

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
QUALITY & SAFETY COMMITTEE**

Minutes of the Quality and Safety Committee Meeting held on 12th January 2016
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Dr Rajcholan	(RR)	Board Member, WCCG (Chair)
Manjeet Garcha	(MG)	Executive Lead Nurse, WCCG
Annette Lawrence	(AW)	Quality and Safety Manager
Pat Roberts	(PR)	Lay Member Patient & Public Involvement
Kerry Walters	(KW)	Governance Lead Nurse, Public Health
Marlene Lambeth	(ML)	Patient Representative
Mr Tony Fox	(TF)	Surgeon/Secondary Care Consultant, WCCG
Sarah Southall	(SS)	Head of Quality and Risk, WCCG
Jim Oatridge	(JO)	Lay Member, WCCG
Laura Russell	(LR)	Administrative Officer, WCCG

Part Attendance:

Peter McKenzie	(PMK)	Corporate Operations Manager
Michelle Wiles	(MW)	Information Governance Project Manager
David Birch	(DB)	Head of Medicines Optimisation

Apologies:

Geoff Ward	(GW)	Patient Representative
Gary Mincher	(GM)	Internal Auditor, WCCG
Dr Helen Hibbs	(HH)	Chief Officer, WCCG

Declarations of Interest

QSC451 There were no declarations of interest raised.

RESOLVED: That the above is noted.

Minutes, Actions from Previous Meetings

QSC452 The following amendments were highlighted from the minutes of the Quality and Safety Committee held on 8th December 2015;

Page 4 - Bullet Point 7 regarding Mortality Assurance Review, RR asked if there would be anymore GP awareness taking place.

Page 9 – In relation to the BIA roles it was asked if the roles would be on-going.

Subject to these changes the minutes were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on 8th December 2015 were discussed, agreed and an updated version will be circulated with the minutes.

RESOLVED: That the above is noted.

Matters Arising

QSC453

Meeting Papers

Discussions took place in relation to the timeliness of the meeting papers, it was highlighted the difficultness of waiting for data and information from other Colleagues and Providers in order to prepare the reports in time for the meetings. It was also explained that hard copies of papers could be posted once received, however they needed to be mindful papers will be sent gradually and not in one full pack. It was agreed people would prefer full packs. The Committee discussed the issues in relation to how the papers were posted and receiving the papers in readiness to prepare for the meeting.

Therefore, whatever papers have been received by the Wednesday before will be sent and any others submitted late will be e-mailed and a paper copy available at the meeting.

RESOLVED: That the above is resolved.

Feedback from Associated Forums

QSC

a) Draft Governing Body Minutes

There was no Governing Body Meeting held in December 2015.

b) Health and Wellbeing Board Minutes

The minutes from the Health and Wellbeing Board were shared with the Committee for information.

c) Quality Surveillance Group Minutes

It was reported that discussions had taken place in relation to making the agenda for the group themed to review issues across the region.

d) Primary Care Operational Management Group

The group met for the first time in January 2016, the Area Team were unable to attend. The Group will be in shadow form until the end of February and will go live from March 2016.

e) Draft Clinical Commissioning Committee Minutes

There was no Commissioning Committee Meeting held in December 2015.

f) Clinical Mortality Oversight Group

The meeting had taken place on the 24th November 2015, the meeting was short and discussions took place around making links with the coroner and the work being undertaken locally. It was agreed to send the action notes out with the minutes for the Committees Information.

MG asked TF what Shrewsbury and Telford (SaTH) do they review all deaths, expected as well as unexpected. TF confirmed surgery cases they review as all deaths and it is a standing agenda item for their Governance Meetings.

RESOLUTION: CMOG action log to be shared with Committee, enclosed.

Assurance Reports

QSC455a

Monthly Quality Report

SS presented the Monthly Quality Report and highlighted the following key points to the Committee;

Royal Wolverhampton NHS Trust

As of the 1st December the Trust were at concern level 2, the areas of concern include;

- Infection Control (Cdiff)
- Pressure Ulcer Prevalence
- Recurring Serious Incidents (Treatment delays)
- Never Events(s)
- Quality Indicators (A&E/Cancer)

SS shared the mitigating actions with the Committee and informed the group an SBAR had been prepared and issued. The CCG are expecting a response at the next Clinical Quality Review Meeting.

- There were 4 new serious incidents reported in December 2015.
- There have been 13 grade 3 pressure ulcers reported in December 2015.
- There has been 1 slip/trip/fall causing serious harm reported by RWT in December 2015.
- The number of confidential breaches has reduced in December with the Trust reporting zero.
- There have been no New Event Events reported.
- The NHS Safety Thermometer remains reporting at 94.32% in November.

- The Friends and Family Test response rates were challenged at the Trusts Clinical Quality Review Meeting. SS will be meeting with the New Patient Experience Lead to discuss the results and what the CCGs expectations are as well as seeking assurances around the Trusts actions of those patients who would not recommend the services.
- Staff turnover has been slowly increasing throughout 2015, this is very challenging for the Trust, with workload and stress levels being the main reasons for staff leaving the Trust.

Black Country Partnership Foundation Trust

- The Trust are reporting at concern level 1.
- There have been 2 serious incidents reported in December 2015.
- There have been no Never Events reported in December 2015.
- The NHS Safety Thermometer harm free care rate for November 2015 was 98.75%.
- The theme of the Clinical Quality Review Meeting in December was Learning Disabilities, there were discussions around incidents types with medication errors on a downward trend. In relation to the workforce, there was total sickness reported at 5.3% in Learning Disabilities Group for September 2015. Discussions took place in relation to Trust merging with Dudley, Walsall and Birmingham and what the implications are for the CCG in relation to Van Guard. A meeting will be taking place to discuss the assurance and planning and SS agreed to update the Committee following this meeting.

RESOLUTION: SS to update the Committee in relation to BCPFT planning and assurance around the BCPFT merging with Dudley, Walsall and Birmingham Community Trust.

Private Sector/Other Providers – Clinical Quality Review Meeting

- The current concern levels as of 1st January 2016 is level 1.
 - Nuffield - The CCG are now working towards a separate contract with Wolverhampton Nuffield Hospital and will invite other CCGs to join the contract.
 - Heantun – there are some concerns around lack of documentation. Notice has been served for the RWT End of Life Service, the CCG will be re-tendering this service.
 - Birmingham’s Women Hospital – they will be merging with Birmingham’s Children’s Hospital, the Committee need to be mindful of the assurance and governance around the merge.

Care Quality Commission (CQC)

- Black Country Partnership – They have not received the formal report from their inspection in November it is anticipated this will be early February, the Trust will review for factual accuracy and comment.

- Royal Wolverhampton Hospital Trust – A response is awaited from CQC in relation to their appeal.
- Poplars Practice –their report has been published, the rating assigned is requires improvement. Actions continue to be taken to improve safety.

User and Carer Experience

- There were no new complaints during December 2015, and two complaints remain on-going.
- Ombudsman Complaint (BCBFT) investigation has now been concluded and the award has been paid.
- From April 2014 to December 2015 there have been 15 formal complaints, of which x3 related to CCG, X4related to commissioning, x3 CHC/IFR, 1x Continuing Care and x4 related to Providers.

Quality Matters

- There were 22 new Quality Matters raised during December 2015 and 7 Quality Matters rejected due to missing information.

Nurse Revalidation

- Action plans for nurse revalidation are currently being worked on by respective providers and are being monitored via CQR meetings.
- Providers continue to review policies and procedures to ensure they are robust enough to support staff.
- National and local training is on-going and training dates have been circulated to all CCG nurses, nurses working within Care Homes and practice nurses within GP surgeries.

WCCG Quality Visits to GP Practices

- The schedule of visits was shared with the group, there were no visits undertaken in December 2015. The visits will provide learning which will be used for the next stage of scheduled visits.
- Latest NHS Friends and Family data (October 2015) puts the % of patients would recommend services in Wolverhampton (88%) on par with regional (91%) and national (89%) results.
- The GP Patient Survey have been published and results are shared within the visit packs and included within future reports.

QSC455b

Information Governance

MW attended the Committee to present the quarterly Information and Governance Report. MW highlighted there were two documents in which they need the Committees approval, these were as follows;

- IG Staff Handbook ~ to approve the adoption of the handbook for use by all CCG Staff.

- Fair Processing Notice ~ to approve the adoption of this Notice which CCG legal requirement is informing the public on how the CCG manage their data on their behalf.

PR asked how the Fair Processing Notice would be communicated to the public, PMK stated it would be uploaded on to the CCG website. The Committee acknowledged and approved the IG Staff Handbook and Fair Processing Notice.

The bi-monthly report was presented to the Committee, which covers one month's information and a more up to date bi-monthly report will be circulated at the end of January as a lot had progressed throughout the month. The following key points from the report were raised;

- The current IG Toolkit score reports at 52%, by the end of the year they expect to be 92%.
- The information Policy has been discussed at the October 2015 Committee, in which the Committee ratified the IG Policy for further 12 months.
- There has been a huge drive with the Mandatory IG Training as this needs to be completed by the end of March 2016. The current training compliance is reporting at 74% and a further 'mop up' session has been booked for the 21st January 2016. The Governing Body Members have received their training on the 24th November 2015.
- In relation to the Information Risk Management Pan there are concerns there needs to be more asset entries on the system and plans need to be reviewed, if this not improved this will be a major downfall on the IG Toolkit requirements. SS stated that she has had a number of problems with passwords, MW agreed to liaise directly with SS.
- There have been no IG incidents have been reported.
- Information spot checks will take place in January 2016.
- There have been two Privacy Impact Assessments carried out since April 2015, it has been agreed that further awareness are needed.
- There have been no Subject Access Requests since April 2015.

RESOLUTION: MW to liaise with SS to discuss issues regarding access difficulties for the risk management plan.

QSC455c

FOI Report

PMK presented the FOI report to the Committee which provides the activity for the period of 1st August 2015 to November 2015. The CCG have received 97 requests for information with the majority of the requests being received from Commercial Organisations. There are still issues with the FOIs not being responded to within a timely manner, as there have

been problems with the system and Teams are not responding to the CSU within timescales. PMK highlighted as there are changes within the CSU the way FOIs will be managed in future could potentially change and this is be monitored.

QSC455d

Equality and Diversity Quarter 3 Update

This item has been deferred to the February Meeting.

RESOLUTION: Agenda Item for February 2016 Committee Meeting.

QSC455e

Medicines Optimisation Update Report

DB informed the Committee of the progress that has been made against the Medicines Optimisation work programme the key points to note were;

- Healthcare professionals have received communication about safety measures and alerts via the monthly newsletter and/or ScriptSwitch which is an interim measure until Practices have their own systems in place to capture this information.
- A lot of strategic work has been undertaken around the use of inhalers in line with the Wolverhampton formulary.
- Pharmacists have undertaken IMPACT Antibiotic Training and will now be discussing antibiotic prescribing with GPs to help put action plans in place to reduce antibiotic prescribing.
- NHS England have updated the data on the Medicines Optimisation dashboard, in relation to Electronic Prescribing Service Wolverhampton CCG are ahead of other local areas and be above the England average. In relation to Antibiotic prescribing the number of prescription items for antibacterial drugs, Wolverhampton CCG are only slightly above the England's average. RR asked if delayed prescriptions included, DB confirmed all were collected.
- The January Area Prescribing Committee was cancelled.
- In September 2015 the team conducted an audit on electronic discharge letter the report was shared with the Committee. DB outlined the audit criteria and the areas in which GP would struggle to correlate the data especially if patients were in hospital. The area which reported low at 57% was around the 'formulation could easily be identified' as this information was not routinely recorded on the electronic discharge information. Work is being undertaken to address which would be helpful for GPs in order to continue the clinical management of the patient.

A discussion took place around ScriptSwitch the completion of the free text option as this is seen as good medical practice to state the reason for prescribing.

QSC455f

Business Continuity Update Report

This item has been deferred to the February Meeting.

RESOLUTION: Agenda Item for February 2016 Committee Meeting.

QSC455g

Safeguarding Adults Quarter 3 Update Report

AL shared the quarterly update with the group and highlighted the following progress;

- Wolverhampton Safeguarding Adults Board (WSAB) met on the 10th December 2016 the minutes were attached to the report for information. The following points were highlighted;
 - A new group has been formed called the Safeguarding Adults Review Committee. Its purpose is to review any outstanding recommendations from Serious Case Reviews (Adults) in order to complete and update the action plans. The (WSAB) also discussed the need to make stronger links between the coroner, MARAC and DHR Standing Panel.
 - The Board received assurance from Wendy Ewins who provided a report on the National Transforming Care Policy. RR asked in relation to her report if the following ages in the following statement were correct, AL agreed to confirm.

The increasing number of adults with learning disabilities in the City following transition from Children's Services, often with very complex needs. An example of this is that the current average age in our local Assessment and Treatment hospital for adults is just 21. On a similar date 5 years ago, the average age of the inpatients was 59. [confirmed by LD Commissioner]

- The WASB development day is due to take place on the 11th March 2016.
- A regional launch of the West Midlands Multi Agency Safeguarding Policy and Procedures is planned for February 2016.
- MCA/DOLs Project Steering Group met on the 18th November 2015. The presentation on the projects process was shared with the Committee for information.
- Domestic Homicide Reviews (DHR) AL is currently representing on the CCG on the reviews, DHR3 has been published on the 17th December 2015. A number of actions assigned to BCPFT are still open in relation to DHR01 and Kathy Cole Evans will be attending the next BCPFT Clinical Quality Review Meeting to progress outstanding actions.

RESOLUTION: AL to confirm with Wendy Ewins regarding average ages in our local Assessment and Treatment hospital.

QSC455h**Quality Care Homes Quarter 3 Update Report**

MHD informed the Committee of the progress that has been made against the Care Home Improvement Plan during the quarter and stated the following key points;

- The Quality Nurse Advisors have supported the Care Home Managers with conducting 11 RCA investigations for grade 3 and 4 pressure ulcers during the quarter; this is a reduction from the previous quarter which was 14.
- Participation in the Quality Indicator Survey Monkey questionnaire has increased with 31 homes participating in September, 28 in October and 24 in November. The Quality Nurse Leader is working with the Local Authority to analyse the data received.
- The Clinical Guidelines have been launched to the Care Home Sector at an event in November 2015.
- No progress has been made on the End of Life Care guidelines, this is being considered at the End of Life Care Strategy Group. The Primary Care Macmillan role has now been appointed to.

QSC455i**Board Assurance Framework Report**

SS presented the Board Assurance Framework Report to the committee the following points were raised;

- There were 7 red risks live on the risk register at the end of Quarter 3.
- There are 7 red risks which remain live on the risk register as of 6th January 2016.
- 1 red risk has been added to the risk register since quarter 2, in relation to the 62 day Cancer Waits from NHS Screening Service to first definitive treatment.
- The following risks have been downgraded to amber since the previous quarter –
 - 380 – Eversleigh Care Centre
 - 371 – Financial position 15/16
 - 310 – Better Care Fund, provider commissioner separation
 - 292 – Better Care Fund, principle risk entry
- Risk Management Strategy is currently under review by the Quality and Risk Team and needs to be re-launched and will be shared with the Committee in March.
- The Domain scores were shared and the Committee were asked to note and approve the scores, discussions took place around the level of assurance of the BAF being a live document and the accountability and ownership of staff to update the risks. The Committee had concerns regarding the following three red risks;
 - 295 - Better Care Fund – Financial Risk to CCG of Funding BCF.

- 267 – Tier 4 CAMHS.
- 345 – Children who display sexually harmful behaviour.

It was agreed to raise at the Governing Body as the Committee felt it was not good practice for risks to remain red for long periods of time. As THE Committee had concerns this could be interpreted that the CCG are not taking any action to mitigate the risks, which is not the case.

RESOLUTION: RR to raise at the Governing Body the Committee concerns regarding 3 red risks and the length of time they have remained on the BAF.

QSC455j

Quality and Risk Action Plan

SS provided the Quality and Risk Action Plan to the Committee for assurance and highlighted progress against items in quarter 3 has been achieved. The following items will continue into quarter 4;

- Risk Management Strategy – a review is underway and will be shared at the March Committee.
- Quality Strategy – implementation is underway.
- Advisory role to LPN chair for commissioning of community pharmacy services that support CCG priorities.
- Compliance of standards against Section 11 of Children Act 2004.

The Committee noted the progress made within the quarter and agreed the 4 exceptions.

RESOLVED: That the above is noted.

QSC455k

Health and Safety Performance Report Quarter 2 and 3

SS advised the Committee of the CCGs position for quarter 2 and 3, the following routine activities have been undertaken;

- Health & Safety Checklist(s) completed as per plan
- Health & Safety Dashboard maintained no red indicators
- Health & Safety Management Plan/Policy available to managers and teams

SS noted the following key items;

- There has been a review of office seating which has identified a number of chairs need replacing and these have been ordered.
- Options for office space have been explored due to increase of staffing levels.
- A number of issues have been raised with the landlord in relation to the building and maintenance.
- Mandatory Training is due to be completed by all staff by the end of March 2016.

- Staff sickness has increased and HR are supporting Managers.

RESOLVED: That the above is noted.

QSC455I

National Reports and Inquiries

SS confirmed that the following updates have taken place since September 2015;

- Robert Francis & Culture Change in the NHS - updated
- Rotherham Inquiry – updated & proposed for closure
- Lampard (Saville) – updated & proposed for closure

Forthcoming updates are as follows:-

- Cavendish Review – Review into Healthcare Assistants & Support Workers in the NHS & Social Care Settings
- Winterbourne View
- Freedom to Speak Up (Francis)

A further update will be made to the Committee in April 2016

RESOLVED: That the above is noted.

Items for Consideration

QSC456a

Terms of Reference Review

The Terms of Reference was shared for the Committee to review; PR suggested the quoracy needs to be amended to reflect Governing Body concerns to ensure there is a clinician in attendance. It was agreed by the Committee any further comments need be sent to SS for inclusion.

RESOLUTION: Any comments for the Terms of Reference to be sent to SS.

Polices for Consideration

QSC457a

WCCG Serious Incident Policy

AL presented the WCCG serious incident policy which has been through Senior Management Team and endorsed by NHS England. The Committee was asked to approve the Serious Incident Policy, it was formally approved.

RESOLVED: That the above is noted.

Items for Escalation/Feedback to CCG Governing Body

QSC458a

The Committee asked for the BAF and its accountability to be raised.

RESOLVED: That the above is noted.

Any Other Business

QSC459a Antibiotic Awareness Day

ML raised her concerns around the communication for this event, it was a highlighted the event was a joint event in conjunction with RWT and was help publicised.

RESOLVED: That the above is noted

Date and Time of Next Meeting

QSC460a Tuesday 9th February 2016 at 10.30am – 12.30pm, CCG Main Meeting Room