

WOLVERHAMPTON CCG

Governing Body - Tuesday 12th July 2016

Agenda item 15

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	NHSE published new CCG Assurance Framework in March 2016. CCG documentation is being brought in line with the new reporting requirements and all templates will be changed over from 1 st August 2016.	
Escalated issues	2	<p>Action: SBAR to Chief Nurse and Medical Director concerning</p> <ul style="list-style-type: none"> • Delayed diagnoses • Delayed treatment • NEs • Sub-optimal care (transfer of patient) <p>On-going scrutiny for confidential leaks, improvements not sustained.</p> <p>Pressure Ulcers – increase in avoidable grade 3 & 4s - close observation</p> <p>Monthly assurance sought at monthly CQR Meetings</p>	<p>6/7</p> <p>7</p> <p>8&9</p>
Health Acquired Infections- Cdiff	2	Increasing incidence of Cdiff, trust failed its 2015/16 target-close scrutiny	10-11
Performance	2	Meetings with RWT held	



Improvement notices impacting on Quality		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.	14
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.	9/22 -23
LAC	2	Wolverhampton remains an outlier for number of LAC. There is a city wide strategy in place with improvements seen.	18
BCP Provider Performance:-		Remedial action plans in place, monitoring via Quality & Contract Review Meetings.	16&17
Safeguarding/PREVENT training	2	Is in line with trajectory, but close scrutiny at quarter intervals.	
Early Intervention Service	2	Progress is being made and remains under scrutiny.	
CPA			
Mandatory training			
CQC Inspection Report	2	Rating 'requires improvement' for RWT. Action Plan completed March 2016; however the Trust is still awaiting the final report.	12



CQC General Practice	1	Practice has had a re inspection, have achieved good overall. 2 practices are being supported for 'requires improvement'	12
Mortality	1	Within expected limits, some data cleansing and audits being conducted.	13&14
Falls	1	Improvements seen in number of falls causing serious harm. CCG will maintain focus	7



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 14th June 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:

- Increasing trend of avoidable pressure ulcers was agreed to be escalated to the Governing Body at the Q&SC meeting held in June 2016.
- RWT Final CQC Report is still awaited (is now much later than expected, CQC acknowledge that there is a delay in their process).
- Vocare incident reported death of patient which occurred whilst in their care. Awaiting cause of death from post mortem and findings of full investigation. A planned quality visit is being planned to Urgent Care Centre. This incident, root cause and actions will be factored into the meeting.
- Several incidents of norovirus were reported at RWT in May and June, this is now under control. The persistence occurrence on one ward was identified as not enough time being allowed for cleaning (due to bed pressures). Appropriate action taken and at the time of writing this report, the affected ward is clear.
- BCPFT reported an IG breach incident, this is currently being investigated as the stakeholders include legacy Wolverhampton PCT, BCPFT and Wolverhampton Local Authority.
- A confidential safeguarding issue was raised to the CQC by a member of staff at the provider trust. This is being investigated by CQC and the CCG and LA will form part of the panel to hear evidence after investigation and action plan details from the provider trust in mid-July. The Governing Body will be kept apprised of outcome



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

The current CCGs internal assurance framework sets out the business critical factors for the CCG to deliver its essential functions, and in turn allows the CCG to identify any risks that may impact on its ability to deliver the national requirements. It is based upon the national Assurance Framework and associated key lines of enquiry, combined with local priorities the for the CCG relating to quality and transformation.

The national Assurance Framework changes each year and for the 16/17 a new 'CCG Improvement and Assessment' regime has been published.

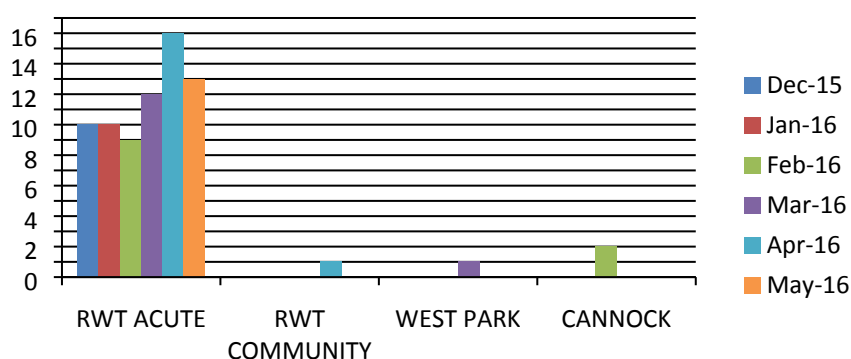
It was agreed at a previous Governing Body meeting that quarterly updates on the BAF and Red Risk Register would be incorporated into the Quality and Safety Executive Summary.

4.0 THE ROYAL WOLVERHAMPTON NHS TRUST

4.1 Serious Incidents (SIs)

13 new Serious Incidents were reported by RWT in May 2016, this includes 1 Never Event

RWT All SI's (Excl PU's)



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

- Sub optimal care of patient transferred to another hospital
- Delays in diagnoses
- delay in commencing treatment
- Patient identifiable data loss

Assurance sought-these issues have been discussed at several CQRMs without satisfactory assurance. In June the Trust informed the CCG that they are commissioning an external review of all incidents related to emergency care pathways. The timescale for the completion of the review is September 2016. The



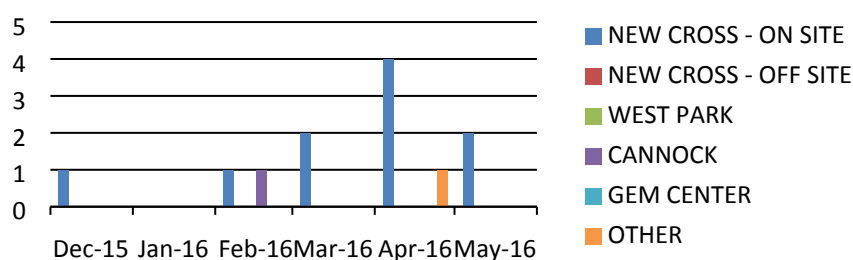
terms of reference for the review will be shared with the CCG at the July CQRM and will include the following:

- Determine which pathway most incidents occur in
- How has the outcomes of the Human Factors workshops affected performance and attitudes in these areas
- Determine if there is one member/team/professional group who is/are causing this effect – this has been excluded as determined as not a factor
- Does the excess use of locum staff in A&E compound the issue?
- 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.

4.2 Confidential Breaches

In response to the actions that were taken following a series of information governance breaches in November 2015, the Trust launched an awareness raising campaign in February 2016. This saw a surge of incidents in March and April. Whilst May saw some improvement, close scrutiny is being applied to observe the direction of travel in June and July.

Confidential Breaches - RWT Last 6 Months



4.3 Never Events

1 Never Event was reported by RWT in May 2016:

This was an incident related to a retained gauge swab following a normal delivery. No harm was reported, however, in line with national reporting requirements the Trust are undertaking a full RCA which will examine the use of the WHO Safer Surgical Check List on this occasion.

Total NEs for 15/16 was 3 and YTD 16/17 is 1.



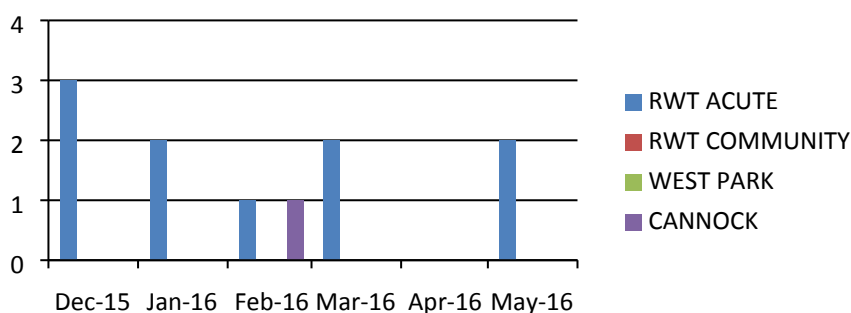
4.4 Slips Trips and Falls

There were 2 slip/trip/falls incidents meeting the SI criteria reported by RWT in May 2016, both occurred at New Cross Hospital. This is a sustained improvement over the last six months and is being monitored closely. There have been zero reported falls at West Park or Community in the last 6 months and 1 at Cannock Hospital in the same time frame.

The launch of the renewed Falls Steering Group is making good progress and key changes have been implemented across all sites;

- Standardisation of policy and process
- Standardisation of assessment technique and paperwork
- Renewed enhanced care training for patients being nursed on 1:1

Slip/Trip/Falls - RWT - Last 6 Months



4.5 Pressure Ulcers Grade 3

Previously, 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.

Actions highlighted from the May Health Economy Pressure Ulcer Prevention Group include:

- Training - all health care staff should receive consistent training in prevention, decision making/judgements & include opportunities to develop competency.
- Who/how to refer onto other health care providers/sectors to address gaps that currently exists.
- Information – should clearly define who does what and who to escalate to.
- Communication - eDischarge to be improved to include wound care needs/implications.
- Peer support/advice for Practice Nurses.
- Wound Care Pathway to be reviewed

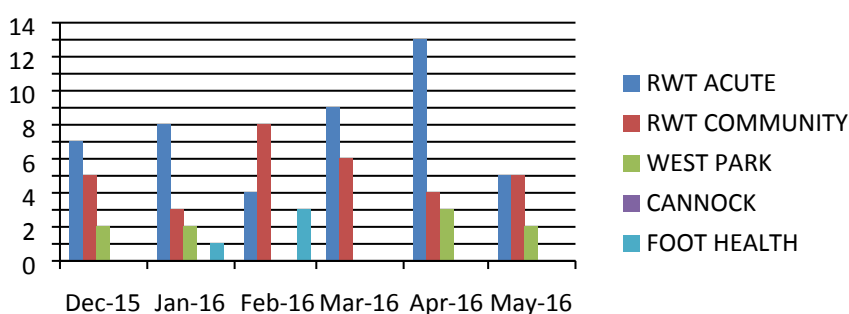


- Formulary - Compression Therapy Review, changes to products and skills will have implications for health economy, change process should include implementation & training cascade to all stakeholders.

In May 2016, 12 Grade 3 Pressure Ulcers were reported by RW; 5 at RWT site, 5 in the Community and 2 at Cannock Chase Hospital.

This is a reduction in the number (20) reported in April 2016.
All are progressing through the RCA process.

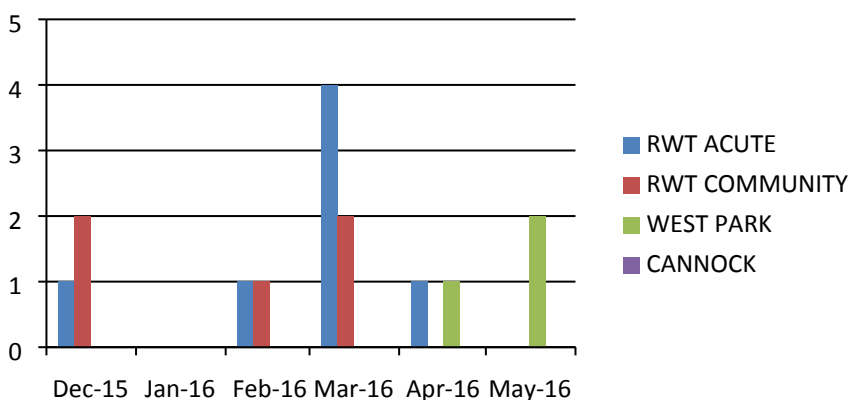
G3 Pressure Ulcers - RWT Last 6 Months



4.6 Grade 4 Pressure Ulcers

Two Grade 4 Pressure Ulcers were reported by RWT in May 2016, and they both occurred at West Park. This is encouraging and means that pressure ulcer deterioration initiatives are in place and early data is showing to have a positive impact.

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 with an overall performance of 74 versus target of 35. The 2016/17 target has been set at 71.

- 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 improvements have been observed there were 11 cases reported in May
- The Trust's Cdiff action plan continues to be progressed, ensuring environmental audits, deep clean and staff training is achieved. Work also continues to monitor the number of patient moves between wards and cross infection.
- Fidaxomicin continues to be used for first line recurrences and Human Probiotic Infusion (Faecal Transplant) is also available. Three cases have been successfully undertaken since pilot in 2014 i.e. in these 3 cases there has been no further reported recurrence
- The year-end position for cases deemed avoidable will be confirmed at July Contract Review Meeting and will be reflected in the corresponding reports to each forum.
- There have been isolated cases of noro virus since the last quarterly report; all have been managed as per incident protocol, historically there has been a correlation with Noro Virus followed by outbreaks in CDiff
- Increasingly more toxin positive cases are not the same ribotyping; this excludes cross infection.
- An external review of antimicrobial prescribing guidelines was also due to take place in April 2016, this has been delayed. The Trust is however undertaking an anti-microbial prescribing study across the health economy. The CCG and Public Health are in discussions with the Trust to know more about this. In the meantime the current action plan activities are being sustained and monitored via IPCG and CQRM.
- In September, the Trust is working with PHE to undertake a point prevalence survey. The PPS audit will be carried out at acute Trusts in the UK and Europe. The information collated will inform and improve the understanding of local, national and European wide
 - Occurrence of HCAIs
 - Quality of antimicrobial prescribing
 - Quality of antimicrobial stewardship

Assurance

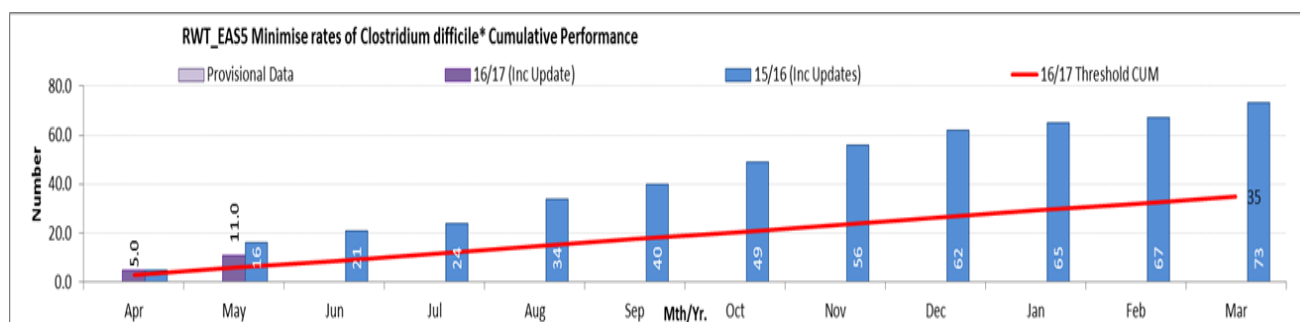
- Time to isolate has improved
- Treatment delay had decreased.
- HPV use 100% on discharge
- Time between cases improving



- Areas of most concern are currently being targeted i.e. correlation with poor audits and cdiff incidents
- The CDI rate remains high and exceeds the control limit on SPCC funnel plot against the region which is being looked at as there are some discrepancies on how RWT test stool specimens compared to others in the region. Some improvement was seen in January & February 2016, March (5) April (5) and May (11). Of these 11 there were no same ribotypes which suggests there was no likely cross contamination by staff but environments continue to be a cause for concern.
- Key action from ward audits is the Trust training and education compliance for IP level 1, 2 and hand hygiene. A rapid improvement plan starts on June 27th for 6 weeks.

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.

Cdiff 2016/17 cumulative performance (ytd)



4.8 West Midlands Quality Review Service

There are currently no active action plans from reviews. All are complete and closed. There is an ongoing programme of reviews planned for 16/17 and there is a robust system in place for the CCG to be involved from planning to closure.

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 % of harm free care for RWT for 12 month period, April 2015 to April 2016. RWT's harm free care rate for April was 92.63%. Specific areas of harm are related to pressure ulcer and catheter acquired urinary tract infections.

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Assurance: data from several sources has been triangulated. The Trust is reviewing the ward dashboards to identify key themes. This remains amber for close scrutiny at present until a step change is seen and sustained.

4.12 Regulator concerns

The Governing Body has previously been appraised about the 2015 CQC inspection at RWT. The Trust appealed its position of 'requires improvement' and a response from CQC is still awaited. In the meantime, a full and very comprehensive action plan is in place and is monitored at CQRM.

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

BCPFT CQC Risk Summit was held in May. A substantial action plan is in place and this is being monitored at CQRM and Contract Meetings. The Governing Body will be kept appraised of any exceptions.

4.13 Primary Care Joint Commissioning Committee (PCJCC)

The Primary Care Liaison Group has now morphed into The Primary Care Operational Management Group. Discussions from this meeting are shared with the PCJCC.

As part of the improving quality in primary care initiatives, the CCG has considered what other support can be given to practices and how this would be delivered and monitored. A Primary Care Quality Assurance Coordinator role has been created and recruited into. The incumbent will work closely with the new Head of Primary Care in assuring systems and processes to improve quality of care in primary care to successfully deliver the CCG Primary Care Strategy and is expected to commence employment in September.

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 and they introduced 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. A Memorandum of Understanding for sharing information across the health sector is being developed. The CCG are working with the Trusts to have a shared approach on sharing coroner concerns at CQRMs.

The mortality alert associated with Chronic Kidney Disease alert is now closed, the re-run of data provided by the CQC showed a decrease in Standard Mortality Rate and the Trust have received formal notification from the CQC that this alert is now closed.

There are no other formal alerts for mortality, as standard practice now, the Trust is constantly reviewing their internal alerts and summaries are presented at MORAG meetings.

The Trust Mortality Assurance Review Group was cancelled in June and the next one is rescheduled for July. In previous meeting 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 is 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.

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 next MORAG meeting is on 5th July; at the time of writing this report latest data was not available.

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. The Trust has closed 6 beds on Ward 3 at West Park Hospital as a direct result of staffing issues impacting on quality of patient care. Ward 3 is currently staffed by an intensive support team of 6 senior nurses from RWT, this is not sustainable. It is envisaged that the Trust will scale down on bed usage in the coming weeks and months and then close the ward.

The CCG Primary Care Workforce Analysis has commenced in March and is due to conclude in July 2016. A full report will be shared with the Governing Body once this is available post completion of the work.

5.0 BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST

Level of Concern as of 31st May 2016

Black Country Partnership	
Month	Concern Level and Actions
May 2016	Level 2 – Recent CQC inspection rated the Trust as Requiring Improvement. BCPFT has an action plan in place and has now shared this with WCCG. Concern level to be reviewed following re-inspection by CQC.



a) PREVENT Training

Remedial action plan agreed June 24th June. This will be monitored via CQRM and Contract Review Meetings.

b) Early Intervention Service

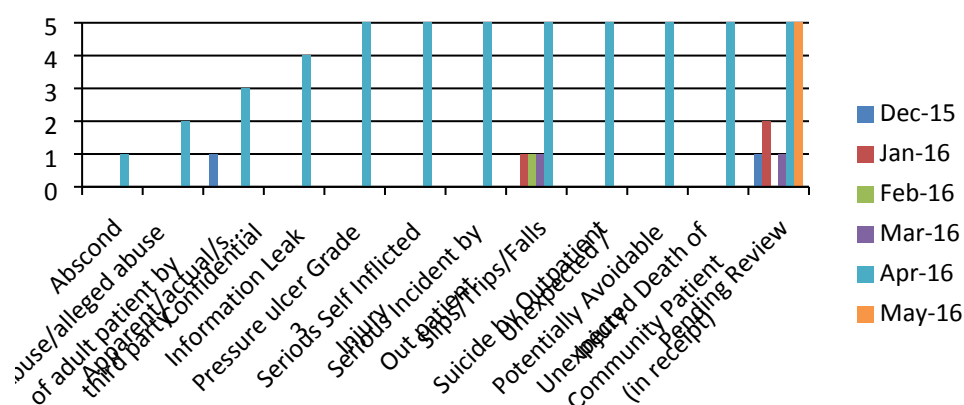
Patients continue to receive appointments within 5 working days, however don't always choose to accept or attend. Monitoring continues via CQRM to ensure all reasonable actions are being taken including liaison with a mental health provider who is performing well in this area.

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

5.1 Serious Incidents

There were 5 incidents reported in May 2016.

BCPFT All SI's - Last 6 Months



5.2 Never Events – zero reported

5.3 Falls – zero falls were reported.

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 May 2016 was 99.32%. 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 May 2016 was CAMHS theme. Key areas to note were:

- No incidents of serious harm were reported
- Staff sickness for the group is 6%
- Vacancy rate for the group is 16.7%, this is an increase from the previous month
- Improved picture for friends and family test
- Joint action plan for no improvement seen on staff survey
- One formal issue addressed via contracting team re post discharge care of patients on certain medication.

6.0 OTHER SECTORS

6.1 Compton Hospice – CQRM held, no issues of concern noted. A CQC inspection also took place in May, this report is not yet available.

6.2 Vocare - took over the Out of Hours Service at 8.00 am on 1st April 2016. Informal CQRMs are taking place on a monthly basis to review the service. One SI has been reported by Vocare, this is currently being investigated. A scheduled quality visit is being planned for the near future.

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 Section 11 Audits are currently being undertaken across the health economy. Primary Care are also required to be engaged in these, we are hoping for good levels of responses and the Safeguarding teams are available for additional support.



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 May 2016

	Number	%age
Wolverhampton City Council	270	41.4
Dudley Metropolitan Borough Council	46	7.1
Sandwell Metropolitan Borough Council	30	4.6
Walsall Metropolitan Borough Council	45	6.9
South Staffordshire Council	36	5.5
All in Adjoining LAs	157	24.1
Anywhere Else - not in W'ton or in Adjoining LAs	225	34.5
TOTAL LAC	652	100

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.



The CCG has recruited to the post of substantive, fulltime Designated Adult Safe Guarding Lead, the successful incumbent will be commencing the new role about September.

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.

Under an Any Qualified Provider (AQP) process Arden & GEM (CSU) Commissioning Support Unit managed the procurement process on behalf of Wolverhampton CCG for care home commissioned care. This opportunity advertised in Contracts Finder opened 1st February 2016 and closed on the 4th March 2016. Nine contracts have been awarded and will run for an initial 3 year period from 1st July 2016 to end of June 2019.

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 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.

Further plan:

June: Walsall maternity capping monitoring meeting now completed.

July: Commence Black Country data collection exercise for maternity services and commissioning semi structured interviews re: maternity services.

End of July: Commissioning stakeholder event for maternity services. Share commissioning response, in consideration of agreeing scope for Business Case going forward

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 June, information from Quality Review Meetings held during the month of May 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: Manjeet Garcha
Job Title: Director of Nursing and Quality
Date: 27th June 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	28.6.16
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	June 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)	Manjeet Garcha	28.06.16

(V2.0 final)

