

Minutes of the Quality & Safety Committee
Tuesday 13th August 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (Chair)
Mike Hastings – Director of Operations, WCCG
Ankush Mittal – Public Health, Wolverhampton Council
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Sally Roberts – Chief Nurse, 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

Patient Members:

Marlene Lambeth – Patient Representative

In attendance:

Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Nicola Hough – PA to Chief Nurse, Director of Quality, WCCG
Annette Lawrence – Designated Lead Safeguarding Adults, WCCG
Lorraine Millard – Designated Nurse Safeguarding Children, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Yvonne Higgins – Deputy Chief Nurse, WCCG

QSC/19/074 Apologies and Introductions

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

QSC/19/075 Declarations of Interest

No declarations of interest.

QSC/19/076 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/076.1 Minutes from the meeting held on 9th July 2019 (Item 3.1)

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

QSC/19/076.2 Action Log from meeting held on 9th July 2019 (Item 3.2)

QSC/19/068.4 - Quality Report - MERIT Group: To share the link with Mr Parvez so he can ask RWT to advise whether they use the capacity element of MERIT.

Mr Hastings advised that he had got a meeting with MERIT on 14th August 2019.

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

QSC/19/068.6 - Cancer and End of Life Update - End of Life EPACS system: To speak with Ms Whatley about this.

Mr Hastings advised that he had had a conversation with RWT and stated that a pilot is commencing soon with Primary Care, Mental Health and Compton Care but NOT RWT.

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

QSC/19/068.10 - FOI Report - DPO for Practices – To follow up for an update on this for Dr Rajcholan.

Dr Rajcholan stated that she had not received an update on this and asked Mrs Hough to follow this up with Mr McKenzie.

ACTION: Mrs Hough

QSC/19/069.1 - Risk Register – RTT: To look at the data with Mrs Moon to see if there should be a RTT risk similar to mortality.

Mr Hastings advised that they were awaiting the RAP which has now been received but is to be re-submitted.

Mrs Roberts added that an additional request has been submitted.

It was **agreed** to keep this action **open** on the action log.

QSC/19/072 - Any Other Business: Australian Flu - To share the dates of the next Health Protection Forum to see if someone from Quality could go.

Mr Hastings advised that he would send the dates to Mr Parvez.

Dr Mittal added that there had been a meeting recently and therefore the next meeting will be in two months' time.

QSC/19/059.1 - Public Health Update: To forward the two papers that had been presented to the Health Scrutiny Committee to Mrs Hough to share with the Committee. To share the Health Scrutiny Panel paper that accompanies 'The Vision for Public Health 2010' electronically with the Committee members.

Mrs Hough shared the paper with Committee members on the 15th July 2019.

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

QSC/19/059.1 - EMIS: Smoking cessation link on EMIS and if GPs need support, the team can go out to them – to put a link on the first GP newsletter to help the GPs. To follow up with Mrs Lisa Holder that Dr Rajcholan couldn't access the link at her surgery but could access it from other surgeries.

Mr Hastings advised that Mrs Holder had visited the surgery to review the link.

Dr Rajcholan confirmed that it was now all working at her surgery.

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.

The audit results were shared at APC (May 2019) please see minutes (item 7.4). Actions agreed as a result of this meeting are Pre-registration pharmacists to review TTOs and assess for gaps/anomalies and prepare guidance to train junior doctors who are responsible for prescribing TTOs in order to reduce the incidence. The outcome will be reviewed at APC and a re-audit will be completed.

Mr Price advised that an item had been discussed around fraudulent usage of prescriptions at the Audit Committee and thought it would be good to share at the Committee once the re-audit has been done.

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

QSC/19/049.3 - Safeguarding Report: To include a summary sheet at the front of the report with key issues (Quarterly report).

This was updated on the Safeguarding paper under agenda item 5.5.

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

QSC/19/077 Matters Arising

Ms Lambeth asked about radiologists and the issues with Cancer.

Mr Hastings advised that there was a national issue with radiologists; but RWT had recruited seven new staff members who were starting their employment between July and September 2019 and added that with regards to the 2 week wait patients were currently waiting 52 days for an appointment.

Mrs Roberts added that Walsall Trust was currently at 19 day wait and Dudley was 7 or 8 day wait.

Mr Hastings advised that some patients are willing to wait to be seen at RWT.

Mr Price enquired as to whether patients understand.

Dr Rajcholan replied that some patients are willing to wait especially if they are not symptomatic.

Mrs Roberts stated that RWT hold a one stop breast clinic.

Mr Hastings added that the CCG are reviewing the situation on a daily basis.

Ms McKie enquired whether many people are choosing to go elsewhere.

Dr Mittal advised that RWT also hold the contract for screening and they might need to keep an eye on that.

Discussions took place about screening and there may be an issue at other trusts.

Mr Hastings asked about bowel screening.

Mrs Roberts replied that she had spoken about this to contracting colleagues.

Dr Mittal explained the bowel screening numbers and noted it was going in the right direction.

Mrs Roberts advised that CQC are in at RWT; they have visited OPD, Paeds and ITU last week, they were doing ED and maternity. Initial feedback for OPD was good; Paeds was excellent. The well led review will commence in September.

QSC/19/078 Performance and Assurance Reports

QSC/19/078.1 Quality Annual Report (Item 5.1)

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

The report had been updated as requested at last month's meeting to include governance arrangements and to show items that were challenges.

QSC/19/078.2 Safeguarding Annual Report (Item 5.2)

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

Mrs Roberts advised that it would be good for the annual reports to go to staff briefing or Team W so that the information could be shared with the wider group.

Mr Price stated that it was a great report and it shows good practice scenarios.

Mrs Roberts commented that she felt it was good to share the information and suggested doing a comms piece around it.

ACTION: Mrs Roberts

QSC/19/078.3 Quality Report (Item 5.3)

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

Cancer (Red rated) – With regards to the two week wait for breast; this was proving to be a significant challenge, the trust are now working on a 50 day wait for the 2 week wait; mitigations are in place. A diversion pathway has been put in place whereby patients are offered to attend a different trust for patients who live within a three mile radius of other hospitals. There are about 42 practices in phase two of this pathway. So far, 109 patients have moved to different trusts.

With regards to radiotherapy, RWT have employed an extra seven radiotherapists who will hopefully be in post by September.

There have been 22 harm reviews carried out in May for over 104 days and there was no harm identified.

104 late tertiary referrals – these should be in place by 38 days with none less than 40 but there are some coming through above 62 days.

STP Cancer Board – Mrs Roberts attended this meeting on 5th August 2019 where they discussed performance at Wolverhampton. Healthwatch was also in attendance at the meeting along with cancer clinicians were also around the table. There has been a bid for national monies whereby they pushed for Wolverhampton forward for diagnostics.

Mortality (Red rated) – Recent SHMI was at 119; Mrs Roberts advised that the latest was expected to be at 117. The Crude Mortality Rate was currently at 2.47.

CQC Mortality Alerts – There had been a new request for COPD and the trust are looking at the data and trends; the trust had also commissioned PWC to review their trend analysis.

Mrs Roberts added that PWC have looked at coding and from this they are starting to see an improvement. She stated that work is currently being undertaken around the Medical Examiners which is positive.

Dr Mittal commented on the CQC initial feedback and stated that it looks good. With regards to the SHMI a lot has been learned about Sepsis etc. He added that from a Public Health point of view the mortality rates are now not unduly concerning.

Ms McKie asked about the Child Deaths in the City.

Mrs Roberts replied that she had met with the Child Death auditor and added that the trust is a CQC outlier for neonatal deaths; however, on reviewing them it has been highlighted that it is a coding issue. She advised that she attends the Mortality Review Group at the trust and learning is being highlighted and added that consultants are asking key questions.

Mr Price wondered if it was right to keep Mortality as red rather than downgrading it to amber.

Mrs Roberts asked the Committee if it could be kept as red for now as it is still early days for another review in a month.

The Committee agreed to keep it as red for another month.

Reduced CQC Rating of Wolverhampton Nursing Home (Red rated) – The Committee was advised that Ms Henriques-Dillon will provide an update later in the meeting as she was on the agenda.

Mrs Roberts advised that they recently had a meeting about a specific nursing home. The Local Authority were keen as were the CCG to keep the home open. CQC were pursuing an 'inadequate' rating and maybe cease CQC registration; they have not yet received any formal notification, there are currently three CCG CHC patients in the home; there were no major concerns highlighted by the QNA team but if a closure is forced then the CCG will go with policy.

Mr Oatridge commented that there were three of our patients in the home and wondered how big the home was.

Mrs Roberts replied that the home housed about 50 patients.

Mrs Roberts advised that she was going to raise an 'Any Other Business' item around Discharge to Assess arrangements but thought it would be a good idea to discuss this at this point. She added that Primrose Hill was a new home and of last Friday the staff were adamant that they would not transcribe medications; this is a common practice everywhere else with lots of guidance. Mrs Roberts stated that the CCG are meeting with the home this week to understand issues.

BCP Workforce (Amber rated) – The CCG undertook a visit and carried out a Duty of Candour audit; they were not assured about the procedure, they analysed 15 Serious Incidents/ moderate harm incidents and the CCG advised that out of the 15 all except one hadn't met Duty of Candour and a meeting has been arranged for next week. . The CCG has invited Sandwell and West Birmingham CCG to attend.

With regards to 12 hour breaches; since July we have had 10; there were nine who were Mental Health patients and the other was a very sick child. The CCG had done a thematic analysis of last year's breaches for Walsall, Sandwell and Dudley but they had only reported a few breaches.

Mrs Roberts advised that she was on call over the weekend and there was a dementia patient in RWT in the Emergency Department as place of safety; by 10am the patients had already had a nine hour breach, they were left for 24 hours; there are definitely process issues. She added that Mr Hastings has pulled together an urgent meeting with BCP, Local Authority etc. this Thursday morning. Issues that are being identified other than beds are ambulances/transport etc. an update to be provided at the next meeting.

ACTION: Mr Hastings

Suicide Data – The Team are looking themes for the suicide data but they are mainly Sandwell patients, they have reviewed the last three years of data and they have done a draft report. Sandwell have also done a deep dive and their report is going to the October CQRM.

Black Country Partnership (BCP) – Mrs Roberts advised that BCP is getting dark amber/red with regards to Duty of Candour, Serious Incidents, Staffing/Capacity, Risks and Penrose. Penrose is an assessment unit; concerns with managing patients with autism/ADHD and the amount of agency staff they utilise have been raised.

Mr Price commented on the risk rating and wondered if it should be red.

Mrs Roberts advised that they are fact finding at the minute and added that for the next report they would look at doing a breakdown and it may go to red once all information has been collected and reviewed.

Mrs Corrigan joined the meeting.

Dr Rajcholan commented that patients with psychiatric issues have to go on long waiting lists.

Dr Mittal stated that from a Public Health point of view who don't commission Mental Health services he would try and get perspective around this. With regards to suicide, they do a case review over GP records for all patients and the suicide cases often have alcohol abuse as well as drug misuse issues.

LOTUS – There was an issue around the process however assurance has been gained.

Mrs Roberts advised that she would look to de-escalate this next month.

Dr Rajcholan enquired if any referrals for Lotus have to go through Healthy Minds.

Mrs Roberts replied that LOTUS can refer to Healthy Minds and they have got safeguarding through that route too.

Ms Millard and Ms Lawrence joined the meeting.

Mr Price referred to page 17 of the report and the maternity graph as May data was missing and wondered why that was.

Mrs Roberts advised that she would check that out but wondered whether it was when they went over to Badger.net.

Mr Price commented on the Complaints section of the report and wondered if the Committee could have a breakdown of themes and trends detail in a future report.

Mrs Roberts replied that yes that could be arranged for the CHC report and added that there was a Mental Health complaint which they are having a round table event for tomorrow for a BCP patient.

Mr Hastings asked for clarification on page 22 of the report around workforce and staffing and the vacancy rates; there were two graphs and he wondered if there was one graph for clinical and the other for whole organisation.

Mrs Roberts replied that yes that was correct.

QSC/19/078.4 Primary Care Report (Item 5.4)

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

Quality Matters and Incidents – There were several issues that were sent to NHSE last month; two were involving NHSE going in and two were being dealt with by the CCG. Six incidents were currently open and they were all relating to Information Governance breaches; blood forms given to incorrect persons.

Infection Prevention – The new audit cycle has now re-commenced for 2019/2020; they are still overseeing the VI practices; detail will be in next month's report there is some improvement on last year and they are benchmarked against the hospital data.

Flu Programme – The flu meetings commenced again for 2019/2020 last month and the CCG are working closely with Public Health; there is an issue with the flu vaccine this year whereby they have been delayed by two weeks, they will come through in batches

and Mrs Corrigan has got a list of who has ordered from where etc.

Vaccinations – Vaccinations as a whole the MMR uptake is not good across the City.

Mrs Roberts asked for update next month.

ACTION: Mrs Corrigan

Ms Henriques-Dillon joined the meeting.

Sepsis – They are meeting regularly and more training is to be provided in November 2019.

FFT – the uptake was 2.5% this month which is the best they have ever had.

CQC – One practice was identified as 'requires improvement' rating and work with them is ongoing; they have got action plan and are monitoring this.

Contractive Visits – Only one action plan outstanding now. Awaiting DBS forms to be returned which is out of their control.

Workforce Numbers – There is a Practice Nurse Strategy Launch which is taking place on 3rd October 2019 at Himley Hall, Dudley; it is Black Country wide and there are a few people booked onto it already.

Mrs Roberts stated that the Practice Nurse Strategy is a really big piece of work as it is one strategy across the Black Country.

Mrs Corrigan stated that there are Practice Nurse training sessions taking place as well as training for other practice staff.

Dr Rajcholan commented on the Medical Assistant training and asked what that post was.

Mrs Corrigan replied that it was so that admin staff have the skills to highlight issues when letters are received and added that they now have training hub support from Sandwell.

Mrs Corrigan left the meeting.

QSC/19/078.5 Safeguarding Adults, Children and Children and Young People in Care Report (Item 5.5)

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

Adult Safeguarding

Ms Lawrence advised that the report was for quarter 1 and advised that for the statutory responsibilities a draft version of the Commissioning Assurance Toolkit (CAT) has been circulated by NHSE for comment, prior to its publication in late Summer 2019, they are awaiting the final version. She added that the toolkit replaces the Safeguarding Assurance Tool (SAT). The SAT was very lengthy and time consuming.

Training – A CCG wide safeguarding training needs analysis is in progress; all staff have level 1 and there are some staff within the CCG that require higher level training.

Reviews:

Domestic Homicide Reviews – **DHR 07:** there has been a delay as the family were abroad. **DHR10:** there was a delay in the trial of the alleged perpetrator. **DHR11:** has commenced and the IMR is to follow

Safeguarding Adult Reviews (SAR) - The team are awaiting the SAR for Edith.

Migrant – This has now come to an end but NHSE have given an extra £10,000 as the plan is to engage a worker for this.

Mr Strickland joined the meeting.

GP Domestic Violence – There are 13 Primary Care Domestic Violence Champions identified.

Learning Disabilities Mortality Review (LeDeR) Programme – The CCG are making good progress; seven reviews have been allocated and there are none outstanding.

Mrs Roberts added that this was the best in the Black Country.

RWT and BCP Exceptions – For RWT there are relatively minor issues on the dashboard; with regards to training all staff are currently booked on so should go to 100% very soon. For BCP they are down on PREVENT training.

Safeguarding Children

Ms Millard referred the Committee to page 128 of the pack in relation to 'Child N' there has been a delay in completing the report but it is all in hand, the final report was due the afternoon of the meeting, the sign off date is to be confirmed and media interest is expected. Learning lessons briefing to be done.

Working Together 2018 - Working Together 2018 requires new arrangements to be made in relation to Child Death Partners (CCG and Local Authority) and Multi-agency Safeguarding Partners (CCG, Local Authority and Police). The new arrangements came into place from 30th June 2019.

Mrs Roberts added that there is a first meeting next week.

Children and Young People in Care

Ms Lawrence advised that Mrs Brennan had sent her apologies.

There was a case example included in the report; Ms Brennan had worked really hard in supporting and managing her colleague in Sandwell in connection with this case.

Mrs Roberts added that she had really helped out; the child was placed in Wolverhampton but was not a Wolverhampton child.

Mr Parvez left the meeting.

Mr Price stated that the report was really helpful.

Ms Lawrence, Ms Millard and Dr Mittal left the meeting. Mr Parvez rejoined the meeting.

QSC/19/078.6 Quality Assurance in Care Home Report (Item 5.6)

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

Pressure Ulcers – There was a slight increase in Pressure Ulcers as the homes have had some really poorly patients.

Lessons Learned – Ms Henriques-Dillon referred the Committee to page 3 especially to the lessons learned and advised that the staff are managing hydration and skin integrity. The QNA team have launched the policies with the care homes and are working with Public Health to reduce pressure ulcers.

Slips, Trips and Falls - Ms Henriques-Dillon stated that there was good news with regards to this as there were none reported in quarter 1.

Mr Oatridge left the meeting.

Ms Henriques-Dillon advised that they are trying to triangulate information which is collected from survey monkey, WMAS and the RIT team data.

A&E Attendances and Call Out – The highest reason for this is chest infections.

RIT Team – Usage has increased, which is good.

Mortality – More patients are dying in their Preferred Place of Care and their Preferred Place of Death. For the City wide Mortality Improvement Group work they are doing some after death analysis with RWT; no trends have been identified.

Dr Mittal rejoined the meeting.

Dr Rajcholan commented on the work that is being doing with RWT and asked if they were looking at all deaths or just those in the acute settings.

Ms Henriques-Dillon replied that the data is for all deaths.

Mrs Roberts stated that this was a good piece of work with both qualitative and quantitative data etc.

Ms Henriques-Dillon added that it is based on Multi-Disciplinary Team (MDT) working.

Mrs Roberts stated that they need to have RCAs for all deaths.

Ms Henriques-Dillon advised that they had picked up a lack of MDT working and added that there may have been a different outcome if there was MDT working.

Dr Mittal stated that they had managed to get residential data from across the city as there had always been a gap on this and added that he could share this with Ms Henriques-Dillon.

ACTION: Dr Mittal

CQC – Nine out of 18 homes were rated 'good'. The team are struggling to help move homes from 'Requires Improvement' to 'Good' rating; CQC are helping with principal issues.

- Bentley Court was rated 'Inadequate' and are still awaiting the final report.
- Newlyn Court was rated 'Inadequate' which Ms Henriques-Dillon was disappointed with as the care provided is very good. The 'Inadequate' rating was mainly to do with the Health and Safety element e.g. PAT testing of electrical equipment etc. The team are working with the home on robust action plans and are hoping for an early inspection the care is not compromised.

Safeguarding Referrals – There is a high number of referrals for safeguarding; the referrals come from the MASH team and the QNA team are supporting them.

Best Practice Guidelines – They have recently launched 11 Best Practice Guidelines to the homes.

Mrs Roberts advised Ms Henriques-Dillon that there had been discussions around D2A earlier in the meeting.

Mr Price commented that if this paper going to Governing Body he feels there is a need to review what goes in the public domain.

Ms Henriques-Dillon left the meeting.

QSC/19/078.7 Public Health Update (Item 5.7)

Dr Mittal advised that he was looking at developing the reports that come to this Committee going forward. With regards to Health Visiting and School Nursing he will look at core services and trajectories and added that they could agree the reporting elements.

Mrs Roberts stated that they could review this with RWT IQPR that is presented at CQRM as it would be nice to join them up.

QSC/19/078.8 Quarterly CQUIN Update (Item 5.8)

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

Mrs Roberts advised that RWT were challenging the anti-biotic consumption and total usage, there is some variation on published data. It has been agreed to put it on hold for now; RWT achieved 67% complete. For 2018/2019 there was 77% of CQUIN completed. CQUIN set at 90%. Work with RWT on CQUIN.

QSC/19/079 Risk Review

QSC/19/079.1 Risk Register (Item 6.1)

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

Committee Risks:

Flu vaccination – (New) – This was discussed and was also in the quality report.

QSC/19/069.1 - Risk Register - Workforce – To consider there being two risks around workforce and to recommend what is best.

Workforce – This is being captured in the Primary Care report and there are lots picked up at the CQRMs.

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

QSC/19/079.2 Tolerate or Treat Risk Review

Mr Strickland advised that there were currently seven risks on the Risk Register for this Committee and they should be reviewed on a quarterly basis to see if the Committee feels that they need any extra scrutiny.

Mrs Roberts stated that potentially they could have one risk to be upgraded and one risk to be downgraded next month.

Mr Hastings added that there might also be one for RTT.

Mr Strickland left the meeting.

QSC/19/080 Feedback from Associated Forums

QSC/19/080.1 Governing Body Minutes (Item 7.1)

The Governing Body minutes from 14th and 21st May 2019 were received for information/assurance.

QSC/19/080.2 Commissioning Committee (Item 7.2)

The Commissioning Committee minutes from 27th June 2019 were received for information/assurance.

QSC/19/080.3 Primary Care Operational Management Group (Item 7.3)

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

QSC/19/080.4 Area Prescribing Committee Minutes (Item 7.4)

The Area Prescribing Committee minutes from 21st May 2019 were received for information/assurance.

QSC/19/081 Items for Consideration

QSC/19/081.1 Terms of Reference (including membership and contract clauses) (Item 8.1)

Ms McKie commented that there are usually three lay members and one patient representative at the meetings and queried as to whether there should be two patient representatives.

Mrs Roberts replied that there were two patient representatives but often only one attends the meetings, and added that it is really good for there to be three lay members. With regards to the Secondary Care Consultant, somebody was interested in this and Mrs Roberts and Mr McKenzie had met with them but she was not sure what is happening with that but advised that she would get an update on this for the next meeting.

ACTION: Mrs Roberts

QSC/19/082 Items for Escalation/Feedback to CCG Governing Body

- BCP
- Mortality – good news
- Cancer – the Governing Body need to be sighted on this as there might be a reputational risk
- Care Homes – inadequate; as we move into Winter there could be a potential risk for capacity.

QSC/19/083 Date of Next Meeting: Tuesday 10th September 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Apologies received from Dr Rajcholan.

Meeting closed at 12.20pm

Signed: Date:
Chair