

**Minutes of the Quality & Safety Committee**  
**Tuesday 12<sup>th</sup> November 2019 at 10.30am in the CCG Main Meeting Room**

**PRESENT:**

Mike Hastings – Director of Operations, WCCG  
Yvonne Higgins – Deputy Chief Nurse, WCCG  
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG  
Sally Roberts – Chief Nurse, Director of Quality, WCCG

**Lay Members:**

Jim Oatridge – Lay Member (Chair)  
Peter Price – Independent Member – Lay Member

**Patient Members:**

Marlene Lambeth – Patient Representative

**In attendance:**

Nicola Hough – PA to Chief Nurse, Director of Quality, WCCG

**APOLOGIES:**

Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG  
Sue McKie – Patient/Public Involvement – Lay Member  
Ankush Mittal – Public Health, Wolverhampton Council  
Dr R Rajcholan – WCCG Board Member

**QSC/19/105 Apologies and Introductions**

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

Mr Oatridge commented on the membership of the Committee and asked about lay clinical representation.

Mrs Roberts replied that there was somebody who was interested but has since withdrawn their interest and she thought it was probably best to wait until further decisions are made around shared Committees.

**QSC/19/106 Declarations of Interest**

No declarations of interest.

**QSC/19/107 Minutes, Actions and Matters Arising from Previous Meeting**

**QSC/19/107.1 Minutes from the meeting held on 8<sup>th</sup> October 2019 (Item 3.1)**

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

**QSC/19/107.2 Action Log from meeting held on 8<sup>th</sup> October 2019 (Item 3.2)**

QSC/19/088.1: Quality Report: Pressure Ulcers - Mrs Roberts advised that full RCAs are always undertaken and in care homes; an update next month will provide more data as to on the origin of PU.

It was agreed that this would be included in the Care Home report in December.

QSC/19/099.3: Primary Care Report: FFT – There is an additional report which will be shared via Mrs Hough.

This was sent by e-mail on 4<sup>th</sup> November 2019 and was also attached as item 3.2a

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

QSC/19/099.3: Primary Care Report: Collaborative Contracting Visits – Mr Oatridge commented that in effect the team have a checklist to review; he asked if he could see a copy of the checklist.

This was sent by e-mail on 4<sup>th</sup> November 2019 and was also attached as item 3.2b.

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

QSC/19/101.1: NOF – NHS Oversight Framework (Formerly IAF) – To find further information about 'Evidence-based interventions' and get back to Dr Rajcholan.

It has been confirmed that this is the national version of POLCV. This was sent by e-mail on 4<sup>th</sup> November 2019 and was also attached as item 3.2c

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

Mrs Roberts advised that Ms Gillian Shelley was planning to retire and she has got lots of knowledge and understanding on the primary care agenda.

Mr Hastings advised that Ms Jane Worton is working alongside Ms Shelley.

Mr Oatridge wondered if there should be some discussion at Governing Body around corporate memory.

Mr Hastings advised that this could be a Governing Body development session.

Mr Price wondered if this should be raised at Transition Board.

Mr Price advised that he would raise this at the Transition Board.

**ACTION: Mr Price**

**QSC/19/108 Matters Arising**

There were no matters arising.

**QSC/19/109 Performance and Assurance Reports**

**QSC/19/109.1 Quality Report (Item 5.1)**

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

**Cancer Performance (Red rated)** – With regards to the breast two week wait performance; RWT are in an ever improving position and as of last Thursday they were booking on day 12, Walsall and Dudley were both day 29. RWT have put on some 'Super Saturday Clinics' which has had an impact on their performance.

Mr Oatridge enquired about a one stop clinic.

Mrs Roberts replied that Walsall and RWT are offering a one stop clinic. Dudley are operating a 14 day pathway. The three mile radius rule has now been reduced with Walsall practices being removed.

Ms Higgins added that this was in line with the improvement plan.

Mr Oatridge enquired if there had been any reaction from the patients.

Mrs Roberts replied that she was aware that two people had refused to go to another hospital; one changed their mind and the other was seen by RWT.

**Referral to treatment time incomplete pathway performance has not achieved the 92% target and is deteriorating (Red rated)** – The trust is still not meeting the trajectory, an action plan is in place. There has been one harm review and there was no harm identified to the patient. Clinic capacity is being reviewed and waiting lists cleansed.

Mr Hastings added that this should impact by early November.

Ms Higgins advised that they will continue to monitor this.

Mr Price commented that this action was still red on the Quality Report and wondered if it was still on the risk register.

Ms Higgins replied that they will keep them on for now.

**Mortality: Standardised Hospital Mortality Index (SHMI) (Amber rated)** – This is showing an improving picture; it currently stands at 1.14 and thought they would also maintain this for next month. Coding at the trust has improved and co-morbidity coding had also improved. A lot of work has been and is still being done around the recognition of the deteriorating patient. The trust is re-launching and strengthening the critical care outreach team.

**Some emerging concerns regarding nursing home being able to deliver to the Step Down Contract (Amber rated)** – This was with regards to Primrose Hill; quality issues have decreased and they are no longer having safeguarding issues. Ms Higgins and Mrs Roberts visited the home last week and have received assurance.

**Concerns around Sepsis Pathways (Amber rated)** – There has been improved performance across the trust; ED has improved and have maintained their performance; work is now to be done on the in-patient services. The trust has now got a dashboard and it is expected to see improvement very soon.

Mr Oatridge asked if there were any specific wards/areas.

Ms Higgins replied that the sepsis team are looking into this; AMU will have a lot of sepsis triggers, they have got more real time data now and the sepsis team are identifying issues and they will go out to the wards to help staff.

Ms Higgins stated that work is being undertaken around the deteriorating patient. She added that she attended the mortality review meeting at the trust last week and assurance was received as work is being completed.

Mr Oatridge wondered if this will increase as we get closer to Christmas/winter.

Ms Higgins replied that the trust has recognised this and are revisiting training all staff. The hospital at night service is also being reviewed.

Mr Hastings commented on winter pressures and that they have normally had extra funding by now but noted that he hadn't seen anything.

Mrs Roberts agreed that there was nothing as yet.

Mr Oatridge commented on the winter pressure monies and asked where our vulnerability was.

Mrs Roberts advised that social work was an issue and there are two hot spots around domiciliary care and care homes. Flow and front door activity for RWT is the main issue. The trusts had a couple of ambulance divers this weekend and need to monitor

Shropshire vulnerability.

Ms Higgins commented that there is a delay of care going to Staffordshire and there are weekly calls to help flow and pathway.

Mr Hastings stated that the A&E delivery board have allocated some monies through the year.

Mr Oatridge commented that with regards to winter monies he thought that it should be mentioned to the Governing Body this afternoon.

Mr Price advised that he thought the winter monies were given out at the beginning of the year.

Mrs Roberts commented on preparation for winter and advised that it is on the agenda for CQRM (RWT) with an update being provided next month.

**BCP Workforce issues including 12 hour breaches and MH capacity (Amber rated) –**  
A further visit took place in October 2019 to seek assurance from the provider around the Duty of Candour application and SI reporting process. It was a positive and assurance visit and it was pleasing to see that they had implemented feedback from us. Work continues with other private providers for access to beds to prevent 12 hour breaches and an action plan is to go to the A&E Delivery Board.

**Reduced CQC rating of Wolverhampton Nursing Home (Amber rated) –**

Mr Price commented that although good progress is being made wondered if they were still keeping it rated as amber and not changing it to green.

Ms Higgins replied that although it was thought it could go green in January/February 2020 CQC need to change the rating to Requires Improvement from inadequate before it changes. The QNAs have done brilliantly with supporting the homes during this time.

Mr Oatridge commented on the access to neurology consultants and wondered if Wolverhampton has any issues. Some GP referrals are taking 12-18 months. Some consultants are writing back to say that they are not ill enough to see them.

Mrs Roberts replied that this was not flagging through RTT; but was not surprised that there were issues as neurologists are small in numbers; UHT have been flagging for five years now. She added that head and neck have some issues but they are sighted on that and advised that she would review this.

**ACTION: Mrs Roberts**

**C Diff** – This is one to observe; reporting has changed this year. RWT is the only provider in the local area that are over trajectory and the only trend is PPI. A deep dive has been undertaken.

Mr Hastings asked when the maternity cap was removed.

Mrs Roberts replied that she thought it was August and added that Walsall lifted their cap earlier in the year; would need to keep an eye on the Shifnal numbers.

Ms Higgins added that RWT have more midwives now and they are meeting the birth-rate plus ratio.

Mr Price stated that this was really good to see there was lots of positive work being done and added that there has been no never events for three months and there were low numbers of complaints.

Mr Oatridge agreed that it had been a long time since the Committee had discussions about Never Events.

Ms Higgins stated that there is a really good electronic learning system now at the trust and added that they have done some really good work on this.

Mr Price wondered if the Committee could report back to Governing Body about the positives around Never Events etc.

Mrs Roberts replied that the CQC report should have come in now and they were expecting a positive report; Mental Health was an issue as well as a few issues with their medical wards and their staffing.

The Committee **received** the Quality Report for **assurance** purposes.

#### **QSC/19/109.2 Primary Care Report (Item 5.2)**

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

**Flu Programme** – The under 65 flu vaccines are now available; there are no national campaigns taking place. Healthwatch had a pop up shop in the Mander Centre and there was an issue with the trivalent last year which was then withdrawn.

There have been some batches of nasal flu vaccines which require further testing. This may impact on stock availability going forward.

Mr Oatridge asked about the over 65 flu vaccines issues.

Ms Higgins replied that we were OK with this.

**Vaccination Programme** – MMR screening will now form part of the practice visits.

**Sepsis/E Coli** – Training delivered on 14<sup>th</sup> November 2019.

**FFT** – There has been a lower response rate than normal but is still above national rates.

Ms Higgins advised that there was some good news that Mrs Corrigan had been successful in obtaining a STP Practice Nurse role.

Mrs Roberts stated that Mrs Corrigan has done some outstanding work and is leading nationally on Practice Nursing especially the work she has led with the Practice Nursing strategy it is the first STP policy across the country.

Mr Price commented on the 'Escalation to NHSE' and noted that there were two incidents and wondered if the CCG got feedback from these.

Ms Higgins replied no we don't get feedback it is discussed at PPIGG group and is treated confidentially.

Mr Price stated that there is no learning from it then.

Mrs Roberts asked Ms Higgins to raise it at Quality Surveillance Group.

#### **ACTION: Ms Higgins**

The Committee **received** the Primary Care Report for **assurance** purposes.

#### **QSC/19/109.3 Health and Safety Performance Report (Item 5.3)**

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

Mr Parvez advised that there had been an inspection from the external provider; there a couple of reds outstanding from the original action plan; these are mainly for the CHC area. A meeting is taking place today; there is some Health and Safety internal champions

and offered to provide an update in January for progress made. He referred the Committee to the Health and Safety Management Plan on page 81 of the papers and advised that it was at 'draft' stage and any comments on the plan are welcome.

Mrs Roberts advised that there are champions in each area; this was an outlier for a while but is now sorted.

Mr Oatridge commented on the current issues linking to key risks and the action plan assessment and asked if it was sufficiently acute and wondered if they should flag it on the risk register.

Mrs Roberts advised that the risks for CHC are on their team risk register and didn't think it should be on the main risk register.

Mr Hastings stated that the work is planned for two weekend's time and it will include some cable work.

Mr Oatridge confirmed that there would be feedback provided in January 2020.

The Committee received and **noted** the report and asked for feedback in January 2020.

#### **QSC/19/109.4 E-Coli Report (Item 5.4)**

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

Ms Higgins presented the E-Coli report and advised that some really good work has been done around this. In November 2018 the CCG was contacted by NHSI as Wolverhampton were in the bottom 30 CCGs for Gram Negative Bacteraemia; there has been lots of positive joint system working.

**Dip or Not to dip** – This focuses on stopping the inappropriate use of urine dipsticks for older and catheterised patients and focussing instead on number and type of symptoms as per NICE guidance. Mr Hemant Patel is leading on this. The project was originally intended to involve four homes with full roll out in 2020. A support group has been set up and all homes will be visited in 2019. Ms Higgins referred the Committee to appendix 3 and advised that they had adapted an assessment tool which was really helpful to guide people through the process. For Nursing Homes and Residential Homes it shows where they should go for help.

**Hydration** – This work is being led by Public Health.

**Catheter Management** - RWT have been leading on catheter management and are reviewing indwelling catheter time; there is now an improvement plan. The trust has now got a dashboard (Appendix 5); the bottom graph showed urinary catheter per occupied bed days; discharge information for people with catheters will be improved.

**Project Impact** – Ms Higgins advised that page 5 showed where we started in November 2018 and it is showing the work is having an impact. There is a real good system wide approach.

Ms Higgins advised that the catheter quality improvement project originally focussed on the acute setting and is now going to focus on the community.

The Committee **received** the update on progress with the reduction of E-Coli rates and the assurance provided relating to the Quality and Safety of the population.

*Mr Strickland joined the meeting.*

**QSC/19/110 Risk Review**

**QSC/19/110.1 Risk Register (Item 6.1)**

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

Mr Strickland advised that there were no new risks or updates apart from the SHMI; which was updated on Friday and was requested to be reduced to six if the committee was in agreement. Last month, the register didn't have the two week wait but is now reflected on the risk register.

**RTT** – The question was raised if this was a risk now.

Mr Hastings advised that the trust won't hit the target but it was acknowledged that the target was difficult to hit.

Mr Hastings commented that there might be a risk relating to corporate memory and advised that this would be discussed at Governing Body.

Mr Oatridge added that this was broader than just Quality and Safety.

Mr Hastings wondered how we would get this on a STP level risk register.

Mr Oatridge advised that this would be discussed at Governing Body today.

The Committee **received** and **noted** the corporate and committee risks.

*Mr Strickland left the meeting.*

**QSC/19/111 Any Other Business**

**QSC/19/111.1 Cygnet, Coventry (Inadequate)**

The CCG has one person within this provision but they have been reviewed by the case manager and assurance gained in relation to the environment and progress. This will be continued to be closely monitored.

**QSC/19/112 Feedback from Associated Forums**

**QSC/19/112.1 Commissioning Committee Minutes (Item 8.1)**

The Commissioning Committee minutes from 26<sup>th</sup> September 2019 were received for information/assurance.

**QSC/19/112.2 Primary Care Operational Management Group Minutes (Item 8.2)**

The Primary Care Operational Management Group minutes from 11<sup>th</sup> September 2019 were received for information/assurance.

**QSC/19/113 Items for Escalation/Feedback to CCG Governing Body**

- Winter monies
- Share positive issues
- Nasal flu
- Corporate memory

**QSC/19/114 Date of Next Meeting:** Tuesday 10<sup>th</sup> December 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12:10pm

Signed: ..... Date: .....  
Chair