

WOLVERHAMPTON CCG

Governing Body - Tuesday 10th May 2016

Agenda item 12

Title of Report:	Executive Summary from the Quality & Safety Committee
Report of:	Dr Rajshree Rajcholan – GP Lead Quality
Contact:	Manjeet Garcha
(add board/ committee) Action Required:	<input type="checkbox"/> Decision <input checked="" type="checkbox"/> Assurance
Purpose of Report:	Provides assurance on quality and safety of care, and any exception reports that the Governing Body should be sighted on.
Public or Private:	This Report is intended for the public domain
Relevance to CCG Priority:	CCG is committed to ensuring the highest of Quality for all services commissioned.
Relevance to Board Assurance Framework (BAF): Domain 2b: Quality	Delivery of commitments and improved outcomes; a key focus of assurance of how well the CCG delivers improved services, maintains and improves clinical quality and ensures better outcomes for patients.

Key issues of concern for noting

Legend

	Level 2 RAPS breached escalation to executives and/or contracting
	Level 2 RAPS in place
	Level 1 close monitoring
	Level 1 business as usual

Key Issue	Level	Comments	Detail on page
Board Assurance Framework and Risk Register	1	Deep dive introduced in April at SMT where selection of risks are scrutinised to ensure scores & mitigating controls are sufficiently recorded. All REDs are owned at Director level and monitoring on a monthly basis at SMT. Risk Management Strategy revised and ratified, implementation training due to commence in May 2016.	
Adverse media or exception reporting	1	Walsall Hospitals Sustaining Maternity Services	19
Escalated issues	2	Action: SBAR to Chief Nurse and Medical Director in December concerning <ul style="list-style-type: none"> • Delayed diagnoses • Delayed treatment • NEs • Sub-optimal care (transfer of patient) On-going scrutiny for confidential leaks, improvements not sustained. Pressure Ulcers – increase in hospital and community grade 3 & 4s - close observation Monthly assurance sought at	6 7 8&9



		monthly CQR Meetings	
Health Acquired Infections- CDiff	2	Increasing incidence of Cdiff, trust has failed its 2015/16 target- close observation January and February improvements have been sustained. – close monitoring continues	10-11
Performance Improvement notices impacting on Quality	2	Meetings with RWT held regularly and action plans agreed. More detail will be covered by the Finance and Performance paper.	
Workforce- RWT Risk Register	2	RWT Nursing and consultant recruitment issues are impacting on Quality and Patient Safety and A&E performance.	15
Sustaining Maternity Services at Walsall impact	2	Full Risk Assessment completed, go live 21 st March. Needs close scrutiny of impact on Wolverhampton commissioned residents.	22 -23
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	21-22
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	16&17
Safeguarding training	2	Is in line with trajectory, but close scrutiny at quarter intervals.	
Early Intervention Service CPA Mandatory training	2	Progress is being made and remains under scrutiny.	
CQC Inspection Report	2	Rating 'requires improvement' for RWT. Action Plan completed March 2016; however the Trust is still awaiting the final report.	14



CQC General Practice	1	Practice has had a re inspection, have achieved good overall.	12
Mortality	1	Within expected limits, some data cleansing and audits being conducted.	13&14
Never Events	1	NE RCAs received and reviewed, assurance on actions taken received and a triangulation visit planned for Spring 2016.	7
Falls	1	Improvements seen in number of falls causing serious harm. CCG will maintain focus	8



1. **BACKGROUND AND CURRENT SITUATION**

The CCG's Quality and Safety Committee meets on a monthly basis.

This report is a material summation of the Committee's meeting on 12 April 2016 and any other issues of concern requiring reporting to the Governing Body since that time. In addition, the presenter of this report will provide a verbal update on any key issues that have come to light since this report was written and about which the Committee decided needed be escalated to the Governing Body.

2. **PURPOSE OF THE REPORT**

2.1 To provide assurance to the Governing Body that the CCG Quality and Safety Committee continues to maintain forensic oversight of Clinical Quality and Patient Safety, in accordance with the CCG's statutory duties.

2.2 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

3.0 **CURRENT SITUATION**

3.1 **Weekly Exception Reports**

Weekly Exception Reports continue to be issued to highlight key areas of concern which may attract media attention, may be an organisational reputation threat or a heads up alert is required before the next formal meeting. In the last few weeks the key concerns raised were:

- No issues were identified to be escalated to the Governing Body at the Q&SC meeting held in April 2016.
- RWT Final CQC Report is still awaited (is now much later than expected, CQC acknowledge that there is a delay in their process).
- Walsall Health Care NHS Trust sustaining maternity services – update provided es 22-23.
- Pressure Ulcers reported- scrutiny increased in line with actions, annual report being compiled.



3.2 Board Assurance Framework (BAF) and Red Risk Register Update

It was agreed at a previous Governing Body meeting that quarterly updates on the BAF and Red Risk Register would be incorporated into the Quality and Safety Executive Summary. The next update is scheduled to be presented at the May Committee Meeting and June Governing Body Meeting.

However, continued assurance regarding the engagement framework was noted by the committee in the monthly quality report, details are summarised as follows:-

ID	Description	Rating as of 31/03/15	Next Review Date
270	Ensure WCCG members are fully engaged and are able to feed into the decision making process.	3	Overdue
273	Building and strengthening our relationship with staff.	4	30/05/16

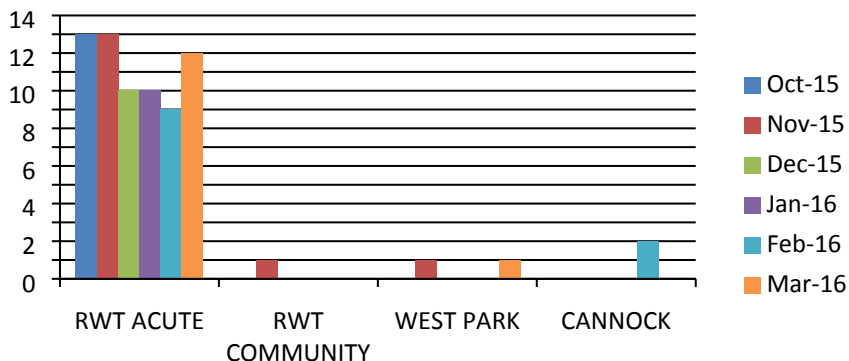
4.0 THE ROYAL WOLVERHAMPTON NHS TRUST

4.1 Serious Incidents (SIs)

A total of 13 new Serious Incidents were reported by RWT in March 2016.

Two further treatment delay incidents reported, one at the Deanesly Centre and one in the Emergency Department.

RWT All SI's (Excl PU's)



Key trends seen over a six month period which were escalated to the trust in December 2015: update from CQRM

- Sub optimal care of patient transferred to another hospital
- Delay in diagnosis/delay in commencing treatment
- Patient identifiable data loss

Assurance sought – These items were discussed in detail at the January CQRM, the Trust have undertaken a review and found the following:

- Most incidents occur in A&E/radiology.
- Human factors are an issue in these departments.



- No one member/team/professional group are causing this effect.
- Excess use of locum staff in A&E is compounding the issue.

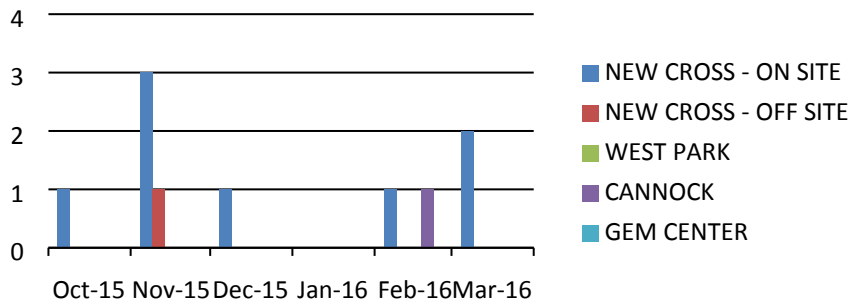
Actions agreed:

- Focused work on human factors with an external provider.
- Concerted effort to recruit to the consultant vacancies, the Trust has already contacted a 'head hunter' company.
- Nurse recruitment/retention/attrition and sickness, full report was requested for the next CQRM. This is covered in more detail in the workforce section of this section 4.13.
- Further assurance on the impact of the previous initiatives i.e. Assurance is also required about how arrangements for shared learning have been implemented from the: Radiology Discrepancy Meetings, General Surgery Governance Meetings, Grand Rounds and Sharing synopsis of RCA's with all clinical directorates.
- A full report will be discussed at May CQRM.

4.2 Confidential Breaches

In response to the actions that were taken following a series of information governance breaches in November the trust anticipated an increased in reporting, there have been 2 further incidents reported in March that are currently being investigated. The CCG await the findings from the trust's investigation, this area continues to be monitored closely.

Confidential Breaches - RWT Last 6 Months



If any further incidents are reported in April this will be escalated for inclusion on the Quality Review Meeting Agenda for May.

4.3 Never Events

There have been no further never events reported in March, the last never event was reported by RWT in January 2016. A wrong tooth was extracted in 2014 and not discovered till February 2016, detailed below. Full duty of candour has been applied and an investigation is in progress. In the current year there have been four NEs reported by RWT.

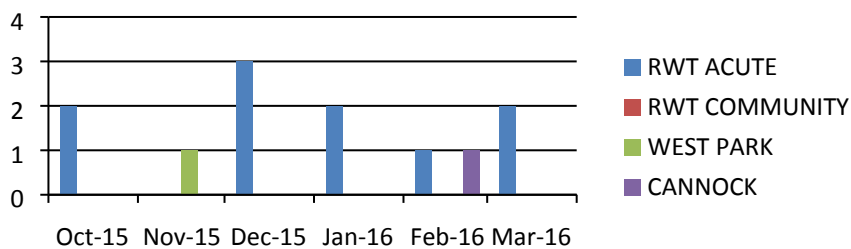


The effectiveness of actions taken as a result of each never event arising during 2015/16 will be tested at a planned Quality visit due to take place in July.

4.4 Slips Trips and Falls

There were 2 slip/trip/falls incidents meeting the SI criteria were reported by RWT in March 2016, both occurred at New Cross Hospital. This is a sustained improvement over the last six months and is being monitored closely.

Slip/Trip/Falls - RWT - Last 6 Months

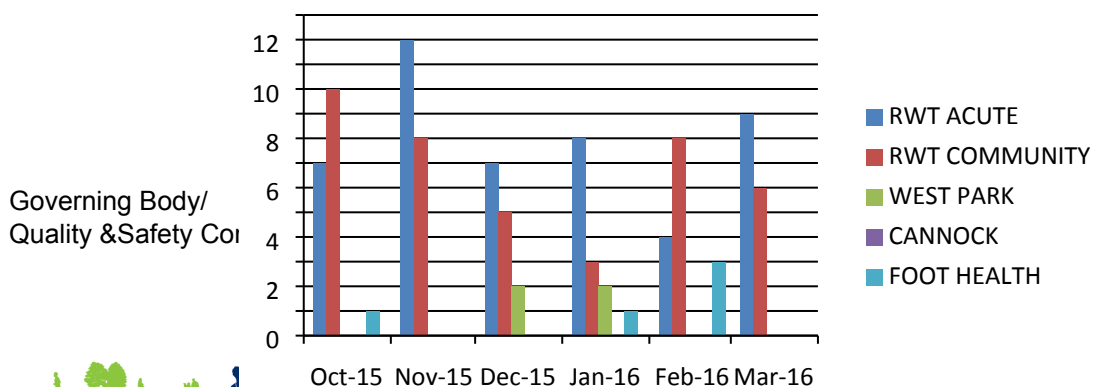


4.5 Pressure Ulcers Grade 3

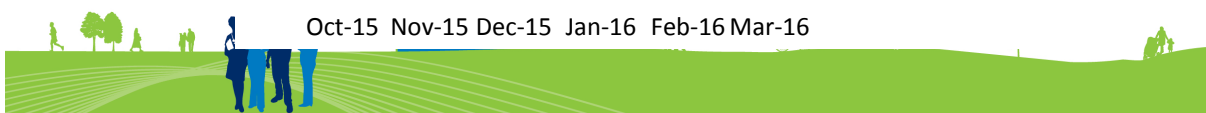
The Governing Body was appraised of the launch of a Health Economy Pressure Ulcer Prevention Steering Group launched by the CCG in February. Since the initial meeting, all stakeholders have undertaken a gap analysis that will form the basis for discussion at the next meeting due to take place in May. The group will define areas requiring attention, prioritising action in line with existing review of wound care pathways and community services.

There were 15 new Grade 3 pressure ulcer incidents were reported by RWT in March 2016, 9 in the acute setting, 6 in community. Health Scrutiny have received an assurance report on the work currently being undertaken by the trust in response to the increased prevalence of pressure ulcers. The trust has developed a Tissue Viability Strategy. Investigations into pressure ulcer avoidability considered in March concluded that 12 were unavoidable, 7 were avoidable. The Trust continues to scrutinise all pressure ulcer investigations with representation from the CCG.

G3 Pressure Ulcers - RWT Last 6 Months



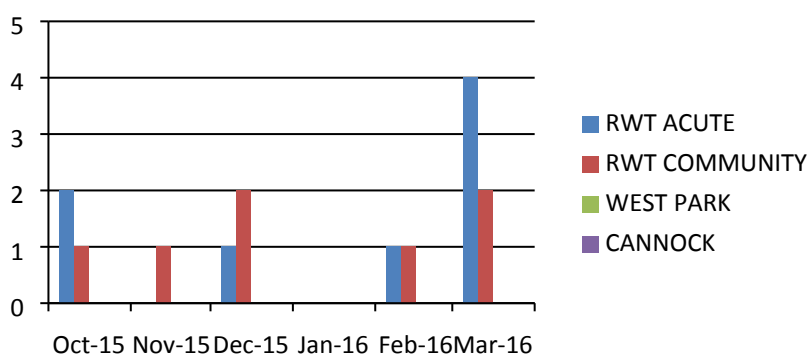
Governing Body/
Quality & Safety Coi



4.6 Grade 4 Pressure Ulcers

Six Grade 4 Pressure Ulcers were reported by RWT in March 2016, 4 in the acute setting, 2 in the community. All incidents are currently being investigated and due to be considered at the trust's scrutiny meeting in April 2016:

G4 Pressure Ulcers - RWT Last 6 Months



4.7 Health Care Acquired Infections Clostridium Difficile- escalated to Level II

The Trust has breached the number of CDiff cases for 2015/16, during the year a series of assurances have been sought, including:-

- There have been no MRSA Bacteraemia cases reported within the quarter.
- C Difficile objectives are challenging for Wolverhampton and the Trust has breached its year-end target with 74 actual V target of 35.
- Whilst some improvement had been observed there were 6 cases of CDiff reported in March.
- The Trust's Cdiff action plan continues to be progressed, ensuring environmental audits, deep clean and staff training are achieved. Work also continues to monitor the number of patient moves between wards and cross infection.
- Fidaxomicin continues to be used for first recurrences and Human Probiotic Infusion (Faecal Transplant) is also available. Three cases have been successfully undertaken since pilot in 2014.
- The year-end position for cases deemed avoidable will be confirmed in May 2016 and reflected in the corresponding reports to each forum.
- There have been isolated cases of norovirus since the last quarterly report; all have been managed as per incident protocol.



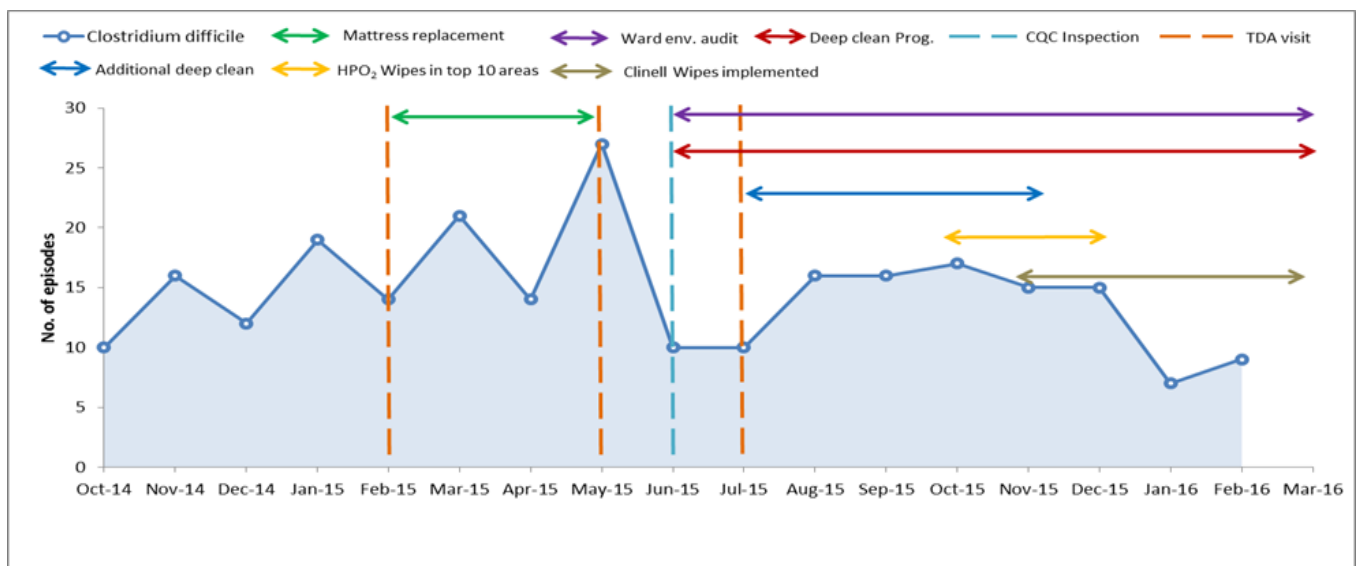
- It had been reported that influenza 'flu' is circulating in Wolverhampton and there is a programme of see and treat with isolation, Tamiflu injection and monitor.
- A review of antimicrobial prescribing guidelines was also due to take place in April 2016 by Dr David Jenkins, Consultant Medical Microbiologist at Leicester Royal Infirmary.

Assurance

- Time to isolate has improved
- Treatment delay had decreased.
- HPV use 100% on discharge
- Time between cases improving
- Areas of most concern are currently being targeted
- The CDI rate remains high and exceeds the control limit on SPCC funnel plot against region. Though some improvement seen in January & February 2016 and monitoring continues.

CCG attend the monthly Infection Prevention & Control Group meeting and action plans are monitored closely to challenge impact, in addition all quality visits have a specific section on HCAI to ensure that ward audits, hand hygiene and patient comments are taken into account.

Action progress plan against positive cases can be seen below. RWT's Information Analyst resigned from post in February; therefore data for March is not yet available. However, the new post-holder commences on 25th April 2016. To update verbally, there were 6 cases of C diff in March and actions were sustained with no additional actions. There is one case to date in April.



4.8 West Midlands Quality Review Service

Following a review of theatres and anaesthetics at RWT in March 2016 the trust have provided assurance in response to the immediate concerns that were raised at the time of the review i.e. availability of sterilized supplies at Cannock Hospital and availability of equipment at New Cross Hospital. WMQRS have since closed this risk based on assurance provided by the trust.

4.9 Quality

Performance Indicators are discussed in full detail in the CCG Finance and Performance Paper.

4.10 NHS Safety Thermometer

Harm free care for February was 93.5%. This is a sustained position since November. It is important to triangulate this data with other sources available within the quality framework i.e. increase in pressure ulcers, increase in HCAs and other alerts which collectively could be of significance. This correlation takes place routinely and informs the level of concern assigned to the trust. Currently, the scrutiny is higher due to the number of escalations to level 2.

Assurance: data from several sources were triangulated and action taken to escalate these concerns to level 2. The Trust is reviewing their ward dashboards to identify key themes. This remains amber for close scrutiny at present until a step change is seen and sustained.

4.11 Birmingham and Black Country Provider on going and escalated issues

a) Safeguarding Training

Remedial action plan performance in line with trajectory, now subject to monitoring at quarterly intervals until closure of the plan that is anticipated post December 2016.

b) Early Intervention Service

Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable actions are being taken including liaison with a mental health provider who is performing well in this area.

Please also refer to remedial action plans in place for Royal Wolverhampton Trust pertaining to A&C Recovery, Cancer Recovery & E-discharge.

4.12 Regulator concerns

The Governing Body has previously been appraised about the CQC inspection at RWT. The Trust has appealed its position of 'requires improvement' and a response



from CQC is anticipated early in the New Year. In the meantime, a full and very comprehensive action plan is in place, has been discussed at CQRM and has been shared with the group. Good progress has been made and all actions are due to be completed by March 2016.

A General practice previously rated as 'inadequate' has recently been rated as overall 'good'. Two other are being supported to improve from 'requires improvement'.

BCPFT CQC report was still awaited in April 2016 although a date has now been set for the Risk Summit.

4.13 Primary Care Joint Commissioning Committee

The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group met in April to monitor CQC concerns in Primary Care, including 2 surgeries that have been rated as requires improvement.

As part of the improving quality in primary care initiatives, the CCG has considered what other support can be given and how this would be delivered and monitored.

A Quality Assurance & Practice Nurse development role has been approved and is currently being advertised.

Assurance – monthly overview reports from the PCOMG to the Primary Care Joint Commissioning Committee (PCJCC) to monitor areas of escalated concern have commenced.

4.14 Mortality

NHSE continue their collaborative work with CCGs introduce enhanced monitoring and review of mortality data associated with avoidable deaths in primary care. The first of these meetings chaired by NHSE was held on 2nd February 2016. Work has commenced to improve mortality governance and WCCG is represented on the group and wider Tri partite Clinical Forum that met on 22 March 2016.

There is currently one Dr Foster Mortality Outlier Alert; Chronic Kidney Disease (CKD) open and the Trust have submitted their data for review and have had a response that whilst the data is valid there will be a period of observation. The CCG will be kept apprised of progress and outcome and will take appropriate action.

The Trust Mortality Assurance Review Group met in March, the following areas were noted:-



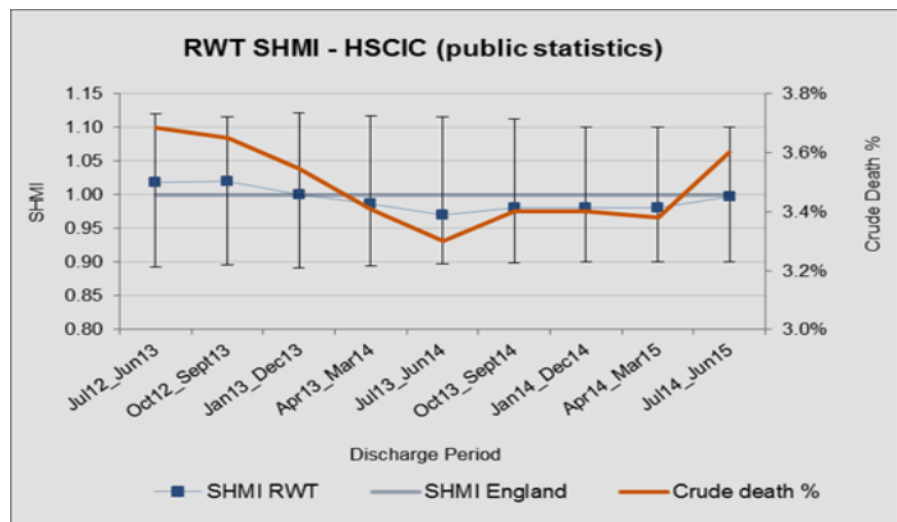
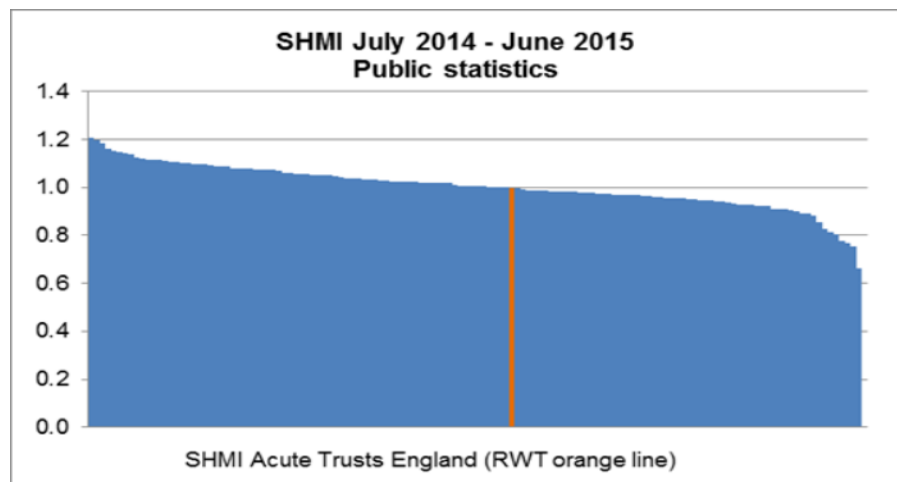
- Mortality alerts & audits have been undertaken for Pneumonia, acute renal failure and acute kidney injury and found no avoidable deaths in each cohort
- Coding reviews have identified areas where improvement could be realised if primary diagnosis was incorrect
- Reviews are planned for the following groups; intestinal infection, other liver diseases, acute myocardial infarction, phlebitis (thrombophlebitis and thromboembolism)
- The trust has also completed a self-assessment requested by NHS England which estimated the avoidable mortality with a trust based on trusts data and results from research conducted across England and further guidance is expected shortly.
- anywhere in England in their early (0-7 days) or late (8-28 days) of life. Results of a clinical case review of 21 cases from 2013 were shared along with 9 cases from 2014. There is a marked reduction in the 2013 to 2014 figures.



Assurance - In 2013 an Infant Mortality Scrutiny Panel Review was setup in Wolverhampton with membership from the local health economy; this was presented to WCC Cabinet in July 2015 and favourably received by Councillor Darke. WCCG profiles for 2015 are now available and a further piece of work is planned. In the meantime to strengthen the work already undertaken at RWT, an external audit was supported to be undertaken.

The SHMI* estimated for 12 months January to December 2015 is 102.5 and banded as expected.

The charts below represent the SHMI trend for RWT showing the consistent performance in the last year and RWT's position in the national picture for the reporting period.(source: HSCIC, figures released quarterly, next release at the end of April 2016).



4.15 Workforce

Further to an extra ordinary meeting regarding safer staffing held in January 2016, attended by TDA and the CCG the trust continue to progress a series of work streams and developments in responses to the challenges they face associated with recruitment and retention of their staff, these include:-

- Impact on quality on areas of low fill rates and how this is managed
- Early capture of new graduate
- Local recruitment timelines
- Overseas recruitment timelines
- Workforce strategy direction
- Risks and mitigations
- Impact on recruitment following acquisitions of new site
- Planning assumptions reflection and going forward to next planning round.
- Recruitment fairs

Assurance - the Trust has addressed this challenge from various angles and gave detailed descriptions of the various initiatives in place. TDA and CCG have requested further assurance on how quality and safety of patients/staff is being maintained especially in the areas of low fill. This is under on-going scrutiny at monthly CQRMs and QSGs.

Further discussions have been held with Chief Nurse at RWT to review use of agency nurses at times of extreme difficulty in maintaining safe staffing numbers. This area of concern is also being closely monitored by NHSE with Directors of Nursing from across the region whilst some mitigating actions are taking place including recruitment of students, changes with Health Education England rules for bursaries, overseas recruitment, the high failure rate of overseas nurses passing the IELTS test requirement which is impacting on immigration and the effect of the agency cap coming into force from 1st April 2016.

The CCG Primary Care Workforce Analysis has commenced in March and is due to conclude in July 2016.

5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST Level of Concern as of 31st January 2016

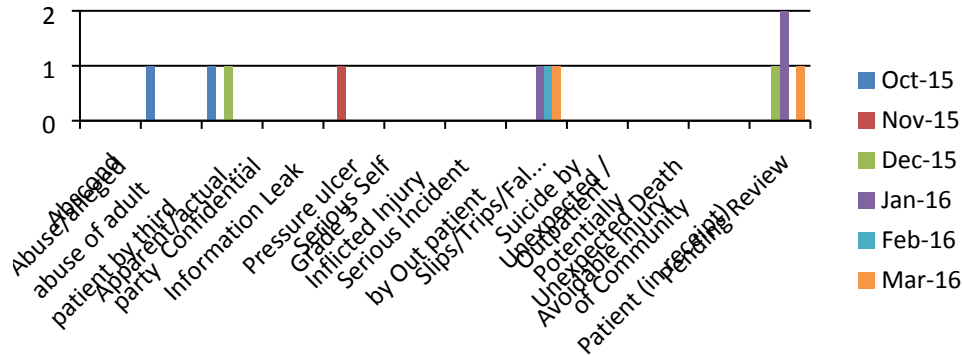
Black Country Partnership	
Month	Concern Level and Actions
February 2016	Level 1 – Business as Usual



5.1 Serious Incidents

There were 2 incidents reported in March 2016, a slip/trip/fall and an incident that is pending review following a patient taking an overdose.

BCPFT All SI's - Last 6 Months



5.2 Never Events – zero reported

5.3 Falls – one incident reported in March where a patient sustained a fracture to her wrist.

5.4 Numbers of Overdue SI's – zero

5.5 Overdue National Patient Safety Alerts (NPSA) – nil that we are aware of.

5.6 NHS Safety Thermometer

BCPFT's harm free care rate for February 2016 was 98.69%. This is in line with previous performance.

5.7 Items to Note from Clinical Quality Review Meeting

The theme of the quality review meeting which took place in March 2016 was Learning Disabilities themed and covered:

- Serious incidents – all are scrutinised individually
- LD specific incidents
- Workforce
- Performance
- CQUINS

There were no areas identified for escalation to Q&S Committee.

6.0 OTHER SECTORS

The committee received assurance regarding non-emergency patient transport, out of hours primary care provision – particularly in respect of contract changes between



providers and transition of service to the urgent care centre, Nuffield Health (Wolverhampton), Heantun Care, Concordia and Care Homes in the city.

The committee considered NHS Safety Thermometer harm free care rates for homes participating, there were 10 homes, 7 with 100% harm free care rates. Quality indicator data continues to be collected on a monthly basis and correlated with other sources of data that demonstrates how homes commissioned by the CCG are performing against expected care quality standards. The committee receives detailed quarterly assurance reports.

7.0 CHILDREN'S SAFEGUARDING

7.1 Serious Case Reviews

On 21 March 2016 Wolverhampton Safeguarding Children Board published the findings of a serious case review following the death of a child in January 2014 as a result of severe malnourishment, bronchopneumonia and rickets. Her parents admitted manslaughter and were jailed. The report makes a number of recommendations including ensuring professionals have a better understanding of how religious beliefs may impact upon a child's health and development; improving the way agencies work with families who are reluctant to engage with services; the for better information sharing and recording and the importance of reassessing an individual's circumstances when new events or information come to light. All recommendations have subsequently been implemented.

7.2 Joint Learning Event

On 3 March a Joint Learning Event 'Disseminating Learning from DHRs, SCRS and SARs' was held with planning and support from the CCGs Designated Nurse Safeguarding Children. The CCG attended the event that was notably successful, the expectation of all delegates was to disseminate learning within their own organisations. Presentations from the event are available from the Safer Wolverhampton Partnership website www.saferwton.org.uk and www.wolverhamptonsafeguarding.org.uk.

A toolkit for frontline practitioners was also available at the event for delegates to take away on the day with others available upon request, the toolkit will be shared with each GP Practice.

7.3 Looked After Children

The number of LAC continues to show a positive decrease, Wolverhampton CCG remain active partners within multi agency arrangements and core corporate duties and responsibilities. The following table demonstrates the number of LAC for the month of March 2016:-



	Number	% age
Wolverhampton City Council	264	40.1
Dudley Metropolitan Borough Council	40	6.1
Sandwell Metropolitan Borough Council	37	5.6
Walsall Metropolitan Borough Council	59	9.0
South Staffordshire Council	39	5.9
All in Adjoining LAs	175	26.6
Anywhere Else - not in W'ton or in Adjoining LAs	220	33.4
TOTAL LAC	659	100

7.4 News & Events

As part of the review into External Placement Panel funding, it was important to gain and share the thoughts and feelings of the young people accessing support from this fund. The corporate parenting co-ordinator took a sample group of 9 young people, put together from a mixture of gender and ages. The findings from this report were presented at the March LAC steering group, where members of the Children in Care Council were invited to attend to present their views. Therapy was a common theme for the young people with lots of negative feelings about whether it worked and its relevance for them as individual. A summary of this report is available from Fiona Brennan on request.

The annual I Awards, held at the Ramada Park Hall Hotel in February, celebrated the efforts of Wolverhampton's looked after children and care leavers and recognised their hard work and success in a range of categories over the last 12 months. More than 200 children and young people were invited to collect awards in recognition of a wide range of achievements, from doing well at school to getting involved in their local community. The I Awards also celebrated success in creativity and art and recognised the achievements of care leavers who are taking the next steps in their lives.

On 24th March the Designated Doctor and Nurse presented an overview of the LAC health service in Wolverhampton at the Team W event. The audience were encouraged to partake in discussions around their perception of how services for LAC are (not) integrated into their GP practice. Clarity was given around expectations on primary care services, from a local and national level, particularly around information sharing and contribution to health assessments. Contacts were shared for any future queries.



8.0 ADULT SAFEGUARDING

8.1 The Quality and Safety Committee received a detailed assurance report on adult safeguarding, comprising the following key points:-

- Wolverhampton Safeguarding Adults Board
- Mental Capacity Act /Deprivation of Liberty Safeguards (MCA/DOLs)
- Adult MASH
- Domestic Homicide Review Standing Panel
- Safeguarding Adult Review Committee
- NHS England Safeguarding Projects

The report also detailed assurances regarding quality indicators in provider contracts and how improvements had been made in 2016/17 contracts and the introduction of an Assurance Framework for Services commissioned by the CCG to provide consistency in reporting, eliminate duplication and identifies timings for the provision of information. The report was fully accepted by the committee.

9.0 CARE HOMES

The CCG’s Quality Nurse Team continue to work closely with the Adult Safeguarding Team at the Local Authority and to oversee investigations and support the Local Authority with quality concerns. Four nursing homes remain suspended under partial or full suspension within the city. One of the homes is being managed under the Local Authority’s Failing Home Policy.

SUSPENSIONS	Full – F Partial – PL
Anville	F
Wrottesley Park	PL
Parkfields	F

Assurance – there is a robust system in place whereby safety concerns such as safeguarding, care home acquired pressure ulcers, falls and frequent attenders to A&E are monitored. The Quality Nurse Advisors have a schedule of planned and unplanned visits to monitor compliance and improvements.

The process by which care homes are suspended works very well and homes are not permitted to take on new residents until sustained improvements are made and can be evidenced. In future homes in suspension will be recorded on the CCGs risk register in addition to the tracking that takes place via the SBAR process.

10.0 ADDITIONAL ASSURANCE INFORMATION TO NOTE

10.1 Supporting Walsall Maternity Services



Wolverhampton and Walsall Clinical Commissioning Groups, Royal Wolverhampton Hospitals NHS Trust have agreed to increase its delivery capacity to ensure the sustainability of maternity services at Walsall Manor Hospital.

Increased activity has now commenced on 21 March, mothers from 6 practices identified on the Wolverhampton and Walsall border have been booked for their maternity care to be met at Royal Wolverhampton Trust. Both CCGs are working closely with the trust to ensure patient safety standards are maintained.

Assurances have been acquired regarding:

- Staffing on maternity
- Staffing and consultant cover for neo natal services
- Current vacancies and recruitment timelines
- Sonographer capacity

Antenatal and Post natal care will continue to be provided by Walsall Community Midwives in most cases.

11.0 CLINICAL VIEW

The statutory duty of the CCG is to ensure the quality of services commissioned on behalf of the population of Wolverhampton is fit for purpose. The CCG strives to ensure the services it commissions are achieving minimum standards of clinical quality as defined by regulatory requirements, contractual requirements and best practice. The Quality Team engages with Secondary Care Consultant, Nursing professionals and GP colleagues.

12.0 QUALITY AND SAFETY COMMITTEE

At the Quality & Safety Committee Meeting held in April, information from Quality Review Meetings held during the month of March were considered. Minutes of this meeting are available for information on the agenda.

Minutes from associated groups were also considered and discussed, all in accordance with the committee's terms of reference.

Items for escalation have been reported at the front of this report.

13.0 Patient and Public View

Patient Experience is a key domain within the Clinical Quality Framework and therefore forms part of the triangulation of various sources of hard and soft intelligence considered by the Quality & Safety Committee.

14.0 Risks and Implications

14.1 Key Risks

- Quality & Risk Team and nominated Board Members
- Risk of litigation has resource implications as well as organisation reputation risk



14.2 Quality and Safety Implications

- Provides assurance on quality and safety of care, and any exceptions reports that the Governing Body should be sighted on.



14.3 Equality Implications

EIA not undertaken for the purposes of this report, however, all commissioned services are planned and evaluated with an emphasis on impact on all users.

14.4 Medicines Optimisation Implications

- Medicines Optimisation ensures that the right patients get the right choice of medicine at the right time.
- The goal is to improve compliance therefore improving outcomes. Monitoring of this is undertaken by the medicines safety officer.

14.5 Legal and Policy Implications

- Risk of litigation has resource implications as well as organisation reputation risk. Risk of failure to meet organisational statutory responsibilities.
- Impacts on Quality Strategy, Patient and Public Engagement Strategy, CCG Board Membership, Quality and Safety Committee.
- Clinical Quality and Patient Safety Strategy has been refreshed & currently being consulted upon.

15.0 Recommendations

For Assurance

- **Note** the action being taken.
- **Discuss** any aspects of concern and **Approve** actions taken
- **Continue** to receive monthly assurance reports

Name: Sarah Southall
Job Title: Head of Quality & Risk
Date: 30 April 2016



REPORT SIGN-OFF CHECKLIST

This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.

	Details/ Name	Date
Clinical View	Dr Rajcholan	21.4.16
Public/ Patient View	Pat Roberts	NA
Finance Implications discussed with Finance Team	NA	NA
Quality Implications discussed with Quality and Risk Team	Report of Q&RT	April 2016
Medicines Management Implications discussed with Medicines Management team	David Birch	NA
Equality Implications discussed with CSU Equality and Inclusion Service	Juliet Herbert	NA
Information Governance implications discussed with IG Support Officer	Michelle Wiles	NA
Legal/Policy implications discussed with Corporate Operations Manager	NA	NA
Signed off by Report Owner (Must be completed)	Sarah Southall	30.4.16

(V2.0 final)

