

**Minutes of the Quality & Safety Committee**  
**Tuesday 11<sup>th</sup> September 2018 at 10.30am in the CCG Main Meeting Room**

**PRESENT:**

Dr R Rajcholan – WCCG Board Member (**Chair**)  
Sally Roberts – Chief Nurse and Director of Quality, WCCG  
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)  
Yvonne Higgins – Deputy Chief Nurse, WCCG  
Dr Ankush Mittal – Consultant in Public Health, City of Wolverhampton Council  
Sukhdip Parvez – Patient Quality and Safety Manager, WCCG

**Lay Members:**

Jim Oatridge – Deputy Chair - Lay Member  
Sue McKie – Patient/Public Involvement – Lay Member  
Peter Price – Independent Member – Lay Member

**In attendance (part):**

Liz Corrigan – Primary Care Quality Assurance and Practice Development Co-ordinator, WCCG  
Naseem Akhtar – Student Nurse (Shadowing Liz Corrigan)  
Peter McKenzie – Corporate Operations Manager

**APOLOGIES:**

Marlene Lambeth – Patient Representative  
Mike Hastings – Director of Operations

**QSC/18/031 Apologies and Introductions**

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

Discussions took place about the secondary care consultant and whether he had been sent the dates and times of the future meetings.

Mrs Hough replied that she had sent an e-mail with future dates, times and venues but hadn't heard anything back.

Mrs Roberts advised that she would take this up with Mr McKenzie outside of the meeting.

**ACTION: Mrs Roberts**

**QSC/18/032 Declarations of Interest**

Ms McKie advised that she is involved with Wolverhampton and Walsall Public Health reviewing Child Deaths and this will be for two days per week.

**QSC/18/033 Minutes, Actions and Matters Arising from Previous Meeting**

**QSC/18/033.1 Minutes from the meeting held on 14<sup>th</sup> August 2018**

The minutes from the meeting which was held on 14<sup>th</sup> August 2018 were read and agreed as a true record with one minor amendment.

**QSC/18/029.1 Learning from Deaths Report (RWT) - Page 12 should read:**

Dr Rajcholan advised that she felt that the Chief Nursing Officer was very open and approachable.

## **QSC/18/033.2 Action Log from meeting held on 14<sup>th</sup> August 2018**

QSC/18/025.1 - Quality Report including Primary Care and Care Home Report - Friends and Family Test (FFT) - The maternal rate of smoking; the CCG is now commissioning this and will ask Ms Sandra Smith for an update for the next meeting.

Mrs Roberts advised that this was included in the Primary Care Report. With regards to the LMS, there is now a Saving Babies Care Bundle and there is also an action plan that Ms Higgins will share at the next Meeting.

### **ACTION: Ms Higgins**

QSC/18/025.1 - Quality Report including Primary Care and Care Home Report - Mortality – To change the Mortality Risk to red.

This action is now **closed** and will be removed from the action log.

QSC/18/029.1 - Learning from Deaths Report (RWT) - To ensure that the Secondary consultant had got the dates of this Committee.

This action is now **closed** and will be removed from the action log.

QSC/18/015.2 - Items for Consideration: CQC update - To check with IT to see if the iPads could be an IT solution to the WHO checklist and report back to the Committee.

Mrs Roberts advised that she would take this action and would raise it at the next CQRM with RWT.

### **ACTION: Mrs Roberts**

QSC/18/015.2 - Items for Consideration: CQC update - To give an update on inspections that had taken place on the VI practices on 5<sup>th</sup> July 2018 in September 2018.

This item was on the RWT CQRM agenda.

### **ACTION: Ms Higgins**

QSC/18/015.2 - Items for Consideration: CQC update - Ms Higgins to meet with Ms Tracy Creswell regarding triangulating soft intelligence for the dashboard.

Ms Higgins advised that this meeting had been arranged and confirmed that she would feedback at the next meeting.

### **ACTION: Ms Higgins**

QSC/18/006.2 - Monthly Quality Report including Primary Care Report: Safeguarding: To ask Rachael Stone to give an update at a future meeting about the work she is doing around Safeguarding and especially the neglect strategy.

Mrs Roberts advised that this work is progressing; Ms Rachael Stone had been actively involved with the Neglect Strategy for Manchester and is going to lead the work in Wolverhampton. There have been three multi-agency meetings where they have redeveloped the Strategy. Any future updates will be included in the Safeguarding Report.

This action is now **closed** and will be removed from the action log.

QSC068 - Points raised by the Chair following the presentation of the Quality & Risk Report: A date is to be confirmed on the implementation of the catheter passport.

Ms Higgins advised that this is being reviewed with an update in October 2018.

Mrs Roberts stated that there had been a high number of patients who are leaving the hospital with catheters in situ and this will be discussed with the trust.

*Mrs Corrigan and Student Nurse Akhtar joined the meeting.*

Mr Oatridge asked about RWT as they had attended a meeting about 18 months ago to discuss the silicone catheters.

Ms Higgins added that Ms Whatley is going to present and update this at the next meeting.

QSC071 - H&S Performance Report: New H&S Provider to look into supporting CCG with H&S requirements.

Mrs Roberts advised that she had met with the University of Wolverhampton about this and is awaiting further details.

#### **QSC/18/034 Assurance Reports**

#### **QSC/18/034.1 Quality Report including Primary Care and Care Home Report**

##### **Primary Care Report**

##### **PATIENT SAFETY**

**Flu Programme** – Mrs Corrigan advised that last month there was an issue with the flu vaccine availability but this had now been actioned and availability was improving. She added that there was a NHSE webinar/telephone conference tomorrow and stated that updates are ongoing daily.

**MHRA** – There were no issues/updates.

**Quality Matters** – There were seven quality matters open and some were likely to go to a review meeting.

**Practice Issue: Docman Issues** – Mrs Corrigan advised that this was a National issue where letters had been sent from a provider and was held in a repository for surgery, going into a hidden folder which the practice was not aware of. There were some duplicates for patients on more than one occasion MGS practice is well ahead; they have completed 2500 letter reviews.

Mrs Roberts enquired about the potential risk and added that the Committee need to see the potential risk of harm relating to Docman, Mrs Corrigan advised this was in hand.

**Medicines Management** – Mrs Corrigan will pick this up with Hemant Patel.

**Complaints** – These are being reviewed by RWT.

**Performers issue of previous Contract holder** – This has been actioned and now closed.

Ms McKie advised that the MGS practice had invited her to their next PPG meeting.

**Escalation to NHS England** – A number of issues went from last PPIGG meeting regarding practice issues and referral. A Safeguarding issue was referred to PAG and a Complaint which was related to a delay in diagnosis.

Ms Higgins advised that she would arrange for learning to be put on the newsletter.

##### **PATIENT EXPERIENCE**

**Complaints** – Mrs Corrigan advised that some complaints could have more than one

theme. The majority of the complaints are closed, they have nearly all been upheld. There is some conflict resolution training for some practice staff being arranged.

Dr Rajcholan commented that the staff attitude theme had received 15 complaints, which was the highest theme.

Mr Price queried if in terms of the percentage were the numbers small.

Mrs Corrigan advised that it was very small; these are only complaints that have gone to NHSE.

**Friends and Family Test** – The figures are rising, they are now able to report electronically. Group Managers have contacted practices to see how they had got good figures; this was down to the cards being given out and text messages. This is reported via the PPG and a 'You said we did' exercise on boards etc.

Dr Rajcholan commented on FFT and advised that the results go to their PPG and coffee morning etc.

Ms Higgins commented on the cancer dilemmas and wondered if the issues could be shared with the PPG.  
Discussions took place about PPGs.

## **REGULATORY ACTIVITY**

**CQC Inspections and Ratings** – Mrs Corrigan advised that four inspections had been carried out and was still awaiting reports for them; the initial feedback was that they were all good with some minor issues highlighted.

## **WORKFORCE DEVELOPMENT**

**Workforce Activity** – Mrs Corrigan advised that the workforce figures were raw data and added that some practices had not consented to share figures with the CCG. She stated that next month the Committee could expect to see retirees, sick leave etc. and added that she would try and provide a break down by practice going forwards.

Ms McKie commented that there was a really low number of HCAs.

Mrs Corrigan replied that the figures were for Whole Time Equivalent (WTE) but added that there were actually 60 HCAs. She advised that they have sent off student nurses CV's as some practices were recruiting and were struggling for hours as work across practices.

Mrs Roberts stated that the ANP numbers were low across the Black Country.

Mrs Corrigan commented that there were four people interested in this but now there are only three going ahead as a practice was not able to support the other person.

Dr Rajcholan commented that there were 58.5 WTE Nurses (all levels) and asked if that included the ANPs.

Mrs Corrigan replied that yes that was correct and added that there is a need to encourage apprenticeships and shared roles etc.

Mrs Corrigan advised that there were 10 places across the Black Country hosted by RWT, but only four posts had been taken up.

Dr Rajcholan commented on the Physician Assistants and the fact they can't prescribe.

Mrs Corrigan replied that this was because they were not on a professional register.

Dr Mittal advised that he had a declaration of interest as his wife was training as a

Physician Associate.

**Training Hub Update** – An update was provided on the Nurses hub and the nurse apprenticeship.

Mrs Roberts stated that the nurses' hub has been strengthened.

Mrs Corrigan commented that the training has now got part of GPN strategy non-clinical in too, they will pilot work experience but will be mainly administration.

Ms Higgins stated that Mrs Corrigan is leading on a lot of the STP work and is doing a fantastic job.

Dr Rajcholan enquired about the flu vaccinations.

Mrs Corrigan replied that there are two types of vaccines and that they are looking at ways to reach care homes, nursing homes and house bound patients. Mr Steve Barlow (Public Health) is working on this.

Dr Rajcholan wondered how many home visits were being done as practice visits.

Mrs Roberts commented that a lot of work is being done and there is a business case being developed for a proactive ward round in nursing homes. She advised that she has put Preparing for Winter on the RWT CQRM agenda.

Mrs Corrigan stated that inpatients are being given vaccines and Mr Barlow is supporting.

Dr Mittal advised that there are 30,000 vaccines in the system, staggered until December; they will review practices (70%) of over 65 years.

Mrs Corrigan added that Mr Barlow was also in touch with supply change.

Ms McKie asked about the homeless people in Wolverhampton as they were a vulnerable group and wondered if there was anything in place to address that.

Dr Mittal was not sure and he was not aware of the situation recently.

Mrs Roberts commented that the next Committee there will be a Public Health update report.

**ACTION: Mr Steve Barlow**

*Mrs Corrigan and Student Nurse Akhtar left the meeting.*

**QSC/18/035 Matters Arising**

There were no matters arising.

**QSC/18/036 Assurance Reports**

**QSC/18/036.1 Quality Report including Primary Care and Care Home Report**

Ms Higgins presented the Monthly Quality Report including Primary Care Report and advised that the report now includes a revised dashboard.

Dr Rajcholan commented that it looked very good and was easier to read.

Mr Oatridge wondered if the report could highlight the key areas of concern and what had changed since the last meeting and show the progression situation.

*Mr McKenzie joined the meeting.*

**Cancer** – The two week wait performance remains challenging. The most challenged pathway is urology due to waits for robotics surgery. One option is exploring capacity elsewhere in Country but this is down to patient's choice.

Mrs Roberts stated that this agenda is challenging and added that they are working with the Cancer Alliance.

Mr Price asked if there was the same commitment level for other providers waits.

Mrs Roberts replied yes. She advised that the urologist had agreed to Saturday to help. Mr Price asked if NHSE expect us to sort this.

Mrs Roberts replied that NHSE/I have us on escalation; there is a need to improve and IST has also been supporting the improvements needed.

Dr Rajcholan asked Mrs Roberts if she had received sight of the IST action plan.

Mrs Roberts replied that she had received it and it was integrated within the overall trust improvement plan she agreed to share it with the Committee at the next meeting.

**ACTION: Mrs Roberts**

Mrs Roberts stated that weekly calls with RWT senior staff and a monthly face-to-face meeting; is still in place, membership included NHSE, NHSI, Cancer Alliance, RWT and CCG however, pace of improvement is challenging.

Ms Higgins advised that they have reviewed the harm review process and harm reviews for June are now completed, dates are in place to catch up with the July and August reviews.

Ms McKie asked if the Quality and Safety rating should continue to be amber.

The Committee **agreed** this should be escalated to red.

Mr Price asked what support can be given at this meeting.

Mrs Roberts stated that the complexity of each pathway is a key problem; head and neck have small numbers and urology have large numbers; the Trust has only got one RALPH (robot) and the lung pathway also works well.

Mr Oatridge commented on the 104 day wait and the harm review and enquired as to whether there was no harm in excess of 104 days and asked if the referral was appropriate in the first place.

Mrs Roberts replied that there were some late referrals from other Trusts; there was one patient with learning difficulties that had issues around consent and complexity but most of the 104 days patients are waiting for Urology and they are on some treatment but waiting for RALPH. The harm review process will pick up any harm occurred.

Ms Higgins added that the longest wait so far was 300 days but they are waiting for a hip replacement elsewhere before they can start their treatment.

Mr Oatridge commented about urology and asked what assurance is the patient's being given and to what extent are we having a discussion with the patients.

Mrs Roberts replied that there are weekly MDTs taking place around the patients and there is a CNS who reviews patients with a Holistic Needs Assessment. This includes informing patients of wait and any potential risk.

Discussions took place around patients accessing alternative provision.

Mr Oatridge asked if when looking at additional capacity does it include private

clinic/operations.

Mrs Roberts replied that yes it may include private clinic usage.

**Maternity** – Ms Higgins advised that there is further review of Serious Incidents in maternity and will feed back once completed.

Mrs Roberts stated that Walsall have had 'inadequate' rating and cap lifted; however women are still choosing to access Wolverhampton and added that Shrewsbury and Telford maternity situation is concerning and will be monitored with regards potential increase in activity accessing RWT.

Ms Higgins commented that high risk pregnancies in Sandwell are also an issue as this will impact NNU capacity at RWT. Ms Higgins advised sickness rate is low; the attrition rate is low, 1:28 birth rate and the vacancy rate is very low.

Dr Rajcholan enquired as to why they are they so low.

Ms Higgins advised that this dashboard has highlighted this.

**Mortality** – The SHMI has risen to 119 which include deaths 30 days after discharge.

Ms Higgins advised that with regards to mortality reviews the Trust is introducing a Medical Reviewer Role; they need a GP resource but the responsibility will sit with the consultant and they will collectively and collaboratively review patient's death.

Mrs Roberts stated that this approach had been undertaken elsewhere and added that it worked well and they had noted good improvement in mortality rates.

Dr Mittal commented that in Wolverhampton there is some interest amongst councillors; there is a meeting taking place on 23<sup>rd</sup> October 2018 where there will be Staffordshire councillors in attendance too. They are looking for a City perspective around mortality and they were hoping to come up with a shared perspective. The main issue was to manage illnesses in hospital, if patients are in hospital they normally die due to severity and complexity of illness.

Ms Higgins advised that the Trust had received three Doctor Foster alerts; two were closed down for Stroke and Fluids and Electrolytes based on evidence.

Dr Rajcholan commented on the Walsall system and the community support seemed better integrated than Wolverhampton; need Community Integrated Care Team involvement.

Mrs Roberts commented that the Trust was only reporting SHMI and she had asked to show HSMR too.

Dr Mittal added that the Walsall system sounded like a community based system which worked well.

Mrs Roberts stated that we will not see an improvement on SHMI until at least next year.

Mr Oatridge commented that the last few years the figure has risen and he believed the coding issues had been sorted.

Ms Higgins advised that she would get the latest paper sent out electronically and asked if the Committee could read it and any questions to come back to the Committee.

The Committee **agreed** to do this.

**Never Events** – There were no further events and they are awaiting a report from AFPP.

**BCPFT** – The vacancy rate has reduced to 14.49% and remains red rated against the

9% target.

**Nurse Vacancy Rate** – The agency usage is increasing; so they are watching that. Breakdown of groups of staff has been requested.

**Legionella** - Ms Higgins advised that the Trust had identified legionella on Wards A12 and A14. CCG were attending progress updates and were assured by the action being taken.

**Probert Court** – There had been quality and safeguarding concerns at the home. CQC had been in and had highlighted some concerns. The home was running on 53% capacity this week. The CCG is now limiting discharges to two per day. This could have an impact on RWT performance.

Mrs Roberts advised that CQC had rated the home as 'requires improvement' and the report was with Accord for accuracy. Ms Cannaby is going out to visit the home on 22<sup>nd</sup> September 2018. She added that the CCG had met with the Manager and she was hoping for collaborative working with RWT and the home, as there is a need to move quickly for Winter Pressures. There have been some positive reports around this. It makes sense for the Trust and the home to work together and Probert Court are in agreement for that.

Mr Oatridge asked what they had done to maintain clinical staffing.

Mrs Roberts replied that there were clinical staffing issues; they were able to recruit, with good pay rates which were slightly enhanced and were good. However, they are not recruiting as well as they did. They are a housing trust and that is the only clinical home they have got. As an additional comment the CCG are out of contract with Probert Court and the CHC team is reviewing this if things don't improve.

Dr Rajcholan questioned her understanding that the home was only going to have two step downs at the moment per day.

Ms Higgins confirmed that was correct.

Dr Rajcholan asked what D2A was.

Mrs Roberts replied that it was Discharge to Assess.

Mr Price commented about the Never Events and wondered if there were any trends and asked if the CCG was seeing any changes.

Ms Higgins advised that she had met with Governance and there were human factors issues and cultural elements.

Mrs Roberts commented on the visit she had undertaken with Ms Higgins where they had gone onto the maternity unit and walked the floor following the never events; she advised that she was assured by the visit. She added that Ms Cannaby had bought a different view to the Trust and that clinicians were embracing the changes.

**Serious Incidents and Learning from Serious Incidents** – Ms Higgins advised that these are real cultural individual incidents rather than processes and systems.

Dr Rajcholan asked if the CCG was planning to do the Stress Testing too.

Ms Higgins replied that they will be doing it collaboratively.

**LeDeR** – Mrs Roberts advised that the Black Country were a significant outlier for LeDeR reviews. The process has now been bought in house from Dudley for us to manage here. There were 15 deaths that hadn't been reviewed; there were some duplicates so it is down to 10 now; 5 reviews were ongoing and there were none outstanding for Wolverhampton. She added that she was picking up some wider

challenges across other CCGS and outstanding reviews.

**QSC/18/036.2 Equality and Diversity Report**

Received for information

Mrs Roberts advised that the Equality and Diversity information will be published on the CCG web site.

**QSC/18/037 Risk Review**

**QSC/18/037.1 Quality and Safety Risk Register (Tabled)**

Mr McKenzie apologised for the tabled report.

*Mr Parvez left the meeting.*

**Corporate Risks**

**Vocare Risk** – this had been de-escalated and there were no direct updates.

**CR13: Maternity Services** – This includes work for the LMS etc.

Ms Higgins advised that they were awaiting the Birth Rate Plus Report and added that Mrs Roberts has had that now, so the risk could be downgraded.

**Committee Risks**

**QS08: Probert Court** – This had been added in August and updated.

**QS06: Cancer Rates** – Mr McKenzie asked if there were any changes to the rating.

*Mr Parvez rejoined the meeting.*

**QS09: Flu vaccine for Winter** – This was a new risk and the CCG are working with Public Health on this. There is a flu group.

Mr McKenzie asked if there was anything to be added from the Committee meeting.

**Docman (harm related issue)** - There was a potential risk of harm implication. Mr McKenzie advised that this was on another risk register and would keep this committee updated.

**QS07: Mortality** - Ms McKie thought this needed to be red rated.

Mrs Roberts asked Mr McKenzie and Ms Higgins to progress this risk.

**ACTION: Mr McKenzie and Ms Higgins**

Mr Oatridge enquired as to whether we should receive something about capacity across Black Country and LeDeR.

Ms Higgins asked if there was a STP risk register.

Mrs Roberts replied that LeDeR was on the TCP risk register.

*Mr McKenzie and Mr Price left the meeting.*

**QSC/18/038 Feedback from Associated Forums (Exceptions and Queries)**

**QSC/18/038.1 Governing Body Minutes**

The Governing Body minutes were received for information/assurance.

**QSC/18/038.2 Commissioning Committee**

The Commissioning Committee minutes were received for information/assurance.

**QSC/18/038.3 Primary Care Operational Management Group**

The Area Prescribing Committee minutes were received for information/assurance.

**QSC/18/039 Items for Escalation/Feedback to CCG Governing Body**

- **Cancer**

**QSC/18/040 Date of Next Meeting:** Tuesday 9<sup>th</sup> October 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12:40pm

**Signed:** ..... **Date:** .....

Chair

DRAFT