

QUALITY, PATIENT SAFETY & RISK COMMITTEE MEETING
Tuesday 25 July
Present

Name	Role	Initials
Vanessa Andreae	H&F CCG Vice Chair/Practice Nurse (Chair)	VA
Trish Longdon	H&F CCG Lay Member	TL
Jane Wilmot	H&F CCG Lay Member	JW
Amy Wilson	H&F CCH GP Member	AW
Sena Shah	H&F CCG Practice Manager Member	SS
Pritpal Ruprai	H&F CCGCo-opted GP Member	PR

In attendance

Name	Role	Organisation	Initials
Mark Jarvis	Head of Governance & Engagement	H&F CCG	MJ
Sue Rooston	Deputy Managing Director	H&F CCG	SR
Liam Edwards	Assistant Director Quality Improvement & Clinical Assurance	H&F CCG	LE
Pippa Street	Deputy Director of Quality, Nursing & Patient Safety	CWHHE	PS
Judy Durrant	Head of Safeguarding	CWHHE	JD

Apologies

Name	Role	Organisation
Beverley Mukandi	Designated Nurse Safeguarding Children	H&F CCG

Minutes

Item	Agenda Item /Discussion	Actions
1.	Welcome, Introductions and Apologies	
1.1	VA welcomed everyone to the meeting. Apologies were noted from Beverley Mukandi	
2.	Declarations of Interest	
2.1	There were no additional declarations other than those already declared and published.	
3.	Minutes of the Previous Meeting	
3.1	The minutes were approved as a correct record.	
4.	Matters Arising	
4.1	There were no matters arising from either of the previous meetings.	
5.	Action Log	
5.1	It was noted that no actions were due to report until the August meeting.	
6.	CCG Corporate Risk Register – Quality Risks	
6.1	<p>MJ introduced the report. He reminded the committee of the process that is undertaken to prepare the report and the review that is undertaken by the Operational Group in advance of its presentation to the committee.</p> <p>The committee welcomed the report. It was agreed that future reports should include reference to changes in scores highlighted in the cover sheet and that any comments received from the Operational Group also be included in the cover sheet. TL suggested that it would be helpful to highlight any risks where there was insufficient assurance in relation to the mitigations that had been put in place.</p>	MJ

	<p>The committee asked that risk HF37 be reviewed to ensure that the wording was accurate.</p> <p>The committee noted the report.</p>	MJ
7.	Safeguarding (Adults and Children) Quarter 4 Report 2016/17	
7.1	<p>ML introduced the report. She highlighted that Imperial College Healthcare Trust had been asked to provide additional assurance that they are able to provide information on which children are subject to a safeguarding plan. This was a particular issue in the Vocare service as implementation of the Child Protection Information Sharing System remained outstanding. She also highlighted the on-going issue with regard to training compliance within local Trusts.</p> <p>The committee thanked the authors of the report. TL said that it would be useful for there to be a statement included in the cover sheet relating to those areas where assurance is confirmed and those areas where assurance is not confirmed. This should also be highlighted in section 7 of the report going forwards.</p> <p>TL asked for an update on the position with the named GP appointment. JD reminded the committee that this was not a statutory post. However, she confirmed that someone would be providing this support for two sessions a week going forward. She confirmed that there was a designated doctor in post covering the three boroughs and that this was the statutory post.</p> <p>AW suggested that there needed to be more information in the report on the process for reporting violence and instances of FGM.</p> <p>JW asked whether it would be possible to include patient and family feedback on the safeguarding process in future reports. ML reported that this was something the team were looking to do in the future.</p> <p>Noting that the report was asking the committee to consider what items might be appropriate for consideration at the revised Collaborative Quality and Performance Committee (subject to CCG approval) VA sought views on which elements of the report should be taken to the Collaborative Committee to be reviewed once and which items should remain at a local level for discussion. It was felt that this would probably change over time and that in general those things that have a system wide impact should be taken at the Collaborative committee level. It was agreed that until things became clearer the current report format should not change significantly. It was also agreed that the poor performance in training compliance should be escalated to the Collaborative committee as this had a wider impact than just Hammersmith and Fulham.</p> <p>The Committee noted the report and confirmed that they wished the Collaborative committee to consider those things that had a system wide impact and that the current report should continue in its current form for the time being.</p>	<p>ML</p> <p>ML</p> <p>JD</p>
8.	CLCH CQG Minutes	

8.1	<p>TL sought clarification on the issues highlighted in the CLCH CQG minutes in respect of district nursing services. SR said that there was transformational work on going in respect of the service and that closer alignment with the community matron service and district nursing services was a key component of the work. She said that the specification for the district nursing service had been completed and that the community matron specification was being finalised. She said that it was hoped to see outputs from the work by October.</p> <p>TL raised concern that the district nursing service locally was not functioning well for patients. VA confirmed that there was a significant workforce issue in the service, this was bigger in Hammersmith and Fulham than in other places. She confirmed that Central London CCG were the lead commissioner and that they were aware of the issues and concerns.</p>	
9.	Any Other Business	
9.1	There were no items of any other business	

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