

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

**Tuesday 27 November 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
Trish Longdon	H&F CCG Lay Member	TL
Jane Wilmot	H&F CCG Lay Member	JW

**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
Katrina McKay	MH Placements Team Manager, Mental Health Joint Commissioning Team NHS	W London CCG	KM
Ileen Ashitey	Interim Designated Nurse, Safeguarding Children	H&F CCG	IA
Nnenna Eke	Assistant Director Quality & Safety (Central Contracts)	NW London Collaboration	NE

**Apologies**

Name	Role
Vicki Cooney	H&F CCG GP 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.	
<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 the previous meetings.	
<b>5.</b>	<b>Action Log</b>	
5.1	Action 819 - Community gynaecology. This was discussed in the meeting and closed.	

	<p>Action 813 – Marie Stopes International Coroner’s Report. This was still to be received.</p> <p>Actions 817, 820 and 821 – Transforming Care. Update in January report.</p>	
<b>6.</b>	<b>FGM NHS Project</b>	
6.1	<p>SP introduced the item. She said that NW London had been approached by NHS England in respect of a FGM project related to the development of a community service for pregnant women who had undergone FGM. She said that the services specification had been very specific and was informed by a supporting evidence base. She advised that funding would be available for one year. NHS England had indicated that the project would be led by Imperial College NHS Trust. SP reminded the committee that a dedicated FGM service had been decommissioned last year which the NHS England had been made aware of. She also confirmed that NHS England were not in a position to direct the funding available in to an alternative project in relation to primary care education which the Diane Jones and the Quality Directorate had suggested would be more beneficial.</p> <p>The committee <b>noted</b> the proposed project.</p>	
<b>7.</b>	<b>Podiatry Update</b>	
7.1	<p>VA introduced the paper. She highlighted some operational issues that had arisen since the changes that had been made to the service. She said that the issues had been discussed at the CQG meetings. She said that although overall performance had improved, some patients were unhappy about having been discharged from the service. She suggested that there may have to be some further engagement work on this. It was agreed that the IPR report needed to be reviewed with a view to ensuring that figures in the report for the committee matched with what was being reported in the IPR</p> <p>The committee <b>noted</b> the report.</p>	<b>MOC</b>
<b>8.</b>	<b>Mental Health Placements Report</b>	
8.1	<p>KM introduced the report. She advised that the approach being taken in Hammersmith and Fulham to report on placements had been adopted across the other CCGs. She confirmed that there were no significant issues with current placements.</p> <p>PR asked where the most movements had happened. KM said that most of these were from hospital to step down placements, although there had been a few people who had moved into a hospital placement.</p>	

	<p>TL complimented KM on the report. She suggested that it would be valuable to have more systematic reporting of patient experience in future report. KM confirmed that this was being worked on. It was hoped to have something more substantial for the next report.</p> <p>TL also sought clarification as to whether the increased financial commitment had been factored into budgetary projections for future years. SR said that the situation was similar to continuing health care. It was necessary to manage the situation proactively in order to ensure that placements were made appropriately and that people were stepped down when their needs changed. KM highlighted a particular issue where CNWL increased their prices by 5% which the CCG was not aware of. However, SR advised the committee that this would have been negotiated and agreed with the lead commissioner.</p> <p>The Committee <b>noted</b> the report.</p>	
<b>9.</b>	<b>SEND</b>	
	<p>VA advised the committee that the CCG had been notified that a joint CQC/Ofsted inspection would start on Monday 3 December.</p> <p>TL raised a number of issues arising from the paper. She asked whether there had been progress with the Local Authority's preparedness for an inspection, whether the financial implications of the identified shortfall in capacity had been built in to future plans and what the current position was with regard to learning disability health checks. SR confirmed that the Local Authority were making progress with plans and that financial impacts were built in to existing services. VA commented that with regard to learning disability health checks these were only monitored for children in transition – between the ages of 14-18. It was agreed that a question about health checks would be added to future planned visits to GP surgeries by Janet Cree.</p> <p>AP asked whether waiting times for those children with spectrum disorders were reducing as a result of the mitigations in place. It was agreed that this would be checked.</p> <p>The Committee <b>noted</b> the report</p>	<p><b>MJ</b></p> <p><b>SR</b></p>
	<b>Family Support Update</b>	
	<p>IA introduced the paper. She reminded the committee that the London Borough of Hammersmith and Fulham were putting in place new arrangements to deliver family support services that would see the services provided by a Borough owned, arms-length organisation that would include health visitor and school nursing services. It was expected that the new arrangements would come in to place in April 2019 and once the CQC had registered the new provider. Up until then IA confirmed that CLCH were</p>	

	<p>continuing to work with the Borough to provide the services. IA advised the committee that risks associated with workforce, information and data sharing, CQC registration and professional requirements had all been highlighted and that there were mitigations in place.</p> <p>SR advised the committee that concerns had been expressed about the potential impact on primary care on the changes. She sought clarification as to who from the CCG was involved in the on-going discussions as she was not aware that the CCG had been invited to participate despite an earlier discussion with the Borough that the CCG would be invited to attend meetings. IA agreed to establish who the CCG point of contact was.</p> <p>TL raised concerns about the level of risk associated with the transition of services and did not feel assured as there was no indication of the level of risk being carried. SR said that she too remained anxious about the implications. VA felt that the public position being adopted by the Borough did not match with the experiences on the ground. She said that concerns had ben escalated to the Borough. She also felt that it was important the Local Safeguarding Childrens Board (LSCB) was made aware that health visitors had not been attending safeguarding meetings in some practices over the last six months. She also felt that the risk and mitigations and the concerns of the committee should be highlighted to the LSCB. She also suggested that the concerns should be highlighted to the Governing Body and that a paper should be prepared by the Borough for the Health and Well Being Board.</p> <p>The Committee <b>noted</b> the report but asked that the issues of concern to be highlighted to the LSCB, Governing Body and Health and Wellbeing Board.</p>	<p>IA</p> <p>SR</p>
<b>Central Contracts Update</b>		
	<p>NE introduced the paper. She summarised the detail in the paper, highlighting that the community gynaecology service provided by Imperial College NHS Trust were struggling to report activity data, Marie Stopes International (MSI) CQC inspection report for the Central London site had shown significant progress against the action plan, there had been two breaches of the buffer zone set up outside the West London termination of pregnancy clinic, the Coroner's letter in relation to a death at the Ealing clinic in 2012 had still not been received, quality improvements have been made at BMI Bishops Wood and Clementine Churchill sites following CQC recommendations with other mitigations in place, the two serious incidents at InHealth had now been closed and actions were being pursued in relation to two incidents at Mildmay relating to a patient fall and staff training in breakaway techniques/managing violence and aggression.</p> <p>TL sought clarification on whether actions had been taken following the death at the MSI Ealing in 2012. She was concerned that there appeared to be a discrepancy in the detail in the cover sheet and in the main report. NE confirmed that MSI had taken action following the death and services had improved. The rating reported in the paper was the current rating following the improvements. She also confirmed that MSI had used the</p>	

	<p>learning from the Ealing incident in other locations. She said that the committee could be assured that the Ealing service had addressed the issues of concern raised by the death in 2012.</p> <p>JW highlighted that there were a number of contracts that had either already expired or were about to expire. She sought assurance that action was in hand in respect of all of these. NE agreed to check.</p> <p>The Committee <b>noted</b> the report.</p>	<b>NE</b>
<b>Risk Register</b>		
	<p>MJ introduced the report. He highlighted the changes since the previous report, indicating that the number of risks scored 12 and above had reduced from eight to four, the total number of risks on the register had reduced from 12 to seven with six closed risks and one new risk added and that one risk was scored 16.</p> <p>VA suggested that in light of discussions at the Operational Group earlier in the day the risk rating for HF12 – Discharge to Assess – should be reviewed.</p> <p>JW asked whether concerns raised locally that impacted on risk HF164 – Employment and Wellbeing Services – should be reflected in the scoring. It was noted that concerns had been raised about the outcome of the process however, much of this had been generated by an unsuccessful bidder. It was agreed to review the situation in 6 months with a view to closing the risk should there be no concerns.</p> <p>The Committee <b>noted</b> the report.</p>	<b>SR</b>       <b>SR</b>
<b>NW London Quality Committee</b>		
	<p>TL raised concern about how the new NW London Quality and Performance Committee was undertaking its role. She recognised that it had just started meeting however she did not feel that there was any real clarity on what the NW London committee would be doing compared to local committees and therefore could not see how this was reducing the amount of time people were spending on committee related activities.</p> <p>The committee <b>noted</b> the comments.</p>	
<b>Patient Group Directions</b>		
	<p>SR explained that the committee was being asked to approve a process for the approval of PGDs. She explained that the committee was not being asked to approve the clinical content as this would be worked on and recommended by colleagues when presented.</p> <p>The committee <b>agreed</b> the process.</p>	
<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.	
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