at the end of October 2017. It was noted the method of monitoring provided greater scrutiny.</p> <p><b>The committee asked</b> that a comparison between practices from a historic perspective to current rates be provided using the figures in the audit.</p>	<p><b>JFi105</b></p>
<p><b>10.</b></p>	<p><b>AOB</b></p>	
<p>10.1</p>	<p>There were no items raised as any other business.</p>	

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11.	<b>Paper for noting and comments (not presented)</b>	
10.1	Board Assurance Framework (current version v4.6)	
Date of next meeting – 7 December 2017.		