

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 10th OCTOBER 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Jim Oatridge	-	Interim chair WCCG
	Marlene Lambeth	-	Patient Representative
	Alicia Prive	-	Patient Representative
	Reena Bajaj	-	PWC IA Observation
	Peter Price	-	Independent Member
	Steven Forsyth	-	Head of Quality & Risk
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Kerry Walters	-	Public Health
	Danielle Cole	-	Administrative Officer
APOLOGIES:	Manjeet Garcha	-	Executive Director of Nursing & Quality

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members.

2. DECLARATIONS OF INTEREST

No declarations of interest were raised.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 12th September 2017

The minutes of the meeting held on the 12th September 2017 were approved as an accurate record with the exception of the following amendments:

SF stated page four, first paragraph reword to state 'SF highlighted the Trust has reported a serious incident yesterday (Monday 11th September 2017) with regards to a mother who had a intrauterine death at 31 weeks.

SF stated page four, fourth paragraph reword to state 'SF stated there have been three Never Events to date. The Never Event described in the report was thought to be at this stage of the RCA investigation to be influenced by human error (this could be STC).

RR requested to remove the action 5.1 from the log as she doesn't feel it is appropriate to write into Quality Matters as the risk is not specifically related to her practice.



JO stated page 8 item 7.1a second paragraph to state 'JO asked is there a public record of what key decisions have been made and when and the effective date of those decisions'.

3.2 Action Log from meeting held on the 12th September 2017

Key actions from the action log were discussed as follows and an updated version of the action log would be circulated with the minutes:

Action 4.1 - SP stated he has liaised with NHSE and unfortunately the contact is off on long term sick however, NHSE advised the data will be sent as soon as possible. Action remains open.

Action 5.1 - Action remains open – an update to be provided at the next meeting.

Action 6.1 – JO confirmed the action was discussed at Governing Body. Action remains open as there is a decision to be made as to whether purchase the moderning datix or continue to use the current datix.

Action 6.1 - Agreed to close action. SF stated RWT have provided assurance on the Heart and Lung Fire risk through CQRM. Ultimately the risk sits with the provider.

Action 5.1 – Agreed to close action. RR stated she doesn't feel it is appropriate to write into Quality Matters as the risk is not specifically related to her practice.

Action 5.1 – Agreed to close.

Action 5.4 – Action remains open.

Action 7.1a – Agreed to close.

Action 7.2 – SF stated SP has been in contact with the family who do not wish to take the event further. Agreed to close.

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Report was noted by all present. SF provided a brief summary of the report.



Urgent Care Provider

SF stated there have been key areas of development. The staffing areas which were a key risk in terms of clinical triage and home visiting are slowly starting to improve. Vocare have recruited eight GPs which are in the process of on boarding and two nurse practitioners. Three advance nurse practitioners have also applied for posts.

SF added there has been a significant change in management, Vocare have recruitment a number of key members of staff in order to drive improvements.

A key risk that has been identified is the NQR10 (clinical triage within 10 to 15 minutes) Vocare have realigned the staffing rotas in order to match the demand profile.

SF stated the issue around enough members of staff being able to see a paediatric patient especially under ones has now been resolved; four regular members of staff are scheduled to attend a Paediatric Minor Illness and Injury course in October and as interim solution Vocare have identified in principle with RWT that if a situation arose where the UCC is not manned and every option has been explored the patient would be redirected to RWT.

SF highlighted Vocare has worked closely with Wolverhampton's Quality and Safety Team and a serious incident workshop was held on Thursday 21st September at Vocare's request. The workshop was attended by Governance staff (governance assistants, clinical support managers and clinical governance leads) from across the country as well as Vocare's Organisational Medical Director, Director of Quality and Nursing and the majority of Vocare's Department of Quality, Compliance and Assurance. The workshop was well received and has resulted in actions which will now form part of a national work plan to build continuous improvement in the identification and management of serious incidents.

There have been two NHS England scrutiny meetings held to date. The last meeting was held on Thursday 5th October 2017 and the outcome of that meeting was the UCC was deescalated from the enhanced surveillance meeting, as NHSE were assured with the mitigations and plans being taken forward.

A coordinated unannounced visit to Wolverhampton UCC in conjunction with Stafford and Cannock, East Staffordshire, South East Staffordshire, Seisdon and Peninsula, North Staffordshire and Stoke CCG took place on the evening of Thursday 5th October. The aim of this visit was to explore staffing across the patch. . Key elements identified from the Wolverhampton unannounced visit were that clinician productivity is not good however, the UCC was very well staffed. Vocare have been asked to provide an action plan on clinical productivity. Home visiting was also highlighted as a concern in terms of the resource to manage; there was not a robust plan in place to allocate the GP to each home visit.



Maternity Performance Issues

SF highlighted the number of women booking to give birth at RWT has increased significantly in the last 12 months. The midwife to birth ratio has deteriorated from 1:29 in April 2016 to 1:32 in August 2017. Midwifery sickness rate has increased and is currently at 5.8%. In recent months there has been a number of SIs reported. A letter was sent to all Chief Executives and Accountable Officers in the Black Country asking for a meeting to discuss RWT capping births and how to move forward. The meeting has taken place there were extensive discussion with NHSE and NHSI who advised RWT to work collaboratively with local providers to reach an amicable solution.

Step down provider

SF noted an improvement board was held on Wednesday 5th October and was aiming to bring the board to a close due to seeing a number of improvements however, at the recent visit there were still a number of issues in terms of fundamental care. The CCG have requested the provider to address the following key actions; oversight in the home to mitigate risks further, the home have been asked to base a senior manager from the accord group to increase input and to also source a new clinical nurse who will provide supervisory capacity in order to help the current manager. The care home has also been asked to review the current action plan.

SF noted the LeDeR programme is now live. Deaths of patients with a learning disability will have a mortality review undertaken; this is being coordinated by the University of Bristol.

PP noted he's encouraged the CCG are closely monitoring on various areas where improvement is required however, the concern is if the CCG are focusing on those areas what happens to the work that is planned for the future which is increasing the quality of its service provision that the CCG are not able to undertake due to capacity reasons. SF responded work capacity and key priorities is monitored weekly. The team are currently on top of their workload however, the team is stretched. The Quality team are looking at their resources on a weekly basis.

RR asked for the meaning of 'achieved caseness as first assessment AND not at last assessment' on page 42 reference 34. SF agreed to speak with Sarah Fellows to clarify.

Action:- SF to speak with Sarah Fellows to clarify reference 34 on the combined IAPT Scorecard 'achieved caseness as first assessment AND not at last assessment'.



5.2 August Primary Care report

The report was noted by all present.

PP highlighted the report includes the figures each month for friends and family test submissions however, does not state what is being learnt from the data and how that data is being used in terms of moving forward. SF responded discussions are had regarding the FFT comments at PPG. PP added as the remit of this meeting is quality it would be useful to have more information on how the data is used. SF agreed to look in to this.

Action:- SF agreed to look at including further information on how FFT data is used to improve quality.

5.3 Information Governance Report

Peter McKenzie (PMcK) provided an over of the report stating;

- The focus of the IG team work is to ensure WCCG is compliant with IG tool kit. The latest version of the IG tool kit has now been released and a detailed action plan is being worked through.
- Training dates for three face to face GDPR training sessions have now been placed in the corporate calendar and communicated to staff at the 13th September team meeting.
- The IG team have produced a briefing paper on the designation of a Data Protection Officer for the CCG, which is a new requirement under GPDR. The management team have reviewed the briefing and feel that, due to the fit with existing duties the Corporate Operations Manager should be designated as the organisation Data Protection Officer. The committee were in agreement for Corporate Operations Manager to also be the designated Data Protection Officer.
- Business Case with screening questions stating that a full Privacy Impact Assessment is required for a Weight management service.

JO asked if the training element should be a feature at the development session. JO queried how the training is brought to the provider's attention. PMcK responded Sarah Hirst wrote a brief article that was added to the GP bulletin from the CCG that signposted all providers to their IG provider.

5.4 Freedom of Information Report

PMcK provided a brief overview of the report stating;

- The report provides details of the Freedom of Information requests received by the CCG during the second quarter of the 2017/18 financial year.
- From 1 July to 30 September 2017, the CCG has received 69 Freedom of Information requests. At the time of writing the report the CCG had responded to 61 of the requests, 59 of which had received a response within the statutory 20



working days. The CCG worked with the requesters whose responses were not sent within the statutory deadline to agree extensions. For the year to date the CCG has responded to 98% of requests within the statutory time limit.

- The eight requests awaiting responses are well within the 20 day timeframe and we expect to provide a response in line with the requirement.
- Although FOI requests may be made by anyone and the CCG responses does not differ based on the source of the request. The bulk of the CCGs requests come in from people who are representing an organisation from the press, charities, pressure groups and parliamentary groups for specific conditions.
- PMck highlighted the information requests that have been received during this quarter.

5.5 Equality and Diversity Quarterly Report

Juliet Herbert highlighted key points from the report stating;

- As part of the review of performance for people with characteristics protected by the Equality Act 2010, The Governing Body agreed that there needed to be a dedicated focus for moving the CCG from 'Developing' to 'Achieving' this is due to some areas of work around equality and inclusion was applied rather than explicit. The Equality Delivery System2 (EDS2) year one action plan starts to focus on those areas enabling the CCG to move forward.
- There may need to be some revision around the responsible officers so that the CCG is correctly positioned to move forward and enhance an inclusive practice.
- Three Equality Analysis training dates for staff have now been scheduled between October 2017 and November 2017.
- There are currently nine Equality Objectives which is excessive therefore these have been reviewed, closed down and will be published on the CCG website. The new objectives will be developed and published March 2018 as part of the new Equality Strategy. There will be a maximum of four objectives.
- The new Regulations where reporting schedule for publication of information and equality objectives has been changed to 30th March annually, and the usual up to four years for Equality Objectives.
- Wolverhampton CCG has completed their WES template. Due to the size of the workforce (easily identifiable information), the CCG have taken a different approach this year and published a statement of commitment to the WRES.
- An action plan will be developed to address the gaps identified on the WRES template.



5.6 Quality & Risk Work Plan

The work plan was noted by all.

PP asked as to whether the issues relating to quality, safety and performance at Vocare had impacted on the team's workload. SF responded by informing the committee that this work plan is a key enabler that allocates work for each quarter, this is articulated in a way as such that cross cover is possible. SF highlighted that it is also important to note that the team have weekly check in and out meetings. This is to ensure that not only the work plan, which is a static document, is covered but also urgent issues that are emerging or have landed in the quality work stream are allocated within the team based on skill, knowledge and capacity. Monthly supervision also is a key enabler to ensure productivity and staff morale is considered.

SF highlighted the plan demonstrates the teams priorities and direction. The action plan sits beneath the Quality Strategy and Plan on a Page which are two key documents.

5.7 Health & Safety Performance Quarterly Report

The report was noted by all

SF stated the key components of the Health and Safety work that has been undertaken this quarter is around ensuring that all staff have got a home DSE assessment. The CCG have provided a training session for staff to self-assess their DSE working environment at home. Another key issue highlighted is the cladding on the Science Park, this has been identified as a low risk as the building is not occupied during the night, there is 24 hour security and building fire alarms installed therefore the cladding will not be changed at this stage.

JO highlighted between quarters one and two there is still evidence of trailing cables, this is an area that is preventable. SF responded staff are daisy chaining which is a severe fire risk. This has been raised with the business operations team to provide fixed electrical points in certain departments within the CCG.

JO pointed out the cleanliness of the toilet facilities within the Technology Centre are not up to standard. SF stated this issue has been raised with the Science Park who has informed the cleaning regime has been changed.

Action:- SF to draft a letter on behalf of JO in relation to the cleanliness of the Technology Centre toilet facilities.

5.8 Quality Assurance in CHC Quarterly Report

Report was noted by all. Maxine Danks provided a brief overview stating;



- WCCG continue to meet requirements of the National Framework and Quality Premium.
- The National Framework requires new referrals to be assessed and a decision made within 28 days following receipt of a positive checklist.
- A CHC deep dive was undertaken in summer 2017 by NHSE. The feedback from the review was positive.
- As in previous reports the number of referrals continues to rise and the workload remains significant. On-going training is provided and scrutiny of the checklists and Fast Tracks by the Lead Nurse continues.
- The ICT receive a minimal number of complaints regarding the assessment process from individuals or their families; one in the last 12 months which was not substantiated. The CCG do receive complaints from Legal firms disputing the outcome which is part of the appeals process, rather than a complaint. These are often raised with the PMSO and to date one was partially upheld regards time taken to request notes. This resulted in a payment to the family.
- Personal Health budget continues to be challenging.
- The number of patients in step down average between 20-25 per week. The contract taken out with the Local Authority to provide therapy services is positively impacting on patients outcomes and the patients in step down are now receiving timely intervention from therapists. It has been noted that there are an increased number of patients returning home with reablement services since the introduction of the new therapy support.
- The department of Health are still to advise regarding the date that the cut off for CHC consideration for previously unassessed periods of care will be. MD confirmed no information has been received to date.

RR pointed out in regards to fast track the CCG are a significant outlier when considered against our comparator CCGs. The CCG have provided significant amount of training however, does not mention GPs which is a concern. MD responded training was provided for Team W and unfortunately only 10 delegates arrived for the training which was disappointing. If the CCG receives a fast track from GPs and doesn't feel the information is suffice the CCG will contact the practice. MD added the CCG are more than happy to provide the training. RR suggested a brief summary to be included on the monthly GP news bulletin.

JO suggested the table in paragraph 2.3, it would be useful to add a further two columns highlighting the number of decisions upheld and the numbers which are overturned this will demonstrate the vast majority of decisions taken are maintained. MD agreed to add the additional columns.

Action:- MD to produce a brief summary on fast track and to include in the monthly GP news bulletin.

Action:- MD to add a further two columns to the table in paragraph 2.3 of the report



to highlight the number of decisions upheld and the numbers which are overturned to future reports.

6. RISK REVIEW

6.1 Quality and Safety Risk Register

PS highlighted at present there is a total of eight risks attributed to the committee. One extreme, four high, two moderate and one low.

Extreme

Risk 466 - Out of Hours Provider – inaccurate reporting of performance data/quality assurance. PS stated close monitoring continues with Governing Body scrutiny. Three month target for improvement of priority areas expires on the 16th November 2017, however, poor performance against KPIs has seen little or no improvement. Further consideration taking place regarding additional contract performance notices in relation to poor response times.

High

Risk 489 – Inappropriate arrangements for a named midwife – RWT. PS stated the circumstances remain the same. The Head of Safeguarding is in discussion with the Head of Midwifery on how this can be progressed.

Risk 312 – Mass Casualty Planning - PS noted ‘on call’ staff including Directors have received refresher training on Mass Casualty Planning. The CCG are awaiting a handbook from the Regional EPRR Lead. A further review is expected in November 2017.

Risk 492 – Maternity Capacity and Demand – PS highlighted the risk is currently rated as a 12.

Risk 439 – PTS Poor Performance – PS stated the risk continues to be managed through CRM. A Remedial Action Plan is in place and the actions are being monitored accordingly. The risk remains at 12 as performance KPIs remain below the required standard.

Moderate

Risk 476 – Named Dr for LAC – PS noted RWT have successfully appointed a Community Paediatric Consultant who will be in post early November 2017, it is anticipated the appointee will take on the Named Dr LAC role.

Risk 414 – Quetiapine – Optimising use within the Health Economy. PS noted the risk is awaiting confirmation regarding closure from Sarah Fellows. Risk to be closed prior to next meeting.



Risk 321 – Safe working practices – PS stated scoping has been completed to identify those staff employed by WCCG that require a DBS. Numbers are much lower than previously required due to changes in guidance. A paper is currently being prepared for presentation to SMT. WCCG staff who provide a direct service to children, young people and adults' with care and support needs all have a current DBS. The paper has been delayed due to the capacity of the Designated Nurse. The risk has been reduced to a three however, until the paper has been to SMT the risk remains on the register.

SF highlighted no new risks have been added to the register and no closures post the last committee.

7. ITEMS FOR CONSIDERATION

7.1 Policies for ratification

7.1a Complaints Policy

The Complaints policy was noted by committee. The policy has been ratified.

Action:- SP to chase RWTs quarterly report of the Maternity reportable trigger list incidents.

7.1b Serious Incidents Policy

The Serious Incidents Policy was noted by committee. The policy has been ratified.

7.2 Learning Disabilities Mortality Review (LeDeR) Programme.

Report was noted by committee.

8. **FEEDBACK FROM ASSOCIATED FORUMS**

8.1 Draft CCG Governing Body Minutes

The minutes were noted by the committee.

8.2 Health & Wellbeing Board Minutes

No Minutes Available

8.3 Quality Surveillance Group Minutes



No Minutes Available

8.4 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

8.5 Primary Care Operational Management Group Minutes

No Minutes available.

8.6 Clinical Mortality Oversight Group Minutes

No minutes were available for the meeting.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

No items for escalation.

10. ANY OTHER BUSINESS

No items raised

11. DATE AND TIME OF NEXT MEETING

Tuesday 14th November 2017, 10.30am – 12.30pm; CCG Main Meeting Room.

