

**MINUTES OF THE QUALITY & SAFETY COMMITTEE
TUESDAY 8 MAY 2018 AT 10.30 AM
CCG MAIN MEETING ROOM**

PRESENT:

Sally Roberts Chief Nurse & Director of Quality
Sukhdip Parvez Quality & Patient Safety Manager

Independent Member

Peter Price

Patient Reps:

Marlene Lambeth

Lay Members:

Jim Oatridge

Sue McKie

Interim Chair

Patient/Public Involvement Lay Member

In attendance (part):

Phil Strickland

Liz Corrigan

Peter McKenzie

Tracie Wilson

Quality Assurance Co-ordinator

PC Quality Assurance Co-ordinator

Corporate Operations Manager

Quality Improvement Nurse and SPACE Programme
Facilitator

Lorraine Millard

Fiona Brennan

Designated Nurse Safeguarding Children

Designated Nurse for Looked After Children

APOLOGIES:

Dr Helen Hibbs

Dr R Rajcholan

Alicia Price

Chief Officer (WCCG)

WCCG Board Member (Chair)

Patient Rep

APOLOGIES & INTRODUCTIONS

Apologies were noted by members and introductions took place.

RESOLVED: That the above is noted.

DECLARATIONS OF INTEREST

No declarations were raised.

RESOLVED: That the above is noted.



MINUTES & ACTIONS OF THE LAST MEETING

Minutes of the 10 April 2018: The minutes of the meeting held on the 10th April 2018 were approved as a true and accurate record subject to a slight amendment to item number QSC058 Maternity: There were no incidents reported in February rather than for the year.

RESOLVED: That the above is noted.

Action Log from meeting held on the 10th April 2018: The Action Log was reviewed and updated.

RESOLVED: That the above is noted.

MATTERS ARISING:

JO requested that the comments section is completed for all actions within the action log.

RESOLVED: That the above is actioned.

ASSURANCE REPORTS

5.1 Transforming Care (Confidential)

The above report was tabled at the meeting in order for the committee to be sighted on this national agenda for the committee to seek full assurance of having a positive impact and keeping people safe, with regards CCG actions.

The main points of discussion consisted of the following;

- The purpose of the report is to provide assurance about the care and support of citizens in the TCP cohort.
- Wolverhampton CCG do not currently have any delayed discharges.
- Wolverhampton CCG has a good range of specialist health services to prevent admission to hospital, including Intensive Support.
- Wolverhampton CCG has strong integrated working with the Local Authority, Joint Commissioning as a valued function and a strong local authority dedicated forensic social work team.
- Wolverhampton CCG has highlighted the need to develop improved forensic social care services (currently being procured).
- Wolverhampton CCG has highlighted the need for greater community specialist health forensic services, and greater coverage in terms of hours of the Intensive Support Team – this has been commissioned through BCPFT, for full implementation by September 2018
- Wolverhampton CCG is not expecting to meet the required national trajectory by March 2019, which places the CCG on escalation with NHSE, as part of the wider Black Country escalation.



WE added that this piece of work is involving a cohort of individuals that could be at risk to themselves and others and involves complex decisions to be made with regards placement and as such should be considered as part of the CCG Q&S agenda.

The national programme was designed to support and deliver care for patients with learning disabilities, hospitals should be used as minimal as possible and care delivered close to home. Wolverhampton has got a large cohort of offenders with complex learning difficulties. 90% of in patient population are offenders with offences such as murder; rape; aggregated rape; and arson. When convicted they receive hospital orders rather than sending them to prison, the prison system then transfers offenders to hospital as ministry of justice deem alternative provision not appropriate.

The numbers have been set for the Black Country through national forums Focus for the Committee is to ensure we understand the patient pathways and ensure we have got it right.

SR led a panel across the Black Country which scrutinised each individual patient to ensure their care and treatment is correct therefore reducing risks as much as possible. Both SR and WE are in agreement of results of the scrutiny based on risk. SR flagged the reputational risk with regards current performance.

JO requested distinction of Wolverhampton's performance compared to rest of Black Country.

Action: WE to include citizen stories in the quarterly reporting going forwards.

5.2 Quality & Risk Report

A copy of the Q&S Risk Report was previously circulated and noted by the group. SP reported by exception on the following;

Vocare:

- There has been previous concerns regarding the leadership; triage; productivity and staffing and an 8 week improvement plan was implemented as well as weekly CCG review meetings. SP added that following this intervention Vocare are improving with triage response rates for 13-18 April at 78.7%. Four hour performance rate was reported at 98% for April.
- There is a joint front door process mapping session arranged for 11 May.
- In terms of staffing, 4 GPs have been recruited; 2 team leaders and a Rota Coordinator. Since October there have been no SI breaches when previously there has been 7-8.
- The operational lead has made a significant impact since commencing post and is doing good work.
- The plan is to visit again in 6 weeks to sense check. SP added that he can sense that the relationships between Vocare and RWT are slowly developing.
- The CQC inspected Vocare in February which the preliminary report suggests it has been rated as Requires Improvement, which is progression since the last report.



JO queried if there are clear quarterly milestones on what is required?

SR confirmed that this is in hand as there are discussions being held around milestones and work is in progress on refreshing the action plans into themes.

Cancer performance:

- SP reported that this remains an area of risk relating to performance in particular to the 62 and 104 day waits and further assurance has been requested. There has been a decrease in the 104 day waits, however the Trust has informed the CCG that the 62 day waits are going to get worse before gets better.
- Through CQRM SR has requested a review of the harm process and to ensure that robust processes are in place.
- CCG attends the weekly PTL review meetings for further assurance.
- CCG has requested a revised trajectory in terms of improvement around the tumour pathway. These discussions are on-going with the trust.
- NHSE/I are sighted on current performance.
- Jacqueline Barnes has set a 0 trajectory against 104 day cancer waits although this is unachievable at the moment.

JO queried the 104 day wait and asked what clarified the wait process.

SR clarified it is from the start of the referral through to treatment, including diagnostics.

JO expressed concern regarding the delay in improvement against performance trajectories, specifically when the aspiration is to have a 0 target.

SR confirmed that the remedial action plan put forward by the trust has been challenged, as has the harm review of individual patients. SR advised that discussions are ongoing with the trust.

SR added the PTL group are trying to reduce the waiting days and the challenge is more rigorous and added that robotics are going to be a real challenge.

Maternity:

- The current midwife birth ratio is 1:30; previously it was 1:31 with the national standard rate of 1:28.
- Vacancy rate is 1.3%
- 14 SIs have been reported
- 1 Never Event has been reported in April, this was in relation to a neo natal incident involving intervention to the wrong baby, no prolonged harm has occurred as a result of this incident. SR has sought immediate assurance following the never event via the Deputy Chief Nurse at the trust. The RCA is awaited.
- C sections are high which has been challenged at CQRM. The Trust are carrying out their own review and are going to bring back the outcome to a future CQRM.



Mortality:

- WCCG continue to attend the trust MORAG meeting, the CCG will be undertaking a deep dive review of mortality performance by the trust during June and will report back in August.
- **Never Events**
- There have been 6 Never events reported during 2017/18.
- SR advised that WCCG chair and Chief Nurse had met with the Chair of RWT and exec board representation, including CNO and MD to seek further assurance on board oversight and understanding of the Never Events at RWHT.
- Trust advised that AFPP have been asked to come back into the trust to undertake further activity in theatres with regards cultural understanding around surgery and checking and application of WHO checklist. SR stated she is picking up a theme on checking and that checking seems to be reoccurring theme.
- The Trust's New Chief Nurse is keen to do some system wide theme of just checking and will look at the broader perspective, which is positive.
- SR advised she has requested additional support from NHS England for a wider sharing of Never Events and learning from other trusts across the system to provide an understanding how others have done. NHS England are going to provide that around July.

Never Event: The committee was briefed about another Never Event that had occurred in theatres where a wrong tooth was extracted in error.

Diagnostic and treatment delay:

There has been an increase in the number of diagnostic delays. SR has requested a CCG deep dive retrospective review of incidents and SP has carried out a deep dive. There have been 13 incidences, during the reporting period, 6 in ED and 7 in radiology and specialities, SP considered the incidents in ED. The latest incidents occurred mainly during weekdays patient age demonstrated more incidents occurred at 50-80years old and not speciality related, one key theme was around review by junior doctors or locums. This has been flagged by WCCG to the trust at CQRM and the trust will review the data

Cytology Incident: This relates to a look back of cytology reporting and has identified that 39 women have been affected, The Trust are working with Public Health England and patients are going to be spoken to individually by consultants. There is thought to be no major harm having taken place with regards individual patients but work is ongoing. SR requested this is reported as an SI by the trust, this is awaited and she will continue to liaise with PHE. SR will update at next committee meeting.



5.3 Care Home Report inc SPACE presentation

The above report was circulated and noted by the Committee. TW reported by exception on the following;

- There have been 6 serious incidents in care homes concluded and closed by scrutiny committee in Q4. There is a reduction in stage 3 and 4 pressure injuries from the previous quarter ,however there is an increase in the reporting of stage 2 pressure injuries which may be reflective of early recognition and improved reporting however this will enable the focus of targeted training within care homes.
- Slips trips and falls SIs reduced with zero reported Q4- Effective manual handling was identified as a contributory factor in a previous investigation and assurance has been received from the home that this has been addressed
- Participation in survey monkey has been inconsistent through 2017/18. This will be a focus for the team in order for accurate data to be obtained and enable consistent data comparison being reported.
- There were 99 A&E attendances reported by the participating homes during Q4 due to insufficient admission detail being recorded i.e. "other" the QNA Team are unable to adequately analyse data and identify areas for improvement.
- As well as working with red bag and assisting with the reduction of hospital admissions, the QNA team have supported 5 care homes that have progressed from CQC rating of RI to Good.
- There have been reported closures of care homes during 2017/2018 predominantly due to influenza A and D&V with some confirmed cases of norovirus. The Infection Prevention Team continue to support the sector with outbreak management..
- SR thanks TW for the fantastic work being undertaken by the QNA team and requested that dashboard data is used going forwards to highlight the number of care homes within Wolverhampton, the number who are taking part in the Space programme and how many with contracts.
- JO requested that the data includes the total number of Serious Incidents.

ACTION: MHD to include dashboard data and the total number of Serious Incidents going forwards.

Space Presentation;

TW presented to the Committee an update on the Space Programme. The main points consisted of the following;

- Continuing development of a safety culture and harm reduction by targeted training in care homes
- Identification of themes and trends has identified areas of improvement.
- Targeted work and focus on national programmes is improving nutrition and hydration



- 5 care homes advanced from RI to Good over last quarter, all reports cited engagement in SPACE and Quality Improvement programmes
- Focus on sustainability with QI training undertaken with Local authority compliance officers and commissioning team as well as developing access to resources i.e. quality improvement tools and best practice

JO praised the positive outcomes of the programme.

5.4 Primary Care Report

The above report was circulated and noted by the Committee. LC reported by exception on the following;

- In relation to the flu vaccines, ordering is low with 75% showing at 65% still not sure if still an issue with data from NHS England. An email is going out this morning. Some practices have got some concerns being picked up.
- Flu vaccine is slightly lower
- Medicine alerts 0
- Friends and family tests – PPGs? Identify good practice where there has been some good uptake
- There are no quality matters reporting for April. Planning a review on quality matters, use something more systematic
- Complaints to NHS England– 1 in May, 0 in April
- SI – 2 awaiting sign off and will go to PIGG
- Clinical audit, working on ways of assuring put in to place.
- CQC inspections – 2 RI working with those practices, mainly around safety and leadership and how that is managed.
- Risk Register – PS to pick up
- Extreme risk, confidential risk unable to share due to nature, pick up at Primary Care Commissioning
- Workforce – no exceptions to report

5.5 Q&S Committee Annual Report 2017/18

The above report was previously circulated and noted by the Committee. PM added that the report sets out the work undertaken by the Committee during the 2017/18 financial year and how the committee has met the responsibilities set out by the Governing Body.

It was noted that the Committee has effectively discharged its responsibilities and will review the ToR to ensure managing the work remains effective.

Any queries regarding the report can be directed to Peter McKenzie.

ACTION: ToR to be reviewed and validated at the next meeting.



5.6 Freedom of Information report

PM reported that from 1 January to 29 March the CCG received 62 FOI requests. The CCG responded to 98% within the statutory 20 working days. PM added that there was 1 request that was not responded to within statutory timeframe. Most requests are submitted by students and media with the overall performance for the year at 257 requests with 250 responded to and 7 withdrawn.

It was noted that since the FOI requests have been picked up internally the response rates has improved since looked after by CSU.

There have been no IOC referrals.

5.7 Safeguarding Adults, Children & Looked After Children Quarterly Report

The above report was previously circulated and noted by the Committee. The main points of discussion consisted of the following;

- There are a number of Multi agency learning reviews and table top reviews on going for cases that do not meet the criteria for a SCR in order to identify lessons to be learned and dissemination across the partnership.
- Raising awareness on the Joint Targeted Area Inspection (JTAI), jointly carried out by a number of inspectorates including Ofsted and CQC. It is believed that an inspection is imminent in Wolverhampton. WCCG are working with the local authority to ensure WCCG and provider organisations are prepared.
- The NHSE Funded Safeguarding Project is progressing really well, uptake of training target was exceeded and feedback is positive. AL will use the poster again later this year.
- Significant progress has been made with the GP Domestic Violence Project with plans to extend to include the Urgent Care Centre.

The Designated Adult Safeguarding Lead and the Designated Nurse Safeguarding Children have completed the LeDeR Reviewer training along with other members of the Quality & CHC Teams. Further members of the safeguarding and LAC are due to attend the training. There is a significant back log across Black Country which will be addressed as part of themed table top review. It has been identified that the Black Country Partnership Foundation Trust are not currently engaging with the project. Following discussion with the safeguarding leads both RWT and BCPFT have identified more staff to be reviewers. SR was due to have an update on how many of the backlog relate to Wolverhampton.



Looked After Children (LAC):

FB reported on the main points as follows;

- Numbers of LAC remain relatively static over the last 12 months.
- new working arrangements now in place with RWT extending coverage of health care to LAC placed within 50 miles of Wolverhampton. This will include the quality assurance (QA) of statutory health assessments. The Designated Nurse within the CCG will ensure that a sound QA process continues for those 8% of children placed outside of the 50 mile radius.
- Provider assurances have been added to RWT dashboard in order to capture more in depth activity around initial and review statutory health assessments. This will commence in Q4.
- Concerns around CAMHS waiting times for our LAC are being addressed through the service redesign and transformational plan. Data contained within their annual report presented to the Corporate Parenting was misleading, and following an in depth data cleanse a more reassuring (but not acceptable) picture was formed.
- Their internal processes have already been addressed to ensure waiting times for LAC mirror those of their peers. The CAMHS dashboard has been reviewed to capture LAC specific data with exceptions presented within quarterly reports.
- There have been 3 Quality Assurance visits to The Oaks; Priory Rugeley Horizon School; and Merridale Street West.
- The Children and Social Work Act 2017 now support care leavers up to 25 as opposed to 18.
- JO queried the QA visit to Merridale Street West (MSW) where a medication error had occurred, and whether there was any harm caused to the young person in question.
- FB confirmed no there was no harm caused, and the Home in question had already undertaken significant learning as a result. Re MSW, concerns were around management of complex and challenging behaviours in young people, and the interventions provided by staff. The home has been decommissioned, and staff have been moved to another LA provider. Recommendations following the QA visit were around staff undertaking training before they work with other similar cohort of children.
- SR informed the Committee that the SEND agenda has moved to the Safeguarding Team and added complex children theme going to discuss governance arrangements for children and commissioning in terms of CCG, to enable to feed into a Children's Board.



5.8 Medicines Optimisation Report

The above report was previously circulated and noted by the group. HP presented the the main points as follows;

- A number of safety Alerts have been factored into the work plan.
- A few specific alerts were discussed, including one regarding Valproate in women of a child bearing age as there is a potential risk to infants. There are now recommendations that healthcare professionals prescribing valproate for women of childbearing age must make sure they are enrolled in the pregnancy prevention programme, this includes the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually.
- SR expressed concern regarding the alerts.
- PCMT had supported practices implement the required work for the National diabetes prevention programme, by raising awareness as well as helping to identify suitable patients.
- Antibiotic stewardship programme: the CCGs and Primary Care Medicines Team's contribution to this programme has been recognised in the national AMR Impact Report. There is national scrutiny in this area and the work undertaken builds on the excellent work by local prescribers with all antibiotic prescribing targets having been met. The work is based on highlighting antibiotics resistance, targeted to children and teachers.
- An audit conducted had been completed to understand the safety of prescribing of morphine liquid. Although only 8% of all prescriptions were considered to be unsafe as they didn't provide sufficient clarity of dose. All potential unsafe prescriptions were identified immediately to prescribers for action to ensure prescribing is made safer.
- The Quality Prescribing Scheme had continued to be an effective method of improving prescribing indicators such as reducing the level of hypnotics and NSAID prescribed.
- The PCMT and Medicines Optimisation Team continues to work with dieticians in order to reduce levels of malnutrition and optimise the use of oral supplements ensuring those prescribed supplements receive regular reviews.

RISK REVIEW

6.1 Q&S Risk Register

PS reported to the Committee on the new format for the Risk Register. The main key risks being;

- Cancer performance
- Mortality
- TCP there is a split risk need a discussion from quality perspective. SR confirmed that there is a quality strand to it but the major risk is financial and should



therefore sit the risk at F&P this will be discussed for agreement at Governing Body.

All agreed with new format of the Risk Register.

ACTION: PS to update the Risk Register accordingly.

7 ITEMS FOR CONSIDERATION

There were no items raised.

8 FEEDBACK FROM ASSOCIATED FORUMS (Exceptions and Queries)

There were no items raised.

9 ITEMS FOR ESCALATION/FEEDBACK FROM CCG GOVERNING BODY

There were no items raised for escalation.

10 ANY OTHER BUSINESS

There were no items raised.

11. DATE OF NEXT MEETING

Tuesday 12 June 2018 at 10.30am in the main meeting room, Wolverhampton Clinical Commissioning Group.

