

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

Minutes of the Quality and Safety Committee Meeting held on 9th February 2016
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Jim Oatridge	(JO)	Lay 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
Geoff Ward	(GW)	Patient Representative
Sarah Southall	(SS)	Head of Quality and Risk, WCCG
Laura Russell	(LR)	Administrative Officer, WCCG

Part Attendance:

Lorraine Millard	(LM)	Designated Senior Nurse for Safeguarding Children
Sharon Sidhu	(SS)	Head of Strategy and Transformation
Juliet Herbert	(JH)	Equality and Inclusion Business Partner

Apologies:

Dr Rajcholan	(RR)	Board Member, WCCG
Mr Tony Fox	(TF)	Surgeon/Secondary Care Consultant, WCCG

Declarations of Interest

QSC461 There were no declarations of interest raised.

RESOLVED: That the above is noted.

Minutes, Actions from Previous Meetings

QSC462 The minutes of the Quality and Safety Committee held on Tuesday 12th January 2016 were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on Tuesday 12th January 2016 were discussed, agreed and an updated version will be circulated with the minutes.

RESOLVED: That the above is noted.

Matters Arising

QSC463 There were no matters arising.

RESOLVED: That the above is noted.

Feedback from Associated Forums

QSC464

a) Draft Governing Body Minutes

The minutes were provided for information, it was noted that a further report on Review of Procedures of Limited Clinical Value (PoLCV) needs to be provided at the Committee Meeting. LR to ensure this is included on the action log.

b) Health and Wellbeing Board Minutes

The next meeting of the Health and Wellbeing Board is taking place tomorrow (10th February 2016).

c) Quality Surveillance Group Minutes

A meeting had taken place in January and both Royal Wolverhampton Trust and Black Country Partnership Foundation Trust remain on routine surveillance. There were actions for the CCG around CQC, Healthwatch and Complaints which are being progressed and assurance will be provided by the CCG at the next meeting.

d) Primary Care Operational Management Group

The Primary Care Operational Management Group first meeting is due to take place on the 16th February 2016.

e) Draft Clinical Commissioning Committee Minutes

The minutes from the January Meeting were not available.

f) Clinical Mortality Oversight Group

The next meeting will be taking place on 23rd February 2016. SS reported links have been made with the Coroner and work has started around reviewing unexpected deaths and suicide deaths of patients who were not in receipt of secondary care (RWT/BCPFT) to ensure correct needs are in place.

MG informed the group NHS England are in the process of rolling out the scrutiny principles used by acute providers into Primary Care for unexpected deaths.

RESOLUTION: LR to ensure the action from the Governing Body regarding a report on the Review of Procedures of Low Clinical Value (PoLCV) is included on the action log.

Assurance Reports

QSC465a

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 31st January 2016 the Trust were at concern level 2, the areas of concern include;

- Infection Control (Cdiff)
 - Pressure Ulcer Prevalence
 - Recurring Serious Incidents (treatment delays)
 - Never Event(s)
 - Quality Indicators (A&E/Cancer)
 - Workforce/Safer Staffing
- There have been no new Never Events reported during January 2016.
 - There had been 10 new serious incidents reported in January 2016.
 - The Trust indicators for A&E and Cancer Targets are a concern and mitigating actions have been provided by the Trust via Remedial Action Plans.
 - The number of Cdiff cases has reduced in January with only 1 case being reported, final figure to be confirmed. This demonstrates the positive impact that has been made by the Trusts action plan.

Black Country Partnership Foundation Trust

- As of the 31st January 2016 the Trust were reporting at concern level 1.
- There were 3 serious incidents reported in January 2016 and a breakdown of incidents types can be found on page 18 of the report.
- The NHS Safety Thermometer harm free care rate for December reported at 99.39%.
- The theme of the Clinical Quality Review Meeting in January was Mental Health Services. The main discussions at the meeting were around medication errors and sickness levels and the work being undertaken in order to retain band 5 staff nurses. There has been 2 incidents graded as level 4.

Private Sector/Other Providers – Clinical Quality Review Meetings

- NSL (NEPTS) - reporting as level 2 concern.
- Poplars Medical Practice - reporting concern level 1. The CQC overall rating in 2015 was inadequate and following a CQC revisit on the 18th November 2015 they have now been rated as Good overall with 'safety' requiring improvement.
- Compton Hospice – reporting as level 1 and they are expecting a CQC visit.

- Nuffield – The CCG are now working towards a separate contract from April 2016.

Care Quality Commission (CQC) Notification or Advice from Monitor

- Black Country Partnership Foundation Trust – still awaiting the first draft report following inspection in November 2016.

Care Homes

- The Quality Nurse Advisors have been involved in 3 STEIS investigations in month and working well the Local Authority where these cases have taken place.
- There are currently no Care Homes in Large Scale Strategy, however 4 remain suspended under partial or full suspension.
- There were only 6 homes participating in the NHS Safety Thermometer during December.
- 27 Homes provided data for the quality indicator Survey Monkey questionnaire, which is an improvement on last month when 24 Homes submitted data. JO asked if it was voluntary to submit the data and if not do the Homes that submit the data have any benefits from doing so. SS highlighted those Homes who choose to make improvements would benefit from submitting this information as it helps to identify areas where support and improvements can be made. At present the CCG are working towards implementing a model in which the CCG will be supporting those Care Homes that are NHS Commissioned who will have to submit to the quality indicator Survey Monkey questionnaire as part of their contract. Discussions took place around those Homes who do not have NHS Commissioned patients as the CCG will still have responsibility to undertake pressure ulcer and serious incidents investigations with the Local Authority.

User and Carer Experience

- There have been 2 new complaints received in January 2016, which have been reported on Datix and investigations are taking place. A further complaint had been received in January where there had been delay in responding regarding access to IVF treatment, this complaint has now been closed.
- 1 complaint remains on-going and a meeting will be taking place in January with the complainant.
- 1 exiting complaint has been closed in relation to refusal to fund laparoscopic surgery.

Quality Matters

- There have been 21 new Quality Matters raised during January 2016. The CCG continue to encourage Primary Care, BCPFT and RWT to raise issues and concerns through Quality Matters.

Item Escalated to Contract Meetings

- Mental Health – Safeguarding training compliance breach and IAPT.
- RWT – 62 day cancer performance and A&E performance.
- NEPTS – Staffing issues.

Quality Visits

- The visit programmes for RWT and BCPFT were shared and the programmes for 2016/2017 are being prepared. There are links being made with Healthwatch to undertake joint visits during 2016/2017.
- A visit to Compton Hospice Community Nursing has taken place on the 5th January 2016, which was extremely positive and formal feedback has been shared.

Primary Care

- A number of quality visits to GP practices have taken place during January 2016.
- The Primary Care Development Manager has drafted an objectives and guidance summary along with a scorecard. This information will feed into the Primary Care Operational Management Group. JO asked how the practice visits were followed up. SS confirmed that each practice will be followed up with a second visit and supported by a named person from the Quality Team and Strategy and Solutions Team.

CCG Risk Register

- The Risk Register entries as of the 4th November 2015 were as follows;
 - Number of Open Risks was 110
 - Number of Red Risks was 10
 - Number of Amber Risks was 60
 - Number of Green Risks was 40
 - Number of Risks where an update is due in February was 43
 - Risks that have past their review date is 6

RESOLVED: That the above is noted.

QSC465b

Community Dermatology Service (Concordia)

SSidhu advised the Committee the CCG undertook a procurement exercise in 2014 which resulted in the Community Dermatology Service contract was awarded to Concordia. The service went live on the 1st December 2014 and is being delivered across five sites. The service accepts all dermatology referrals for patients aged 16 over apart from two week waits.

SSidhu provided the following summary of the current performance and the expected benefits;

- Reduced waiting times – currently meeting the waiting times and the average time varies from three to four weeks.
- One stop see, treat and discharge model – currently achieving 1:2 new to review ratio.
- High quality service - response rate to the patient questionnaire reported at 10% which is very low and the Provider is working towards increasing the response rate. The responses received indicate that patients would be extremely likely or likely to recommend the services to friends and family. There were initially some concerns raised through Quality Matters in relation to prescribing and blood tests. These issues have now been addressed.
- Value for Money – overall there has been a 20% decrease in GP referrals to the hospital with patients being transferred to the community service. It was highlighted that the decision on where to refer the patients is the GP choice and the Provider are undertaking targeted work with GP Practices who are reporting the low referring practices.

RESOLVED: That the above is noted.

QSC465c

Equality and Diversity Quarter 3 Update Report

JH provided to the Committee an update on the equality and inclusion work and activities undertaken during quarter 3. The biggest challenge is ensuring the impact assessment have been completed and the issue that people need to take more ownership in completing them. Equality impact assessment training has been scheduled for the 24th February with two sessions being held and a further a mop up session will be provided.

JH highlighted the outstanding activity which included meeting with SMT and Governing Body to out forward the proposal of incorporating the 'Brown Principles' into the decision making. The 'Brown Principles' were shared with the Committee, these principles will support and cover the CCG in the situation of litigation as the courts will review the decision making process.

Another area keen for the CCG to introduce is equality training and hoping to introduce an online module. A discussion took place as whether equality training should be mandatory and how new starters will be managed.

RESOLVED: That the above is noted.

QSC465d

Infection Prevention Quarterly Update

SS reported the service provision is jointly commissioned with Public Health and a review of the service specification has been undertaken on readiness for 2016/2017.

SS reported that both RWT and WCCG are over trajectory at the end of Quarter 3 (2015/2016) for Cdiff. It was noted there has been problems with a Wolverhampton Patient being affected by Cdiff at Dudley, this information had not be shared. Since this incident communication between the two CCGs has been strengthened.

The key risks for the Committee to note are;

- The risk of infection continuing to rise above trajectory due to the number of patients who test positive for Cdiff.
- Risk of HCAI prevalence trajectories being exceeded by the CCG that will result in a negative impact on payment of the Quality Premium 2015/2016.

RESOLVED: That the above is noted.

QSC465e

Business Continuity Update Report

The item has been deferred to the March meeting.

RESOLVED: That the above is noted.

QSC465d

Quality Assurance in CHC

This item has been deferred to the March meeting.

RESOLVED: That the above is noted.

QSC465f

Safeguarding Children and Looked After Children Quarterly update

LM provided assurance to the Committee on Safeguarding and Children and Looked after Children performance during quarter 3 and highlighted the following key points;

- The current position for WCCG representatives is that the Designated Nurses for both Safeguarding Children and Looked After Children receive supervision from a peer with extensive experience in their particular speciality. The designated Doctors are currently considering how to access appropriate support and supervision.
- Family Nurse Partnership (FNP) held its first Annual Review on 8th December 2015. The purpose of the annual review is to ensure the programme is delivered appropriately and to review the progress of the previous 12 months. The review identified that the outcomes for FNP in Wolverhampton are better than the FNP national average as seen from the data.

- MASH service for children and young people went live as of the 5th January 2016. The vulnerable adults will be introduced within 6 months of this date.
- Wolverhampton City Council (WCCG) is still awaiting an OFSTED inspection.
- The numbers of LAC and their placements can vary month to month, however it highlights that 60% of Wolverhampton LAC are placed out of area. Discussions took place around the number of children placed in Wolverhampton and by Local Authorities, it was explained there are national problems regarding the notification process when children are placed in or out of area. The Designated Nurse has raised this during her work locally to make improvements in (term so) terms of lack of consistency and plans to be raising it further at the regional/national LAC forums. The Designated Nurse is currently reviewing the service for Looked After Children and the Committee asked if she can attend the next committee meeting to discuss findings to date in further detail.
- The CCG continue to work with the Local Authority in relation to all cases that may reach the criteria for serious case reviews.

RESOLUTION: Fiona Brennan, Designated Nurse for Looked After Children will be invited to attend a future Quality and Safety Committee to discuss further findings to date in further detail.

Items For Consideration

QSC466a

Improving Safety in Care Homes Programme

MHD attended the Committee to seek approved for the CCG to participate in the West Midlands Patient Safety Collaborate Improving Safety in Care Homes Programme. The CGG attended an event in November 2015 to review an existing care homes programme called PROSPER (Promoting Safer Provision of Care for Elderly Residents) based in Essex. The PROSPER programme will be aimed at evaluating if up-skilling care homes staff in basic service improvement techniques can:

- Improve the quality of care delivered to residents in care homes
- Reduce the incidence of harm
- Reduce avoidable hospital admissions.

The programme will be directly funded for two years by WMPSC and an allocated budget will be delegated to the CCG. The Committee approved the CCG proposal and involvement in Improving Safety in Care Homes Programme

RESOLVED: That the above is noted.

QSC466b

Terms of Reference Review

SS presented the Terms of Reference for review and outlined the amendments to the Committee. The Committee reviewed the amendments and formally agreed the Terms of Reference.

RESOLVED: That the above is noted.

Polices for Consideration

QSC467 There were no polices for consideration.

RESOLVED: That the above is noted.

Items for Escalation/Feedback to CCG Governing Body

QSC468 There were no items for escalation.

RESOLVED: That the above is noted.

Any Other Business

QSC469 There were no items for any other business

RESOLVED: **That the above is noted**

Date and Time of Next Meeting

QSC470 Tuesday 8th March 2016 at 10.30am – 12.30pm, CCG Main Meeting Room