

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 14th NOVEMBER 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 Price	-	Patient Representative
	Steven Forsyth	-	Head of Quality & Risk
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Dr A Chandock	-	Secondary Care Consultant
	Danielle Cole	-	Administrative Officer
APOLOGIES:	Peter Price	-	Independent Member

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 10th October 2017

The minutes of the meeting held on the 10th October 2017 were approved as an accurate record.

3.2 Action Log from meeting held on the 10th October 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 5.2 – Agreed to close as the information is included in this meetings Primary Care Report.

Action 5.7 – SF stated a conversation has been held with the Science Parks Head of Estates who has advised a new cleaning regime has been put in place and to allow this to be embed prior to escalating. Agreed to close.



Action 5.8 – Action remains open.

Action 5.8 – Action remains open.

Action 7.1 – SF stated SP has received the quarterly report of maternity incidents that do not trigger serious incidents. The report will be reviewed at the SISG Meeting (Serious Incident Scrutiny Group) and an external review of the incidents has also been requested. Agreed to close.

Action 4.1 – SP confirmed data has been received. Agreed to close.

Action 5.1 - Action remains open. DC to check status and forward to SF.

Action 6.1 – SF noted he does not believe Datix will be used in terms of managing risks however, excel may be used moving forward. JO raised concern with regards to how excel may be controlled as it is not a live system. The Committee agreed to close this action and to reopen in another forum as the Quality and Safety Committee cannot influence as it sits with the Director of Operations. SF to draft an email explaining it has been agreed to assign this action to Audit and Governance. RR to send as chair of the Quality and Safety Committee.

Action 5.4 – Agreed to close.

RR highlighted an action on page four of the minutes has not been included within the action log. SF noted the action has been raised with Sarah Fellows however, has not received a response. SP to follow up and DC to add to action log.

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

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

Urgent Care Provider

SP stated the CQC Inspection Report for Vocare from the visit in March 2017 has been rated as inadequate overall and a further visit by CQC took place on 26th October 2017, according to Vocare it was an assuring visit. The latest CQC visit has acknowledged overall progress made in the following areas; significant events and the sharing of learning, medicine and other alerts, recruitment, recruitment processes and evidence, clinical audits,



quality of documentation and communication. A random sample of ten clinical records was reviewed and of those two records; observations were required given the reasons for presenting at the UCC. However, concerns was raised relating to waiting times for children, especially those that are booked via NHS111 as they may have been assessed prior to presenting at the Urgent Care Centre. To mitigate this concern Vocare will be implementing additional safety netting for all NHS111 booked appointments with children under one years old receiving a triage on arrival as if they had self-presented and children over the age of one receiving a triage if the wait time is above two hours. In terms of urgent care practitioners who see children, competence assessments are being undertaken and if there is a staffing issue the patient can be directed to the Emergency Department.

SP added a contract performance notice is in place. The action plan contains 292 actions and of those 33 remain outstanding. At the Improvement Board held on 6th November 2017 NHSE, CQC and Healthwatch have noted the positive steps Vocare have made locally and nationally.

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. Home visiting was also highlighted as a concern.

SP stated that CCG have received a whistleblowing letter of complaint from a member of staff which was noted at the Improvement Board. Once a response has been received feedback will be provided at the next Committee.

Vocare have announced they have been taken over by Totally PLC.

Vocare has worked closely with Wolverhampton's Quality Team a serious incident workshop has been run by the team at Vocare's request. The workshop was attended from across the country. 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.

Action:- SP to check if Vocare notify GPs when a child leaves the UCC and has not waited to be seen.



Maternity Performance Issues

SP highlighted the key performance indicators on the maternity dashboard are a growing concern which is impacting on quality and safety. There has been an increase in the admission of babies at the neonatal unit; five neonatal deaths have been reported to date. The Elective C Section rate has also increased to 16%. The number of women booking to give birth has increased significantly in last 12 months. The midwife to birth ratio has deteriorated from 1:29 in April 2016 to 1:32 in August 2017. In terms of serious incidents there has been three reported for the maternity services since October 2017 and in total six has been reported since June 2017.

SP noted due to the increase in bookings the Trust confirmed at the last Clinical Quality Review Meeting a letter would be issued on Thursday 26th October 2017 to all Chief Executives and Accountable Officers in the Black County to notify that RWT are capping births as of the 13th November 2017. This does not impact on in-utero transfers or the 500 births from Walsall.

Dr Chandock asked for the following information “the number of deliveries, the exact delivery rate, the numbers deferred from the booking and how many from out of area”.

SP responded that this information is currently not available to the WCCG but the provider does capture this information internally to monitor all maternity activity.

SP further added vacancy rate is currently at 3% which demonstrates 1:32 is due to birth numbers rather because of vacancies.

Non-Emergency patient transport service

SP noted mainly there are performance issues with this provider with a potential for its impact on the quality issues. The provider has failed to meet reporting requirements to submit Quality Reports, KPIs and serious incidents (SI) and the current performance has not been at the levels expected and has recently impacted adversely upon the quality of the service. The Quality Team regularly attends CQRMs since June 2017 where it was highlighted that the provider has failed to report two potential STEIS reportable serious incidents and that are of significant concern to the commissioner. The provider has responded to the information breach notice but the issue of two potential SI's was not reported. One of the potential SI (unexpected death) was deemed as not reportable but there was a disagreement between WCCG and provider in terms of the second incident (patient fall and fracture) due the patient harm threshold. WCCG has liaised with NHSE Quality Lead and they have also deemed this incident as serious harm and therefore meet SI reportable criteria.



Mortality

SP stated RWTs most recent HSMR and SHMI data is indicating deterioration. An action plan is in place and the Trust has commissioned independent coding, diagnostic, palliative and case note reviews. The next MORAG meeting will be held in November and update will be provided at December's Committee.

Step Down care home provider

SP noted there were a number of quality concerns raised at the initial quality visit. WCCG have since been managing, monitoring and supporting the provider. The suspension has been lifted with the caveat that Accord need to manage admissions based on risk stratification; staffing and patient complexity. WCCG will be closely monitoring the provider's progress with improving the quality of care through quality visits and CQRMs. The last Improvement Board will take place in November 2017.

Never Events 16/17

SP noted one Never Event has been reported in October 2017. There is a total of five never events reported year to date. There is a concern as there is a reoccurring theme. SF requested a themed report to be added to February's 2018 CQRM agenda, this will allow enough time to undertake investigations. Committee agreed.

Action: - DC to add Never Events as a themed report to Februarys 2018 CQRM agenda.

SP stated the following three key issues have been highlighted at RWTs CQRM;

- Late patient moves
- Late observations
- Cardiac arrest outcomes. A themed report is due to be discussed at Novembers CQRM.

SP stated 28 pressure injury incidents have been reported for this reporting period which is significantly a high number for this financial year for both acute and community services. WCCG Quality and Safety Manager has contacted the lead tissue viability nurse for RWT who has stated the increase is due to end of life patients, complexed cases and incidents not reported correctly. RWT will undertake full RCAs into all incidents.

There is significant rise in the number of diagnostic delay incidents reported for October 2017 which is a concern. WCCG head of quality has raised a SBAR with the chief nurse at RWT and has requested to provide a themed report to be presented at January 2018 CQRM.



SP noted RWT has reported one MRSA bacteraemia. The Trust will undertake a full RCA.

There has been significant improvement for compliance for Adults' and Children safeguarding level 3 training however, the Trust has failed to meet their internal 95% compliance.

SP stated there are a number of serious incidents that remain open for BCPFT due to having failed to provide the requested response to the WCCG Quality Team. An extra ordinary SISG meeting was arranged where the provider was invited to attend this meeting to discuss all of the open SI's unfortunately this meeting was cancelled due to the provider unable to submit any SI responses prior to the meeting. However, a meeting has been scheduled for 30th November 2017. The pressure injury serious incident which occurred in June 2016 remains outstanding due to the disagreement between the CCG and the provider. The Deputy Director of Nursing has liaised with NHSE to act as an arbitrator to settle the dispute; NHSE confirmed the pressure injury was avoidable. The CCG are awaiting the final RCA from BCPFT. SF stated if the provider does not reply by Tuesday 12th December 2017 SF requested for the Committee to escalate and formally write to the provider.

Action: - The CCG are awaiting the final RCA from BCPFT. SF stated if the provider does not reply by Tuesday 12th December 2017 SF requested for the Committee to escalate and formally write to the providers board members

ML raised a concern relating to an incident at RWT.

Action: - ML to forward details to SF.

5.2 Primary Care Quality Report

The report was noted by all.

LC stated the following;

The new infection prevention (IP) audit has now been ratified and is in use at all sites, it has caused the overall rating to drop slightly because the measure is against new guidance. Issues around environment were identified as the main reason that gradings have reduced. LC highlighted one practice received a red rating in August 2017, Primary Care Liaison for IP is working with the practice, a three month follow up will be undertaken and a progress report will be provided.

WCCG have not received any untoward medicine alerts. The routine alerts are submitted directly to practices.



WCCG Friends and Family Test (FFT) overall response as a proportion of list size was 1.2%, which is the same for the previous month and was significantly better than both the regional and national average. There are eight practices in total where no data was submitted or data was suppressed in August 2017. The overall response rate is slightly lower than the national average.

The majority of responses have again come via tablet/kiosk for this month. There has been a significant increase in SMS text.

FFT is also triangulated with NHSE Dashboard and GP Patient Survey data when available and along with Quality Matters, SIs and complaints.

There are currently 18 Quality Matters open. The majority of current incidents relate to information governance breaches, this is currently being reviewed in-depth by the Quality Team. All incidents here will be reported to PPIGG for logging and escalation once the practice has responded to the request for further information.

LC noted the graph on page nine of the report, the data for May, June and July 2017 is not correct due to a backlog. However, Quality Matters incidents are now up to date and all Primary Care incidents have been forwarded to the relevant practice.

JO asked should the definition and clarity of breaches be included within the report. Committee agreed.

Action:- LC to include the definition and clarity of each Quality Matters Information Governance breaches within future reports.

No complaints or compliments relating to Primary Care are noted for the CCG.

There is currently one incident being investigated within Primary Care. The incident relates to a treatment delay, this is currently being investigated at the practice and has been escalated to NHSE.

One issue was referred to the Performance Information Gathering Group (PPIG) on 14th September 2017 that relates to a near miss due to an IT system issue. The group were assured with the CCG and GP response and asked for the communication to be sent out to practices by the CCG to be shared for reference. The meeting held on 28th September 2017 included four issues raised, three were referred by the CCG and included: IG breach, Performance and Contractual which were all closed however, the performance issue has since been reopened.

The NICE assurance framework guidance is currently being reviewed and will be applied in line with the peer review system for GPs.

The CCG received two CQC inspection reports with a 'good' rating and two practices currently have a 'requires improvement'. The two practices are being monitored by the Primary Care



and contracting team with input from the Quality Team.

There are currently 18 risks relating to Primary Care which are recorded on Datix and monitored on a monthly basis by the Quality and Risk Team.

JO queried if the reporting for Primary Care and Secondary care is consistent. SF responded the CCG are developing how Primary Care is monitored.

5.3 Safeguarding Adults, Children and Looked After Children Quarterly Report

Annette Lawrence highlighted the following points;

- NHSE have developed and piloted a Self – Assessment Tool (SAT) to be used by CCGs to provide assurances to NHSE. This has now been extended to include all CCGs across the West Midlands. The electronic NHSE SAT has been completed by WCCG Safeguarding Team and this replaces the previous SAT. It is expected that peer review of SAT submissions will take place in the near future. Work is being carried out by NHSE to develop SAT tools for providers in 2018.
- A rolling programme of WCCG and GP safeguarding training has been developed, with level 3 GP training commencing in September 2017. This includes: Safeguarding Adults, Safeguarding Children, Domestic Abuse, Female Genital Mutilation and recently the CCG have commissioned a drama group.
- WCCG have been successful in a bid to NHSE for money to fund a project in collaboration with the Refugee and Migrant Centre and the Wolverhampton Domestic Violence Forum. Training of new arrivals will commence next month and progress of the training will be fed back to NHSE.
- The GP Domestic violence training and support project is due to be launched in January 2018 and will be rolled out initially for an 18 month period.

Lorraine Millard highlighted the following points;

- Following the publication in February 2017 of the CQC report of its review of health services relating to safeguarding children and services for looked after children in Wolverhampton that took place in July 2016, an action plan was developed by WCCG to address the recommendations made.
- On 11th August 2017 the WCCG Chief Officer received a letter from the investigation Lawyer written on behalf of the chair of the inquiry into the historical child sexual abuse in Wolverhampton. Wolverhampton's response was collated and submitted within timescale with evidence provided as requested.
- WCCG have recently appointed a Deputy Designated Nurse for Safeguarding Children, the on boarding checks are still in process and will hopefully be in post from January 2018.



Fiona Brennan highlighted the following points;

- Wolverhampton continues to have a relatively high number of looked after children, but comparable with neighbouring authorities.
- Approximately 60% of Wolverhampton children are placed outside of the City.
- RWT will extend their geographical coverage, undertaking review health assessments for all Wolverhampton's children placed within 50 miles of the City. It is anticipated that the new arrangements will commence in March 2018 and will provide a dedicated health care professional to improve consistency and quality of care offered to our children placed further afield.
- Only 8% of Wolverhampton's children are currently placed further than 50 miles away. WCCG will remain responsible for co-ordinating their health care.
- Following contractual negotiations between WCCG and RWT, key performance indicators were added to the RWT LAC dashboard in September 2017.
- A paediatric consultant was recruited to in September 2017 within RWT and the appointee will be undertaking the role of Named Doctor LAC.
- The service specification for CAMHS is under review. There have been concerns that some of the children have been refused a service on the grounds of placement instability in spite of statutory guidance which states that this should not be the case. This will also be addressed as part of the ongoing CAMHS Transformational plan going forward.
- Orange Wolverhampton campaign will commence from the 25th November 2017 until 10th December 2017.

5.4 Medicines Optimisation Quarterly Report

David Birch highlighted the following points;

- Members of the public and healthcare professionals can use the yellow card scheme website to report any suspected side effects or safety concerns with e-cigarettes and e-liquids used for vaping.
- The CCG commissions a service where clinical pharmacists and technicians visit practices on a weekly basis to undertake safety work alongside the CCG requirements around QUIPP and cost control prescribing.
- Eclipse Live is based on GP data from the GP system which identifies medication that may be potentially causing harm. The team took action or brought to the attention of clinicians 53 Eclipse Live Red alerts between July and September 2017.
- At the request of the CCG, the team collected data in ten practices related to the prescribing of bisophosphonates. Patients prescribed bisophosphonates for more than five years in Wolverhampton may benefit from a review and a discussion regarding stopping treatment.
- The CCG are offering a Prescribing Incentive Scheme to GP practices to review and if appropriate revise current prescribing practice.
- The overall rates for antibiotic prescribing must be equal to or below 1.161 for the period April 2017 to March 2018. The CCG target is 1.161 and to August 2017 is 0.997 which is under target.



- RWT continue to ensure that all hospital FP10 prescriptions issued by the provider are used to support generic prescribing or brand prescribing were appropriate and not used by-pass the formulary.
- Black Country Partnership continue to work to ensure that patients on shared care drugs have an agreement in place and that there is a process and training to be embedded for the use of ESCAs.
- NHSE publish a dashboard which they hope will further help CCGs to understand how well their local populations are being support to optimise medicines use and inform local planning.
- The antibiotic strategy is to reduce antibiotic items. The antibiotic formulary is regularly reviewed.
- The antimicrobial sub-group worked with young people in order to educate on antibiotics and reduce demand. This project won a National Antibiotic Award in the Child and Family category.

RR queried if and when will the AMR survey tool highlighted on page 5 of the annual antibiotics report be rolled out to GPs. DB agreed to check when the survey tool is intended to be implemented.

RR queried on page 3 of the annual antibiotics report when to use Bismuth according to local guidelines. DB agreed to check guidelines outside of meeting.

Action:- DB to check if the AMR Survey Tool is planned to be rolled out to GPs and when.

Action:- DB to check guidelines for when to use Bismuth.

5.5 Quality in Care Homes Quarterly Report

Molly Henriques-Dillon sent apologies. Report was noted by all.

5.6 Workforce Race Equality Standards

The report was noted by all.

Juliet Herbert (JH) highlighted the following;

- Appendix 1 of the report highlighted key issues and gaps identified from the WRES template.
- The draft WRES action plan notes the ‘identifying means for collecting’ as actions. The CCG need to ensure the information if readily available is included within the next WRES. The action plan focuses on how the information is going to be collected.
- There is a focus on relevant Equality and Diversity training as this anticipated it will reduce the percentage of staff that says they are experiencing harassment and bullying.
- There has been a slight change to indicator nine of the WRES template.
- Predominantly HR has a lot of responsibility for the action plan. A meeting is required to be scheduled between JH and HR to discuss the action plan. Unfortunately due to diary



commitments the meeting has been difficult to schedule. SF requested an update at next meeting.

Action :- JH to provide an update regarding the meeting with HR discussing the WRES action plan.

6.1 Quality and Safety Risk Register

PS highlighted at present there is a total of nine risks attributed to the committee. One is a new risk and two potentially for closure.

Risk 476 – Named Dr LAC – Agreed to close.

Risk 499 (new) – Review Health Assessments for Looked after Children – it was identified there was a backlog which has now been cleared. Agreed to close.

Risk 466 – Out of hours provider – A further update is due on 16th November 2017 around the three month target for improvement in priority areas. A further update will be provided at next month's committee.

Risk 489 – Inappropriate arrangements for a Named Midwife – The circumstances remain the same. The Head of Safeguarding is in discussion with the Head of Midwifery on how this can be progressed.

Risk 414 – Quetiapine – optimising use within the Health Economy – SF stated the risk is more suitably placed with Primary Care. PS to update risk to state 'discussed at committee, 15-16 CQUIN is now closed, the risk within Primary care remains open'.

Action:- PS to update risk 414 to state "discussed at committee, 15-16 CQUIN is now closed, the risk within Primary care remains open".

7. ITEMS FOR CONSIDERATION

7.1 Policies for ratification

The Safeguarding Children, Young People and Adults with Care and Support Needs from Harm and Abuse Commissioning policy was noted by committee. The policy has been ratified.

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



The minutes were noted by the committee.

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

The minutes were noted by the committee.

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 12th December 2017, 10.30am – 12.30pm; CCG Main Meeting Room.

