NHS
Wolverhampton
Clinical Commissioning Group

Minutes of the Quality & Safety Committee
Tuesday 12th June 2018 at 10.30am in the CCG Main Meeting Room

	8.5.18	12.6.18
MEMBERS:		
Mike Hastings – Director of Operations	-	✓
Dr Helen Hibbs – Chief Officer, WCCG	A	A
Marlene Lambeth – Patient Representative	✓	✓
Sukhdip Parvez – Quality and Patient Safety Manager, WCCG	✓	✓
Sally Roberts – Chief Nurse and Director of Quality, WCCG	✓	✓
Dr R Rajchalon - Chair – WCCG Board Member	A	A
Jim Oatridge – Deputy Chair - Lay Member	✓	✓ Chair
Sue McKie – Patient/Public Involvement – Lay Member	✓	✓
Alicia Price - Patient Representative – Lay Member	A	A
Peter Price – Independent Member – Lay Member	✓	✓
IN ATTENDANCE:		
Fiona Brennan – Designated Nurse for Looked After Children	✓	-
Liz Corrigan – PC Quality Assurance Co-ordinator	✓	A
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)	-	✓
Kelly Kavanagh – Minute Taker - Interim Administrative Officer (PA to Chief Nurse and Director of Quality)	✓	-
David King - Equality and Human Rights Manager	-	✓
Peter McKenzie – Corporate Operations Manager	✓	-
Lorraine Millard – Designated Nurse Safeguarding Children	✓	-
Phil Strickland - Governance & Risk Coordinator	✓	✓
Tracie Wilson – Quality Improvement Nurse and SPACE Programme Facilitator	✓	-

QSC/18/001 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

QSC/18/002 Declarations of Interest

No declarations of interest were raised.

QSC/18/003 Public and Private Papers

Mr Oatridge commented on items 5.2 and 5.3 on the agenda and wondered whether they were to be made public papers or not.

Mr Price wondered whether the meeting should be split into two parts and have a public and private session.

Mrs Roberts commented that unless specific issue i.e. patient identifiable data then it should all be public.

Mr Oatridge asked whether the reports would be put onto the public website.

Mrs Roberts advised that in a previous meeting a report was presented whereby something could have been patient identifiable.

Mr Hastings suggested having the meeting split into two parts in line with Mrs Roberts' advice.

Mrs Roberts agreed and added that she will reflect it in the Terms of Reference.

ACTION: Mrs Roberts

Mr Oatridge suggested that a private and public section to the meeting be considered if required for next month's agenda.

ACTION: Mrs Hough

QSC/18/004 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/004.1 Minutes from the meeting held on 8th May 2018 (Enclosure 1)

The minutes from the meeting which was held on 8th May 2018 were read and agreed as a true record.

Mrs Roberts referred the Committee to page 5 of the minutes and the Cytology Incident which was regarding the HPV incident; she provided an update that there were 33 patients in total (across the Black Country). Of the 33, there were 19 patients with a false negative result and they had all been seen by the Consultant apart from one patient who has not been contacted yet, as it appears they have moved address. Two of the patients need a follow-up appointment and will then be discharged; she has asked for a review of harm and this will be reported in due process. This has been reported on STEIS and there were six that were Wolverhampton patients.

Ms McKie commented on the communication around Public Health and wondered if they were aware of it.

Mrs Roberts replied that the trust had informed Public Health as soon as she was aware of it and added that there was a new person in post now. She had asked for a Public Health member to attend this Committee too.

The attendance on the front page of the minutes should have Independent members and Patient Reps down as lay members

QSC/18/004.2 Action Log from meeting held on 8th May 2018 (Enclosure 2)

Mrs Roberts provided an updated action log which was reviewed and updated.

QSC068 – Points raised by the Chair following the presentation of the Quality and Risk Report – Mr Parvez advised that this had been trialled in three care homes and advised that the catheter passport has now been put on hold.

Mr Oatridge commented on the use of the more expensive catheter and the much better health outcomes and wondered if it was part of this issue.

Mrs Roberts replied that she was surprised at the amount of patients there were with catheters and added that there could be a trial of a pathway; she advised that Ms Higgins has a meeting to discuss this.

QSC071 – H&S Performance Report – This has been deferred to July.

Mr King joined the meeting at this point.

QSC/18/005 Matters Arising

There were no matters arising.

QSC/18/06 Assurance Reports

QSC/18/006.1 Equality & Diversity Quarterly Report (Enclosure 4)

Mr Oatridge advised Mr King that discussions had taken place around papers that should be marked as private or for the public domain as his paper stated that it should be classified as private.

Mr King presented the Equality & Diversity Quarterly Report and advised it was a quarterly update to the CCG and added that this was for two large providers; the Black Country Partnership and the Royal Wolverhampton Trust. He advised that since he started as Quality Manager in January 2018 he had been working to address the gaps identified in the compliance of the two organisations. At the time of the review neither Trust had fully published evidence of its compliance with its obligations under the Equality Act 2010 and the expectations of NHS England in line with the NHS Standard Contract. Underneath everything, all is good and they are both doing everything that was statutory doing all and were partly compliance with what the CCG were expecting so they had some red ratings; which is not ideal but he thought they were probably doing it.

Black Country Partnership – Mr King had reviewed them and they had demonstrated they were compliant with its obligations under the Equality Act 2010 on their website and they were fully green. Mr King referred the Committee to page 101 which showed the BCP action plan and added that he would put clearer headers on the action plans in future; but it showed that they were now completely green.

Ms McKie asked what blue represented on the action plans.

Mr King replied that it was that they had not started it as yet; this was due to Data Protection Rules and they were listening to feedback received. However, they should have started this last year.

Mr King referred the Committee to pages 93 to 97 – Review of RWT compliance position as of March 2018 and advised that he had met with a number of the quality leads and was still awaiting some of their actions and added that they have not fully updated their website. He stated that he will review this again when they have updated it, but added that it was more positive than it appeared. Mr King advised that they are not sharing good practices; but he would expect this in the next few months. He added that none of this impacts on patient safety.

Mr Oatridge asked when Mr King would be presenting to the Committee next and suggested it would be October 2018.

Mr King agreed that he would be presenting in October and was positive that the Committee should see improvements.

Mrs Roberts advised that she was expecting some angst from RWT; but they had been grateful of the support Mr King had offered and added that he was right to leave the ambers and reds in the action plan.

Mr Price asked what the contractual position was.

Mr King replied that this was around the contract and added that the information breach notice is the last resort, but support and advice has been given and they have got shared good practices from other Trusts. He thought it would probably be six months. With regards to the Equality Objectives the website shows it was last updated in 2016; they have got an action plan etc. but it is not available on the public website. Black Country Partnership has two different websites. He added that there was also a 0.5 WTE vacancy for a Band 6 Equality person out at the moment. He stated that NHSE would have a concern, if CCG didn't know about it and there is now an audit trail to show what has been done so far.

Assurance was **received** by the Committee.

Ms McKie asked if this is shared with CCG counter parts.

Mr King replied that he does meet with Sandwell and West Birmingham Trust and added that there was more to do with commissioners with joint approach; he advised that he would like a quarterly meeting with commissioners Equality and Diversity leads.

Mr King left the meeting.

QSC/18/006.2 Monthly Quality Report including Primary Care Report (Enclosure 3)

Mrs Roberts presented the Monthly Quality Report including Primary Care Report and advised the following:

Vocare – There was some media recently around Vocare and CQC; the Express and Star had reported a relatively old news story. Mrs Roberts advised that Vocare remain on weekly surveillance and they are reviewing the reports and that they are now seeing real improvements; there are local arrangements for staffing and the Trust and Vocare are meeting around work at the front door which appears to be working much better. The Trust has work to do around patient pathways for eyes, minors and children. There is an issue around rooms; this is being investigated with the contracts team, commissioners and lease arrangements and Vocare have had some issues around triage which is being addressed with the trust.

Ms Lambeth stated that she doesn't have the Express and Star and wondered about the fear for patients.

Mrs Roberts replied that Vocare replied to the Express and Star straight away and staff had letter from Vocare for assurance. She added that she had visited Vocare last week and it felt very joined up with regards to team working etc. there is a lot more work to do with RWT.

Mr Price asked if it was a risk around the management of it.

Mrs Roberts replied that she didn't think there was; she added that Vocare was a company and that the Trust would be their flagship; there is a clinical lead who is very good, very clinical and patient focussed. Mrs Roberts advised that they are looking at stepping down to monthly review soon.

Ms Lambeth wondered if they should speak with patients. Ms McKie advised that there are patient groups.

Mrs Roberts advised that there was an issue around signage but they have now added footprints on the floor to Vocare from ED.

Ms McKie advised that there was also an issue with acoustics and patients not hearing their name being announced.

Ms Lambeth asked if Healthwatch visit the Trust.

Mr Oatridge replied that Healthwatch undertook a patient survey, it was a good report and they have now done a few. He added that it was a big enough sample to take notice of. Mr Oatridge referred the Committee to page 25 of the papers and asked if it was tied in.

Mr Hastings replied that it includes Vocare, Cannock and the Trust and thought it was a bit contentious around the ED performance.

Mr Oatridge asked if the greens for Vocare was to do with their performance and wondered if it was because they had got better resources.

Mrs Roberts added that yes it was but it was the way the contract works with a sliding scale about capacity and the lower end of capacity.

Mr Oatridge wondered if the Trust could look at what the others are doing to help them improve.

Mrs Roberts replied that they have now agreed some specific pathways to help.

Mrs Roberts stated that there were issues with the signage, but added that there are discussions taking place between the Trust and Vocare which were positive and they are agreeing to do pathways together.

Cancer Performance – Mrs Roberts advised that this was still not good performance and that there are still significant breaches at 104 and 62 days; weekly calls with NHSI, Cancer alliance, CCG and Trust are taking place and through attendance at weekly PTL reviews there is evidence that they are having patient by patient level discussions. IST are going into the Trust; pathways are developing, but there is currently no cancer manager. The Cancer Alliance has put somebody in that starts next week; where it is expected to see an impact. Issues remain with regards to urology, specifically around robotics; and access, urology back log is the most significant and has been escalated to cancer alliance for review.

Ms Lambeth asked if the robotics was better for infection etc.

Mrs Roberts replied that yes it was and there are some slow progressive cancers which would be better to wait to be operated on.

Mr Price asked if there were trajectories.

Mrs Roberts replied that yes there were trajectories, as reflected within the revised cancer action plan submitted by the trust; she added that they have challenged them and in return they have given more assurance.

Mr Hastings stated clinical support by bringing Mrs Roberts into this has improved as she has been able to support it clinically.

Mr Hastings advised that there are representations at the STPs meetings; but they do need to look at Cancer Performance over all.

Mr Oatridge asked about people's choice.

Mrs Roberts replied that patients could choose any provider for treatment, it was however, important to recognise Quality and ensure safe services.

Maternity – Mrs Roberts advised that Maternity are comparable with other local Trusts with regards to performance; the unit has had a visit from the birthing team, who reviewed the community models, the delivery caps remain and RWT are still awaiting Walsall to have their cap lifted prior to lifting the cap at RWT.

Ms McKie asked about what was happening in relation to Shropshire.

Mrs Roberts replied that Shropshire is on the LMS (Local Maternity Systems) and from a Wolverhampton and LMS aspect; Wolverhampton are represented at the Shropshire LMS. Caesarean Section (c-section) rates have had an internal review and they have got good clinical leadership there now.

Mr Oatridge asked about c-section and whether the target was driven by patient or clinical choice.

Mrs Roberts replied that an element of it is patient choice, but may also be as the result of required medical intervention for safe delivery.

Mortality – Mrs Roberts attended the MORAG meeting she advised that the SHMI is the highest in the Country, the HMSR is 116; which is higher than average. She added that she was not assured with regards the trusts grip and pace around mortality following the last MORAG meeting the reporting process was not transparent and not robust and their governance process is also not robust. Mrs Roberts stated that the CCG has put the challenge in and the Trust has agreed on the actions; they are to review the governance structure, step down the MORAG meetings so to only have one mortality group and they have also asked Public Health to attend and Agreement with trust and PH to hold a system wide mortality reduction group.

Mortality Coding Issue – Mrs Roberts advised that external consultancy had been in in the past 18 months to do a review on Respiratory, Stroke and Pneumonia which are CQC outliers and added that the Trust were continuing to work with the action log. An external reviewer is to go into the Trust to look at the issues and review previous actions. She stated that more needs to done as a system as Wolverhampton patients are dying in hospital; this may not be their preferred place of care/death. She added that they had met prior to this meeting and they were looking at the mortality group; they have seen an improvement elsewhere and are under scrutiny about the SHMI; the Trust position was discussed at last QSG and an escalation call had been booked with NHSE to consider escalation for QSG.

Mr Price wondered if the Board was sighted on this.

Mrs Roberts replied that the trust have advised the board are fully sighted.

Ms McKie asked if there was any group of patients that were highlighting issues.

Mrs Roberts replied that there were outliers such as vascular, stroke and respiratory. There was also a Sepsis CQUIN whereby section B was around the administration of antibiotics and the Trust was not hitting the target. However, this does not fit around SHMI and HMSR; there is agreement for a shared local mortality strategy but added that we will not will see the impact for at least six – twelve months.

Mr Hastings asked if this was mentioned in the CQC Report.

Mrs Roberts replied that she didn't think it was, but added that she hadn't seen the report as yet.

Mr Oatridge stated that it was not new though.

Ms McKie commented on the Cancer performance delays.

Mr Oatridge stated that the robustness of reporting does not seem right.

Mrs Roberts advised that reports come to MORAG but the Trust couldn't give assurance so the CCG challenged it.

Mr Oatridge commented that this had been long standing and felt the Trust should be more concerned.

Mr Price asked they are reporting properly.

Mrs Roberts stated that the trust does report one of the measures, but this was to do with demographics etc. She reported more robust reporting was required and had been asked fro from the trust. This was currently awaited.

Never Events – Mrs Roberts advised that there had been two Never Events and the RCAs have now been completed by the Trust. The Trust has been given approval from NHSE to host a learning event. The Association for Perioperative Practice (AFFP) is going into the Trust and CCG will await their diagnostic report; the issues

have been around human factors, work with clinical group. There is now a new Director of Nursing and Mrs Roberts has had positive discussions with her and feels there is more pragmatic honest conversations taking place with regards the wider aspects of issues pertaining to human factors training.

Mr Oatridge asked if there was any way the colour coding on each of the graphs showing the yearly data could be the same as it was slightly confusing.

Mr Strickland joined the meeting.

Mrs Roberts replied that yes they could and work was taking place around this.

Mr Oatridge referred to page 36 of the papers and the two maternity incidents which are both related to the same issue and asked if the Trust was learning from the incidents.

Mrs Roberts replied that this was to do with the wrong breast milk given to the babies; this was down to human factors and she felt it would take slightly longer to see the impact of this learning.

Mr Oatridge referred to page 48 of the papers and commented that it was good to see that the second named nurse for LAC had commenced in post.

Mrs Roberts added that she had spoken with Ms Cannaby regarding the Safeguarding processes in the trust.

Mr Oatridge commented on the two neglect incidents.

Mrs Roberts advised that Rachael Johnson has joined the Trust from Manchester; she had led on a neglect strategy which she has bought to Wolverhampton; we are leading on this from Wolverhampton and she would ask Ms Johnson to give an update at a future meeting of this work.

ACTION: Mrs Roberts

Ms Lambeth commented on the Friends and Family Test and that there was a number of practices that had zero submission.

Mrs Roberts advised that there had been an issue with a practice manager; Ms Corrigan had been in touch and they were having technical issues and added that it was a process issue which would be resolved shortly.

QSC/18/006.3 Finance and Performance Report (Enclosure 5)

Mr Hastings presented the Finance and Performance Report and advised that this report goes to the Finance and Performance Committee too and added that they scrutinise it there and review it in detail; it is coming here to make sure we have got collaboration between performance and quality.

Referral to Treatment (18 Weeks) – Mr Hastings informed the Committee that the Trust was underperforming with this; it needs to be above 92% which is the National target. There was no data available for the month of March 2018; performance trajectory is challenging, they are aiming to be at least 92%. A&E has already been spoken about. With regards to Vocare; nationally Mr Hastings reported that they are underperforming but are better than others.

Cancer 62 Day Waits (85%) –– Mr Hastings reported that Quality and Performance are working together and added that there is an action plan that he would bring to this meeting to show assurances.

ACTION: Mr Hastings

E-Referral - ASI Rates - Appointment Slot Issues (<10%) – Mr Hastings advised that there is a national project that Trusts should be paper free by October this year; the CCG is working closely with the Trust. He added that about three quarters of specialties are switching off paper referrals and are returning paper referrals and making them do it electronically; all going well so far. There have been some rejected referrals with about 20 on the list; in order to work ASI there is an issue that slots are not available and again the CCG are working closely with the Trust.

Mr Oatridge commented on another Trust locally where they are split into six localities and the GPs can't refer their patients they have to put their case in and Solihull refer to the Trust; he got the impression that there was not much enthusiasm.

Mr Hastings thought that was quite expensive for somebody to look at all referrals before being passed on. He added that there are two referral assessments at the moment; one for physio and the other for MSK services and ophthalmology.

Mr Oatridge commented that there was no pressure in this area to do them this way.

Mr Hastings replied that we are always putting pressure on them. Each practice will review their own specialty practices/referrals. Feedback from GPs is related to pushback on referrals.

Ms Lambeth asked if the patients are aware that this is happening.

Mr Hastings replied that they should be aware as the GP should say that they will be referred to assessment referral.

Mr Oatridge noted that the Finance and Performance report is for information and that the Committee will pick up exceptions.

Mr Price wondered whether this paper should be presented under Feedback from Associated Forums.

This was **agreed** by the Committee.

QSC/18/006.4 Individual Funding Requests (Enclosure 6)

Mrs Roberts presented the Individual Funding Requests and advised that this report was here for assurance and was to show inappropriate referrals; she referred to page 7 of the report and advised that this would be communicated back into primary care.

Mr Oatridge commented that he had difficulty in interpreting the table (1a) on page 145 of the papers which showed IFR and Prior Approval.

Mrs Roberts explained the process of IFR and the approval panel and that referrals could get thrown out at that stage. The IFR team does not formally provide a 'Prior Approval' scheme for Wolverhampton CCG, however some requests may reach the IFR Team and these are reviewed with the CCGs designated clinician for a funding decision. Examples include MRI Scans and Hernia repair.

Mr Oatridge stated that the flow was not wonderful and added that he had difficulty in understanding what it was saying. There isn't a lot that gets through that shouldn't get through.

QSC/18/007 Risk Review

QSC/18/007.1 Quality and Safety Risk Register (Enclosure 7)

Mr Strickland presented the Risk Register and advised that there were no new risks added to the report and added that all risks were up to date and asked if there was anything that needed adding to the list following discussions that had taken place during the meeting.

Mr Oatridge commented that Vocare was going in the right direction.

Mrs Roberts advised that that risk might be able to come down to a nine.

Mr Strickland stated that the report that is presented to the Committee is the top line of the risk and it is that that gets reviewed. He added that Mr McKenzie refreshes them.

Mrs Roberts enquired as to how Mr McKenzie reviews them as she thought she would need to assist with the risks allocated to her.

Mr Strickland replied that for Vocare there are two risks that sit within the one corporate risk.

Mr Oatridge asked if there was a CCG and a Corporate risk for Vocare.

Mr Strickland replied that yes there was.

Mr Oatridge queried as to whether he was right in thinking that the risks that started with CR were Corporate risks, QS were Quality and Safety Committee risks and PC were Primary Care risks.

Mr Strickland agreed that was correct and the risks shown were the ones pertaining to the Committee and advised that they are reviewed on a quarterly basis.

Mr Oatridge commented that Mrs Roberts was not involved in the quarterly review and queried what role the Corporate lead has in reviewing them.

Ms McKie commented on the Mortality risk (QS07) and wondered as it was a high risk should it be higher than a nine.

Mr Strickland advised that there would be a full review at the end of this month.

Mrs Roberts commented on risk QS02 '**Inappropriate arrangements for a Named Midwife (RWT)** - RWT are not currently compliant with guidance around having a named midwife for safeguarding in place. This creates a risk that safeguarding matters will not be dealt with appropriately': she advised that the vacancy is out for recruitment and as long as the Trust recruits the risk could be reviewed.

Mr Oatridge commented on risk QS04 '**LAC CAMHS** - Waiting Times for LAC CAMHS is 40 weeks causing a risk to patient outcomes': and enquired as to if people do not attend people do they that fall off the end.

Mrs Roberts advised that she would ask Ms Fiona Brennan to update the process.

Mr Oatridge wondered if the risk had been scored too low until they fill the gap.

Mr Price commented that having the risks at the end of the meeting seemed to have worked well as they have had discussions in the meeting and review risks at the end.

Mr Strickland left the meeting.

QSC/18/008 Items For Consideration

Mrs Roberts advised that the Trust has had CQC in and the report is with them for review.

BCPFT – Have now been given a date for CQC visit, the Committee will hear about in August/September 2018.

CQC update on next meeting.

ACTION: Mrs Roberts

QSC/18/009 Feedback from Associated Forums (Exceptions and Queries)

QSC/18/009.1 Draft Mortality Assurance Review Group (MoRAG) (Enclosure 8)

The Draft Mortality Assurance Review Group minutes were received for information/assurance.

QSC/18/009.2 NICE Group Minutes (Enclosure 9)

The NICE Group minutes were received for information/assurance.

QSC/18/010 Items for Escalation/Feedback to CCG Governing Body

Mr Oatridge thought the Mortality report from this meeting could go to the Governing Body and could include that and Vocare.

Mr Hastings added that there was also better assurance around Equality.

Mr Oatridge advised that the next Governing Body Meeting is in July.

Mrs Roberts added that it was the 10th July 2018.

QSC/18/011 Any Other Business

Terms of Reference - Mrs Roberts commented that she would review splitting the Committee into two meetings - private and public.

ACTION: Mrs Roberts

Mrs Roberts added that she had reviewed the Membership of the Committee; to include Deputies and the quoracy to include 1 of 3 Lay Members NEDs.

Mr Hastings advised that his deputy would be the Business Operations Manager.

Mr Oatridge noted that the Committee had had clarity of the Terms of Reference.

QSC/18/012 Date of Next Meeting: Tuesday 10th July 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Signed: …… **Date**: ……
Chair