

Minutes of the Quality & Safety Committee
Tuesday 8th January 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (Chair)
Nicola Hough – PA to Chief Nurse and Director of Quality, WCCG (Minute Taker)
Mike Hastings – Director of Operations, WCCG
Ankush Mittal – Public Health Consultant, Wolverhampton Council
Sally Roberts – Chief Nurse and Director of Quality, WCCG

Lay Members:

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

In attendance (part):

Sarah Clarke – Quality and Safeguarding, WCCG
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Maxine Danks - Head of Individual Care, WCCG
Peter McKenzie - Corporate Operations Manager, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Yvonne Higgins – Deputy Chief Nurse, WCCG
Kelly Huckvale - Compliance Officer (Information Governance), CSU
Marlene Lambeth – Patient Representative
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG

QSC/19/001 Apologies and Introductions

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

QSC/19/002 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/19/003 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/003.1 Minutes from the meeting held on 11th December 2018 (Item 3.1)

The minutes from the meeting which was held on 11th December 2018 were read and agreed as a true record.

QSC/19/003.2 Action Log from meeting held on 11th December 2018 (Item 3.2)

QSC/18/071.2 - Primary Care Report: Complaint – One issue being referred to PEIG; to chase it up and copy Mrs Roberts into the e-mail.

Update provided in report under item 5.2 (January 19).

It was agreed that this action could be **closed** and **removed** from the action log.

QSC/18/071.1 - Quality Report – To share the presentation that was used at the meeting with Cancer Alliance and NHSE as they were assured of the actions being taken by RWT and CCG.

Mrs Hough advised that she had sent this around this morning.

Mr Hastings apologised for the lateness of the presentation.

It was agreed that this action could be **closed** and **removed** from the action log.

QSC/18/69.2 & QSC/18/045.1 - Quality Report including Primary Care and Care Home Report: Black Country Partnership (Penrose Unit) – To raise the national issue around Mental Health beds at QSG and ask others about their experiences.

Mrs Roberts advised that the Quality Team are actively working with Penrose and they will do another unannounced visit soon.

It was agreed that this action could be **closed** and **removed** from the action log.

QSC/18/69.2 & QSC/18/045.1 - Quality Report including Primary Care and Care Home Report: Black Country Partnership (Penrose Unit) – Ms Higgins to find out about mental health step down beds and let Dr Rajcholan know.

Mrs Roberts commented that she didn't think there were any.

It was agreed that this action could be **closed** and **removed** from the action log.

QSC/18/031 - Apologies and Introductions – To speak with Dr Hibbs regarding the appointment of another Secondary Care Consultant.

Mrs Roberts advised that recruitment will be shortly underway for another Secondary Care Consultant.

It was agreed that this action could be **closed** and **removed** from the action log.

QSC071 - H&S Performance Report: New H&S Provider 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 they had agreed some terms and had met with a company in December 2018. She is in the process of getting some people for each directorate to lead on Health and Safety and added that she would provide a further update in February 2019.

ACTION: Mrs Roberts

QSC/19/004 Matters Arising

There were no matters arising.

QSC/19/005 Performance and Assurance Reports

QSC/19/005.1 Quality Report (Item 5.1)

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

Mrs Roberts advised that she believed the CQC report for BCFT was being released today and added that there were no major concerns identified within the final report. She added that the report was going to both Trusts and advised that the merge is to go through.

Cancer – With regards to the 104/62 day breaches; RWT still continues to be under performance; they are on national escalation and have had a visit from Dr Cathy McClean; there is a comprehensive plan, there was a walkround and they advised who they wanted to meet. Dr Hibbs went on behalf of the CCG; positive feedback was received and they noted that patient experience was poor for MRI, given where the MRI scanner was housed. IST had already stated that capacity and demand work was an issue. Awaiting formal report but we do expect additional IST support to be offered to the trust with ref to clinical pathways.

Harm Reviews – This was up to date as of December 2018; plan going forward with help from Dr Rajcholan and Mrs Lesley Thorpe. Key themes and trends arising from reviews are fed back into cancer team for improvement.

Tertiary Referrals – These continue and there are less than five per week, but are still significant; with regards patient's pathways mainly from Dudley and Walsall and one from HEFT.

Weekly Calls – These still continue; evidence that the trust are working hard through their backlog activity; with Christmas and New Year holidays we expected a dip, but this was more significant than was expected. Trust improvement plan identifies backlog is due to be reduced around April time.

Radiology – Additional financial support from NHSI and CCG has supported additional capacity for diagnostics. IST has indicated RWT are one MRI scanner down and David Loughton is working on this STP wide.

Mr Hastings commented on tertiary referrals being received; there are referrals being made to RWT that should be going elsewhere.

Dr Rajcholan enquired if RWT was having another urology surgeon to undertake robotics.

Mrs Roberts replied that yes they are training a few more surgeons. The focus is on STP and they have recognised wider participation.

Mr Price enquired as to whether there was recognition that everyone is pulling in the right direction.

Mr Hastings commented that NHSE/NHSI have noted that Cancer in Wolverhampton is the biggest concern and although they are not hitting the target they are seeing that the CCG are doing everything that needs to be done.

Mrs Roberts added that we are at the right level of referral; they have got their eye on it. NHSE/NHSI will continue to scrutinise.

Dr Mittal stated that on the reverse NHSE and breast cancer screening and other cancers; Wolverhampton is ahead of some others with getting people to attend their screening. Work is being done around prevention and screening.

Mrs Roberts advised that she and Dr Mittal are going to do some work around this for the next meeting.

ACTION: Mrs Roberts/Dr Mittal

Mr Hastings stated that we are ahead of the game; there are more appointments available; open access point, get more referrals in, work being done around this. One in 15 go forward for treatment, in October 2019 the timings are increasing for patients to be seen.

Mortality – The Bereavement Suite has now opened. The Medical Examiners also start this week. SJRs (Level 1) they are getting through them, Trust undertaking a SJR for each patient. Level 2 is more structured and Dr Rajcholan will be sitting on SJR Level 2.

This will then determine next steps and whether it goes for SI or RCA etc. There were 55 cases in hospital deaths for SJR 2; more meaningful learning comes from them. We will start to see the outcome of the SJRs. External investigation report expected in mid-January 2019. With regards to Quality of Care; Stan Silverman has not determined whether there was a lack of care or not. Working with Public Health the wider system work will focus around frailty and end of life etc. Wider community services, getting infrastructures correct. Not expecting to see a real dip in performance we will need to give them a 6-12 month to see a difference. Continue to actively work together.

Sepsis – Quarter 2 there is work that needed to be done. Ms Higgins has been doing some work with front door staff and the team should commence February 2019. The Chief Nurse at RWT is focussed on this work.

Mr Oatridge wondered if there was some sepsis work reflecting into the mortality work.

Mrs Roberts replied that yes it does. With regards to Vital Pac and NEWS2 they are slightly behind compared to other local trusts.

Mr Hastings commented that Simon Stevens had recently discussed the A&E Targets; Heart Attack, Stroke and Sepsis within 4 hours. To be implemented in October this year.

Maternity – There is some good work around capacity; they have now moved over to Badgernet which has gone really well and they are now getting reports from Badgernet. Royal College of Obstetricians and Gynaecology went into the unit October time and we are still awaiting for the report to be shared with us.

Ms McKie commented that Badgernet should help with CDOP work.

Mrs Roberts advised that emergency c-sections remains elevated and she is speaking with the Clinical Director for obstetrics and gynaecology.

Mr Oatridge asked if it was elevated, how important was it.

Mrs Roberts replied that this is the argument the Head of Midwifery would put in; we do know our population will require more C Sections so we should be asking how we are monitoring and helping them.

Dr Mittal asked how RWT compares to other areas.

Mrs Roberts replied that they are slightly higher than other Black Country neighbours.

Dr Mittal asked what potential difference can be made antenatally.

Mrs Roberts stated that it is this very much around the model of care and what is being done antenatally. The infant mortality rate is still poor. Continuity of Care national agenda is really positive and RWT are actively engaging in this work to ensure vulnerable women are cohorted appropriately.

Mrs Corrigan joined the meeting.

Mrs Roberts advised that the capping is still in place and they had taken 4/6 ladies with specific clinical reasons from Shropshire; she added that the CCG continue to support the cap.

BCPFT – With regards to an adult and MH breach they are still awaiting the RCA report. There was two to one support for a patient in ED and then to AMU; learning from RCA is to come back here. Awaiting CQC report.

Nursing Home – Work continues with Probert Court; it was quite volatile. With regards to the Discharge to Access provision there were issues around the home and the Trust. The CCGs Quality Nurse Advisors went in every day for two weeks to see what was happening; there was an issue with clinical oversight and leadership. There are now

clear actions from the Chief Nurse (RWT); the home can use RWT bank staff from April, and also offer teaching packages, it has been well received from the home. Mrs Henriques-Dillon chaired a meeting with the home and trust staff, they will strengthen the care home provision, still monitoring closely.

HCAI – There is a new amber alert; there has been an increase in *C Diff* and MRSA rates. This has been flagged with the contracts team and will strengthen work with Public Health too. CCG needs to do some system wide work with regards to gram negative bacteraemia.

Mr Price stated that it was a comprehensive report and added that it would be good to milestones when it is expected to move from red to amber etc.

Mr McKenzie joined the meeting.

Mr Oatridge agreed with Mr Price and commented that updating the column has really improved but are not getting to end. The Risk Register has clear timelines and shows when it will be completed and if they don't get there what will happen.

Mrs Roberts replied that she will take it away and review it.

ACTION: Mrs Roberts

Ms McKie commented on the Serous Incidents on page 9 of the report and asked for clarity of difference with numbers for chart 1 and 2. She also commented on the Survey for Care homes (section 6.4) and asked how many Homes we have.

Mrs Roberts replied that there are about 16 on contract, but there are about 22 homes and added that we should be reporting as percentages.

Mr Oatridge stated that some graphs have no November data in them and as we are in January asked if there was an issue.

Mrs Roberts replied that it was probably reporting due to Christmas and hopefully they will catch up next month.

QSC/19/005.2 Primary Care Report (Item 5.2)

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

IP Audits – Mrs Corrigan has met with IP lead in November and understands it more now. She has discussed it with contracting; the issues are mainly damage to walls/décor etc. they are looking into this. The IP&C team is doing a session around Safer Sharps and Sepsis.

Flu Vaccines – Everybody now has got access to over 65 injections; there had been a slight shortage. The uptake is increasing but not as good as last year. There have been issues with the computer; some practices are not being reported in a timely manner.

Quality Matters – This is now up to date.

Practice Issues – There has been some issues with a particular practice and Mrs Corrigan was meeting with them next week. There has been an issue with labels and Mrs Corrigan was hoping for an update next week. With regards to the issue with DocMan there have been no reports of any harm.

Complaints – All complaints are now closed. There was one being dealt with by the practice.

PEIG – There was one issue but there are no further actions for us.

FFT – This is the best ever uptake; they have been increasing on monthly data. Texting is the higher responses and then screens and some paper. Some practices are still not reporting; they are going to be asked to provide an action plan as well as those who don't provide enough responses. However, some practices have done really well.

Management Group – There has been a spike in patients unlikely to recommend; unsure if it is an anomaly; the figures on the report were October's figures and could be connected to the lack of flu vaccines available.

CQC – There has been no new activity.

Collaborative Contracting Visits – These are now all up to date. They visited Woden Road before Christmas and had planned to visit Parkfields in two weeks; the issues being found are easily remedied. Going to use new form from January.

Workforce Activity – This has been agreed and now rolled out; there are workstreams; coaching and mentoring and portfolio update. Paul Aldridge is looking at replicating the same for Practice Nurses across the Black Country.

Mr Oatridge commented on the workforce numbers and stated that it was difficult to understand whether it was a basic spread and whether it was at optimal level and other areas shift into salary fees.

Mrs Corrigan replied that she can do a comparison across the CCG.

Mrs Roberts advised that benchmark work has already been done which could be shared.

Mrs Corrigan stated that compared to other CCGs we were quite good and advised that she would share work next month.

ACTION: Mrs Corrigan

Mrs Roberts commented on the attractiveness around Primary Care and advised that Mrs Corrigan is leading on this across the STP. There is a GP that is sitting on group with Mrs Corrigan.

Mrs Corrigan commented on the figures over 55 and advised that they are not necessarily looking at retiring.

Practice Nurse Strategy – Also looks at other professionals. They are looking at increasing student nurse placements also Return to Practice and sponsored training.

Spirometry Training across Wolverhampton – Looking at funding for his as well as diabetes training. Working with Dudley CCG for programme for Practice Nurses to use fundamentals to help with getting people in their post etc. There is also a lot going on with non-clinical staff and the Practice Managers diploma.

Training Hub – This is procured by Health Education England, there has been a delay in process, they are looking at a solution and it has been put on the Risk Register as an amber risk.

Dr Rajcholan enquired about the Practice Manager Diploma for Wolverhampton and whether they will fund one place per CCG.

Mrs Corrigan replied that it is per CCG and added that the CCG has funded another one.

Dr Rajcholan asked if there was somebody interested who they should contact.

Mrs Corrigan replied that they should contact Jo Reynolds.

Dr Rajcholan commented on the case studies and action 1 of 10 point plan.

Mrs Corrigan advised that this was to do with work experience for students in year 12 in secondary schools and added that it was a joint venture CCG, Public Health, Pharmacy etc. Practice Nurse fast track for practice nurses who are new in post; to give them the training to help to get them up and running.

Mrs Corrigan left the meeting.

QSC/19/005.3 Information Governance Report (Item 5.3)

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

Update on Information Governance – This has got to be completed by the end of March and we are on track to work on Information Governance.

Updated NHS Digital requirements – This is on the CCG intranet. Updated information asset register; Ms Huckvale is following up on this now.

Staff Training – Update for Information Governance at beginning of the year; need to get 95% by end of year.

Information Governance incidents – Ongoing work; there was none in this quarter.

Subject Access Requests – There were a couple in the last quarter; don't get a vast number of these.

GDPR Programme – Need to update policy, should come to next meeting for approval.

Consent Forms – Need to review the consent forms, CHC are working on this with Ms Huckvale.

Mr Hastings commented that there were intermittent problems with ESR which would affect mandatory training and wondered whether it was worth contacting someone to ask if there is a fall back.

Mr McKenzie replied that they are working on this and there was a fall back. Ms Huckvale had mentioned that there were some elements in the toolkit and she has had to clarify what we asked for, but it is all on track.

Mr Strickland joined the meeting.

Mrs Roberts commented that we are learning from Information Governance incidents and asked if there was any learning and whether it was being shared.

Mr McKenzie replied that yes they have used a variety of mixed communications to share the learning e.g. newsletters, screen savers and GDPR updates.

QSC/19/005.4 GDPR Workplan Update (Item 5.4)

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

QSC/19/005.5 FOI Report (Item 5.5)

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

Mrs Roberts left the meeting.

Mr McKenzie advised that there was a slower volume of FOI requests and had missed a statutory deadline due to staff illness; staff not around to ask. Unable to reply within 20 days for two FOIs.

Mrs Roberts rejoined the meeting.

The requests come from a wide variety of people; media is the main one, the recent one was whether the CCG was going to pay for any settle status (Brexit) it is usually what is on the news but there was nothing noteworthy.

Mr McKenzie and Mr Price left the meeting.

QSC/19/005.6 Quarterly CQUIN Update (Item 5.7)

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

Mr Hastings presented the report and advised that it was self-explanatory and that the report was showing quarter 2 data and gave total monies achieved for the quarter and to date. The Royal Wolverhampton NHS Trust was showing the total value of £687,568 out of a possible £815,759 and Black Country Partnership Foundation Trust was showing total value £85,513 out of a possible £122,965 and Nuffield Health was showing a total of £14,118 out of a possible £14,118. He added that Mrs Moon monitors this with Mr Parvez.

Mrs Roberts commented on the sepsis Indicator for RWT and advised that Ms Higgins has been going into the Trust to help with this; so hopefully they will achieve the indicators in quarter 4.

Mr Price rejoined the meeting.

Dr Mittal commented on the Smoking indicators and queried as to whether discussions had taken place with regards to this and the national CQUIN.

Mr Hastings replied that discussions had taken place with Dr John Denley.

Mrs Roberts commented on Tobacco control indicators for BCPFT and advised that she was unsure what was happening with this and added that she would ask for an update next time.

ACTION: Mrs Roberts

Dr Mittal stated that all trusts ask patients if they smoke, drink etc. but he was not sure where the detail is stored. He added that he would discuss smoking with the team.

Mrs Roberts advised that there was some work being done around vaping and added that smoking CQUINS are not part of the NHS Long Term Plan.

Dr Mittal commented that a lot of good work was being done around alcohol and withdrawal etc.

Dr Rajcholan stated that there was no longer funding for smoking cessation but practices will continue to help patients with stopping smoking.

Discussions took place around smoking and smoking around pregnancy and prevention and young people.

QSC/19/005.7 Quality Assurance in CHC Report (Item 5.6)

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

Fast Tracks – the amount of these have come down; this could be due to changing the process; fast tracks are managed in house; the team has provided lots of training and is still ongoing. The team is recording all referrals on a spreadsheet so that they can audit it; patients can access appropriate treatment and movements to homes and Compton Hospice etc.

Appeals – There is currently eight appeals in the system; five are ready to go to local panel and there are a few awaiting dates for panels; one appeal has been overturned as they have been given new information and all the others were upheld.

New National Framework (2018) – This is now in place and documentation has been amended to support it.

CHC Personal Health Budget – The team continue to try and improve the possible 70 adult CHC personal health budgets, for children there are currently nine in place.

Step Down – The number of patients in step down on average is between 30-35 per week; the person who normally deals with these has been off sick but they are now back.

Quality premium for NHSE – This requires 80% of full CHC assessments to be completed within 28 day timescale and less than 15% of CHC full assessments to be completed in an acute setting, the team are currently assessing them within 29 days.

Workloads – It is still high, but is getting better now. They are trying to stop people doing the checklist in the hospital but to do them in the Community instead. As well as putting on some face-to-face learning.

Vacancies – The team has recently appointed to the band 2 and band 5 vacancies.

Budget wise – They are currently breaking even. Since 2014/2015 the budget has gone up £35,000 in 5 years.

Care Home Framework – An evaluation of this will be undertaken shortly.

STP Footprint – The team is working across the STP footprint to identify how best to commission the care for highly complex/specialist mental and physical health placements. They are not assured at the moment that patients get the same standard of care across the STP.

Mrs Roberts advised that a paper is going to JCC on Thursday regarding this.

Ms Danks added that everybody is on board and it was a positive for patients.

Mr Oatridge commented on the quality of care and safety of patients in care and the availability and enquired where that goes with personal health budgets.

Ms Danks replied that for patients at home the local authority broker some care for us and if we are concerned about something we can contact Public Health. They get three quotes from different providers and it is discussed with the patient and they also get feedback from patients already using the services. She added that they haven't got anybody in Wolverhampton who has got their own budget. With regards to complex care needs the company is employed to do work for us; they are on call 24/7 from the company and support from complex care nurses in the team.

Mr Oatridge queried that as this rolls out more how do we get assurance of quality of care budgets.

Mrs Roberts advised that some patient stories come here; for multi complex patients there are a lot of challenges; there are multiple patients that have issues which are managed through the CHC team and added that we don't always recognise the work being done.

Mr Oatridge enquired how we understand quality and value of money.

Mrs Roberts replied that the team deal with this on a daily basis.

Ms Danks added that with regards to quality of care, the team will link with Public Health when they do the next procurement so to help with understanding Personal Health Budgets.

Mr Oatridge stated that the team have a grip on that and added that it is the unknown issues.

Ms Danks replied that they get NHSE to get some evidence to share PHBs.

Mrs Roberts stated that national issues don't support our local demographics.

Ms Danks commented that she could bring some patient stories to the Committee if required.

Dr Rajcholan commented on the care home framework and that they have 405 beds in nursing homes that are quality assured.

Ms Danks replied that they are hoping that the number will increase; they are looking at 600 by the beginning of the next financial year. She added that patients are all placed in framework homes now. Patients have face-to-face three monthly meetings to discuss their issues.

Ms Danks left the meeting.

QSC/19/006 Risk Review

QSC/19/006.1 Quality and Safety Risk Register (Item 6.1)

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

Mr Strickland advised that there no new risks added to the register this month and added that Corporate risks are due to be reviewed this month

QS09: Potential issue with supply of adjuvanted trivalent influenza vaccine (aTIV) for 2018/19 influenza season: There has been a change in score for this.

QS01: Out of Hours Provider - inaccurate reporting of performance data/quality assurance - Mr Strickland advised that he was still awaiting feedback regarding Vocare CQC Visit and added that he would pick this up with Ms Higgins.

QS05: Maternity Capacity & Demand – Mr Strickland queried whether this was to be kept on the risk register as it was ongoing.

Mrs Roberts replied that due to issues at Stafford and Shropshire it was felt it should be kept on the register due to the vulnerability of the service.

SEND – Mr Strickland commented that at the last meeting SEND was mentioned as they was awaiting information and wondered if this needed to go on the Risk Register.

Mrs Roberts advised that she would check this with Ms McCormick.

ACTION: Mrs Roberts

Mr Strickland asked if there were any new risks to be added.

Mrs Roberts replied that there was some work to be done around screening, which might need to be added to the Risk Register, there was also some work to be done around HCAI.

Mr Strickland left the meeting.

QSC/19/007 Feedback from Associated Forums

QSC/19/007.1 Area Prescribing Committee (Item 7.1)

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

QSC/19/007.2 Commissioning Committee (Item 7.2)

The Commissioning Committee minutes were received for information/assurance.

QSC/19/007.3 NICE Group (Item 7.3)

The NICE Group Minutes were received for information/assurance.

QSC/19/007.4 Primary Care Operational Management Group (Item 7.4)

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

QSC/19/008 Items for Escalation/Feedback to CCG Governing Body

- Nothing

QSC/19/009 Any Other Business

Flu Vaccines – Dr Mittal advised that there had been an increase in the uptake of children’s vaccine and that it was positive as an increase is better.

Mrs Roberts advised that RWT had done some work with the ED around flu and they are starting to see the impact now. Russells Hall Hospital had been on a level 4, RWT was on a level 3 on ITU but it was managed and contained.

Dr Mittal added that there was one case he was aware in a Care Home.

Mrs Roberts stated that RWT will be asked for off-loads of ambulances.

Mr Hastings commented on the children’s book that had been designed by PH and asked if there had been any uptake.

Dr Mittal replied that the book had been done as parents might not understand the letter; they will take it to NHSE for the West Midlands; NHSE are setting up a group for screening etc.

Mrs Roberts advised that the long term plan has been released and added that people will need to digest and understand it and they are awaiting guidance around it too.

QSC/19/010 Date of Next Meeting: Tuesday 12th February 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.40pm

Signed: **Date:**
Chair