

Minutes of the Quality & Safety Committee
Tuesday 11th December 2018 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (Chair)
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)
Yvonne Higgins – Deputy Chief Nurse, WCCG
Sally Roberts – Chief Nurse and Director of Quality, WCCG
Mike Hastings – Director of Operations, WCCG

Lay Members:

Peter Price – Independent Member – Lay Member
Sue McKie – Patient/Public Involvement – Lay Member

In attendance (part):

Phil Strickland - Governance & Risk Coordinator, WCCG
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Katrina McCormick - Children's SEND Programme Officer, WCCG
Vanessa Whatley - Head of Nursing Corporate Services, WCCG
Danielle Dain – Head of Nursing Corporate Support Services, WCCG
Sam Squire – Mental Health Student Nurse (Shadowing Liz Corrigan), University of Wolverhampton

APOLOGIES:

Jim Oatridge – Deputy Chair - Lay Member
Marlene Lambeth – Patient Representative
Sukvinder Sandhar – Deputy Head of Medicines Optimisation, WCCG

QSC/18/067 Apologies and Introductions

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

QSC/18/068 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/18/069 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/069.1 Minutes from the meeting held on 13th November 2018 (Item 3.1)

The minutes from the meeting which was held on 13th November 2018 were read and agreed as a true record.

QSC/18/069.2 Action Log from meeting held on 13th November 2018 (Item 3.2)

QSC/18/060.4 - Safeguarding Adults, Children and Looked After Children Report – To review the contract around School Nurses and would confirm by e-mail.

Mrs Roberts advised that health visiting contracts have been escalated at QSG and added that she would take an action to speak with Dr John Denley around assurance for Health Visiting and School Nursing.

ACTION: Mrs Roberts – February 2019

QSC/18/045.1 - Quality Report: Black Country Partnership – Ms Higgins had asked the trust for assurance of clinical leadership for the unit and there will be more detail on the next report.

Ms Higgins advised that this was for the Penrose Unit and added that the matron is now a clinical leader and they have got a band 7 nurse and the CCG team will repeat the visit February/March 2019 and she is expecting an update at the next Learning Disabilities CQRM.

Mrs Roberts stated that the trust capital request had been supported for inpatient beds from the national monies. Top 4 have been given money which includes: Walsall and Dudley ED, TCP and S&WB Trust (Met Hospital).

Dr Rajcholan commented that she had recently had a problem with one of her patients; they eventually got a bed but in Redditch for a week and half and then they were moved to Penn Hospital.

Ms Higgins advised that there was recently a 12 hour breach in ED, New Cross which was another Mental Health patient. She added that she has got a meeting this week to discuss Mental Health beds locally.

Mr Hastings stated that there is a national issue.

Mrs Roberts advised that she will flag this issue at QSG and ask others about their experiences.

ACTION: Mrs Roberts/Mrs Higgins

Dr Rajcholan asked if we had mental health step down beds.

Ms Higgins replied that she would find out and let Dr Rajcholan know.

ACTION: Ms Higgins

Mrs Corrigan joined the meeting.

QSC/18/031 - Apologies and Introductions – To discuss the attendance of the secondary care consultant with Mr McKenzie. To speak with Dr Hibbs regarding the appointment of another Secondary Care Consultant.

Mrs Roberts advised that they are going back out to advert.

QSC/18/037.1 - Quality and Safety Risk Register - To meet outside of the meeting with regards to progress the Docman Risk.

This action was **complete** and it was **agreed** to remove it off the action plan.

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 there was a bigger piece of work the Trust is working on and the continence team are supporting the community team.

Mrs Roberts stated that because of the challenge she thought it would be best to put it through CQRM. It was agreed this would now be monitored through CQRM and escalated/reported through Q&S if required.

This action was **complete** and it was **agreed** to remove it off the action plan.

QSC071 - H&S Performance Report: New H&S Provider now identified to look into supporting CCG with H&S requirements. To assess as to whether this needs to be a risk at the next meeting.

Mrs Roberts advised that she has put this on the Risk Register she added that they now have an offer and she is meeting them this afternoon.

Mr Hastings stated that the company is RG Consultants Limited and they are based in Wolverhampton.

Ms Higgins advised that there was something that she needs some support with.

Mrs Roberts commented that it could be reduced on the Risk Register from next month.

QSC/18/070 Matters Arising

There were no matters arising.

QSC/18/071 Performance and Assurance Reports

QSC/18/071.1 Quality Report (Item 5.1)

The above report was previously circulated and noted by the Committee.

Cancer – Ms Higgins advised that for the 104 and 62 day cancer waits the CCG continue to monitor and review the recovery plan.

Mr Hastings stated that there is a national escalation meeting taking place on Wednesday and Dr Hibbs will be attending on behalf of the CCG.

Mrs Roberts commented that there will be a walkabout at RWT by NHSI/NHSE and Cancer Alliance colleagues.

Mr Hastings advised that at the last Face to Face meeting with Cancer Alliance and NHSE they were assured of the actions being taken by RWT and CCG and added that the presentation can be shared with the Committee.

ACTION: Mr Hastings

Ms Higgins advised that all visits to GPs have now been undertaken re: cancer peer support, there was no safety net for two week referrals and there was some good practice. For the 104 day reviews this month, there were some patients that had multiple referrals; this was being addressed directly with the referring GP.

Cancer Sharing Event – Ms Higgins advised that there is an event being planned to share good practice. GP feedback is that further work is required to ensure alignment with NICE guidance.

Mrs Roberts added that Simon Gromett (representative from RWT) will be at the event and they are looking to share referral data.

Dr Rajcholan commented on the five fast track referrals mentioned in the report and asked if it was a training practice.

Mrs Roberts replied that she thought it was a training practice.

Dr Rajcholan commented on fast track referrals and she thought it still needed to go through their trainer.

Ms Higgins stated that GPs are not following up on two week wait referrals.

Mrs Roberts added that they are also looking at NFA.

Ms Higgins advised that they now understand the issues and are driving improvement. With regards to the 62 day harm review, the back log has now been completed and RWT have thanked the CCG for their help. Themes that have come out of the reviews are lack of escalation policy, tertiary referral delays, tertiary referral process issues, delays in MDT cases discussion and diagnostic delays.

Ms McKie commented that there was no colour on the RAG rating column.

Ms Higgins replied that it should be red.

Mortality – The Medical Examiners are now in post and the bereavement centre is now open and they are going to include families in the reviews. MJRs continue and learning from these is taken back out into practice.

Death after 30 Days of Discharge – There is some expected deaths and some that are not and they will be reviewed. Mortality strategy now received. Latest SHMI has come down very slightly but this is reflective across the Country.

Mrs Roberts advised that the SHMI has decreased by 0.1.

Mr Price asked when we can expect to see the impact of the work being undertaken on the overall performance of mortality.

Mrs Roberts replied that it was unlikely we would see a large improvement quickly, she had attended a meeting last week with all of the executives at RWT and Stan Silverman and herself as external representatives and this was the mortality review group for the trust. The SJRs around mortality are starting to get some quality reviews done and the Trust is bringing in more external help.

Sepsis Compliance – Ms Higgins advised that the Trust is planning to introduce NEWS2 and a Sepsis Alert within Vital Pac in January 2019 to help with early recognition of Sepsis as well as having Outreach team referrals.

Ms Whatley and Ms Dain joined the meeting.

Ms McKie commented on the bereavement suites and the Child Deaths and advised that the Neo-Natal Unit is trying to get a bereavement room too.

Mrs Roberts advised that she would flag this with Cath Williams, as designated Doctor.

Mr Hastings questioned the quality and appropriateness of data and coding.

Ms Higgins replied that there was a problem with coding and the patient's initial diagnosis.

Mrs Roberts added that there was an issue with FCE coding which was a big finding out of the theming. She added that Nigel Coates; who worked on the Keogh Mortality review has been working with the Trust and was hoping to have his findings in the New Year.

Dr Rajcholan queried whether the SJRs backlog had been done.

Ms Higgins replied that yes the backlog has now been completed.

Dr Rajcholan commented on the care homes deaths and asked if there was any analysis available.

Ms Higgins replied that a lot of the learning will be picked up by the Deterioration project; which is moving forward really well across Walsall and Wolverhampton. She added that Dr Samra is working with the CCG and is looking at three elements in cross system training; frailty, End of Life and the deteriorating patient. NEWS2 is being trialled in two nursing homes; one in Walsall and one in Wolverhampton. They are putting together a

booklet to help with Nursing Homes; Stop and Watch to help recognise the signs of deterioration and if they need to escalate then they will do NEWS2.

Mrs Roberts commented that a standardised frailty tool will be really useful.

Ms Higgins advised that she would bring a synopsis of the work to the Committee in February 2019.

ACTION: Ms Higgins

Maternity Performance – Ms Higgins advised that they are awaiting the RCOG report and added that we are awaiting the trust findings from the C-section rate audit completed by the trust.

12 Hour Breach – There is a meeting this Friday to discuss this and to ensure any learning is captured.

Probert Court – Ms Higgins advised that there is now a plan to support them. She added that the QNA team are going into the home every day and they are interviewing for a clinical lead and RWT are also supporting them by going in weekly. There is a collaborative meeting with RITS team. The staff at the home can also access training at RWT now too and they are accessing the training.

Overdue Serious Incidents – There is one outstanding Serious Incident for BCP.

Mrs Roberts advised that the CCG had been challenged by NHSE about the outstanding Serious Incidents as they had got them down as 21; there were in fact only two outstanding. NHSE have been advised of the error from them.

Ms Higgins added that there is now only one outstanding.

Infection Prevention – With regards to the Gram Negative; we are one of the worse performing CCGs; however, there is a plan on how it can be rectified with a meeting being held at the end of December.

Staff and Turnover Rates – This is really positive.

Mrs Roberts advised that we might see this change as workforce impacts begin to hit, in addition the trust will be reviewing vacancy arrangements as part of their CIP programme.

Children and Young People in Care (CYPiC) - Mr Price asked if they were still unsure about changing the name.

Ms Higgins advised that the children had suggested the new name.

Mrs Roberts confirmed that the change of name had been accepted.

Cancer Waiting Times: 2 Week Wait – Dr Rajcholan commented on '30.1% were due to capacity, 69.9% patient choice' and asked if that was correct.

Ms Higgins replied that it was correct and added that the importance of patients choosing alternative and often longer appointments cannot be stressed enough.

Mr Hastings stated that this time of year patients are being deferred and often this is seasonal, but added we will be reviewing this regularly.

QSC/18/071.4 Infection Prevention Service Update (Item 5.4)

The above report was previously circulated and noted by the Committee.

Care Home Activity – Ms Whatley advised that they are starting to see respiratory

outbreaks; patients are being screened for flu and RSV is circulating, which is a concern.

Audits – This was decommissioned in March, but the CCG and RWT are working on this now.

Infection Prevention Team – The team have been into Probert Court and they are currently writing the report, there were some issues highlighted.

GP Audit Results – There are 11 centres that are audited and the scores are all in the high 90s; but some important issues are being missed. Some of the GP surgeries are old and the hand wash basins need to be reviewed; guidance changed five years ago so might need to consider a Capital bid to get them bought up to the relevant requirements.

Mr Hastings advised that he had asked Gill Shelley to look at past audits and they can look at capital funding from non-recurring money as long as it is spent in a good time frame.

Ms Whatley commented that they could have a Task and Finish Group to discuss this and added that Danielle Dain could sit on the group.

Mrs Roberts agreed that would be a good plan.

Ms Whatley advised that waste bins were also an issue.

Mrs Roberts asked if we change the audit year on year.

Ms Whatley replied that the audit was amended two years ago and added that they only change it if national guidance is received.

Mrs Roberts added that from past experience, if the auditing staff get used to the same audit you don't get fresh eyes on them.

Ms Whatley advised that the Infection Prevention team do the audits not surgery staff.

Mrs Corrigan commented that she went out to do an audit and it was interesting.

Mr Hastings added the need to be wary with regards to the last time it was changed as MCA only review things they have reviewed.

Mr Strickland and Ms McCormick joined the meeting.

Ms Whatley advised that other trusts audits have been weighted and thought it might be worth looking at.

Surveillance Results: C Diff – There were no major concerns around GP surgeries, National guidance on screening changed a few years ago. However, RWT are struggling with compliance and they are having a push in the Trust.

MRSA Bacteraemia – The Trust has had two cases and they are not sure if they were screening correctly as they were outpatients so went on the CCG figures. The team are monitoring it regularly.

Mrs Roberts asked if NHSI have been in touch with the Trust as it had not been flagged with her.

Ms Whatley replied that they had not been in touch with her. She advised that there was an issue with dermatological conditions and the team is working with dermatology.

Mrs Roberts stated that it was good to share the work that is being done by the team.

Ms Whatley advised that the other two cases that occurred in the Trust earlier in the year were not RWT patients.

Gram Negative bacteraemia – Ms Whatley advised that this was an uncontrolled bacteraemia; there is a call on 18th to see what is happening.

Dashboard – Ms Whatley advised that they have been working on an Infection Prevention dashboard which she shared with the Committee as it was only completed on the morning of the meeting. She shared that the microbiologist had commented on it and added that they will develop it and it will change daily.

Safer Sharps - Mrs Corrigan and Ms Whatley has done some work on Safer Sharps and they are planning on putting on an event for GPs in April.

Risks – There is a risk that Wolverhampton will not retain its excellent reputation for the prevention of infection without the sustained input into care homes but they will include Public Health going forward. They are also looking at the National data to keep updated.

MRSA - Care home work needs to keep going and Gram Negative work is also system wide.

Dr Rajcholan commented on the Gram Negative work and asked if there was a target for e-coli.

Ms Whatley replied that there was a national target to reduce e-coli.

Dr Rajcholan commented that it was all increasing in October with dips in July and September.

Ms Higgins replied that it could be to do with dehydration issues during the Summer months.

Ms Whatley stated that they need to have a plan going forward.

Ms Higgins advised that work has been done in the care homes around hydration and oral health.

Ms Dain advised that the team was going to send a poster around to GPs.

Mrs Roberts asked if they could also send the poster to the CCG as well so they could share it with Comms.

Ms Whatley stated that she was getting information about some GPs not giving flu vaccines.

Mrs Corrigan advised that she has got a list and has spoken to Steve Barlow (Public Health) and added that there were some extras in Dudley which Dr Barlow and Mrs Corrigan will collect and distribute accordingly. She added that they had been told that they needed to prioritise care homes which was the protocol from NHSE but it was difficult to police.

Ms Whatley stated that she was concerned about a flu outbreak in a home.

Mrs Roberts replied that there was a plan and she was expecting some information by the end of the week.

Ms McKie commented on dehydration and asked if we could use the voluntary sector too.

Mrs Roberts replied that yes they could and added that they would do comms around it.

Ms Whatley and Ms Dain left the meeting.

QSC/18/071.2 Primary Care Report (Item 5.2)

The above report was previously circulated and noted by the Committee.

Flu – Mrs Corrigan advised that she would update the flu risk to increase the score again. She added that she will review it with Dr Barlow; there is 75% coverage and NHSE do give figures; the problem this year is that there was only one supplier and they were hopeful that there would be more flu vaccines available next year.

Serious Incidents – There are currently no serious incidents being investigated in primary care. However, there have been two incidents relating to incorrect flu vaccines being given where over 65 patients were given the under 65 vaccines.

Quality Matters – This has been monitored; it says there were five SIs but it is now two. The majority were around information governance and patients had been given incorrect blood form.

DocMan – This is now being managed by Mr Ramsey Singh; there are no issues currently.

MGS Practice – These are all in hand and more assurance has been received.

Complaint – Mrs Corrigan is awaiting outcome on this. Should now have DocMan open. One issue is being referred to PEIG; but was unsure whether it would be before or after Christmas; she will chase it up and copy Mrs Roberts into the e-mail.

ACTION: Mrs Corrigan

Friends and Family Test – This had been the best uptake they had ever had, September data which was reported in October was good uptake. The figures are still lower on 'would recommend. There are more people reporting against the national figure. Some practices may only return five FFTs.

Mrs Roberts asked if we were targeting surgeries with no response.

Mrs Corrigan replied that yes they are but added that they are different surgeries each month. Dr Mudigonda's patients are not filling them in; they are also using text messages at Bilston Health Centre.

Mr Hastings advised that this had been discussed but added that the reception areas are all over the place.

Mrs Corrigan added that there are some surgeries with really good uptake.

CQC – There is one new CQC visit (Dr Fowler) who received a really good rating.

Collaborative Practice Visits – Collaborative contracting visits are carried out where appropriate between CCG and Public Health. There were a couple of action plans outstanding.

Workforce – STP: Mr Paul Aldridge is working on this.

Mrs Roberts advised that the clinical lead presented at the Members Meeting; it went down really well with six/seven schemes on it.

Mrs Corrigan stated that they will look at a copy for practice nurses.

Apprenticeships – Mrs Corrigan advised that she will look at other pots of funding for this.

Workforce Numbers – They have now got National data figures for Whole Time Equivalent (WTE).

GPN 10 Point Action Plan – This continues to be reviewed; and they are looking at training places for spirometry.

Nurse Training – The digital clinical supervision issue is resolved now.

Project Manager for Training Hub has left and is out for application.

Ms McKie asked if the CCG get cervical screening data.

Mrs Corrigan replied that it now goes to another team and added that they don't always know about breaches.

Mrs Roberts advised that we need to tighten up the links with screening and immunisations.

Mrs Corrigan added that the immunisation meeting now includes screening.

Mr Hastings referred the Committee to page 3 of the report and the Infection Prevention audits and asked if the ones that were failing are all in one group.

Mrs Corrigan replied that yes they are all VIs who have property buildings.

Mrs Corrigan and Student Nurse Squire left the meeting.

QSC/18/071.3 SEND Update (Item 5.3)

The above report was previously circulated and noted by the Committee.

SEND Tribunal National Trial – Ms McCormick advised that there was a key risk around Special School, there is an action plan and asked if the Committee could receive the action plan on a regular basis.

Key Points

- The CCG can be inspected at any time; it will be unannounced; the Local Authority will get informed and they will let us know.
- Increases around Special Schools Places.
- **Joint Inspection** – Co-operation with Local Authority; there will be three primary questions we will get asked. There have been six out of 14 local areas across West Midlands that have been inspected so far.
- **National Trial** – In the past parents and young children could take the LA to tribunal, this has now changed, they could take the CCG too. It is currently being trialled.
- **Special School Placements** – The Council have increased the number of children and young people school places from September 2018. There is an action plan for children's nurses, physiotherapists and paediatrics which Ms McCormick monitors. There are six domains around leadership and governance; they have made good progress and it will come to this committee to make it more robust, work is still being done.
- **Joint Arrangements** – There is a lack of data locally; on a health perspective there are plans in place.
- **Commissioning** – Public Health are leading on this, pathways need redesigning. As yet there has been little take up of Personal Health Budgets for SEND although not for Children's Continuing Care, there is a workstream project in place to develop this.
- **EHC Plans** – We are engaged with this, further work underway to continuously review the quality of both the plans and the process.
- **Engagement** – Some areas need to be strengthened – we need to get hold of data.

The main recommendation is that this comes to this Committee regularly.

Patient and Public View – Parents and children's have been engaged in various workstreams.

Inspections – There is a list of key areas of improvement. In some cases a written statement of action may be required; this is likely to be in relation to either illegal practice or failure to meet the duties under the Act. Ms McCormick advised that she is not seeing many tribunals at moment.

Increases in Special School Places from September – Further difficulty; need to know where parents are placing children won't know until March 2019. Might have reputational risk to the CCG depending on any decisions around future models of care. Ways to mitigate; working with LA for best models. There are resource implications as well as Quality and Safety implications and Equality.

Ms McKie stated that there was a lot of information and was a very robust report.

Mr Price asked if there was any idea as to when the inspections could be.

Mrs Roberts advised that the teams are in Sandwell and Stafford at the moment.

Ms McCormick stated that they only know that it will be within five years and added that there has been a Safeguarding visit already.

Mrs Roberts requested an update to this Committee bi-monthly.

Mr Price added that it should be by exception.

Mr Hastings referred to section 6 of the report and asked if it could be bespoke.

Ms McCormick stated that we are not alone as it is National but added that it would be better if we could do it at a STP level.

Mrs Roberts added that it would be really good to see the STP footprint. With regards to the local offer; we need to review the health offer and advised that they are getting some support to help Ms McCormick with this. In connection with special school placements they have not had a lot of dialogue from the LA, received a letter from them.

Ms McKie left the meeting.

Dr Rajcholan commented about SEND which is from birth to 25 years old and asked if it would continue.

Ms McCormick replied that transition is always the difficult bit.

Ms McCormick left the meeting.

QSC/18/071.5 Equality and Diversity Report (Item 5.5)

The above report was previously circulated and noted by the Committee.

Mrs Roberts advised that the Publication of Standards is now on the website.

RWT – their RAG rating is green now and was amber last year. Started at a difficult position. BCP has not been reviewed since their compliance. All agreed there had been some good positive progress with this work stream.

QSC/18/072 Risk Review

QSC/18/072.1 Quality and Safety Risk Register (Item 6.1)

The above report was previously circulated and noted by the Committee.

Mr Strickland advised that there were no new risks this month.

Risks

CR13: Maternity Services Capacity and Demand – Trust going over 5000 births

Health and Safety – There is a plan for Health and Safety.

SEND – Raise as a risk for Committee.

Mr Price asked if the Committee could see the action plan.

Mr Strickland advised that it was on the Quality Team Risk Register.

Mr Strickland left the meeting.

QSC/18/073 Items for Consideration

There were no items for consideration.

QSC/18/073.1 Internal Audit Report 2018/2019 Quality and Safety – Serious Incident Reporting (Item 7.1)

The above report was previously circulated and noted by the Committee.

Mrs Roberts advised that this report had been to the Audit and Governance Committee. It was a comprehensive review of internal process and there was one advisory action and another that has been actioned already.

A Safeguarding review has also been done and that will come here once it has been to the Audit and Governance Committee.

QSC/18/073.2 Serious Incident Policy (Item 7.2)

The above report was previously circulated and noted by the Committee.

Mrs Roberts advised that there were some minor amendments that had been made.

Mr Price stated that it was helpful to have the tracking on the document to identify the changes easily.

Mrs Roberts added that they have strengthened the processes.

QSC/18/074 Feedback from Associated Forums

QSC/18/074.1 Commissioning Committee (Item 8.1)

The Commissioning Committee minutes were received for information/assurance.

Mrs Roberts commented on the equipment; it was a Quality and Safety issue initially. The procurement will go live on the decision from the Governing Body.

QSC/18/074.2 Primary Care Operational Management Group (Item 8.2)

The Primary Care Operational Management Group minutes were received for information/assurance.

QSC/18/074.3 Health and Wellbeing Board (Item 8.3)

The Health and Wellbeing Board Minutes were received for information/assurance.

QSC/18/074.4 Finance and Performance Report (Item 8.4)

The Finance and Performance Report was received for information/assurance.

QSC/18/075 Items for Escalation/Feedback to CCG Governing Body

- SEND

QSC/18/076 Date of Next Meeting: Tuesday 8th January 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.30pm

Signed: Date:
Chair

DRAFT