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Title of paper	Quality & Performance Committee Report
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Confidential	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (items are only confidential if it is in the public interest for them to be so)

The Governing Body is asked to:
Note the report.

<p>Summary of purpose and scope of report</p> <p>This report summarises the Quality & Performance Committee’s work since the last Governing Body meeting in January 2019.</p> <p>The Committee is responsible for assurance on the quality, safety and performance of services commissioned and for promoting a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.</p> <p>It supports the CCG’s aim of ensuring that high quality services are commissioned and provided for patients as outlined in the North West London Health & Care Partnership.</p> <p>It does this through receiving and acting on feedback about services commissioned by the CCG to improve service quality and patient experience.</p> <p>Points of note are:</p> <ul style="list-style-type: none"> - Chelsea & Westminster Hospital NHS Foundation Trust: six quality account priorities identified for 2019/20; - Chelsea & Westminster Hospital NHS Foundation Trust: challenges in A&E, but remained a top performer; low complete rates for Friends & Family Test; improvements needed in responding to patient complaints; - Imperial College Healthcare NHS Trust: seven never events this year, Trust Chief Executive and Chair monitoring; - North Kensington Recovery: approach to key performance indicators endorsed; - Patient safety thematic report: Never Events, identified contributing factors and made recommendations.
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1 Quality, performance & patient experience

1.a North Kensington Recovery Equalities Health Impact Assessments

The Committee:

- Reviewed and approved the five Equalities Health Impact Assessments which were completed for services provided to those affected by the fire at Grenfell Tower, subject to scrutiny by the NW London Equalities Health Impact Assessments panel;
- Noted that further Equalities Health Impact Assessments would be undertaken for services in the planning process as part of the Health Recovery Strategy, which would incorporate an element of cultural competency;
- Requested that the assessments indicated the number of children who participated, and the forums used.

1.b Clinical Quality Groups

The Committee receives updates on key discussion with provider Clinical Quality Groups:

Chelsea & Westminster Hospital NHS Foundation Trust

- Clinical quality visit to the Emergency Departments, following Never Event reported 3 December 2018;
- Ambulatory Emergency Care unit opened at West Middlesex Hospital in December 2018;
- Quality Account Priorities for 2019/20: six Trust priorities: Ten Point Maternity Plan, Complaints, Gram Negative Bacteraemia, Achieve Medication without Harm targets, Falls and Sepsis;
- First maternity appointments booked by 12 weeks six days (excluding late referrals) had dipped, but was improving in month 9.

Imperial College Healthcare NHS Trust

- 7 never events reported so far this year, with most relating to invasive procedures. The Trust's Medical Director restated that 'Safer Surgery' was identified as one of its safety streams and that the Safer Surgery task & finish group has been reinstated. The Trust's Chief Executive and Chair were monitoring this.

Central and North West London NHS Foundation Trust (CNWL)

- Care Quality Commission inspected Vincent Square Eating Disorder services in September 2018;
- Draft report for factual accuracy checking had been sent to the Trust;
- The service received an overall rating of 'Good'.

Pembridge Hospice and Palliative Care Unit/ Central London Community Healthcare NHS Trust

- No identified risks to patients as a result of the Trust suspending services following shortage of consultant staff.

London Ambulance Service

- The Mental Health Joint Response Car was successfully launched on 26/11/18 from Waterloo Ambulance Station.

1.c Integrated quality & performance report (months 7 & 8)

The Committee reviews the monthly integrated performance & quality reports:

Chelsea & Westminster Hospital NHS Foundation Trust

- Performance in A&E challenging, but remained a top performer
- High rates of lower (uterine) segment Caesarean section and post-partum haemorrhage
- Low complete rates for Friends & Family Test
- Improvements needed in responding to patient complaints
- Patient safety National Reporting and Learning System reporting in the lowest quartile - to be raised at Clinical Quality group and to be discussed with the Trust's patient safety lead.

Imperial College Healthcare NHS Trust

- Recent never event at Imperial College Healthcare NHS Trust, the Trust Chair, Chief Executive, and Medical Director were involved in taking this forward.
- Care Quality Commission would be visiting the Trust soon.

1.d Infection Prevention & Control Quarter 1 & 2 2018/19 report

The Committee noted and approved the report:

Chelsea & Westminster Hospital NHS Foundation Trust

- 10 Clostridium difficile cases, increase on previous year but under trajectory; challenging target - being discussed with Public Health England;
- 29 E.coli bloodstream infections, relatively low in comparison to community;
- MRSA: one case (hospital attributed);

Imperial College Healthcare NHS Trust

- 30 Clostridium difficile cases, under trajectory of 33 for this period;
- 49 E.coli bloodstream infections, relatively low in comparison to community.
- MRSA: two cases (1 hospital attributed).

West London CCG

- Clostridium difficile: 20 cases against half yearly threshold of 25 (50 per annum);
- E.coli: hospital onset decreased/ below national average, community onset cases

increased. NW London gram-negative bacterial bloodstream infections strategy in development;

- One MRSA bacteraemias reported for Q1&2.

1.e Performance Indicators for North Kensington Recovery Contracts

The Committee endorse our approach to the Key Performance Indicators included in North Kensington Recovery contracts:

- Monitoring and reporting from providers
- Feedback from Grenfell communities
- Good practice guidance and national KPIs/measures
- Examples from other disasters and International Peer Review of Trauma
- Cultural Competency Framework
- NHS 10 Year Plan

1.f WLCCG Out of Area Placements Quarterly Report Q3 2018/19

The Committee discussed the report:

- Number of patients placed out of area, confirmation that each has a valid care plan and review, and an analysis of the type of placements and providers used.
- Clear forecasts of likely spend to budget;
- Overview of the controls the Team has in place to ensure quality;
- Summary of quality, safety and user/carer feedback.

1.g Patient Safety Quarterly Report covering Quarter 1 and Quarter 2 2018/2019

Quarterly Thematic Review – Incident category: Never Events

Key themes Identified:

- 41 factors (32%) relate to failure to adhere to or follow guidelines, policies and procedures/ decision making;
- Also featuring as contributory factors are staff cognitive factors, including perception affected by other information, and preoccupation or narrowed focus.

Recommendations:

- Trusts should consider how the WHO checklist is embedded within the organisation, specifically whether there is consistency in its use.
- Trusts give consideration to a workstream or campaign encouraging staff to stop and check patient information and documentation prior to performing a procedure or delivering care.

1.h Update on the Implementation of the Special Educational Needs Reforms

- key activities, progress, risks and next steps regarding implementation and embedding of

the SEND reforms since the previous update in June 2018;

- Information regarding the forthcoming local area inspections and the learning from the Hammersmith and Fulham inspection.

1.i Designated Clinical Officer for Special Educational Needs Annual Report (September 2017-August 2018)

The report aimed to give assurance regarding the CCG's statutory duties with regards to Special Educational Needs and Disability.

2 Safeguarding

2.a Performance Review of Initial Health Assessments for Looked After Children for the Bi-Borough and Hammersmith and Fulham

The Committee discussed:

- Completion of Initial Health Assessments for Looked After Children across Hammersmith and Fulham, Kensington and Chelsea and Westminster,
- Aiming for backlog being closed by the end of April 2019;
- Importance of maintaining assessments, and their link to safeguarding.

It was confirmed that the children did have access to health services while they were under Looked After care.

3 Governance and assurance

The Committee received the following:

- Feedback from Commissioning Learning Sets, presented to Governing Body, 22 January 2019;
- Benign Skin Lesion Redesign Update: transfer of a number of benign skin lesions procedures into primary/ community care, which linked to NW London QIPP plans;
- Minutes of the NW London Shadow Joint Quality & Patient Safety Committee meeting 18 October 2018;
- Minutes of the Clinical Quality Group: Chelsea & Westminster NHS Foundation Trust 21 November 2018 (draft);
- Minutes of the Chelsea & Westminster NHS Foundation Trust Performance & Contract Executive 26 November 2018 (draft).

3.b North West London Equality objectives

The Committee:

- Agreed the draft North West London overarching equality objectives;
- Agreed the approach to additional localised target objectives to be added by each CCG;

- Agree that the NHS England Equality Delivery System would be reviewed and refreshed in due course and future equality objectives will be aligned to the outcomes;
- Agreed the draft Equality & Health Inequality Impact Analysis (EHIA);
- Noted the establishment of the North West London Equalities Steering Group to oversee the equalities, diversity and health inequalities agenda.

4 NW London Quality & Safety Directorate: consultation

Proposals for the team, which was now under a single NW London Director, were discussed.

Quality & Safety/ Patient Engagement/ Impact on patient services:

The Committee is responsible for monitoring quality of services the CCG commissions, and uses patient and clinician feedback to do this. The Committee ensures stakeholders are involved in its work through:

- Having patient, lay and third sector representation on the Committee;
- Clinical representation via GP members;
- Receiving regular reports from the Patient & Public Engagement Committee, quarterly patient experience reports, Commissioning Learning Sets and complaints from service users.

Financial and resource implications

None identified for this report.

Equality / Human Rights / Privacy impact analysis

Not required for this report.

Quality impact analysis reports are presented to the Committee for review.

Risk

The Committee is responsible for the review and scrutiny of key risks outlined in the Board Assurance Framework and risk register.

The Committee discussed potential impact on access/ provision (mental health) as a result of resource being focussed on North Kensington. It was confirmed that NHS England had funded additional services for the population, therefore there should be no risk to services for residents in wider West London CCG.

Supporting documents

Integrated Performance & Quality report

Governance and reporting (list committees, groups, or other bodies that have discussed the paper)

Committee name	Date discussed	Outcome
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