

CWHHE CLINICAL COMMISSIONING GROUPS COLLABORATIVE

Minutes

Quality & Performance Committee

Thursday 26 April 2018, 11.30 – 1.00pm
15 Marylebone Road

Members in attendance

Mary Mullix (MM)	Director of Quality, Nursing & Patient Safety, CWHHE CCG's (Chair)
Dr Mona Vaidya (MV)	Vice Chair, Central London CCG
Lizzy Bovill (LB)	Programme Director – Central London CCG Team
Ruth Sheridan (RS)	Assistant Director of Quality, Improvement & Clinical Assurance
Margie O'Connell (MO)	Assistant Director of Quality Improvement and Clinical Assurance - Central London CCG
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

Non-members in attendance

Julie Fuller (JF)	Complaints Manager CWHHE CCG's
Geralyn Wynne (GW)	Assistant Director of Commissioning – Integrated Care, Hounslow CCG
Natasha Patten (NP)	Designated Clinical Officer, Ealing CCG
Alison Markwell (AM)	Designated Clinical Officer, CWHHE Safeguarding
Pippa Street (PS)	Deputy Director of Quality, Nursing and Patient Safety
Richard Christou (RC)	Designated Adult Safeguarding and Clinical Quality Manager (item 7)
Julie Hulls (JH)	Designated Nurse Safeguarding Children (Hounslow) (item 8)
Mark Haggerty (MH)	EPRR Lead, NWL CCGs (item 9)
Prodine Kubalalika (PK)	Lead Nurse – Infection Prevention and Control (item 5)
Sue Pascoe (SP)	Deputy Director for Care Home Quality Improvement (item 6)
Alex Harris (AH)	Corporate Governance Officer, NW London CCGs (minutes)

Minutes

	Business Items	Action
1.	Welcome & Apologies	
1.1	Apologies were received from the West London CCG Quality and Performance Committee Chair, Dr Rachael Garner.	
1.2	Members noted that attendance at the meeting was sparse. A decision was nonetheless taken by members of the committee present to undertake the business of the committee to endorse or note the paper, with views from other members of the committee sought after the meeting. MM further advised that the papers present represented ongoing work that would potentially be undertaken by a joint quality committee and therefore there was still a case to be made for them to be seen by the	

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	present members of the committee despite quorum not being achieved.	
2.	Declaration of interests	
2.1	No further interests were declared other than those previously identified.	
3.	Minutes from the previous meeting	
3.1	The minutes from the meeting on 5 October 2017 were agreed as a true and accurate record.	
4.	Matters arising and outstanding actions	
4.1	Act.0083 - LAS has not been completely answered regarding triage; this needs to be taken back to the lead commissioners (Brent CCG). MM provided an update to the committee. The item was due to be on the agenda but had been taken into a wider performance meeting. LB stated she had emailed the medical director at LAS but had received no response. (REMAIN OPEN)	
4.2	Imperial RTT report – LB noted that since the last meeting Imperial have an RTT recovery trajectory. She was more assured than she had been previously, however there was still some way to go to deliver recovery. RTT would be brought back as a substantive item to the next meeting.	LB142
4.3	OOHS 2016/17 Warfarin Audit, Summary Report – MM to pick up this work with Sue Jeffers to see if it can be taken forward.	MM174
	Reports	
5.	Quarterly HCAI Report (Q3) (item taken out of sequence)	
5.1	PK presented the item. She noted that Q3 numbers of Healthcare Associated Infections had gone down however in Q4 the objectives had been exceeded.	
5.2	Imperial had reported a few outbreaks of CPE. They were working closely with Public Health England and NHS England on this issue. The building itself was also very old, which was a risk factor in infection control – this was an issue also being worked on.	
5.3	Hounslow were likely to be the only CCG to meet their target for E-coli reduction.	
5.4	Ealing had reported the most MRSA and clostridium difficile (CDiff) infections. Work needed to be done in collaboration with primary health colleagues, GPs, etc. to see if something could be done to reduce these cases.	
5.5	PK responded to a question from MV on the cause of the CDiff infections in Ealing. PK noted that it was not correct to classify it as an “outbreak” per se, as these happened to patients in their own homes, or sometimes nursing homes. There was a need for greater understanding of what was happening. The sources of the diagnoses were community GPs and nursing homes.	
5.6	PK noted that the more detailed work into the CDiff infections would be undertaken by her team. There was no formal route for analysis, but it was acknowledged that something needed to be done to address the situation in Ealing.	
5.7	In response to a question from MM around working with other provider trusts not within the CWHHE geographical area, PK responded that infection control would be	

	managed between trusts. There was a good network within NW London and other trusts would no doubt keep other trusts informed of what was happening. Patients often moved around hospitals and ones who had developed infections were well-sighted.	
5.8	The committee gave thanks to PK for all her hard work, as she would be leaving CWHHE before the date of the next meeting.	
5.9	The Committee noted the report.	
6.	Safeguarding Annual report 2016/17	
6.1	JH 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	The Committee approved the report for presentation at Governing Bodies.	
7.	Adult Safeguarding Policy (revised)	
7.1	RC introduced the papers. CC noted that in the first sentence of the policy, Ealing had not been mentioned.	RC180
7.2	PS asked if the policy would include a mention of modern slavery. RC stated that this was considered a form of abuse, therefore for the purpose of the policy it was not necessary to include this detail. There was a separate descriptor of what modern slavery entailed and involved, but this policy in question focused on the issues of referrals and concerns. JH added that a modern slavery strategy was also being developed. SP further outlined an ambition to have a joint adults and children's safeguarding policy.	
7.3	In response to a question from MR, said that this would not be an appropriate policy for providers themselves to use. The policy had been developed in close consultation with CCG staff, and would not include enough detail to be appropriate for a contractor providing services.	
7.4	The Committee approved the report, subject to the amendment.	
7.5	Action: RC to send round a summary to CCGs about what was new in the policy. SP to agree a delivery plan with RC.	RC/SP 181

8.	Quarterly Safeguarding Report Q2 17/18	
8.1	JH introduced the item. Designated adults were working with trusts, who were also submitting their own action plans to achieve training compliance. In Q2 there had been ESR issues. Assurance had been given that this was resolved and Q3 would show more positive CCG training figures.	
8.2	MR stated that the issues of some providers not being CPIS live was raised at CQG yesterday, and assurance was given that this would be addressed.	
8.3	Work was also being done on the Grenfell response and child sexual abuse. The female genital mutilation data reporting had been resolved.	
8.4	MR noted that some challenges around training related to the staff changes that were happening. The trust was working with safeguarding colleagues to mitigate that.	
8.5	JH responded to a question from PS, noting that a statement had been put out on all of the extranets in regard to modern slavery.	
8.6	In the Q1 report an ambition had been noted to use the report to undertake more detailed work on safeguarding themes. The Committee noted the themes for the Q3 report. MM added that there may not be a separate Q4 report in time for the next meeting due to the potential for there to be a Shadow Joint Quality and Performance Committee across NW London.	
8.7	RC noted that the target for Prevent training was 85% compliance by March 2018. This had not yet been met by one trust, however NHS England had said that compliance could also be met by e-learning.	
8.8	The Committee approved the report and the next steps to take this through local quality and safety committees.	
9.	Annual EPRR report 2017/18	
9.1	MH introduced the report. MM noted that a lot of lessons had been learned since the Grenfell tower fire in public authorities understanding that whilst a legal duty of compliance may be met, there was still a need to work at a more local level on emerging issues.	
9.2	MH would be working with North Kensington recovery on the lessons of the Grenfell tower fire. Many emergency response teams would be looking to NW London for lessons to apply nationally.	
9.3	There was an on-going separate public inquiry on the Grenfell incident which would examine the first three days surrounding the fire and the emergency response.	
9.4	MR also added that there needed to be clear expectations on how to manage business as usual whilst supporting emergency response to incidents such as the Grenfell tower fire.	
9.5	LB also requested that the cover sheet be amended for governing bodies to reflect the work being undertaken to support the North Kensington recovery.	

9.6	The Committee endorsed the paper.	
10.	Annual Complaints Report 2017/18	
10.1	JF introduced the item. She advised members that more information on the complaints report was available if anyone requested it.	
10.2	There had been an increase in complaints, relating to wheelchair services. Members were informed that the wheelchairs procurement had been a long and technical piece of work, and the new service had only been in place for 18 months. However, there was a need to be clear on why such an increase had been seen. One reason could be that the increased levels of patient feedback had led to an increase in patient complaints. It was agreed further work to determine the themes was required.	
10.3	ACTION: For JF and SP to take away the work on complaints regarding the wheelchair service and investigate further.	JF/SP 182
10.4	ACTION: A future session with the wheelchair service and patient carer forums had been discussed. JF to pick this up with Rachel Krausz, Acting Head of Service Transformation and Pathways.	JF183
11.	Position report re CCGs' Implementation of Children and Families Act 2014	
11.1	AM and NP introduced the item. It was expected that either the Boroughs of Westminster or Royal Borough of Kensington and Chelsea would have an inspection this school term. The local authority was being closely worked with in order to plan and prepare for this.	
11.2	Issues had been raised in relation to waiting times for services.	
11.3	There was a new national trial of the Special Education Needs and Disabilities (SEND) tribunal which began on 3 April in which people could take their concerns around health, care and education and the tribunal could make non-binding judgments. Whilst these judgments were non-binding, there was an expectation that CCGs would follow their recommendations.	
11.4	Health professionals showed an increasingly better understanding of what they required. There was also a better relationship with SEND teams, which was essential for joint working.	
11.5	Further work needed to be done in order to have more accountable and easy to monitor action plans, so that boards had a good understanding of where they were. Strong links had been forged with national and local networks.	
11.6	There were challenges relating to commissioning of services across the 0-25 age range. There were also issues relating to services for the 19-25 age group, and a need for better understanding of joint commissioning between local authorities and CCGs needed to be developed.	
11.7	Waiting lists for autism assessments were also an issue; however this was a national problem.	
11.8	MV stated that there had been serious issues around the transition of young people at university, who had been seen by eating disorder services and then discharged with	

	no follow-up. There was a high instance, for example, of younger patients relapsing once they entered university.	
11.9	MV also added that there were issues around those diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) receiving a speculative diagnosis pre-university and experiencing challenges upon entering university. Concerns were expressed in respect of the ADHD services which had long waiting lists. MV also added that she had spoken with academics that emphasised the importance of quick access to ADHD service for young people.	
11.10	Eating disorder issues needed to be looked at separately outside of the meeting, as these typically did not fall within SEND.	
11.11	The Committee noted the paper and requested that it be brought back in revised form within six months.	CB184
12.	Primary Care Quality and Performance Dashboard	
12.1	GW introduced the item. She noted that once the CCG chairs had signed it off it would be going to the LMC for information.	
12.2	The Committee noted the paper and also that the paper would be sent to each CCG primary care committee following its sign off by Dr Amol Kelshiker (Clinical Lead, Primary Care, BHH).	GW185
13.	Paediatric metric (KPI and quality reporting)	
13.1	The Committee noted the report.	
14.	BAF risk 2.3	
14.1	The Committee noted the report.	
15.	Any other business	
15.1	There was none.	