

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 9th JANUARY 2018,
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
	Peter Price	-	Independent Member
	Marlene Lambeth	-	Patient Representative
	Maxine Danks	-	Interim Deputy Director of Nursing
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Liz Hull	-	Administrative Officer

APOLOGIES:	Jim Oatridge	-	Lay Member
	Dr Julian Parkes	-	Deputy Chair for Quality & Safety
	Kerry Walters	-	Public Health
	Alicia Price	-	Patient Representative
	Steven Forsyth	-	Interim Deputy Director of Nursing

1. APOLOGIES & INTRODUCTIONS

Apologies were noted by members.

RESOLVED: That the above is noted.

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.

RESOLVED: That the above is noted.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 12th December 2017

The minutes of the meeting held on the 12th December 2017 were approved as an accurate record with the following exceptions:

- Page five, Item 5.2 – The sentence in relation to a number of inappropriate referrals by GPs should read referrals by GPs to EAU and A&E.

RESOLVED: That the above is noted.



3.2 Action Log from meeting held on the 12th December October 2017

The Action Log was reviewed and updated. Discussions took place as follows:

- December Action Log
 - 5.1 – Breakdown of maternity activity by area, on a monthly basis. Sukhdip Parvez confirmed that this is an ongoing activity and is being monitored by RWT.
 - 5.1 – RWT have not got enough resources to review data with regards to establishing if there is a link between perinatal deaths and the increase in capacity. However, the Trust has confirmed they do not think a link exists. Agreed to close.
 - 5.1 – RWT to provide a breakdown on Serious Incidents prior to June 2017. Agreed to close.
 - 5.1 – It was confirmed that there is nothing of significance to report in relation to the new Admission Model. Agreed to close.
 - 5.3 – Sukhdip Parvez to forward the email, relating to the non-urology catheterised patients, received from Matt Reid on 13th December 2017, to Dr Rajcholan. Agreed to close.

- November Action Log
 - 5.1 – It was confirmed that a formal letter has been sent to BCPFT Board Members and a response is awaited.
 - 5.4 – Agreed to close.

- October Action Log
 - 5.8 – Maxine Danks gave assurance that a brief summary on Fast Track would be produced and included in the GP News Bulletin by the next Committee meeting. Agreed to close.
 - 6.1 – Agreed to close.

RESOLVED: That the above is noted.

4. **MATTERS ARISING**

None discussed.

RESOLVED: That the above is noted.

5. **ASSURANCE REPORTS**

5.1 Quality Report

Sukhdip Parvez provided the Committee with an update and the following key points were noted:

Key Issues / Areas of Concern:

- Urgent Care Provider
 - Vocare has reported additional pressure in the system, which is being managed. The increase in activity has not led to any significant incidents.



- The CQC are planning an additional visit, which will be unannounced.
- The NHSE Quality and Surveillance Group have agreed to stand down the NHSE Quality Surveillance Group each month. However, the Improvement Board will still continue, with the next meeting taking place on 15th January 2018.
- **Maternity Performance Issues**
 - Key performance indicators are a growing concern which is impacting on the quality and safety of patients. This has been escalated to NHSI, NHSE, LMS and Maternity STP. The provider has also capped the maternity activity for the Trust.
 - 9 Serious Incidents.
 - The elective route for 'C' section has gone down to 11% and for emergency 'C' sections have increased to 17%. The Trust has confirmed that there is no correlation
 - The Midwife to birth ratio is 1-30, compared to 1-29 nationally.
 - Vacancy – 0.3% - amber risk
 - No neonatal deaths reported.
 - Sickness has reduced to 4.8% but still remains above the Trust target of 3.25%.
 - A reduction of bookings has been recorded – October 522, November 500.
- **Non-Emergency Patient Transport Service Issues**
 - The provider has failed to meet reporting requirements and the current performance has not been at the levels expected. This has led to an adverse impact on the quality element of the service.
 - Two incidents took place recently and the provider was asked to report them on STEIS as serious incidents. One incident has been downgraded. The second incident, in which the patient sustained an arm fracture, has been escalated to NHSE.
- **Mortality**
 - The Trust remains as red on the SHMI.
 - An Action Plan is in place and the Trust has commissioned independent coding, diagnostic, palliative and case note reviews.
 - The Trust advises that the SHMI does not relate to quality of care, but the number of admissions. Changes in the patient case mix and palliative patient code are also impacting on the SHMI.
- **Never Events**
 - In 2016/17 there were a total of 5. In 2017/18 ytd, a total of 6. The Chair of the CCG has written to the Chair of RWT about this and a Deep Dive is being completed. RWT Trust Board is also well sighted on this.
 - A themed report will be provided at CQRM in February.
 - The events mainly relate to human error.
 - Lessons are being learnt but there is still room for improvement.

Royal Wolverhampton NHS Trust: The following key points were noted:

- Serious Incidents (excluding pressure injury incidents) – 14 incidents were reported by RWT, which is a reduction from the 18 reported for November 2017.



- Slips Trip and Patient Fall SI's – 5 incidents were reported, which have all been discussed at the provider weekly scrutiny meeting. A Deep Dive exercise is being carried out.

Black Country Partnership Foundation Trust Serious Incidents: There were no serious incidents reported for this reporting period. However, a pressure injury serious incident still remains open on STEIS. The CCG has formally raised this with the provider and requested an updated Root Cause Analysis. If a response is not received within 2 weeks, this will be escalated to NHSE.

Children's Safeguarding: It was confirmed that Rachel Stone has commenced in the role of Deputy Designated Nurse.

Flu Outbreak RWT: It was reported that 6-7 clinical areas have been affected. Daily meetings are taking place within the Trust, who have reported that 46 cases are confirmed and 42 cases are pending outcome.

RESOLVED: The Committee noted the assurance update provided.

5.2 Primary Care Report

Liz Corrigan presented the Committee with an overview of activity in Primary Care, and assurances around mitigation along with any actions taken as necessary. The following key points were noted:

- Influenza Vaccination – The flu vaccine uptakes for Wolverhampton, up to December, show an average uptake across all adults. Figures in relation to children were unavailable at the time of writing the report. A summary of vaccine uptake was noted as:
 - 65 and over – 66.8%
 - Under 65 (at risk only) – 43%
 - All pregnant women – 41.7%
 - All aged 2 – 37.3%
 - All aged 3 – 34.8%
- It was confirmed that pregnant ladies should be offered the vaccine at the 20 week scan. However, for various reasons, some ladies receive it earlier.
- Friends & Family Test – An update was provided for October 2017 figures:
 - Practices with no submission - increased to 21%
 - Practices with suppressed data has remained the same – 9%
 - Practices with no data available – increased to 25%
 - In comparison, regionally and nationally, no submissions are at 34.1% and 35% and suppressed data is at 14.1% and 11.2% respectively
 - It was noted that where Practices had zero responses, they did not think they were required to feedback.
 - Lessons learnt, from qualitative data, are being reviewed



- Quality Matters – The most common theme identified by category for 2017 is Information Governance breaches, due to patients being given incorrect blood forms. A high number of incidents took place at 1 Practice. Discussions have taken place with the Practice Manager and the CCG Locality Manager and any future breaches will require completion of a significant event report.
- Complaints
 - No complaints or compliments relating to Primary Care have been noted for the CCG.
 - There are 9 active complaints that have been forwarded from NHS England. They mainly relate to processes, some relate to clinical incidents and one relates to training. As a result, Dementia training has been recommended.
- Serious Incidents – no incidents currently under investigation.
- NICE / Clinical Audit – The latest guidelines are under review and up to date information will be presented at the next meeting. Assurance was given that the guidelines will be applied in line with the peer review system for GPs.
- CQC Inspections & Ratings – There have been no inspections in Wolverhampton in November. Two practices currently have a require improvement rating and are being monitored by the Primary Care and Contracting Team, with input from the Quality Team.
- Workforce – The Workforce Implementation Plan has been revised in line with new milestones and action points from STP and national drivers. This includes:
 - Workforce succession planning
 - Medical workforce attraction and retention
 - Nursing workforce attraction and retention
 - Newer roles within Primary Care
 - Development of non-clinical workforce
 - Assurance was given that priority is being given to the development of the Workforce Strategy.

RESOLVED: That the above is noted.

5.3 Information Governance Quarterly Report

Peter McKenzie provided the Committee with an overview of performance in relation to the CSU Information Governance (IG) activity for the IG Toolkit. The Committee was advised of the following:

- The IG Team has now reached its full complement of staff.
- Training sessions have taken place to promote Governance awareness and changes to Data Protection Law
- Staff have also been asked to complete mandatory training through ESR
- Once staff training is complete, a piece of work will be undertaken Once staff training done, will be working with teams to make sure the asset database is up to date. On track to reach compliance with the toolkit.



Dr Rajcholan explained that GP's undertaken training that is separate to the CCG and forms part of CQC requirements.

RESOLVED: That the above is noted.

5.4 FOI Report

Peter McKenzie informed the Committee that the CCG has responded to all of the FOI requests received within 20 working days.

RESOLVED: That the above is noted.

5.5 Board Assurance Framework

No report available.

RESOLVED: That the above is noted.

5.6 Equality & Diversity Quarterly

Deferred.

RESOLVED: That the above is noted.

5.7 Health & Safety Performance Report Quarterly

In view of the fact that Steven Forsyth was not present, and the lateness for the report, it was agreed that Committee members could read the report separately and email any comments to Sukhdip Parvez.

RESOLVED: That the above is noted.

5.8 Quality Assurance in CHC Quarterly Report

Maxine Danks presented the Committee with the quarterly assurance report for CHC. It was noted that:

- The Individual Care Team (ICT) continues to receive a significant number of referrals for consideration against the criteria for NHS funded care.
- In Q2 2017/18 the number of referrals that were not assessed within 28 days was 5, the majority of which were due to circumstances outside of the Team's control.
- The number of appeals to be heard at a Local Appeal Panel is currently 13.
- No appeals have been overturned at a local level for over 9 months
- Fast track numbers continue to be a problem. Despite raising the profile of Fast Track Tools, it is increasingly evident that a significant proportion of the Fast Track Tools completed within Wolverhampton are inappropriate. The CCG is a significant outlier



when considered against comparator CCGs. This has been identified by NHSE as an area which the CCG are required to address.

- Personal Health Budget (PHB) requests remain static, despite the continued efforts of the Team. There appears to be a reluctance to consider any changes in the way in which care is provided. The benefits are not viewed favourably due to the additional responsibilities for families. Individuals are being encouraged to consider a 'notional budget' or a 'third party budget' as this provides an opportunity to have more control and input to the patient's care without the financial responsibility.
- Stepdown – there have been considerable delays recorded, due to a lack of timely therapy intervention. This has been addressed, through a specified contract with Wolverhampton City Council who has provided dedicated support since 1st June 2017, and is having a positive impact on patient outcomes.
- Costs for Stepdown are averaging at £37, 800 per month at the end of Month 8. For some of this time period, Probert Court had not been receiving step down patients and a recharge is due. The end of year forecast is £454,452, which should demonstrate an under spend of £300, 000.
- The CCG have achieved requirements in relation to the Quality Premium.
- The Ombudsman – in the last 12 months the CCG has received one fine of £250 for late records.
- Complex Care Cases – due to staff sickness absence there were some capacity issues within the Team which resulted in some cases not being reviewed as frequently as usual. A plan is in place to ensure that all cases are reviewed as soon as possible.
- For this Financial Year there have been a number of extremely complex cases which are costly. Currently, for Month 8 the CHC budget is forecast to over spend by £88,000. However, this is offset by the £96,000 underspend on the FNC budget.

RESOLVED: That the above is noted.

6. RISK REVIEW

6.1 Quality & Safety Risk Register Update

Phil Strickland gave the Committee an overview of the current position:

- Extreme
 - 466 – Out of Hours Provider: inaccurate reporting of performance data.
 - Vocare has addressed the issues relating to inaccurate data being reported. Any recent errors are simple human errors as opposed to formal data collection / reporting mechanisms.
 - Significant progress has also been made in addressing the areas of poor quality identified by the CQC and CCG.
 - NSHE Quality and Surveillance Group have reduced the level of scrutiny. However, the CCG maintains a level of scrutiny through data monitoring, fortnightly teleconferences, monthly Contract Review meetings, CQRM, Improvement Board and oversight at the Governing Body.
 - The CQC are planning to revisit Vocare in February 2018.
 - A report will be submitted to Governing Body in February 2018 detailing progress.



- High
 - 492 – Maternity Capacity and Demand
 - The number of bookings in November 2017 had gone down from 522 to 500
 - The number of deliveries has increased from 442 to 448
 - Midwife sickness rates have improved
 - Midwife vacancy rate has reduced to 0.3%
 - 2 Serious Incidents were reported for Maternity services in November 2017 and in total there have been 8 reported since June 2017.
 - Key Performance Indicators on the Maternity dashboard are a growing concern, which is impacting on Quality and Safety. This has been escalated to NHSI, NHSE, LSE and Maternity STP. The provider has also capped the Maternity activity for the Trust.
 - 312 – Mass Casualty Planning
 - On call staff, including directors, have undertaken refresher training on Mass casualty planning – The CCG are awaiting a handbook from the Regional EPRR Lead.
 - 489 – Inappropriate arrangements for a Named Midwife – RWT
 - No changes since July 2017. The Head of Safeguarding is in discussion with the Head of Midwifery on how this can be progressed.
 - 493 – PTS poor performance
 - A Contract Performance Notice has been served for all of the KPI's that are underperforming and WMAS are working to a Remedial Action Plan.
- Moderate
 - 502 – Looked After Children CAMHS
 - The CAMHS Transformational Plan will address service delivery.
 - The Children's Commissioner and Designated Nurse for LAC have agreed KPI's to be included in 2017/18 contracts, with exceptions reported to CQRM.
- Low
 - Safe working practices – no update provided.

RESOLVED: That the above is noted.

7. ITEMS FOR CONSIDERATION

7.1 Policies for Consideration

None.

RESOLVED: That the above is noted.

8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 CCG Governing Body Minutes

No issues were raised.



8.2 Health & Wellbeing Board Minutes

No minutes to review.

8.3 Draft Quality Surveillance Group Minutes

No issues were raised.

8.4 Commissioning Committee Minutes

No minutes to review.

8.5 Primary Care Operational Group Minutes

No issues were raised.

8.6 Clinical Mortality Oversight Group Minutes

No minutes to review.

8.7 NICE Group Minutes

No issues were raised.

RESOLVED: That the above is noted.

9. ITEMS FOR ESCALATION / FEEDBACK TO CCG GOVERNING BODY

None.

10. ANY OTHER BUSINESS

None.

Date of Next Meeting:

Tuesday 13th February 2018 at 10.30am to 12.30pm in the CCG Main Meeting Room

