

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 12th DECEMBER 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Sue McKie	-	Public Health / Lay Member
	Alicia Price	-	Patient Representative
	Steven Forsyth	-	Head of Quality & Risk
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Danielle Cole	-	Administrative Officer

APOLOGIES:	Peter Price	-	Independent Member
	Jim Oatridge	-	Interim chair WCCG
	Marlene Lambeth	-	Patient Representative
	Dr Julian Parkes	-	Deputy Chair for Quality & Safety
	Kerry Walters	-	Public Health

1. APOLOGIES & INTRODUCTIONS

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

2. DECLARATIONS OF INTEREST

Sue Mckie was present at the meeting as a Lay member for patient and public involvement but also as a public health employee.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 14th November 2017

The minutes of the meeting held on the 14th November 2017 were approved as an accurate record with the following exceptions:

Page two action 6.1 SF requested for the action to be amended to state 'SF noted he was uncertain whether Datix or Excel will be used going forward to manage risk on behalf the CCG'.

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 5.1 – SP stated that Vocare make 3 attempts to contact the child; ring the local ED to



see if they have presented there and then a card drop. The details of the attempts are entered on to the Adastra notes which will appear on the post-event message sent to the GP. Agreed to close.

Action 5.1 – SP noted the Never Event themed report is scheduled for February 2018 CQRM.

Action 5.1 – SP noted correspondence has been sent to the Director of Nursing at BCPFT, a response has not been received to date. SF requested action needs to be taken on behalf the Committee. The Committee agreed if a response was not received by the close of play Tuesday 12th December 2017 a formal letter needs to be issued to the providers board members.

Action 5.1 – Agreed to close.

Action 5.2 – Agreed to close.

Action 5.4 – Agreed to close.

Action 5.4 – Action remains open. DC to forward email from David Birch.

Action 5.6 – Item on agenda. Agreed to close.

Action 6.1 – Item on agenda. Agreed to close.

Action 5.1 – SP noted Reference 34 of the IAPT scorecard relates to the measurement of the patients improvement in terms of use of evidence based tools to monitor mood and impact on patients functioning. Agreed to close.

Action 5.8 – DC to forward action assigned to Maxine Danks to Joanne Lake.

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Action 5.1 – Helen Hibbs has advised that the CCG are not pursuing the appointment of a GP Mortality Reviewer at this time. Agreed to close.

Action 6.1 – Agreed to close. DC to email Peter McKenzie and Peter Price explaining the Committee agreed to sign this action to Audit & Governance.

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 (UCC)

SP stated the CQC Inspection Report for Vocare from the visit in March 2017 has been rated as inadequate and a follow up visit took place in October 2017, who have acknowledged overall progress has been made. The CCG and UCC agreed a set of priority actions that were to be delivered by November 2017, Governing Body has agreed to extend the enhanced scrutiny until 1st February 2018. Several performance issues are being addressed through Contract Performance Notices and an Information Breach Notice. A planned quality visit will take place over the Christmas period. NHSE Quality and Surveillance Group have agreed to stand down the NHSE Quality Surveillance meetings, with ongoing scrutiny / monitoring by NHSE taking place at the routine Quality Surveillance Group each month.

Maternity Performance Issues

SP highlighted the key performance indicators on the maternity dashboard are a growing concern which is impacting on quality and safety. 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 1:31 in October 2017. The current midwife sickness rate for October is 5% which is above the Trusts target of 3.25%.

SP added a letter has been sent by the Chief Executive at RWT informing all Chief Executives and Accountable Officers in the Black Country of maternity capping from 13th November 2017 confirming that the Maternity Unit will continue to accept bookings from the commissioned Wolverhampton and designated South Staffordshire GP practices, along with the agreed geographical split of catchment population with the six GP practices within the Willenhall area in order to continue to support Walsall NHS Trust.

SP noted the current midwife vacancy rate is 0.7% which is an improved position.

SM queried if the breakdown of maternity activity by area is known. SF responded Business Intelligence can provide the information and would be useful to be available for each Quality and Safety Committee.

Action: Business Intelligence to be asked to provide a breakdown of maternity activity by area on a monthly basis.

SF noted due to the increase in neonatal deaths SF requested at the next Clinical Quality Review meeting (CQRM) to ask RWT if there is a link between perinatal deaths and the



increase in capacity over the last 12 months.

Action: SP to ask RWT at the next CQRM if there is a link between perinatal deaths and the increase in capacity and to look retrospectively over the last 12 months.

RR noted there have been a number of serious incidents relating to maternity. SP responded for added scrutiny all serious incidents relating to maternity are reviewed externally and escalated to the Trust. RR requested at the next CQRM for RWT to provide a breakdown on serious incidents prior to June 2017.

Action: RR requested at the next CQRM for RWT to provide a breakdown on serious incidents prior to June 2017.

Non-Emergency patient transport service

SP noted 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 a serious harm and therefore meet SI reportable criteria. SP added the CCG have not received a response from the provider and therefore, all details have been forwarded to the Director of Nursing at NHS England to escalate.

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 recent MORAG meeting held in November 2017 was attended by WCCG Chief Officer.

SP noted RWT has highlighted the issues relate to the new admission model and secondly, how the data is coded. RR requested at the next CQRM for RWT to provide more information on the new admission model.

Action: RR requested at the next CQRM for RWT to provide more information on the new admission model.



Never Events 16/17

SP noted there is a total of six never events reported year to date. There is a concern as there is a reoccurring theme. In addition to the themed report to be presented at February 2018 CQRM, the CCG chair has agreed to formally write to the chair at RWT raising concern of the number of Never Events reported.

SF noted WCCG have received confirmation from Sandwell and West Birmingham CCG who are lead commissioners for Marie Stopes that concerns have been raised since November 2017 in terms of the estate, governance and safety for Marie Stopes C Surgical Services at Sandwell Centre. There is not a significant amount of women from Wolverhampton affected but all those that were impacted have been offered appointments elsewhere. The ongoing concerns continue with Marie Stopes. SP will pick up this month in terms of how this has impacted on Wolverhampton women. RR to raise at Governing Body.

5.2 Primary Care Quality Report

The report was noted by all.

LC highlighted the following points from the report;

- Influenza vaccination uptakes for Wolverhampton show an average uptake across all ages of 34.8%. The 65 plus group is where the uptake is the highest and the lowest being two and three year olds.
- WCCG have not received any untoward medicine alerts.
- There are nine practices in total where no data was submitted or data was suppressed in August 2017.
- A friends and family test working group has been established to look at relaunch to ensure it's on the agenda.
- WCCG Friends and Family Test (FFT) overall response as a proportion of list size was 1.1%, which is the same for the previous month and was significantly better than both the regional and national average. 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.
- There has been 18 Quality Matters in total that are on-going, the majority of current incidents relates to information governance breaches due to patients being given incorrect blood forms, this is currently being reviewed in-depth by the Quality Team. In addition that has also been a number of inappropriate referrals by GPs. GPs in all cases have provided a rationale for their actions and have acknowledged that they could contact a colleague within the Trust for advice'. RR stated this is not the case and is difficult to contact a colleague at RWT. LC responded this has been previously highlighted and will be raised at the Operational Management Group.



There have also been a small number of prescribing issues picked up by outside agencies; these are still undergoing investigation at the practice level.

- In quarter 1 there were five complaints received regarding Wolverhampton GP practices, these relate to clinical treatment, appointments, communication and inaccurate records. One out of the five complaints was upheld which relates to clinical treatment. There were 43 complaints relating to GP practices for 2016/17 which is 9.1% of West Midlands GP complaints dealt with by NHSE.
- From the PPIGG meeting held on 9th November five issues were referred relating to information governance breaches and performance issues.
- The NICE assurance group met in November 2017 where the latest guidelines were discussed. The assurance framework around NICE guidance is currently being reviewed and will be applied in line with the peer review system for GPs.
- There have been no CQC inspections in Wolverhampton in November 2017.
- There are currently 19 risks relating to primary care on the register. The majority of risks are up to date
- The workforce implementation plan has been revised in line with new milestones and action points from STP and national drivers.

5.3 Infection Prevention Contract report

Matt Reid (MR) highlighted the following points from the report;

- The care home infection prevalence project for 2017/18 has focused on urinary tract infection (UTI) only and interventions to encourage and raise awareness with regard to the identification of UTI and importance of hydration in Wolverhampton Care Homes. A launch took place back in November 2017 which was well attended.
- The impact of GP enhanced audits was minimal in most practices visited in in quarter 1 however; there is a marked impact in quarter two.
- Two dental audits have been completed by the IP team in quarter 2. Six returns from self-assessment and one dental practice is currently under review.
- The Government has reviewed its commitment to reduce healthcare associated Gram negative bacteraemia by 50% by 2021. The target for 2017/18 is a 10% decrease in all cases of E. Coli bacteraemia.
- Users of long urinary catheters remains between 500 and 600 in Wolverhampton. The current preferred list of products has been in place for over a year and is currently under review to ensure clinical and cost effectiveness, this is expected to further reduce costs and improve clinical outcomes in catheterised patients.
- A Catheter Safety Project funded by NSHI and undertaken by the Continence care Team has reviewed over 400 long term catheterised patients and identified over 130 with troublesome catheters to date.
- The 120k funding received from Public Health is being withdrawn from April 2018. This will have a grave impact on how the IP team deliver upon many of the outputs. RR to raise at Governing Body.



- RR queried on page 4 of the report if the 'non-urology catheterised patients' does this relate to patients who present at A & E who are not under a urologist. MR agreed to confirm outside of meeting.

Action:- MR to confirm outside of meeting query relating to the 'non-urology catheterised patients' on page 4 of the report.

5.4 Business Continuity Quarterly Report

Tally Kalea sent apologies. Report was noted by all, no questions raised.

5.5 Finance and Performance Report

Gus Bahia sent apologies. Report was noted by all, no questions raised.

5.6 Workforce Race Equality Standards Action Plan

Juliet Herbert confirmed a meeting was held with the HR department who confirmed they were happy with the WRES action plan.

6. RISK REGISTER

6.1 Quality and Safety Risk Register

PS highlighted at present there is a total of seven risks attributed to the committee. PS noted the following;

Risk 502 LAC CAMHs has recently been added to the register. Following the presentation of the LAC CAMHS annual report, it transpires the average wait for LAC is currently standing at 40 weeks, compared to that of their peers of 10 weeks. The Key performance indicator for wait times is set at 18 weeks. A review is due in January 2018 and update will be provided at the next committee.

Risk 489 Inappropriate arrangements for a named midwife at RWT. The circumstances remain the same. The Head of Safeguarding is in discussion with the Head of Midwifery on how this can be progressed. The risk will be reviewed at the end of December 2017

7. ITEMS FOR CONSIDERATION

7.1 Policies for ratification

No policies for ratification.



8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 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

The minutes were noted by the committee.

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.

8.7 NICE Group Minutes

The minutes were noted by the committee.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

1. Marie Stopes - concerns have been raised since November 2017 in terms of the estate, governance and safety for Marie Stopes C Surgical Services at Sandwell Centre.
2. Infection Prevention – 120k Public Health funding withdrawn from April 2018 to support infection prevention.
3. Mortality –To ask Chief Officer if an update is available from the RWT MORAG meeting.



10. ANY OTHER BUSINESS

SM asked if a child presents at the Urgent Care Centre with a parent who is not registered with a GP is this flagged. SP responded a SOP is in place and included within the Quality Report.

11. DATE AND TIME OF NEXT MEETING

Tuesday 9th January 2018, 10.30am – 12.30pm; CCG Main Meeting Room.

DRAFT

