

## Report of Berkshire West CCG Governing Body: 12 March 2019

Title	Chairs Report from the Berkshire West Joint Quality Committee held on 12 <sup>th</sup> February 2019
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 12 <sup>th</sup> February 2019
Previously considered by	Berkshire West Joint Quality Committee 12 <sup>th</sup> February 2019
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 12<sup>th</sup> February 2019:

- The minutes from the meeting held on 13<sup>th</sup> November 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;
- A QIA report on Enhanced Access was discussed;
- The LeDeR Chairs report, the Strategic Care Homes Chairs report and the Serious Incidents & Never Events report were received;
- Clinical Concerns and the Quality Newsletter were discussed;
- The ICS Quality Chairs report was noted and Hydration & Nutrition in Care Homes was 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 12<sup>th</sup> February 2019

### Chairs Report

**1.1** The meeting of the Berkshire West Quality Committee was held on 12<sup>th</sup> February 2019.

**1.2** The members in attendance were:

Present	
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
Jennie Leleux	Interim Infection Prevention & Control Nurse, BW CCG
Jo Jefferies	Consultant in Public Health, Bracknell Forest Council
Kathy Kelly	Head of Safeguarding Adults, BWCCG
Pat Bunch	Healthwatch representative, Reading
Raju Reddy	Secondary Care Consultant
Saima Hussain-Sheikh	Quality Improvement Support Officer, BW CCG
Sam Dolton	Joint Healthwatch ICS officer
Sarah Wise	Primary Care Contracts Manager, BW CCG
Julie Parsons	PA to Nurse Director, BW CCG
Apologies:	
Andrew Sharp	Chief Officer, Healthwatch
Cathy Winfield	COO, BW CCG
Debbie Milligan	GP Governing Body Member Wokingham CCG
Jonathan Rees	Head of Access and Performance, RBFT
Katie Summers	Director of Operations (Wokingham)
Liz Stead	Head of Safeguarding Children, BW CCG
Simon Hawkins	Quality Support Manager, BW CCG
Susan Finch	Complaints Manager, BW CCG
Terri Pascucci	PALS Officer, BW CCG

## 2. Key Actions and Decisions

### 2.1. Minutes of meeting held on 13<sup>th</sup> November 2018

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

### 2.2. Integrated Quality & Performance report

#### Patient Experience

- MSA breaches: note HFFT reported 17 breaches in March, free use of escalation area, in contact with lead commission re this.

#### Clinical Effectiveness

- Fracture Neck of Femur: doing right thing by patient to improve clinical outcomes for the patient, so info from RBFT with exception. Nationally RBFT are doing well other performance indicators for this show good outcomes.
- Workforce vacancies: same across all organisations, all still highly rated on the risk register but looking at various forms of recruitment and retention to look at workforce differently.

#### Independent Provider

- One Pressure ulcer SI from Sue Ryder and a clinical treatment SI from Circle due.
- Workforce working on long term sickness and appraisal.

- Safeguarding training on an upward trajectory and an audit will be carried out by KK.
- Transfer into acutes – learning on this and doing RCA on each.

### Maternity

- The dashboard and reporting may change from April as it's difficult to look at and gain/assure that all's ok. Metrics set by RBFT (not national) and need to do a review of and decide which metrics provide best quality assurance. Clarification that the transfer rate of primips for homebirths includes post-natal transfers too.

### SCAS

- Staff turnover/workforce work being undertaken.
- Clinical concerns recovery action plan in place & achieving recovery trajectory.

### Care Bundles

- Technical fix has occurred but further meeting on how to fix and support. From next year, this will be a quarterly metrix and will therefore be a quarterly report from the Trust, not on IQPR.
- Falls risk assessment – still education pieces being implemented.

### Urgent Care

- A&E: This has been really challenging and will get worse in Dec. Internal issues around flow but high acuity as before. Discussion at Governing Body – doing all they can do and very much RBH flow issue – Gov Body assured that system working is addressing everything possible but still doing better than GWH & HHFT – recognised as national issue. Not taking foot off the gas. Would be helpful for DS to attend each of the programme boards to gain an overall picture.
- DTOC: This is being discussed at Urgent Care Board and will escalate it back to BW QC if needed.
- Urgent Care 999: Achieved all targets, except cat 3 but still much better when looked at nationally.

### Urgent Care Performance – TV IUC

- 60 second calls answer: CPN issued, issue is more complex to resolve – isn't lack of willingness – lots of Call Handlers leaving. Will update at next meeting.
- Abandonment rate should be red for Nov/Dec

### Urgent Care & Emergency OP Indicators

- Non elective admissions: Zero length of stay is increasing, not necessarily a bad thing but does affect quality premium targets. Plan came out after numbers were set.

### Planned Care

- Cancer: Looking good. CCG not achieved but by 1 patient only. Dec is going to fail as 77% right now – clinical validation first time this year. Achieved quarterly percentage. Nothing that RBH is doing which flags as red – just volume of activity.
- RTT: Achieving with no 52-week breaches at RBH (one at HHFT, surprisingly).
- Diagnostic test: Failed again and so has RBH. Performance has been bad this year but on different things (lack of echographers, MMR machine broke – not consistent). Dec has improved. ICS diagnostics workstream to look at diagnostics and what we should be moving out of secondary care to ease flow.
- E-referral utilization: All referrals going through e-referral website except urgents – RBH working on a plan to include urgents but requires remote access. Need workaround. Taking slightly longer.

### Quality Premium

- Mental health OOA placements: On target but query with BHFT as these are nationally produced numbers, might be more or slightly less than what targets were.
- Mental Health (children & YP): Concern re two aspects, eating disorders 33% against target of 93% seen in one week – not good enough even though small numbers. All new patients. DS – with this target, have sympathy with BHFT – service commissioned seeing 100 patients

but seeing 140. Huge outlier. Patient's being referred have a higher acuity resulting in 83% of these referred are being accepted into service for treatment – so high attrition rate. JJ – is that benchmarking? DS – not sure – think Berkshire is an outlier but don't know why. Area of concern – doing dedicated individual review looking into this (Andy Fitton) – paper to take through Finance Committee to see if funding is correct for this service. Need to look at what other areas are doing re skill mix/service offering etc. Need to be clear if its extra money being put into BHFT or the skill mix/service offered (as opposed to Oxford).

- 6-12 week treatment – not achieving what we need them to. DS asked for this to be split so we can see separate the Children and YP waiting on ADHD/ASD and acute pathway so can see how many are affecting by other pathways.

### 2.3. Primary Care Quality

Full 17/18 QOF data available - Berkshire West practices continue to perform well with overall achievement (>90%) increasing in all localities apart from North & West Reading.

Primary care team deep dive into QoF at present.

- Decrease in use of OOH and Bracknell UCC has been seen, monitoring is required to see if this is sustained.
- "Paediatric Flu (years 2 - 4), pregnancy flu and over 65s flu vaccination rates have seen increases. Performance in at risk groups decreased. Info being getting thru for this season – seen an increase.
- Childhood Immunisations (12 months) - All localities achieved above target and the national average. Area of work to be done to increase uptake – working on T&F Gp looking at Reading specifically – wider Berks West discussion taking place to focus more on child imms.
- Need to develop the dashboard and continually do so – until it's the main source of info linked to care providers and all teams should be able to use the data. Subject to an internal audit recently – dashboard useful tool – would like to improve one declaration.
- Significantly increased of incidents reported in Q4 compared to Q3, mainly relating to the requirement for Practices to submit 4 incidents by the end of the year for the Prescribing Quality Scheme.
- Friends & Family Test reporting remains low across Berkshire West CCG - T&F Go set up to increase uptake.
- National Patient Survey results updated, subject to review to identify possible actions to support improvement - some questions have changed so info into quality dashboard so throwing figures out – needs to be reviewed in depth as a direct comparison with last year's results cannot be made.
- Practices with high 'red' ratings have been identified in 'summary and follow-up actions' section of the report.
- Circuit Lane still seeing aftermath of previous provider. Western Elms – building work and new access model so impact on BAU.
- Need to identify true quality indicators – the first task & finish group highlighted the complexity of this and further discussion is needed.

DS stated this report gives assurance that looking at the right things. KK & JL queried if safeguarding and infection control will be included – SW responded that there is a need to discuss how to take further.

#### Primary Care Incidents

There has been an increase in Q3, especially in South Reading. Needs more detail to know why but no trends have been identified – needs to look into how incidents are reported in the future as they do not necessarily need to report them all to us as long as they have process internally to record incidents/complaints/trends/actions/outcomes etc.

DS inclined to move towards new framework which says we hold responsibility and accountability with our providers (and they have equal responsibility and accountability) with perhaps a simple, quarterly summary report attached to some sort of payment. DS raised concerns that some practices have no real understanding of what should/shouldn't be reported. PB queried the four medication incidents which practices are required to report each year – DS assured that these are not linked to harm.

#### 2.4. HCAI report

- **CDiff:** 96 CCG. Next year, there will be a difference in how allocated to community/hospital (under/over 2 days). Doing really well - small in number so can really review and look at lapses in care etc. Taking a while for GP cases to come back in – lapse over the summer. Getting back to how Michaela had it. 2019-20 numbers not yet released.
- **MRSA:** Going well – 3 only but 1 more just come in. 3 attributed to 3<sup>rd</sup> party.
- **eColi:** Reviews going well – GPs have risen to challenge. Nearly up to date with April-Dec but already beyond target so won't make quality premium. Much improved since last year and heading in right direction. Berks West do have quite high numbers but we also do have an increase in use of catheters in Berks West.
- GNB action group met in January and will follow up actions.
- Audits in surgeries and face-to-face training are continuing.

#### 2.5. Provider Quality Assurance Visits

The Committee received reports on the following QA visits.

- **Crisis Team, PPH, and BHFT (14<sup>th</sup> Nov 2018):** DS reported that this was an interesting and valuable visit but actually struggled as findings were shocking (these have been escalated). The team do not have an effective crisis line – one line with no sufficient answerphone service. BW CCG only actually commission in SLA for the service to deliver just to those under the crisis team at that time. The Crisis Team reported that 55% of calls are inappropriate (non-commissioned activity at that time) – but at the same time, the number is given out everywhere!! This highlighted a real gap in commissioning which no-one in BHFT had flagged up. An Excel spreadsheet is sent to out to the teams each day and teams pick up individuals already on their teams but unsure as to what happens to those unknown teams. DS suggested copying the model in Berks East where a band2/3 call handler is employed to triage and signpost.
- **Ophthalmology, Health Harmonie (19<sup>th</sup> Nov 2018):** a good visit.
- **MSK, Brookside (18<sup>th</sup> Dec 2018):** a positive visit.
- **Tissue Viability Nurse, RBFT (30<sup>th</sup> January 2019):** Another positive visit. There had been lots of SIs where team involved and the team were reassured with a visit to the mattress library. The TVNs were a conscientious, enthusiastic team.

#### 2.6. Corporate Risk Register

- Nothing needs adding.
- **Q4 SO2 Pathology:** Agreed to leave at 12 as a few more concerns have recently come through.
- **Q6 SO2 Workforce:** Agreed can't change to less than 16 currently, particularly with Brexit.
- **District nursing workforce:** PB queried if there is an issue with district nursing workforce – DS reported that it is an issue across the board, particularly in Wokingham but there is a HEE-funded pilot being undertaken, to look at a neighbourhood or two and review appointed program lead beg April – a neighbourhood or two to look at Pat – Dingley moving to Uni – gap when closed until new opens – will need to query with Andy.

- **Brexit:** Pat raised concerns that, in the face of Brexit, some people are stockpiling medications – DS responded that we do have a Brexit action plan (Becky Clegg leading) which includes supply and medicines included. Comms will come nationally.

## 2.7. Complaints & PALS

- **PALS & Complaints report**
  - PALS: Themes included non-emergency patient transport service picked up SCAS CQRM, medicines management, dental services etc.
  - Complaints: Review of feedback form process (once a complaint has been closed) and how other organisations do this. Fellow CCGs (Dorset/Bucks) & RBFT have found a huge lack of response so have decided to cease the process. All agreed that BW CCG should do likewise.
  - 15 complaints, 10 closed/not upheld – with the main theme being CHC.
  - SW added that in the Primary Care team, NHSE are sending complaint feedback and this is included into the primary care quality report.

## 2.8. QIA/EIA

- **QIA report – Enhanced Access (DS):** DS reported that it was a national requirement to put enhanced access in primary care. This was initially delivered by Westcall but it became apparent that Westcall did not have the capacity to do this. Discussion with Alliances and a decision was made that they would pick this up in-house. There was a temporary issue with electronic records for those GPs seeing patients not in their practice (summary care record but not full record). AS queried if the Connected Care platform could not support this access – SW responded that problems arise when practices are not running on the same clinical system. Vision 360 being used – still working on phase 2 of vision outcomes.
- **Dermatology QEIA (KG):** RBH made decision to switch off routine referrals for dermatology from Dec 2018 due to patient safety, following an internal review (only 0.8 consultant). Agreed actions to have restart plan from 1<sup>st</sup> June. RBFT conscious to have substantive consultant workforce. JT reported that the QEIA and following amendments will be going to ICS Quality and to RBFT's too.  
The data for Jan reports that there has not been a surge in 2 ww therefore not bypassing. Dec 2ww 93%, higher in Jan. Drop in new referrals as switched off. Minor ops waiting list has dropped, working through back log, and plastics are supporting specialist nurses so not seen any spikes in service. Learning from this is that need to do a QIA at point of decision.
- **QEIA Policy:** The Committee agreed to approve.

## 2.9. Safeguarding

- **Safeguarding Committee Chairs report:** Taken as read.
- **Safeguarding Supervision & CHC policy:** DS reported that CHC are in the middle of QA visit – will have a report at next meeting. This is being undertaken in three parts:
  1. A regular quality assurance visit with management team and staff;
  2. An audit on 20 eligible/non-eligible letter responses (to ensure time and tone are correct);
  3. JT go to observe the CHC doing an assessment.DS raised concerns over the tone of the letters but this may be due to old templates being used. Work done to improve how to say no. Need a review of templates – offered complaints and PALS team to ensure correct right tone.

## 2.10. LeDer Chairs report

Two table top reviews with RBFT/BHFT were held to understand the pathway, to determine any gaps; and to highlight themes and trends identified within that cohort of patients. A workshop is

scheduled for 7<sup>th</sup> March which will include a number of key stakeholders, to fully understand about how, in the absence of local learning, we are looking at national learning when developing pathways.

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

JT reported that we are providing support to three complex homes which are struggling currently - Riverview, Winchcombe and Warren Lodge.

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

Themes & trends identified include:

- 3 never events RBFT – no harm;
- 2 related to unintentional use of an air flow meter – no harm;
- 1 related to patient receiving nasal cannula.

JT added that there had been a number of blood-borne viruses on dialysis unit. No themes have been identified to date.

### **2.13. Clinical Concerns**

JT reported an options appraisal on Clinical Concerns which derived the following options:

1. RBFT already have engagement with other GP colleagues so whether as system, feasible for other providers to also attend to have wider discussion;
2. Or us to copy & paste the reports we get into a report for the Quality Committee.

WB responded that, as become more ICS, makes sense to do option 1. DS had discussion with Lindsey Barker re this as meetings with GPs have not been happening. Plan was rather than have quarterly meetings with primary care; RBFT will now attend the Alliance meeting once a month so will have standing item at Alliance of Alliance meeting. DS agreed this made sense – but the item got bumped from the Dec meeting and was discussed in Jan – sadly failed to persuade them.

### **2.14. Quality Newsletter**

JT raised concerns that there are lots of streams of information being circulated to GPs and suggested ceasing the circulation of the Quality Newsletter. All agreed that the most effective use of communication to GPs is via the GP Headline Newsletter. SW added that it has been agreed that anything urgent which cannot wait a week, has to come via the Primary Care Team.

### **2.15. Connected Care**

JR sent apologies. Query if a written report should be presented at the next meeting. Decision to transfer the action to ICS Quality Committee which JR attends.

### **2.16. Hydration & Nutrition in Care Homes**

DS reported that this had not really progressed this year. Hannah Trotman is leading a small project which is leading to good results, but this only covers three care homes. Trying to get support via Dietetic Assistants (DAs) in order to cover more homes. Hannah is due to evaluate the project in April. Suggested targeting larger care homes or those under review (Riverview?) KK – met with Hannah and discussed pros/cons – suggestion that care homes on amber (rather than red) might be more responsive. DS added that the care home support team and Hannah/Meds Management are liaising to get more engagement to potentially set up a train the trainer scheme.

## **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, February 2019**