

Minutes of the Quality & Safety Committee
Tuesday 11th June 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (Chair)
Yvonne Higgins – Deputy Chief Nurse, WCCG
Sally Roberts – Chief Nurse, Director of Quality, WCCG
Marlene Lambeth – Patient Representative

In attendance:

Steve Barlow – Public Health, Wolverhampton Council
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Molly Henriques-Dillon - Quality Nurse Team Leader
Nicola Hough – PA to Chief Nurse, Director of Quality, WCCG
David King – Equality and Human Rights Manager
Katrina McCormick – Children’s SEND Programme Officer
Matt Reid – Acting Head of Nursing - Corporate Support Services
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Mike Hastings – Director of Operations, WCCG
Sue McKie – Patient/Public Involvement – Lay Member
Ankush Mittal – Public Health, Wolverhampton Council
Jim Oatridge – Lay Member (Chair)
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Peter Price – Independent Member – Lay Member

QSC/19/055 Apologies and Introductions

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

QSC/19/056 Declarations of Interest

No declarations of interest.

QSC/19/057 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/057.1 Minutes from the meeting held on 14th May 2019 (Item 3.1)

The minutes from the last meeting were read and agreed as a true record.

QSC/19/057.2 Action Log from meeting held on 14th May 2019 (Item 3.2)

QSC/19/026.5: Infection Prevention Service Update - To provide the catheter pilot data by the end of March 2019 and to include more data on catheters in the next service update report.

There was an Infection Prevention update on the agenda under item 5.6.

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

QSC/19/037.1: Quality Report: West Park - To provide an update on an unannounced visit to West Park. Visit due to take place on 17/05/19, update to be provided at June Meeting.

An update is to be provided in the quality report.

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

QSC/19/049.6: Public Health Reports - Public Health update and Annual Public Health Performance Report to be submitted for June Meeting.

Reports were received and were on the agenda under items 5.9 and 5.10.

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

QSC/19/049.5: Health and Safety – Mr Parvez to submit Report/Action Plan for Junes Meeting.

A report was received and was on the agenda under item 5.5.

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

QSC/19/049.4: Medicines Management – E-Discharge Audit - To understand the process of closing the loop and to find out who the audit results are shared and who is accountable for the actions, feedback required in June Meeting.

Mrs Hough to gain progress update.

ACTION: Mrs Hough

QSC/19/049.2: Primary Care Report - Further changes to be made within the report, quarterly rolling data with just monthly key elements.

This action is ongoing and each month improvements are being made to the report.

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

QSC/19/049.3: Safeguarding - Ms Higgins to look at raising a risk in regards to the transition of changes for Safeguarding Board.

Ms Higgins confirmed that she had spoken with the Safeguarding team with this and is in progress.

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

QSC/19/053.1: Quality and Safety Committee Report (Annual) - KS to share the amended report with the group for virtual agreement by Monday 20th May.

Mrs Styche had spoken with Mrs Hough and the report had already been agreed but Mrs Hough sent it out and asked for comments to be forwarded to Mr McKenzie ahead of the Governing Body Meeting.

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

QSC/19/058 Matters Arising

There were no matters arising noted.

QSC/19/059 Performance and Assurance Reports

QSC/19/059.1 Public Health Update (Item 5.9)

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

Mr Barlow advised the Committee that they were going to review the reports required. He added that there were two papers that had been presented to the Health Scrutiny Committee and he would send them to Mrs Hough to share with the Committee.

ACTION: Mr Barlow

NHS Healthchecks – These have been reformatted and are now provided through GP's; Wolverhampton were the worst performing and were in the top quartile in the last 12 months this has now improved. The offer is still there from Public Health for help, advice and support with audits etc.

Mrs Roberts asked Mr Barlow to share this with Sarah Southall's team again.

ACTION: Mr Barlow

Engagement with Families – This was the highest level since 2013.

Rough Sleepers in City – They have seen a reduction this year; the audits should be undertaken yearly but they are been conducted monthly. They have looked at additional services – homelessness etc.

Flu Fighters Campaign – Last year's campaign was a huge success; 28,000 comic booklet for schools were produced. Wolverhampton had the lowest uptake on children's vaccine before last year but an extra 1600 children were vaccinated. They are currently working on a second version of the booklet.

Mrs Roberts commented that the joined up approach was very successful.

Mrs Lambeth asked if the nasal spray was easier and if it helped the children.

Mr Barlow replied that yes it did help the children especially the ones with a needle phobia. This year's vaccine will contain pork gelatine. Religious leader's advice has been sought and it was believed that it is a better alternative.

Dr Rajcholan referred to page 214 of the papers and the 'Reduce Smoking Prevalence' section and asked if it was on EMIS.

Mr Barlow replied that yes it was on EMIS; they have to put in the code and it brings the template up and a print out of a self-help sheet with websites etc. If GPs need support on that, the team can go out to them.

Dr Rajcholan commented that it would be helpful for support.

Ms Higgins advised that her team was doing the first GP newsletter and added that they could put a link on that to guide GPs.

ACTION: Ms Higgins

Mrs Roberts referred to page 210 of the report and Children Receiving 2- 2.5 year old checks and noted that the numbers were below the target trajectory.

Mr Barlow stated that they are using health visitors, nurseries etc.

Mrs Roberts commented that this impacts upon school readiness. With regards to Population Health Management for school children she felt that they need to understand how we can support from a CCG perspective.

Mr Barlow advised that the comic books were aimed at five year olds and it was also used to encourage children to read as well as having the flu details in it.

Mrs Roberts advised that she had met with both John Denley and Ankush Mittal and she is going to work closely with Ankush Mittal as the CCG rep as well as the ICA work moving forward.

QSC/19/059.2 Annual Public Health Performance Report (Item 5.10)

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

QSC/19/059.3 Quality Report (Item 5.1)

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

Cancer (Red rated) – Performance on the two week wait (14 days) breast symptomatic pathway is now at 39 days; Harm reviews continue to be conducted for the 104 day plus pathway and the first harm in has been identified in the gynaecology pathway. A communication event has been held for GPs and although attendance was low, the evaluation and conversations were very positive.

Breast Performance – This was at 1.7/1.8% this week. An additional 30 slots have been allocated in an attempt to improve performance. Mrs Roberts has spoken to Diane Wake (Chief Executive at The Dudley Group NHS Foundation Trust) about the system supporting the Royal Wolverhampton Trust (RWT) cancer pathways. The STP is supporting this; there was a commissioning lead call yesterday and they were reviewing the referral rate per GP practice and mileage to other areas. RWT are scoping this there is a further meeting on Friday.

Mortality (Red rated) – There is a higher than expected SHMI in RWT; they have now recruited eight mortality reviewers who will help with standardisation of the mortality reviews.

Ms Higgins stated that a consistent theme within the mortality reviews remains recognition and response to the deteriorating patient. There is a Deteriorating Patients Recognition Group which the CCG now attend. The SHMI will now be produced monthly rather than quarterly; work continues with coding.

Mrs Roberts stated that they will keep this rated red for now.

Sepsis (Amber rated) – The sepsis CQUIN data has been received for quarter 4 and the ED performance for antibiotic administration has deteriorated; the Sepsis team are now working with ED. Ms Higgins advised that she had met with the team last week and it had been agreed at CQRM that there would be a spotlight session on sepsis and the deteriorating patient at the July meeting.

Mrs Roberts added that she had met with the Chief Nurse of RWT last week and she was assured that there is a collaborative focus on this area.

Maternity Capacity (Green rated) – The booking numbers remain low. C-Section rates are higher but an audit has been undertaken and assurance received.

Mrs Roberts asked the Committee if they would agree for this to be taken off as a risk and go back to business as usual.

The Committee **agreed** for this risk to be removed as a risk on the report.

BCP Workforce (Amber rated) – This was with regards to capacity and workforce; the workforce issue is improving. The quality team have undertaken two visits; one to Penn Hospital which is within report and Penrose (LD Provision). The Penrose visit identified some issues with leadership and staff not feeling supported with violence and aggression incidents and lack of training for autism; a report will come to the next meeting. Ms Higgins is meeting with the manager to discuss governance arrangements. They have had two more breaches since the report was written.

Mr Barlow left the meeting.

Probert Court (Red rated) – From 28th June 2019, Probert Court will cease to provide care. They are currently looking for robust step up and step down facilities across the city.

Mrs Roberts advised that the home is owned by Accord Housing. They are looking at three or four providers to assist with future developments. The procurement process is

going ahead.

Mrs Corrigan and Ms McCormick joined the meeting.

HCAI (Green rated) - E Coli is showing a positive picture; the system wide project seems to be impacting on performance.

The Committee was asked if they would agree for this to taken off as a risk on the report as the system wide group still meets.

The Committee **agreed** for this risk to be removed as a risk on the report.

West Park Safeguarding Incidents (Green rated) - Actions have taken place to rectify the concerns raised relating to Stroke Rehab. Ms Higgins advised that she would like agreement to step down the risk on the report.

The Committee **agreed** for this risk to be removed as a risk on the report.

Reduced CQC Rating of Wolverhampton Nursing Home (Amber rated) – Inadequate rating received from CQC mainly to do with safety element from Health and Safety.

QSC/19/059.4 Primary Care Report (Item 5.2)

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

Serious Incidents – There was a death that has been referred to PPIGG.

Quality Matters – There was an issue that had been referred to PPIGG.

Collaborative Contracting Visits – This will be completed by the end of Summer.

CQC – There are still two practices that were rated 'Requires Improvement'. One practice has merged with Health and Beyond (which was rated good) and the other is a VI practice.

Mrs Roberts asked if they were aware when CQC are going back to the practices.

Mrs Corrigan replied that they have been back and are still inadequate this has been since they have merged.

GP Newsletter – Kassie Styche is currently working on this.

Quality Matters – There is some positive referrals coming and trend analysis continues.

Mrs Corrigan advised that they are still getting BMA breaches but they are redirecting them.

Training Hub – This is now a STP action.

Mrs Roberts commented on the training hub and advised that they are going from each place to a STP footprint and proposals for an academy; there is a paper going to CLG next week to talk about the clinical academy. The hub for Black Country is in a much stronger position for funding from HEE.

Dr Rajcholan commented that the report on page 103 states that there is £22 million investment each year for three years, although it is not clear when this funding will be available.

Mrs Roberts advised that she had just come from an ICA meeting where the money was discussed and that paramedics training were discussed. They have agreed to pull

together an agreement as WMAS can recruit and grow paramedics.

Dr Rajcholan commented that the report also stated that there was a suggestion that there may be roughly one project manager, one administrator and one clinical educator per 300,000 of population and wondered if Wolverhampton would get one of each.

Mrs Roberts replied that this is being scoped in Wolverhampton.

Mrs Corrigan left the meeting.

QSC/19/059.5 SEND Update (Item 5.3)

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

Increase in Special School Places – There has been an increase in the number of children and young people school places from September 2018.

Review of Local Offer – A review is being undertaken and is at draft recommendations stage and is likely to recommend key actions in relation to the certain areas of activity mainly governance, communications, local offer, engagement, workforce development, systems and processes, joint commissioning and transition. The review has provided clarity on what is needed now.

CCG SEND Action Plan – This area of work is based on the self-assessment diagnostic checklist and six key domains against which the CCG will be measured as part of the inspection process by CQC. Significant progress has been made in relation to the leadership and governance domain with a strengthened CCG SEND governance structure now in place.

Engagement – In terms of engagement, the CCG have recently commissioned the children and young people forum 'Changing our Lives' to undertake co-production work in relation to progressing personal health budgets and around quality of health standards for children and young people in SEND.

Mr King joined the meeting.

Clinical View – Clinical view of SEND is provided via the role of DMO and close working relationships with providers.

Patient and Public View – The SEND programme of work routinely engages with parents/carers and children and young people with SEND in various streams of work.

Dr Rajcholan asked if all children in special schools have a 'Personal Health Budget'.

Ms McCormick replied that yes they do. The CCG are piloting the Personal Health Budget choices site which should help. Young children have got their views on what they need to make their lives easier.

Mr Reid joined the meeting.

Key Risks and Mitigations:

- **Data Gaps:** A sub-group is now in place linking in Council with a dashboard. JNCA will be completed by the end of July; the CCG has inputted into this.
- **Out of Date Service Specification:** These are currently being updated and a service plan is in place now.
- **DMO Capacity Risk:** this is being reviewed.
- **Standard Operating Procedures:** These still need to be agreed for out of city children and equipment. These are being progressed.
- **LA Increase in Statutory Assessment Meeting Panels** – These pose a health capacity risk. These are currently being considered via the SEND Health Steering Group.
- **LA SEND Hub** – Parents can view this when they like; however there are some

- IG issues for RWT.
- **CAMHS** – This is routinely flagged as an area for improvement in SEND inspections.

Mrs Roberts advised that this will be presented at Governing Body next week and it is important that the Committee are aware that we are awaiting the inspection. A lot of progress has occurred in the last 12 months and we will highlight to the Governing Body the issues and progress.

Ms McCormick left the meeting.

QSC/19/059.4 Equality and Diversity Report (Item 5.4)

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

CCG – The template is being delivered; it is where it should be for the CCG. This is the first year that CCGs have had to submit anything to NHSE. This will need to be published in July 2019.

Providers/Non-NHS Providers – With regard to WRES; Compton has provided their action plan. A report has been published on WRES.

Royal Wolverhampton Trust – Mr King has spoken to their HR director about the EDS2 and advised them that their website had not been updated. It is not a serious problem. Mr King will continue to monitor as well as for Black Country Partnership Foundation Trust.

Ms Higgins asked Mr King if this has been escalated to RWT.

Mr King advised that he had spoken with them; he offered to forward the summary to Ms Higgins. He added that providers are not sure what they have to present and when.

Mrs Roberts advised that the CCG WRES was going to SME

Dr Rajcholan asked what blue stood for in the RAG rating.

Mr King replied that the actions are due but are new actions and added that both providers are aware of them.

Mrs Roberts thanked Mr King for a comprehensive report.

Mr King left the meeting.

QSC/19/059.5 Health and Safety Performance Report (Item 5.5)

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

Mrs Roberts advised that the report shows compliance of the CCG for the health and safety of their staff. The CCG have got a third party company to oversee this and they have visited the CCG offices and undertaken a full inspection on 29th March 2019. They produced an action plan. Mr Parvez and the team have taken on the action plan and since then a lot of work has been undertaken. This work is shown on the subsequent action plan and has got some quarterly actions on it; she added that it has worked really well.

Mr Strickland joined the meeting.

QSC/19/059.6 Infection Prevention Service Update (Item 5.6)

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

Care Home Activity – There have been six outbreaks of influenza A and one diarrhoea

and vomiting case in January. There were 5 outbreaks of influenza A and 1 diarrhoea and vomiting case in February. There was 1 outbreak of influenza A and 2 diarrhoea and vomiting case in March. Advice and support given by Infection Prevention Team and treatment prescribed by RIT.

GP Audit Results – 18 practices were audited; 11 of them have seen improvements in their overall score from the previous year. Themes of non-compliance were mainly environmental issues; window blinds, fabric notice boards, carpeted areas, hand wash basins and waste bins and wooden impermeable furniture.

Mrs Roberts enquired as to whether the trust has strong arrangements to feed back into the CCG for Primary Care.

Mr Reid replied that his link here is Mrs Corrigan.

Mrs Roberts asked if the trust closes the loop on these issues.

Ms Higgins commented on the themes that are seen by the CCG staff e.g. sinks, bins and sharps etc. and she knows they used to be sent to Vanessa Whatley but she said she would check that this will be sent to Mr Reid now.

ACTION: Ms Higgins

Surveillance Results – C Diff (end 18/19) - The CCG had 41 attributable *C Diff* cases against a trajectory of 70 with the trust having 31 attributable *C Diff* cases against the trajectory of 34. There were a total of 48 cases for the CCG and 40 for the trust in total and they have raised issues with definitions of cases.

MRSA - As of 2nd June 2019 there were 6 cases for the trust and 8 cases for the CCG. This will be a challenge this year.

Gram Negative Bacteraemia – A City wide approach to reduce gram negative bacteraemia, the action plan consists of three themes; prescribing, hydration/Every Contact Counts and catheter management. Many of the patients had no contact with the hospital.

Ms Higgins commented that work is also taking place around oral hygiene with the care homes.

E. coli – The figures increased in May; the trust will continue with the workstream.

Mrs Roberts commented on the 18/19 figures and asked what happened around October/November time to have such an increase.

Ms Higgins stated that this was when the work started.

Ms Henriques-Dillon asked if they were from the care homes.

Mr Reid replied that yes they would be patients going through ED with UTIs. He stated further engagement with District Nurses was required; they have now identified a nurse to support continence nursing.

Mrs Roberts advised that community services which is being linked in with this.

Mr Reid advised that as part of the Infection Prevention Strategy they will be working on reducing catheter usage.

Ms Henriques-Dillon commented on section 4.1 of the report 'Key risks and mitigation' There is a risk that Wolverhampton will not retain its excellent reputation for the prevention of infection without the sustained input in to care homes. **Mitigation:** The Quality Team at the CCG have taken on the nursing home audits but there is still a gap with Residential homes – Public health is engaged.

Ms Henriques-Dillon advised that she had accompanied someone from the team to do some audits a while ago in two different care homes and is still awaiting the trust to share the data.

Mr Reid will action this.

ACTION: Mr Reid

Mr Reid left the meeting.

QSC/19/059.7 Deteriorating Patient (Item 5.7)

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

Ms Higgins presented this paper and advised that the final version of the FREED document is within the report; it has been confirmed at the Frailty and End of Life meetings and will also go through STP CLG.

Mrs Roberts advised that a Wolverhampton GP (Gill Pickavance) provided some feedback on how well it was received.

Dr Rajcholan commented on the FREED booklet and noted that it was used as a pilot around Nursing Homes in Walsall and Wolverhampton and wondered whether it was to be distributed to residential homes as well.

Ms Higgins replied that yes it will be rolled out. She added that the 'Stop and Watch Early Warning Tool' is really helpful and they might need to remove the NEWS2 detail as Residential homes don't do observations. Some staff from some of the Residential Homes have attended training.

Ms Henriques-Dillon added that this will also involve families.

Ms Higgins stated that it is going down really well.

Mrs Roberts advised that for Residential Homes to do it well it will need resources.

Dr Rajcholan queried the WMAS call out.

Ms Higgins replied that there was an initial increase in call outs while staff were becoming aware of change in response to deterioration. The increase in preferred place of care is also looking positive.

Dr Rajcholan commented that this dovetails when patients come out of New Cross and there is a DNACPR in place discharge notes are not noting the DNACPR.

Ms Higgins advised that they have spoken to Director of Nursing about scoping the RESPECT paperwork.

Mrs Roberts added that the City wide Mortality Improvement Group agreed the RESPECT paperwork in principal and it has been put onto the ICA End of Life Group agenda.

Ms Higgins advised that the FREED document will link with the RESPECT paperwork.

QSC/19/059.8 Quality Assurance in Care Home Report (Item 5.8)

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

Serious Incidents – Overall the serious incidents are decreasing.

Pressure Ulcers (Category 3 and 4) - 83% of Nursing Homes have had no category 3 or 4 pressure ulcers.

Ms Higgins advised that with regards to the STP work, robust reporting has been noted at QSG.

Falls – The number of falls is declining; training on falls prevention has been delivered and 495 care home staff has now been trained across the year.

Mrs Roberts asked if we have a benchmark for falls and asked of the four falls reported in quarter 4 how many patients did this equate to.

Ms Henriques-Dillon commented that there are a thousand patients with four patients suffering a fall.

Ms Higgins stated that they could use acute numbers as a benchmark.

Ms Henriques-Dillon agreed and suggested that they could also use benchmarking for Pressure Ulcers too. She added that with regards to Serious Incidents; more homes had more than one Serious Incident.

A&E Attendances – The number of A&E attendances is also decreasing and the gap between attendance and admissions are better. Falls, chest infection and sudden onset confusion are the biggest category for admissions.

RITs Team – The use of the RITs team is static at the moment.

WMAS Data – There appears to be an increase on call outs and conveyances across all homes not just nursing homes.

Mrs Roberts wondered if this information could be split with Nursing Homes.

Ms Henriques-Dillon advised that there are more people dying in their Preferred Place of Care.

Safety Thermometer – The monthly average harm free care percentage for participating care homes continues to be high at 96.05% above the national target of 94.3%.

CQC Ratings – There is one home that has been rated 'inadequate' in quarter 4.

Dr Rajcholan commented on the harm free care and that there were eight nursing homes listed.

Ms Henriques-Dillon replied that there were seven Nursing Homes and Arden Manor is a care home.

Infection Prevention – Some homes have been closed because of outbreaks; the team want to undertake more Hand Hygiene audits.

Mrs Roberts commented that it is really helpful for us to breakdown and correlate outbreak data. She added that the CCG have got good mitigation and some triangulation data. Also, with regards to page 4 of the report for RITs etc. it shows some breakdown and triangulation.

Ms Henriques-Dillon advised that the end of the SPACE project evaluation report has been published highlighting that 100% of Nursing Homes were utilising safety crosses, that there were positive trends in harm reduction (falls, pressure injuries Category 3 and 4, urinary tract infections, significant reduction in ambulance conveyance). There is a SPACE conference in a few weeks' time in July.

Ms Henriques-Dillon left the meeting.

QSC/19/060 Risk Review

QSC/19/060.1 Risk Register (Item 6.1)

No new risks for committee this month; are awaiting Safeguarding risk; Mr Strickland will chase.

ACTION: Mr Strickland

Committee Risks:

Mortality - SHMI (QS07) – There was a typo on the risk register for this the latest update date should read April 19.

Maternity Capacity and Demand (QS05) – It was agreed that this could be stepped down.

Probert Court (QS08) – This could probably be stepped down next month.

QSC/19/061 Feedback from Associated Forums

QSC/19/061.1 Governing Body (Item 7.1)

The Governing Body minutes from 9th April 2019 were received for information/assurance.

QSC/19/061.2 Commissioning Committee (Item 7.2)

The Commissioning Committee minutes from 28th March 2019 and 25th April 2019 were received for information/assurance.

QSC/19/061.3 Primary Care Operational Management Group (Item 7.3)

The Primary Care Operational Management Group minutes from 12th April 2019 were received for information/assurance.

QSC/19/061.4 Area Prescribing Committee (Item 7.4)

The Area Prescribing Committee minutes from 19th March 2019 were received for information/assurance.

QSC/19/061.5 Finance and Performance Report (Item 7.5)

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

QSC/19/062 Items for Escalation/Feedback to CCG Governing Body

- Cancer outcome diverts – next time
- SEND – to development committee next time.

QSC/19/063 Date of Next Meeting: Tuesday 9th July 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12:45pm

Signed: Date:
Chair