

Minutes of the Quality & Safety Committee
Tuesday 14th May 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Yvonne Higgins – Deputy Chief Nurse, WCCG

Lay Members:

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

In attendance:

Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG
Sukvinder Sandhar – Deputy Head of Medicines Optimisations, WCCG
Fiona Brennan – Designated Nurse Looked after Children, WCCG
Lorraine Millard – Designated Nurse Safeguarding Children, WCCG
Kassie Styche – Quality and Safety Officer, WCCG (Note Taker)

APOLOGIES:

Mike Hastings – Director of Operations, WCCG
Dr R Rajcholan – WCCG Board Member (Chair)
Sally Roberts – Chief Nurse, Director of Quality, WCCG
Ankush Mittal – Public Health, Wolverhampton Council
Steve Barlow – Public Health, Wolverhampton Council
Rachel Stone – Deputy Designated Nurse Safeguarding Children, WCCG
Annette Lawrence – Designated Lead Safeguarding Adults, WCCG
Hemant Patel – Head of Medicines Optimisations, WCCG
Nicola Hough – PA to Chief Nurse, Director of Quality, WCCG

QSC/19/045 Apologies and Introductions

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

QSC/19/046 Declarations of Interest

No declarations of interest.

QSC/19/047 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/047.1 Minutes from the meeting held on 9th April 2019 (Item 3.1)

Mr Oatridge stated that the minutes are very full and good minutes; however he feels that some discussions are missed and need to include more outcomes.

QSC/19/047.2 Action Log from meeting held on 9th April 2019 (Item 3.2)

QSC/19/026.5: Infection Prevention Service Update - To provide the catheter pilot data by the end of March 2019.

No report provided, for submission at June's meeting.

QSC/19/026.5: Infection Prevention Service Update – To include more data on catheters in the next service update report.

No report provided, for submission at June's meeting.

QSC/19/037.1: Quality Report: West Park Visit - To provide an update on an unannounced visit to West Park.

Visit is scheduled for 17th May 2019, update required in Junes Meeting.

QSC/19/039.1: Primary Care Report FFT – Mrs Roberts commented it would be useful to see the top five and bottom five practices.

Further changes made to the report.

It was **agreed to close** this action and **remove** it from the action log.

QSC/039.4: Draft Committee Annual Report – To send through to Mr McKenzie, the amendments i.e. names in the membership need removing.

Amendments made and report shared.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/048 Matters Arising

There were no matters arising noted.

QSC/19/049 Performance and Assurance Reports

QSC/19/049.1 Quality Report (Item 5.1)

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

Cancer - Overall cancer performance at RWT remains challenged.

A GP evening event took place recently to discuss the ongoing issues around Cancer performance. A panel from RWT responded to questions from the GPs and the dialogue was rich, however the attendance for this event was low. Notes and Key Action points will be collated and sent out shortly to the group.

Mrs McKie asked if any Practice Nurses had attended the event.

Ms Higgins stated that unfortunately there were no Practice Nurses at the Event but information would be cascaded to them.

There are still performance issues relating to the breast cancer pathway, all breast referrals now go through the “one-stop clinic appointment” whereby patients are seen by a consultant and have breast imaging, examination and fine needle aspiration performed on the same day. The wait for this pathway in March was 24 days against a 2 week standard but has deteriorated further at the time of reporting to 34 days.

Mrs McKie wanted clarification on whether the 28 days replaces the 2 week wait.

Ms Higgins confirmed this would be the performance measure from April 2020.

Mr Oatridge asked when the patients are likely to receive the results.

Ms Higgins responded that some of the results will be on the day of the test.

Mr Oatridge asked for assurance that we are working through all actions raised.

Ms Higgins was assured and stated that the figures for urology were improving and that the Cancer Patient Experience survey was positive.

Mrs McKie stated that the issues around cancer and waiting times will take time to see any improvement.

Mr Oatridge was encouraged by the progress but stated that the risk must remain red.

Ms Higgins stated that an STP Meeting had taken place on 1st May with NHSE/I to discuss the Black Country Cancer Performance and a set of system wide actions were identified.

Mortality – There is a lot of work happening with Mortality especially around coding and documentation; however there are still issues with Sepsis and Deteriorating Patients.

Ms Higgins informed the group that she recently attended RWT to walk the pathway for Deteriorating Patients and Sepsis, the Trust are using an electronic Sepsis Flag Tool but are not closing the loop and areas for improvement have been recognised.

The Trust has a Deteriorating Patients Recognition Group in place with the Head of Governance currently revising the Terms of Reference of request from the CCG.

There has been an increased staff capacity within the Critical Care Outreach team from 6 WTE to 12 WTE. There is a software issue at present with no capturing of the outcomes of the team; this issue is being addressed.

Ms Higgins stated that we are working well collaboratively in regards to Mortality however improvement in SHMI may take time.

Sepsis – Sepsis Nurses are now in post and a focused action plan has been developed to drive improvement. Ron Daniels, the National Lead for Sepsis, has visited the Trust to offer support and training. The sepsis CQUIN results for Q4 are awaited.

Maternity – Risk remains as green.

The Trust is working well with the Saving Babies Lives LMS agenda and are actively engaged.

External review from NHSI has taken place with positive feedback in relation to staff engagement; an action plan will go to CQRM to gain further clarification.

Mr Oatridge asked if staffing had improved and whether they have the correct numbers.

Ms Higgins replied that staffing has improved and the ratio of midwives to births is 1:28. She has been developing an LMS dashboard across the Black Country and RWT appear to have good outcomes.

Mr Oatridge requested an update on Walsall.

Ms Higgins responded that the capping has now been lifted.

Mrs McKie stated that she is aware that some women in the Shropshire area request to be seen at Wolverhampton which will have an impact on figures.

It was noted by the committee that the bookings at 12 weeks have increased and are the highest numbers for this year, it was agreed by the group that these figures are one to watch and trend lines to be included in the report for these figures.

BCP Workforce – Issues had previously been identified, however the workforce figures have improved with sickness on a downward trend, turnover rates have decreased and there is an improving picture.

Ms Higgins informed the group that a visit took place this month to Penn Hospital and overall it was a positive visit, however there will be further investigations into correlation between Safeguarding alerts and Incident reporting.

A re-visit to Penrose will take place on 14th May 2019 to look at leadership and progress against the action plan developed from the first visit.

Mrs Corrigan joined the meeting.

Probert Court – There are ongoing concerns which are being closely monitored by the Quality Nurse Advisor Team.

E Coli –The quality improvement project continues and we receive good collaboration across the system. The next meeting is scheduled for the end of May 2019.

Mr Parvez updated the group around a recent Endoscopy scoping Incident at RWT. Due to system and process issues there were 72 patients that were not sent for their routine endoscopy. It was highlighted that two patients came to harm with one patient that had passed away. This incident has been raised as a Serious Incident and assurance has been gained relating to actions taken following a recent table top meeting. The full report for this Serious Incident is due at the end of June 2019.

Mrs McKie asked if this was because of the way they were recording the data.

Mr Parvez added that this was down to system and human error issues and RWT are looking at governance processes going forward.

Mr Oatridge added a general point and wondered whether if patients were expecting to be called for something and this doesn't happen do they not contact the trust and chase them up.

Mr Parvez added that this incident came to light due to a patient contacting RWT and asking why they had not been called.

It was discussed between the group if the letters need to be changed to address this issue and give details of patients to contact us if they don't hear anything.

Mrs McKie added that this may be down to Ethnicity and was these figures looked at during the investigation of this incident.

Mr Parvez said this is something that he will feedback to the Trust.

Mr Price stated that the Never Events was still zero.

Ms Higgins responded that there had been one never event that had been retracted. Ms Higgins had met with Governance Team and the Trust did think that this incident met the criteria for a never event however the National Lead at NHSI did not agree and this was downgraded to a Serious Incident.

Mr Price stated this Quality Report was very comprehensive with month on month improvement.

Mr Oatridge replied that it was good to show the areas of risk within the report but would recommend that we have a top bar and bottom bar for the achievements to show where they started to where they are now.

QSC/19/049.2 Primary Care Report (Item 5.2)

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

Mr Oatridge commented that a lot of work has gone into the presentation of the report and it was much improved.

It was agreed in the meeting that starting next month the report will include rolling quarterly monitoring and concentrating on what has changed from the previous month.

ACTION: Mrs Corrigan

Mrs Corrigan highlighted the areas for concern within the report.

Serious Incidents in Primary Care – There have been two incidents recently within Primary Care.

One 'Near Miss' where a child was vaccinated two weeks too early, the incident was discussed with NHSI/E and PIIG. Mrs Corrigan was happy with how this has been managed and a full RCA has been completed.

Mr Oatridge questioned whether this was correct dosage/immunisation and whether it was just down to incorrect dates.

Mrs Corrigan confirmed the correct immunisation was used and was just given two weeks early, there was no harm caused to the child.

Mrs McKie asked if all staff/practices are trained in how to undertake an RCA.

Mrs Corrigan confirmed they have received training and have ongoing support from the CCG. A standardised template is provided which the CCG review.

The second incident was a Patient with query DVT, unfortunately this patient passed away of pulmonary embolism. This incident was reported on STEIS and the full RCA was due this week however the practice required extra time to speak with the Practice Nurse involved in the care. This will be referred to PIIG.

Mrs McKie stated this would have been very traumatic for the Nurse and asked what follow on support had been offered.

Mrs Corrigan replied that the Practice Nurse is receiving support from the practice, family and CCG have offered support.

Mrs McKie asked who is responsible for monitoring the action plan.

Mrs Corrigan replied that the action plan would be monitored within the Quality Team.

Mr Oatridge wanted clarification around the action plan and if this follows the staff member or the practice.

Mrs Corrigan responded that the action plan stays with the practice rather than the staff member. The NMC may follow this up but would only be where a major professional issue had been recognised. Lower level incidents would be expected to be included within a Nurses revalidation for learning.

Mrs McKie asked if this incident would need to be reported to NMC.

Mrs Corrigan stated that the correct process was followed and this was not needed to be reported, however will potentially be picked up through PIIG.

Training Hub – Training Hub work continues however there is a possible risk around the infrastructure of the Black Country and the re-procurement process. This is currently being reviewed by NHS England and looking at developing a Training Academy.

Ms Sandhar joined the meeting.

Mr Oatridge was interested to hear what types of training are offered to the GPs.

Mrs Corrigan replied that the training offers anything from Conflict Resolution to full training packages.

Ms Brennan and Ms Millard joined the meeting.

Mr Oatridge asked if the training hubs and training support will remain the same within the Primary Care Networks.

Mrs Corrigan confirmed that the training hub will remain the same.

Mr Price asked for further assurance around CQC inspection and ratings on page 67 of the report. He asked what assurances we have around inadequate practices.

Mrs Corrigan stated that the practice that was rated inadequate has now merged with a larger practice group and are working together. This offers increased leadership and infrastructure and more GPs to support improvements.

Mrs Corrigan left the meeting.

QSC/19/049.3 Safeguarding Adults, Children and Looked After Children Report (Item 5.3)

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

Ms Millard updated the group with key areas from the report.

SAR recently published with a robust action plan.

There are currently three Serious Case Reviews for children and work is ongoing with these.

There are currently two Table Top Reviews that are occurring for children that did not meet the threshold for a SCR, the learning for these will be collated and shared.

The CP-IS (Child Protection – Information Sharing) is now live at RWT and The Urgent Care Centre, however there is a delay with the system going live in Social Care.

The STP Working group is in its infancy but working very well, the terms of reference for this group have been produced and Mrs Roberts is kept informed regularly.

There are changes being made around the Safeguarding Board, the plan for the changes will be published in June 2019.

Mr Oatridge asked if there had been agreement to the changes.

Ms Higgins stated that there has been agreement and Mrs Roberts is confident with the changes.

Ms Millard stated that she is part of the Task and Finish Group and the feeling from that was positive.

Mr Oatridge wanted clarification around the transition period arrangements and when they would be in place.

Ms Millard said the decision had been made and will now be presented to the Board, the transition period will fall between September and December.

Mr Oatridge expressed his concerns around how this may pose a risk during the transition period.

Ms Higgins stated this can be reviewed and monitored from June.

Ms Millard informed the group that RWT failed to meet the trajectory for Level 3 Safeguarding Training at the end of March for Adults and Children. This has been discussed with RWT and extra training has been organised, this will be monitored.

Mr Oatridge recommended a report amendment, there is a lot of information within the report however feels it would benefit from having a key issues front sheet with summaries.

Action: Ms Millard and Mrs Brennan

Mrs Brennan informed the group of key areas for looked after children. She informed the group that the local demographics have now been included in the report on page 90. The figures have remained quite static, and finished the year on 44% Children placed in Wolverhampton and 66% Children placed out of Wolverhampton.

The Committee discussed the figures around Statutory Initial Health Assessments being out of date.

Mrs Brennan confirmed this was down to late requests from Local Authority.

Mr Price asked what the consequences are and if the Local Authority were held accountable.

Mrs Brennan stated that there are no huge implications with these and that they are usually completed only a few days over and targets are met.

Mr Strickland joined the meeting.

Mrs Brennan played a video to the Committee of the I Awards 2019.
<https://youtu.be/YQTGv9TIDSA>

The priorities moving forward as follows;

- Children placed here from other areas as work needs to be done around strengthening the oversight of children placed from outside of Wolverhampton.
- Private Children's Residential Homes as we recognise there is a number of Private Homes and we need to have assurance that the homes will be CQC registered.
- CAMHS referral when children are out of the City.

Mrs McKie requested the figures for unaccompanied minors.

Mrs Brennan responded that we have nine placed in Wolverhampton with three being in Foster Care and six at Royal Wolverhampton School. Mrs Brennan stated that these numbers were included in the figures within the report.

Mr Oatridge asked if there are any areas of vulnerability that she as worried about in relation to looked after children.

The Committee stated that this was a very good and positive report.

Mrs Brennan, Ms Millard and Ms Higgins left the meeting.

QSC/19/049.4 Medicines Optimisation Report (Item 5.4)

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

Electronic Discharge Audit - An annual audit was undertaken by the Prescribing Support Team to review the quality of Royal Wolverhampton NHS Trust hospital discharge summaries.

Overall, three out of seven audit standards were achieved. Name, dose and frequencies of drugs were consistently recorded. In contrast, duration was incorrectly stated or omitted in almost a quarter of cases. A total of 414 drugs were started, stopped or changed however reasons were stated on just 174. Of the 292 discharges where a new drug was started, no reason was given on more than two thirds of occasions which was very concerning.

Mrs McKie asked when this audit was completed.

Ms Sandhar stated this was an annual audit but the criteria had changed for this year's audit. Findings are that some figures have improved but others deteriorated since the implementation of the new system which has been addressed in this audit.

Mr Price asked if this report was a Clinical Audit and was the report presented at any other meeting.

Ms Sandhar was unsure where this sits and where the report gets shared but will find out further information and feedback to the group.

It was agreed with the Committee that this issue needs to be raised and may need escalating to Governing Body.

ACTION: Ms Sandhar

There is a National Project which is called STOMP (Stopping Over Medication of People) with a learning disability, autism or both, which is a positive project and having a positive impact. The next stage of this STP-wide project is to set up a multi-disciplinary working group to begin to explore the findings of the scoping exercise as well as the needs of these patients and to work together to develop a STP-wide plan.

There has been ongoing work from the Prescribing Support Team especially around the Prescribing Incentive Scheme which offers GP practices encouragement and reward to improve the quality, safety and cost effectiveness of prescribing. Successful implementation will deliver benefits in 2018/19 and subsequent years.

Mr Price asked from a Financial Point Of View, how much money had been invested.

Ms Sandhar replied that it has been calculated that financial benefits outweigh the investment.

Mr Oatridge stated that it was positive.

Mrs McKie replied in terms of Antibiotic Prescribing and asked if this was still happening and does it still need to be incentivised.

Ms Sandhar replied that it was so high on the National Agenda and targets get higher each year so feels the incentive scheme does need to stay, she added what they were doing in Wolverhampton does seem to be working well.

Ms Higgins rejoined the meeting and Ms Sandhar left the meeting.

QSC/19/049.5 Health and Safety Performance Report (Item 5.5)

Mr Parvez verbally updated the Committee on Health and Safety. The CCG has now received the report from the external company and are currently working through the action plan supplied by the outside Provider. A further meeting with the Provider has been arranged for Monday 20th May 2019: following this a full report will be submitted for June's Meeting.

ACTION: Mr Parvez

Mr McKenzie stated he had recently attended a presentation on Health and Safety at another committee where a useful checklist was shared. Mr McKenzie supplied Mr Parvez with a copy of the checklist to read and raise at the Provider Meeting on 20th May 2019.

QSC/19/049.6 Public Health Update (Item 5.6)

The above report was not submitted for this meeting and is required for June's Meeting.

ACTION: Dr Mittal and Mr Barlow

QSC/19/049.7 Annual Public Health Performance Report (Item 5.7)

The above report was not submitted for this meeting and is required for June's Meeting.

ACTION: Dr Mittal and Mr Barlow

QSC/19/050 Risk Register

Risk Review (Risks from Quality Report were discussed under agenda item 5.1)

Corporate Risk EPPR Support (CR05) – Work continues regionally, quarterly report is submitted to this Meeting.

Cancer – 62 and 401 Days (QS06) – Remains with high level score of 16.

Mortality (QS07) – Remains a high level risk with a score of 9 and ongoing.

Probert Court (QS08) – This risk has been reduced to a lower score of 8 following submission of this report, this continues to be monitored.

Maternity (QS05) – Remains a moderate score of 4.

Cancer – 2 Week Wait (QS09) – New Risk added to the register as a Very High level score of 16.

Transfer of GP Data within Flu Vaccination Contract – (QS10) – New Risk added to the register as a high level score of 9

QSC/19/051 Feedback from Associated Forums

QSC/19/051.1 Primary Care Operational Management Group (Item 7.1)

The Primary Care Operational Management Group minutes from 6th March 2019 were received for information/assurance.

QSC/19/051.2 NICE Group Minutes (Item 7.2)

The NICE Group Minutes from 27th March 2019 were received for information/assurance.

QSC/19/052 Items for Escalation/Feedback to CCG Governing Body

- Data Discharge Audit (Medicines Management Report) - The Committee discussed whether the flagged issues around high figures for “no reasons for new drugs being started” need to be raised at Governing Body. An Action has been raised in regards to this audit and further update will be brought to June's meeting, it will then be decided if this needs to be considered to raise at Governing body.

QSC/19/053 Any Other Business

QSC/19/053.1 Mr Oatridge shared the amended copy of the Annual Quality and Safety Committee report and stated this needs to be agreed virtually/electronically as not quorate.

Mrs Styche to circulate for agreement, comments by Monday 20th May 2019, if no comments received the report will be taken as accurate.

ACTION: Mrs Styche

No recommendations to approve and no decisions to defer for June's Meeting.

QSC/19/054 **Date of Next Meeting:** Tuesday 11th June 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.29pm

Signed: **Date:**
Chair

DRAFT