

**QUALITY, PATIENT SAFETY & RISK COMMITTEE MEETING**

**Tuesday 25 September 2018**

**Present**

Name	Role	Initials
Vanessa Andreae	H&F CCG Vice Chair/Practice Nurse (Chair)	VA
Amy Wilson	H&F CCG GP Member	AW
Pritpal Ruprai	H&F CCG GP Member	PR
Katie Embleton	H&F CCG GP Elected Member	KE
Andy Petros	Secondary Care Clinician	AP

**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
Margie O'Connell	Assistant Director Quality Improvement & Clinical Assurance	H&F CCG	MOC
Mary O'Connor	Head of Complex and Individual Placements, Mental Health Joint Commissioning Team	Tri-borough	MOCon

**Apologies**

Name	Role
Vicki Cooney	H&F CCG GP Member
Trish Longdon	H&F CCG Lay Member
Jane Wilmot	H&F CCG Lay Member

**Minutes**

Item	Agenda Item /Discussion	Actions
<b>1.</b>	<b>Welcome, Introductions and Apologies</b>	
1.1	VA welcomed everyone to the meeting. Apologies were noted from Vicki Cooney, Trish Longdon and Jane Wilmot  MJ advised that as there were no lay members present the committee would not be quorate. As there were no formal decision to be taken it was agreed that the meeting should proceed.	
<b>2.</b>	<b>Declarations of Interest</b>	
2.1	There were no additional declarations other than those already declared and published.	
<b>3.</b>	<b>Minutes of the Previous Meeting</b>	
3.1	The minutes were approved as a correct record.	
<b>4.</b>	<b>Matters Arising</b>	
4.1	There were no matters arising from either of the previous meetings.	
<b>5.</b>	<b>Action Log</b>	
5.1	Action 818 - Transforming Care. This was discussed as a confidential item and closed.	

	<p>Action 822 – Risk Register. This was an item on the agenda and closed.</p> <p>Action 811 – The committee felt that it needed to wait and see how the NW London joint committee would operate before closing the item.</p>	
<b>6.</b>	<b>Corporate Risk Register</b>	
6.1	<p>MJ introduced the report. He advised the committee that there were a total 12 risks scoring eight or above. The number of risks rated 12 or above had reduced since the report had been finalised. This now totalled six rather than the eight referenced in the report. He said that there were seven risks that have seen their scores reduce as a result of the mitigations put in place. Two risks had been increased. Risk 77 (constitutional standards) had increased because of changes in the position at Imperial College Healthcare Trust. Risk 84 (estates) had increased because of concerns highlighted at Imperial College Healthcare Trust.</p> <p>MJ advised the committee that following of the corporate objectives at the September Governing Body all risks had been linked to at least one of the corporate objectives. He also confirmed that future Governing Body meetings would receive details of all risks on the register rated 15 or above which would be presented alongside the NW London Board Assurance Framework.</p> <p>The committee <b>noted</b> the report and <b>agreed</b> that 115 (OLM) should be closed as it related to a prior year issue.</p>	
<b>7.</b>	<b>Mental Health Placements Q1 2018/19 Report</b>	
7.1	<p>MOCOn introduced the report. She advised the committee that the CCG team had now recruited to permanent posts and that one member of staff had started with two more starting in early November. She confirmed to the committee that there had been no major provider issues in quarter 1. She highlighted that there were increased risk for some providers in relation to the financial environment and that following a change in legislation with respect to dementia care for older people these cases were being presented to panel whereas before they were not. She confirmed that all providers were being visited on a regular basis to ensure that they were fully compliant with their statutory obligations and to undertake a review of the quality of care being provided.</p> <p>In response to a question from AP, MOCOn advised the committee that there was one provider where safeguarding issues had been identified and that work was on-going with them to fully assess the situation whilst also looking at alternative placements should this become necessary.</p>	

	<p>MOC asked whether the CCG's patient profile had been assessed in light of the Cheshire West case (in relation to deprivation of liberty). MOCon confirmed that discussions were on-going on a patient by patient basis.</p> <p>VA asked what actions were being taken to mitigate the financial risks highlighted by MOCon. SR advised the committee that the CCG did all that it could to mitigate the risks however complex care packages would always be high cost.</p> <p>AW highlighted discussions that had taken place with Imperial College Healthcare Trust had highlighted issues with discharging patients with a dementia diagnosis. They had raised the question as to whether the right type of beds was being commissioned. SR said that there was a shortage of dementia beds in the community. She said that there was work going on to look at how existing beds might be able to be used for this client group.</p> <p>The committee <b>noted</b> the report.</p>	
<b>8.</b>	<b>Family Support Services</b>	
8.1	<p>SR introduced the item. She advised the committee that the London Borough of Hammersmith and Fulham were putting place revised arrangements for the delivery of family support services, which includes health visiting and school nursing services. She said that the Council was establishing a single service delivery provider model. However, she highlighted that due to some outstanding issues the Council had agreed with CLCH (the current provider of the services) to maintain the current provision whilst they review what they want to do and how they might optimise the current services. She said that the primary care impact of any changes would need to be monitored. SR confirmed that the CCG had asked the Council to ensure that all relevant stakeholders were sent information about the current and planned, future provision. It was suggested that in view of the potential primary care related risk this should be added to the CCG risk register and allocated to the primary care commissioning committee.</p> <p>The Committee <b>noted</b> the report.</p>	
<b>9.</b>	<b>CQG Minutes</b>	
9.1	The committee <b>noted</b> the minutes.	
<b>10.</b>	<b>Any Other Business</b>	
10.1	There were no items of any other business.	