

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 13th FEBRUARY  
2018 10.30 AM - CCG MAIN MEETING ROOM, WOLVERHAMPTON SCIENCE PARK**

<b>PRESENT:</b>	Dr R Rajcholan	WCCG Board Member (Chair)
	Peter Price	Independent Member
	Marlene Lambeth	Patient Representative
	Molly Henriques-Dillon	Quality Nurse Team Leader
	Sally Roberts	Chief Nurse
	Alicia Price	Patient Rep
	Liz Hull	Administrative Officer
	Hemant Patel	Medicines Optimisation
	Salma Reehana	Chair of CCG Governing Body (Part)

<b>APOLOGIES:</b>	Jim Oatridge	Lay Member
	Sukhdip Parvez	Quality & Patient Safety Manager
	Liz Corrigan	PC Quality Assurance Co-ordinator

**QSC001 APOLOGIES & INTRODUCTIONS**

Apologies were noted by members.

RESOLVED: That the above is noted.

**QSC002 DECLARATIONS OF INTEREST**

Alicia Price informed members of the Committee that she is working as a Receptionist at Showell Park Health Centre.

RESOLVED: That the above is noted.

**QSC003 MINUTES & ACTIONS OF THE LAST MEETING**

Minutes of the 9<sup>th</sup> January 2018

The minutes of the meeting held on the 9<sup>th</sup> January 2018 were approved as a true and accurate record.

RESOLVED: That the above is noted.

Action Log from meeting held on the 9<sup>th</sup> January 2018

The Action Log was reviewed and updated.

RESOLVED: That the above is noted.



**QSC004      MATTERS ARISING**

None discussed.

RESOLVED:            That the above is noted.

**QSC005      ASSURANCE REPORTS**

QSC006      Quality Report

Molly Henriques-Dillon provided the Committee with an update and the following key points were noted:

Key Issues / Areas of Concern:

- Urgent Care Provider

An unannounced visit to Vocare by WCCG took place on 29<sup>th</sup> January 2018, which identified the following serious concerns:

- Unsafe staffing levels
- Escalation process
- No clinical ownership of the service
- No clinical oversight
- No triage function
- Lack of information provided to patients at Reception
- Waiting times

The provider has been asked to provide clarity and assurance, to the CCG, for a number of priority actions and a report will be submitted to the CCG Governing Body, proposing that Vocare are given 10 days to make improvements.

Concerns were expressed by members of the Committee in relation to sustainability issues and the lack of pro-activeness.

It was noted that preparatory work is being undertaken, as a precautionary measure, to consider the option of a step in provider.

RESOLUTION:            The Committee are not satisfied with the quality aspect of the Vocare contract and will refer back through the A&E Delivery Board following the Governing Body Meeting.

- Maternity Performance Issues

The provider has capped the maternity activity for the Trust and there is a slight improvement on the Maternity Dashboard. Monthly discussion is taking place, for assurance, at CQRM's.

RESOLUTION:            An action was agreed to include information about capped birth rates the report going forward.



- RWT Serious Incident Categories

Peter Price queried whether there is any learning from the incidents that are reported.

RESOLUTION: An action was agreed to include context, correlate data and for the CCG and RWT to look at reviews together.

In November 2017 the CCG formally raised an SBAR with the provider, due to an increase in the prevalence in the number of diagnostic and treatment delay serious incidents reported by the Emergency Department at RWT. The following changes have been made to address issues:

- Radiology reporting – a new inbox with a flagging system to review urgent and suspicious findings.
- Senior review – A senior review process has been agreed following RCEM guidelines and it will be audited on a monthly basis.
- Locum doctors – A revised induction pack has been created and will be sent electronically to locum doctors before a shift.
- Discharge safety – A new check list has been introduced to Emergency Department documentation.
- Fast track referral process – A revised process has been established for fast track referral with Cancer Services and communicated to all staff.
- ECG review – It has been agreed that all ECGs must be reviewed by a senior clinician.
- Triage process – A review has taken place. All nurses have been advised, that as well as following the Manchester Triage model, urine output must also be considered and clinicians alerted when any patients do not pass urine.
- RCA's – Measures have been put in place to ensure information is shared better.

RESOLVED: That the above is noted.

*11.05 am - Dr Reehana left the Committee*

RESOLVED: The Committee noted the assurance update provided.

QSC007 Primary Care Report

As Liz Corrigan was not present, it was agreed that any comments should be sent to her.

Infection Prevention - Peter Price expressed concern in relation to the 3 month follow up period for infection prevention audits.

RESOLUTION: An action was agreed for Liz Corrigan to provide further assurance in the next report.



Friends and Family Test – A discussion took place about the practices that fail to submit.

RESOLUTION: An action was agreed to undertaken correlation and triangulation to establish if the practices that are not reporting, are performing badly in specific areas.

QSC008 Safeguarding Adults, Children & LAC Quarterly Report

Lorraine Millard presented the Committee with a report to provide assurances that the designated professionals continue to maintain an oversight of the quality and safety matters of safeguarding and looked after children, and are working collaboratively with partner agencies to address issues as they are identified. The following key points were noted:

Electronic NHS England Self-Assessment Tool (SAT) Pilot – The CCG Safeguarding Team has completed the SAT, which is used to provide assurance to NHS England. It contains 9 standards and is divided into Safeguarding Adults and Children, Safeguarding Adults, Safeguarding Children and Looked After Children (LAC). The Designated LAC Nurse attended a review meeting with NHS England and the self-assessment completed by the CCG was recognised as being a really good piece of work.

Training – A rolling programme of safeguarding training is in place for GP's and the CCG.

Domestic Homicide Review (DHR) – DHR 07 is still in progress and the final report is awaited.

Safeguarding Adult Reviews (SAR) – There are 2 new Learning Reviews in progress and an Author / Chair is being sought for a pending SAR. A final report is in the process of being completed by the Task and Finish Group for the Learning Review on JF.

Serious Case Reviews (SCR) – Publication of the final report for Child G was published on 5<sup>th</sup> January 2018. Lessons learnt will be embedded in training. Recommendations for relevant agencies have been accepted by the Wolverhampton Safeguarding Children Board and implementation of those recommendations is being monitored.

Table Top Reviews – Continue to take place for children who do not meet the threshold for a SCR. The Head of Safeguarding for Wolverhampton City Council is developing a strategy to ensure the workforce is equipped to respond appropriately.

CQC – An action plan has been developed to address recommendations made by the CQC following a review of health services relating to safeguarding children and LAC in Wolverhampton.

Child Protection – Information Sharing (CP-IS) – The CP-IS project is helping health and social care staff to share information securely to improve the protection of society's most vulnerable children. IT systems will be linked across health and social care so that information can be shared securely. Wolverhampton City Council are planning to integrate CP-IS into their new system, to go live in April 2018. The Designated Nurse is attending meetings for the CCG.



New Posts – Recruitment underway for the Deputy Designated Adult Safeguarding Lead. The Deputy Designated Nurse for Safeguarding Children has commenced in post.

NHSE Funded Safeguarding Project – The CCG has been successful in a bid for £15,000 to fund a project working in collaboration with the Refugee and Migrant Centre and the Wolverhampton Domestic Violence Forum.

GP Domestic Violence Training and Support Project – This has been funded by the Safer Wolverhampton Partnership from the VAWG.

RESOLUTION: The Committee welcomed the report and acknowledged its contents. An action was agreed to undertake an analysis of data, to ensure a fully comprehensive report.

#### QSC009 Quality Assurance in Care homes Quarterly Report

A report was presented to the Committee, by Molly Henriques-Dillon, to provide the Committee with an assurance report and update on progress made from the Safer Provision And Care Excellence (SAFE) programme.

Serious Incidents – 11 were reported on STEIS compared to 17 for the last quarter. Although pressure injury and falls remain as the top reason for SI's, an improvement is noted.

Safeguarding Concerns / MASH referrals – 11 were raised with the Quality Team in Q2, which indicates an improvement against 19 made in Q1. All of these were related to neglect and acts of omission. The Care Homes are implementing Quality Improvement Action Plans with support from the CCG.

Care homes in suspension for Q3 sees a reduction from 4 to 2. Both homes provide residential care, which continue to be managed by the Local Authority Large Scale Strategy, supported by the QNA Team. Care homes commissioned by the CCG for step down / up are continually monitored for sustained improvement.

Hospital admissions have increased from 71 to 80 for Q3, with chest infections being the main cause. The Quality Team are working with secondary and Primary Care colleagues to develop a training programme for early recognition of deteriorating patients to support admission avoidance.

Participation in NHS Safety Thermometer remains suspended.

Collaborative working with the Local Authority has been extended to include the adoption of quality improvement models and methodologies. The suite of Best Practice Guidelines review is on schedule to re-launch during Q4.

SPACE – 18 care homes continue to remain fully engaged in the programme. Quality Improvement training is ongoing, due to staff and manager turnover. Targeted themed training has been delivered to care homes with increased incidents of UTIs, falls and pressure injuries. The SPACE Awards event was hosted in December to celebrate achievements and commitment so far.

RESOLUTION: The Committee noted the contents of the assurance report.



QSC010 Medicines Optimisation Quarterly Report

Hemant Patel provided an assurance report to update the Committee in relation to the Medicines Optimisation Work Programme. It was noted that:

- Safety alerts received in September, October and November 2017, were referred too and no issues were raised.
- Snapshot antibiotic audit – a two week snapshot audit was undertaken, of all antibiotic prescribing, in four higher prescribing practices and one average prescribing practice. Individual practice results were fed back to the relevant prescribers with a more details analysis to identify patterns to follow over the course of the coming months.
- Myocardial infarction audit – Up to 10 patients per practice were identified who were discharged from RWT post MI (July 2016 – June 2017) and reviewed medication to check if ACE Inhibitor and/or beta blocker had been titrated within 6 weeks as per NICE guidance. Individual audit reports were produced for each practice and practices agreed action plans based on the results.
- Patient Contacts – The team had a total of 208 face to face or telephone patient contacts from October to December 2017.
- Multiple prescribing of anticoagulants and anti-platelet medicines – A medication review was undertaken for 256 patients who were co-prescribed an anticoagulant and an anti-platelet. This was to ensure that intended/appropriate co-prescription treatment periods were not being exceeded unintentionally for individual patients. Medication was stopped or changed and a potential admission avoided for 54 patients.
- Polypharmacy – 20 or more medicines – The ePACT2 beta site has made it possible to compare practices with respect to the number of patients prescribed 20 or more medicines, based on a single month's prescribing of medicines. A search tool has been developed to enable individual patients to be identified in each practice so that medication can be reviewed.
- Prescribing Incentive Scheme (PIS) 2017 – 2018 – This has been offered to GP practices to review and, if appropriate revise current prescribing practices.
- Reporting requirements from RWT – The Trust continue to ensure that all hospital FP10 prescriptions issued by the provider are used to support generic prescribing or brand prescribing where appropriate and not used to by-pass the formulary. Assurance has been provided that medicines are being prescribed in line with national and local commissioning policies.
- Mental Health Trust
  - Shared Care Agreement – Black Country Partnership continue to work to ensure that patients on shared care drugs have an agreement in place and there is a process and training to be embedded for the use of ESCAs.
  - Generic Prescribing / formulary compliance – assurance provided.

RESOLUTION: The Committee received, discussed and noted the report.



**QSC011**      Equality & Diversity Quarterly

Sally Roberts requested that this item is deferred to the Committee in March, due to the recent change over of staff.

RESOLVED:              That the above is noted by the Committee.

**QSC012**      Quality & Risk Action Plan

The Committee agreed to defer this item to the Committee in March.

RESOLVED:              That the above is noted.

**QSC013**      **RISK REVIEW**

Quality & Safety Risk Register Update

Phil Strickland summarised the current position as follows:

- Extreme Risks

406	Out of Hours Provider - Inaccurate reporting of performance data	16
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- High Risks

492	Maternity Capacity and Demand	12
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312	Mass Casualty Planning	9
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489	Inappropriate arrangements for a Named Midwife at RWT	9
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493	PTS Poor Performance	12
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507	Public Health - decommissioning Base 25's counselling services	9
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RESOLUTION:              The Committee noted the update provided and the following actions were agreed:

- 507 – EQIA to be completed
- 489 – Sally Roberts to liaise with Lorraine Millard
- Sally Roberts to review the Risk Register with Phil Strickland

**QSC014**      **ITEMS FOR CONSIDERATION**

**QSC015**      Policies for Consideration

None.



RESOLVED: That the above is noted.

QSC016 Terms of Reference Review

The Committee agreed that this item should be deferred to the meeting in March.

RESOLUTION: Sally Roberts to review the Terms of Reference and submit a revised draft to the Committee in March.

**QSC017 FEEDBACK FROM ASSOCIATED FORUMS**

QSC018 CCG Governing Body Minutes

No minutes to review.

QSC019 Health & Wellbeing Board Minutes

No issues were raised.

QSC020 Draft Quality Surveillance Group Minutes

No issues were raised.

QSC021 Commissioning Committee Minutes

No issues were raised.

QSC022 Primary Care Operational Group Minutes

A query was raised with regards to Dr Bagary's practices. An action was agreed for Sally Roberts to look into this.

QSC023 Clinical Mortality Oversight Group Minutes

No minutes to review.

QSC024 NICE Group Minutes

No minutes to review.

RESOLVED: That the above is noted.

**QSC025 ITEMS FOR ESCALATION / FEEDBACK TO CCG GOVERNING BODY**

None.

**QSC026 ANY OTHER BUSINESS**

Main Quality Report – Sally Roberts advised the Committee that she would be reviewing the main Quality Report with a view to making some changes.



Deputy Chief Nurse – Sally Roberts informed members of the Committee that Yvonne Higgins starting will commence in post in May.

RESOLVED: That the above is noted.

**Date of Next Meeting:**

**Tuesday 13<sup>th</sup> March 2018 at 10.30am to 12.30pm in the CCG Main Meeting Room**

