

## Report of Berkshire West CCG Governing Body: 11 September 2018

Title	Chairs Report from the Berkshire West Joint Quality Committee held on 10 <sup>th</sup> July 2018
Sponsoring Director	Debbie Simmons, Nurse Director, BW CCG
Author(s)	Wendy Bower, Chair of Berkshire West Joint Quality Committee
Purpose	To provide the Governing Body with the key issues arising from the Berkshire West Joint Quality Committee held on 10 <sup>th</sup> July 2018
Previously considered by	Berkshire West Joint Quality Committee 10 <sup>th</sup> July 2018
Risk and Assurance	Assurance provided to Governing Body from Berkshire West Joint Quality Committee
Financial and resource implications	None identified
Legal implications/regulatory requirements	None identified
Consultation, public engagement & partnership working implications/impact	Not applicable
Public Sector Equality Duty	Not applicable

### Executive Summary

The Berkshire West Joint Quality Committee met on 10<sup>th</sup> July 2018:

- The minutes from the meeting held on 8<sup>th</sup> May 2018 were approved;
- The Integrated Quality and Performance Report was discussed and noted;
- An update on Primary Care Quality was received;
- A HCAI update was received;
- Provider Quality Assurance visit reports were noted;
- The Committee discussed the Corporate Risk Register including issues from the Quality Committee that create significant risks for the attention of the Audit Committee;
- CQUIN achievements for 2017/18 were discussed;
- An update on safeguarding was received;
- Amendments to the Committee Business Cycle were discussed and changes to the Terms of Reference were agreed.

### Recommendation

The Board note the report and gain assurance that the Berkshire West Joint Quality Committee is discharging its responsibilities effectively.

## Berkshire West Quality Committee Meeting 10<sup>th</sup> July 2018

### Chairs Report

**1.1** The meeting of the Berkshire West Quality Committee was held on 10<sup>th</sup> July 2018.

**1.2** The members in attendance were:

<b>Present</b>	
Wendy Bower	Lay Member (CHAIR)
Ashmita Chandra	Head of Performance, BW CCG
Debbie Simmons	Nurse Director, BW CCG
Jane Thomson	Assistant Director Quality, BW CCG
Kajal Patel	GP Lead, Berkshire West CCG
Mike Feraday	Healthwatch representative, West Berks
Pat Bunch	Healthwatch representative, Reading
Rachel Proctor	Primary Care Manager, BW CCG
Raju Reddy	Secondary Care Consultant
Saima Hussain-Sheikh	Quality Improvement Support Officer, BW CCG
Terri Pascucci	PALS Officer, BW CCG
Julie Parsons	PA to Debbie Simmons, BW CCG (MINUTES)
<b>Apologies:</b>	
Cathy Winfield	COO, BW CCGs
Debbie Milligan	GP Governing Body Member Wokingham CCG
Helen Clark	Director of Primary Care, BW CCG
Jo Jefferies	Consultant in Public Health, Bracknell Forest Council
Kathy Kelly	Head of Safeguarding Adults, BW CCG
Liz Stead	Head of Safeguarding Children, BW CCG
Natalie Foley	Interim Infection Prevention & Control Nurse, BW CCG
Simon Hawkins	Quality Support Manager, BW CCG

## **2. Key Actions and Decisions**

### **2.1. Minutes of meeting held on 8<sup>th</sup> May 2018**

These Minutes were approved as an accurate record and the Action Log was updated accordingly.

### **2.2. Integrated Quality & Performance report**

#### **Patient Safety:**

- **Serious Incidents:** Integrated SI panel established – looked at BHFT falls presentation and improvement work.
- **Falls:** Work to reduce number of falls with ward level ownership. Myth busting re why people falling. Will monitor.

#### **Patient Experience:**

- **MSA:** Aware of these and work collaboratively with NHSI and RBH to look at what going on. Assurance re all patients being spoken to remain same. DS has agreed with RBFT to not include data for the observation bay. Asked RBFT to do a count in 17/18 minus the obs bay work to allow more accurate benchmarking and asked for a trajectory.

#### **Clinical Effectiveness:**

- **Fractured neck of femur:** RBFT recognise it's a challenging performance – deep dive in March gave assurance re actions being taken (capacity, complexity of patient). PB queried

how we benchmark against others? RR responded that we benchmark favourably in the National annual report.

- **Workforce indicators:** Huge amount of ongoing workforce work, R&R drives etc. WB stated that one of the real positive was that the ICS Quality Group requested to work together. DS mentioned that there are ongoing discussions re paramedics (haven't yet got SCAS round the table) with suggestions of working together and rotational secondment so they stay in the system.
- **Safeguarding children/adult training:** no workstreams, presented assurance.

#### Independent Providers:

- **Safeguarding:** everything green.
- **Recruitment:** Series of recruitment drives ongoing. Month 2 safeguarding data will come in correct.

#### Maternity:

- April quieter month – achieved in Rushey and no diversions. Increase in csection but will hopefully settle down again. Homebirths 3.3% - finally back to 5 midwives. LMS work is progressing well – have secured £221k transformation fund through ICS which will be protected for maternity – this won't all be spent this year but will remain protected going forward. First project (~£55,000) will go into a central pot to fund a Project Lead and admin support for each of the three systems; ~£33,000 for a feasibility study to expand Rushey Unit; a small business case re birth reflection; and, following the recent QA visit, DS would really encourage RBFT to invest in improving IT issues (see QA report below).

#### SCAS:

- An integrated workforce plan is in place and lots of work re sickness/absence. A recovery action plan has been requested re clinical concerns responses.
- **Care bundles:** testing was completed Jan with the change implemented in April, looking at May data and will expect a massive improvement. Almost there with two of them.
- **Falls risk assessments:** Oxfordshire doing some work – need to ensure all using same referral forms.
- **QA visits:** reports below.
- **A&E performance:** Much better than in winter months with May and June being achieved. Second half April quite good. Should achieve quarter – really good news!
- **DToC:** Numbers are slightly up for RBFT; first time including BHFT numbers. Split available MH and community delays because biggest issue is MH and LD delays.
- **999 performance:** Much better, achieving all standards (a first!)
- **111:** Metrics not as great but biggest issue is those calls which are not answered within 90 secs – put a WRAP in remedial action plan issues as said would achieve Oct which is the cusp of winter. Staff issues are quite significant and can't be resolved so need more realistic conversation on how to resolve this. Will update more after next CRM. DS mentioned that part of the problem is that staff only need to give 4 weeks' notice but it takes 6 weeks to train so forever playing catch-up. All agreed it is a poorly paid role, considering how stressful/skilled job it is – one 'minor' mistake could be catastrophic. KP suggested paying more to make it worthwhile but it has to go through Agenda for Change so hands are tied (although a pay rise may make a difference).

#### Urgent Care:

- Non elective admissions for zero and 1 day stay are up. April always a higher month. Concerns were raised at the Governing Body meeting re GP referrals being up – AC to look into. KP added that the more promotional work is done, the more referrals happen (i.e. blood in wee Public Health campaign resulted in lots of patients presenting with those concerns). Cancer Alliance have an aim to get more diagnosis on 2 ww referral therefore will see referrals go up there too.

- **Cancer:** RBFT 62 day rate for April achieved (CCG has not but primarily due to GWH and increased number of breaches there). JT queried what is happening with GWH – AC keeps asking but little response, will keep trying. Deep-dive indicated that things were improving but actually not. Need to be pushing GPs re patient choice etc. KP added that, as medical director need to own 2 ww. DS added that it took 18 months to sort RBFT out, wasn't a quick fix. Need to sort systems and processes in order to resolve, currently chaotic, need huge changes. Difficult one and can't see if changing quickly.
- **2 week rule:** RBFT will probably fail for May and June – dermatology and slight issue with pathology – all in hand. KP added that dermatology are down 6 consultants this is a National issue. Need to establish issues first and then will start executive level meetings again to ask these questions. Seems to be a capacity issue (not enough appointments available).
- **RTT:** RBFT have passed.
- **52 wks:** Two breaches (GWH & Gynae)
- **Diagnostics:** Not doing well at RBFT due to capacity issues in echos. KP mentioned that North London have commissioned an external company to take out all echos. Will add to exec level mtg (DS/AC).
- **ACSI:** No MRSA and CDIFF under 7 cases.

### 2.3. Primary Care Quality

Still waiting on some new data – most still very old so not worth reporting. Some data coming from National data is not timely etc. Discussion with Bucks and Oxon re reporting/quality/strategy - positive moves to have pertinent data rather than lengthy reports. DS advised the Committee that Priory Avenue closed 30<sup>th</sup> June. The team worked well with NHS and colleagues to ensure a seamless process. All vulnerable patients had been assessed and dealt with, with good handover – some patients had been upset but gone as smoothly as can be. Circuit Lane slightly easier as taken over by Western Elms. Some letters have been received but all have responded to.

PB added that the difference to Circuit Lane has been amazing (service, people, environment etc.) – patients already seeming to appreciate it early on. Good to hear. Feedback has been positive and FFT is now at 87% ish.

DS mentioned that Governing Body may not be capturing soft intelligence re concerns re practices from locality teams. Maureen McCartney was going to share the report used to have (to capture issues early) and ask if still collecting this data.

### 2.4. HCAI report

In the period to end June 2018, data is currently only available for April and May 2018. There have been 11 CDI cases reported in the first two months against an objective of 21 cases for this period. These cases are to be discussed at the health economy meeting to identify lapses in care or learning.

All CCG's are under their CDI year to date monthly limit.

South Reading CCG has had one patient with an MRSA-bacteraemia that was determined as an unavoidable case attributed to third party though this is not reportable to PHE.

E.coli bacteraemias have been part of the Quality Premium since April 2018. To date all the Berkshire West CCG's with the exception of Newbury are over the year to date monthly limit but generally a reduction on the previous year by months.

- **PIR review:** – JT's first – really good and not one attributable or lapse in care.
- **eColi:** JT reported that NF is really struggling to get eColi reports back from primary care colleagues – plea to send back ASAP.

- **Infection Prevention & Control Nurse:** NF is our Interim IPC for 2 days a week until Sept 2018. A substantive post has been appointed into and JT is currently negotiating a start date.

## 2.5. Provider Quality Assurance Visits

- **Community Speech & Language Therapists, BHFT (1<sup>st</sup> May 2018):** DS and SHS attended this QA visit. A couple of recommendations were made with regard to lone working and remote working. Prompted immediate action. The visit was initially organised following the recent choking incidents but later discovered this team do not cover PPH.
- **Radiology, RBFT, 6<sup>th</sup> June 2018:** DS & JT attended this visit – nothing particular to highlight. Good leadership, positive. There was evidence that all the recommendations from the previous QA visit had been actioned which was very positive.
- **Delivery Suite, RBFT, 14<sup>th</sup> June 2018:** DS reported that this was a good visit but it highlighted issues with IT systems at RBFT that DS had previously been unaware of. For example - the K2 system (digital baby monitors), whilst it has many benefits, has never been able to let consultants look at from home; has to be manually updated onto EPR system after a woman has delivered (which can delay discharge by up to 4 hours); has an inconvenient angled screen; doesn't flag mental health or safeguarding issues in the family etc; and is not accessible from the induction suite (meaning the midwife there needs to physically walk up/downstairs if data is needed).

## 2.6. Corporate Risk Register

- **Q2 SO2:** This needs to be archived off.
- **Q4 SO2 (Pathology):** Planned Care Board leading on this, still a 12.
- **Q5 SO2 (GWH assurance):** Continue to have a few issues here so needs to stay on the risk register, same score.
- **Q6 SO2 (Workforce):** This is still the biggest risk for all our providers. Still definitely a 16.
- **Q9 SO1, SO2 (LAC):** Still an issue. – still got an issue – agreed to just a Reading thing? JP to ask Liz for an update on both.
- JT mentioned there was a risk around care homes which perhaps should be added.

## 2.7. CQUIN 17/18 Achievement

**RBFT:** Q3 had self-assessment pilot to see how Trust would go with that - went well. RBFT self-assess against National milestones and provide narrative to internal meetings.

- **1a, b, c:** Amber. Not fully achieved full payments but received part. RBFT done well with healthy foods.
- **National 2d:** JT had meeting with team re antibiotic consumption – 3 different benchmarks – negotiated 2 out of 3 achieved. Missed one benchmark but equivalent to only 16 doses so allowed.
- **National 7 (referrals):** Done really well. Far exceeds what they had to do.
- **National 8a (supporting proactive and safe discharge):** Huge amount of work gone on with external stakeholders to look at getting these patients out in a safe manner (same as BHFT) – SHS – good to see RBFT and BHFT working together. Looking at whole discharge pathway. KP – pharmacy delay.

**BHFT:** Really well done as mostly green!

- **CQUIN 9 d & e (alcohol screening & brief advice or referral):** Not quite met. Alcohol – partial payment, drug – won't be paid.

**SCAS:** Achievement but need to confirm Q3 & Q4 data.

**Independent Providers:** Sea of green again.

- Sue Ryder – in discussion to agree a CQUIN for Q1.

**2.8. QIA/EIA** - None for consideration.

**2.9. Safeguarding**

- **Safeguarding Strategy:** WB stated this was very comprehensive. All agreed to approve.
- **DOLS leaflet:** For noting only.

**2.10. Business Cycle**

Discussion re: adding additional items to the business cycle (Quarterly Leaders report, Care Home Strategic report, Chairs report from ICS Quality Committee).

**2.11. Terms of Reference** - All agreed with amendments.

**2.12. AOB:**

- **PALS & Complaints:** Q1 report highlights info re Priory Avenue and Circuit Lane. PALS received 315 in Q1, many related to Priory Avenue. TP was part of the washout meetings which was useful. The complexity of patients and volume of calls was unexpected but we have been left with only a handful of really complex patients which is good considering the number of patients (6000+) who were transferred. WB added that the patient meetings were good and pleased we offered them, although they were not as well attended as expected. In Q1, 23 complaints were received and the team have met with the CHC team to smooth out processes and ensure template letters are being utilised. A section has been added to the report on compliments received and the team are looking to pull together a survey of the complaints process.

**3. Conclusion**

The Chair provides this report from the Berkshire West Joint Quality Committee to the CCG Governing Bodies and Clinical Commissioning Committee. It will be presented by the Nurse Director.

**Wendy Bower, Lay Member (Patient and Public Involvement) North and West Reading CCG,  
Berkshire West Joint Quality Committee Chair, July 2018**