

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

Title	Chairs Report from the Berkshire West Joint Quality Committee held on 13 <sup>th</sup> November 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 13 <sup>th</sup> November 2018
Previously considered by	Berkshire West Joint Quality Committee 13 <sup>th</sup> November 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 13<sup>th</sup> November 2018:

- The minutes from the meeting held on 10<sup>th</sup> July 2018 were approved;
- The Integrated Quality and Performance Report was discussed and noted;
- Updates on Primary Care Quality and HCAI were 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;
- A report on Complaints & PALS was discussed;
- An update on safeguarding was received;
- The Clinical Concerns report, the LeDeR Chairs report, the Strategic Care Homes Chairs report and the Serious Incidents & Never Events report were received;
- The Quality Newsletter was presented;
- ICS Quality and IFR FES treatments were discussed.

### 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 13<sup>th</sup> November 2018

### Chairs Report

**1.1** The meeting of the Berkshire West Quality Committee was held on 13<sup>th</sup> November 2018.

**1.2** The members in attendance were:

Present	
Wendy Bower	Lay Member (CHAIR)
Ashmita Chandra	Head of Performance, BW CCG
Debbie Milligan	GP Governing Body Member Wokingham CCG
Debbie Simmons	Nurse Director, BW CCG
Jane Thomson	Assistant Director Quality, BW CCG
Jennie Leleux	Interim Infection Prevention & Control Nurse, BW CCG
Jo Jefferies	Consultant in Public Health, Bracknell Forest Council
Liz Stead	Head of Safeguarding Children, BW CCG
Pat Bunch	Healthwatch representative, Reading
Raju Reddy	Secondary Care Consultant
Saima Hussain-Sheikh	Quality Improvement Support Officer, BW CCG
Sarah Wise	Primary Care Contracts Manager, BW CCG
Simon Hawkins	Quality Support Manager, BW CCG
Terri Pascucci	PALS Officer, BW CCG
Julie Parsons	PA to Nurse Director, BW CCG
Apologies:	
Cathy Winfield	COO, BW CCGs

## 2. Key Actions and Decisions

### 2.1. Minutes of meeting held on 10<sup>th</sup> July 2018

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

### 2.2. Integrated Quality & Performance report

#### Patient Safety:

- **Never Events:** RBFT have reviewed their Never Event (maternity retained swab); and assurance has been gained with a deep-dive into orthopaedics at GWH.

#### Patient Experience:

- **MSA breaches:** Significant decrease in reporting of MSA at RBFT – reporting has changed to only include the Observation Bay as previously agreed. Assurance gained (re privacy/dignity etc.) from HHFT & GWH re breaches noted.
- **Clinical Concerns:** RBFT response rate in July reduced to 89% due to period of absence. This has been picked up with RBFT but no response. JT has still not received thematic report for Q1 & Q2 is not due. DS has already chased Caroline A but this is no longer within her remit but sits with Lindsey Barker. DS suggested considering Datix again.

#### Clinical Effectiveness:

- **Fracture Neck of Femur:** Can't sustain indicator of this. Did presentation to the Board and looked at theatre utilisation etc. but low number of patients reported. RBFT are aware internally and have undertaken a deep-dive but need to look at benchmarking (as benchmark nationally really well). DM – never going to achieve due to need to stop medication 24-48 hours ahead of surgery and also theatres are also sometimes busy. WB

added RBFT reassured (at ICS) that they are on top of it (and understand what's going on). DM added that it is positive that RBFT are doing the right thing for patient rather than just trying to hit a target.

- **Workforce:** Still the highest risk on Risk Registers in all provider organisations. Need to look at a system to put a fix in place re recruitment & retention across the board.
- **Safeguarding:** Going through motions of trying to ensure staff attend training where possible. DS – really struggled with HHFT as they've set compliance of 80%. LS agrees but can't enforce as no national guideline. Need to keep an eye on – also now have adult guidance published so spotlight really on safeguarding training – looking to combine as much as possible. DS – IQPR interesting that we've had CQC report on HHFT (damning & required improvement) – significant improvements needed on both hospital sites – some quite concerning (17 SIs this month, might be knock-on effect from CQC and increased level of reporting). JT added that SHS has developed quite robust challenge relationship which we didn't have before.

#### Independent Providers:

- Safeguarding dropped – SHS has picked up. Spire were reporting way over 100% (counting some individuals twice) and Circle have moved over to another system so now all on track. Sue Ryder picked up again and have an action plan which is on track. LS reported that she has had section 11 annual self-assessments against safeguarding standards back from Circle, Sue Ryder & Ramsey (deadline was extended to 16<sup>th</sup> Nov) but has had no contact at all from Spire. DS added that all should be meeting the national standard and queried if we need to be concerned about Spire – SHS responded that they have hit mid 90% more recently and are on plan to hit target in Dec. Committee will continue to monitor this.

#### Maternity:

- Not much difference although seen an impact in August of annual leave. Csection rate is up but this does fluctuate. Home birth team are fully staffed and up to 3% which is hugely positive. RBFT have made the decision to focus on second time mums (multips) rather than first time mums (primips) who are at higher risk of transfer to hospital.

#### SCAS:

- **Complaints/clinical concern:** Response rate is broadly improving. However there are a large number of Clinical Concerns - currently not achieving, but an action plan is in place and will review at next CQRM.
- **Safeguarding:** Amazing as ever! DS added that SCAS schedule staff out to undertake training/e-learning.
- **Care bundles:** Nearly there. Upward trajectory (almost amber) and much improved since the implementation of the technical fix in May 2018 which ensures all required information is collated.
- **Falls assessment and referral:** A Thames Valley-wide workshop was arranged for October to bring together Commissioners, Falls Service providers and SCAS to agree on a common referral process - main point derived was that the falls services are not having an issue with what SCAS are sending in. SCAS hadn't made a change to their report which we thought they had (not including specialist paramedics etc.) but this will be included next month. DM queried if someone could follow up the 999 calls which have declared falls? JT think this is what was derived from workshop and a robust pathway is in place. DS – numbers ok from BW. Issue with Oxf and BE. Monitor for next time.

#### Urgent Care:

- **A&E:** Q3 to date 88%, not so good. Conversations at RBFT. DS – Gov Body – serious actions taken at Gov Body – letter from CW to RBFT plus exec level phone call – deteriorating but no real answers. Really clear it's not the system this time (DTocs low etc.) – it's issues within the hospital.

- **DToC:** Slight increase in month 5, nothing changed day-to-day – will keep an eye on. Two new indicators added for stranded patients.
- **SCAS 999:** Sea of green.
- **SCAC 111:** Feedback to NHS that cannot achieve 90% target with current resources. Extra resource for answering call sets (conduit workforce). WB – are we assured this will help? AC yes should do. DM – 6 wks. to train 111 callers, 4 weeks to leave so always playing catch up. High unemployment rate area. Two other areas which will help with calls – should help with flexibility. DS added that even with issues, the abandonment rate is still low and being maintained.
- **Cancer:** Recovered quickly which is positive. Did not achieve Q2 but won't lose cancer alliance funding. Lots of conversation and analyse re patients waiting 144 days or longer – clinical harm reviews are completed on those patients waiting 104 days or over.
- **RTT:** Achieving, although RBFT wanting to stop accepting referrals for dermatology for non-urgent referrals which will impact RTT pathways. DS – position at moment is RBFT down to less than 1 wte consultant so have to prioritise urgent/cancer. Urgent meeting happening within a week to discuss options & develop a plan. JT – risk of inappropriate referrals increasing though (yes, this happened last time). Six patients waiting 62 weeks – complex gynaecology (OUH).
- **Diagnostics:** Berkshire West diagnostic performance has been impacted by deteriorating performance at RBFT and GWH in recent months. For RBFT this is primarily in electrocardiography due to staffing issues and also in MRI due to the new MPMRI pathway. GWH performance is mostly affected by a high number of breaches for non-obstetric ultrasounds (30 breaches in August) and CT scans (7 breaches in August) for Berkshire West patients.
- **E-referrals utilisation:** Huge lag in numbers. Oct target 100%, unlikely to achieve. SW query if have this date broken down by practice – not yet but can chase. SW wondering if role within primary care to support this. DS not all were being picked up as referrals (all sorted now I think).
- **Quality premium:** Q1, achieving most except cancer diagnosis at early stage – Shairoz picking up with RBFT.

### Q1 CQUIN Achievement report

- **RBFT:** All green
- **SCAS National 12:** This CQUIN is managed by CRM and not the Quality team.
- **Independent Provider (SHS):** Working with to strengthen.
- **SCAS Local 1:** Increased risk with SCAS live link with care homes but looking like will achieve in the main in Q2.

DS – Operational Plan letter due mid Dec – from a CQUIN perspective, there will be a reduction in % of CQUINs to allow ICS to determine quality indicators.

### **2.3. Primary Care Quality**

- **Dashboard** – too many indicators need more snapshots than a lengthy report.
- **QoF data 17/18** – snapshot of how QoF has gone – data to show the uptake rate. DM queried if there is a single failing practice? DS never been able to pin onto one practice. DM added that the bracket of 0-79% offers too much variation (i.e. achieving only 35% is more of a worry than achieving 70%). DM asked if % achieved could be added.
- **Service utilisation** – need to look into more if this is linked to one practice/area etc. JJ – list of social dynamics to compare like for like. DS added that there needs to be 10-15 key indicators to determine if a practice is working well and to a quality/safe level for patients. Need to progress this ASAP and ensure Alliances are signed up – SW agrees. Can then

challenge Alliances rather than direct to practice. DM queried if lessons learned were picked up from those practice which have recently gone under – DS responded that those practices which received ‘inadequate/requiring improvements’ in CQC inspections have never come as a surprise but still a challenge to us. However, DS added that three years ago prior to commissioning primary care, we were a real outlier in primary care being classed as inadequate etc., but now we have much improved and strengthened primary care.

- **Circuit Lane** – DS reported that Circuit Lane were rated inadequate at the last CQC, but now under new management so still trying to decide if this gets wiped totally. Will need to be inspected within 12 months. Early indicator is that it’s improved.
- **Patient Satisfaction** – recognise there could be more done to increase uptake of Friends & Family (F&F) test and look at what services could be improved from outcomes received. Will roll out across all localities. Interesting learning from what other areas have done – good practice collated by Andrew Sharp (Healthwatch Newbury) to improve F&F in primary care. DS needs to be robust and not piecemeal. PB added that some GPs are doing NHS Choices and spending their time responding to the comments on there. DS responded that, at the moment, it is contractual but we don’t do anything if they don’t at the moment. PB stated that a fair group of GPs seem to have decided not to do it – DS added that F&F has always been really difficult for Primary Care due to nature of patient cohort (frequent visitors etc.).

### Primary Care Incidents

- Upward trend in number of incidents reported (61 Q2 2018/19 compared to 50 in Q2 2017/18).
- Medication continues to be the highest category of reported incidents. SH will liaise with Medicines Management re prescribing.

PB queried if there is a definition of what SIs primary care/GP needs to report. The National Patient Safety Agency guidance defines what should be reported and all practices should have a copy. There are gaps with these and length/breadth of information is variable. Looking at improving quality and standardisation of information received. As discussed with SW – action to gain assurance that issues (other than medication ones) are being discussed, noted and actioned too. DS added that all practices report medicines as they get paid for those. DM stated that deaths of patients in surgery/suicide do need to be reported.

### **2.4. HCAI report**

- **Ecoli:** 179 since April-end Sept. Benchmark middle. 150 community acquired, 29 hospital acquired. Everyone keen to get numbers lowered. Meeting with Diana Thackeray next week. RBFT have done a brief review of every single case which has come through doors and Community have done all reviews on their cases. Behind with the GP returns - all been notified April, May, June (64); 23 received back. JL is part-way through reminding/sending out June. Need to drive home the message that a response from GPs is required. No trend really identified (might be catheters but no evidence).
- **CDiff:** Doing quite well with targets – 38 total. Highest month was 9 in May (max should be 12). 22 community, 14 hospital. Only had 9 returned from GPs.
- **MRSA:** Two – one in May assigned to third party and one in October yet to have PIR>
- **Practice Visits:** Very keen to see JL. Five audits booked in, two training sessions; and two Practice Manager Meetings.

### **2.5. Provider Quality Assurance Visits**

The Committee received reports on the following QA visits. DS added that all have been positive.

- SCAS CCC – 26<sup>th</sup> April 2018
- Community Falls, BHFT – 10<sup>th</sup> May 2018
- Medical Records, RBFT – 14<sup>th</sup> August 2018
- Ramsay, BIH – 16<sup>th</sup> August 2018
- Hopkins, RBFT - 26<sup>th</sup> September 2018

## 2.6. Corporate Risk Register

- **Q4 SO2 (Pathology):** Impacted 2ww nationally and meetings going ahead between BBSP and RBFT.
- **Q6 SO2 (Workforce):** DS stated this should stay at 16 as biggest issue with biggest areas of risk being elderly care/district/mental health nursing, and paramedics. Maternity are looking better as they are recruiting however these are mainly newly qualified.
- **Additional risks:**
  - DS - Possibly dermatology but need to have a meeting first.
  - AC - GWH performance but need conversation around this first.

## 2.7. Complaints & PALS

- **PALS & Complaints report:** SF reported that PALS has been significantly quieter with nothing significant to report in terms of themes etc. Complaints – all six which had breached are now closed. One closed and CHC are meeting with family next week. JT/SF to revisit CHC to ensure processes in place and offer help/assistance/advice. DS – can't hold providers to account on timescales if we can't do it internally. PB queried if the evaluation forms are completed – SF stated we rarely get these back. Even from those we know who are happy with the outcome (even with prepaid envelope and email). RBFT have a good response so SF could liaise with them to determine how they get feedback response.
- **Unacceptable & Habitual Complainants Policy & BWCCG Complaints Policy:** The Committee were presented with these Policies which have both been updated to include information regarding the in-housing of the team; plus updated GDPR/Data Protection information. No queries and approved by the Committee.

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

## 2.9. Safeguarding

- **Safeguarding Committee Chairs report:**
  - **Foetal Alcohol Spectrum Disorder (FASD):** LAC meeting will look at whether a business case is needed to assess for FASD.
  - **Case reviews:** Two domestic homicides both in West Berks.
  - **Health LAC assessments:** Looking to improve and will remove risk if improvement made. LS and Andy Fitton have been accepted for interview for a LAC pilot project on Improvement assessments. Expressions of interest have been shown. West Berks is the only are able to participate. Would like funding of £60,000.
  - **CP-IS:** Getting there.
  - **M18 Willow House:** SI occurred 2017 is now all in hand.

## 2.10. Clinical Concerns report

No themes or trends identified. Need to go to GP localities (via QUILL newsletter).

## 2.11. LeDer Chairs report/17-18 annual review



- Progress to date not great – when informed by University of Bristol that a patient in the system has died, local area should allocate a reviewer. However, a lack of reviewers means that 18 (to date) have been unable to be allocated. JT – our position is no different than nationally. RAG rated priority fast-track – out of 18 – how many need full review etc.?
- Position in South region - 108 reviews has been completed out of 883 notifications (12%) – assurance to Committee that this is not an outlier but a National issue.
- Berks west have been allocated approx. £9k to implement improvement plans to increase the number of reviewers by March 2019. This is unlikely to be achieved as the reviewers job is a difficult one involving a great deal of time (to access/review notes/files) and involves a specific skillset (talking to families of decreased etc.), often alongside an existing full-time job. Buy-in from stakeholders at LeDeR steering group – paper will be submitted to regional lead – unsustainable.
- Themes – include sepsis and end of life care, but these are for the entire cohort, not just those with learning disabilities.
- DM queried, from family's perspective, if a review is not done in 18 months how do they react? JT informed that the family are not informed of a review being undertaken until a reviewer has been allocated.
- Duplication possibly with other reviews (CDOP/SIs etc.) but no way of knowing as we do not receive patient identifiable data.

### **2.12. Strategic Care Homes Chairs report**

The Committee were presented this report – no queries. DS reported that ICS are focussing on three care home quality priorities:

- Sepsis (RBFT)
- Reduction of suicide (BHFT)
- Nutrition & hydration in care homes (CCG) – a project has already been rolled out in Berks East and this needs to be duplicated in Berks West. Progress to date has been limited so DS has established a task & finish group to roll out proactively as improving nutrition and hydration in care homes will be key in positively impacting factors such as infection control, admissions, falls etc. JJ offered Public Health's assistance.

### **2.13. Serious Incidents & Never Events Q2 report**

- BHFT
  - 18 Serious incidents – 15 were mental health related, 11 of which were reported within the apparent/actual/suspected self-harm meeting SI criteria domain.
  - Rolled out their Quality Improvement initiative with support from a third party facilitator.
- RBFT
  - 13 incidents with no particular theme of SIs noted with the criteria.
  - Pressure Ulcers – Burghfield Ward just missed the 100 day PU free target (by a day or two) – which is really positive. Revised guidance on pressure ulcer grading – RBFT & BHFT have met to discuss impact. Discovered guidance has not been finalised so went back to NHS England to clarify.
  - Never Event – retained swab in maternity.
- SCAS
  - Two incidents – one treatment delay and one ambulance accident at a pedestrian crossing.
  - DS raised concerns re the low number of SIs reported by SCAS (especially considering they are a large organisation covering a wide patch). Decision made that SCAS should send potential SIs to us and we can decide if they are

major/serious etc. Need to bring criteria of what defines a serious/major incident to next CQRM.

- GWH
  - Three incidents regarding incorrect orthopaedic plates being used. Subsequently four more have been identified. Two plates which look almost identical – liaising with local Press to manage story.

DM added that TVIUC currently work in silos in 111 and 999 but need to break down barriers and align to share learning etc. DS informed that BHFT/RBFT already share SI and Quality meetings on an ICS basis and share learning etc.

#### **2.14. Quality Newsletter**

This was presented to the Committee. WB stated it was always very good to receive.

#### **2.15. ICS Quality**

DS informed the Committee that it is a struggle to run two Committees but can't find a work round at present as still need to have Berks West Quality Committee in order to cover SCAS and Independents.

#### **2.16. IFR FES (Ongoing treatments)**

JT explained that there have been several IFR requests for funding for ongoing Functional Electrical Stimulation (FES) treatment for conditions such as CP and foot drop. JT asked the Committee to approve future funding requests for those already receiving treatment where a benefit of treatment has been defined (at an approximate cost of £300/year per patient). The Committee supports this recommendation but this also needs to go Finance Committee for final sign-off.

### **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, Nov 2018**