

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
QUALITY & SAFETY COMMITTEE**

Minutes of the Quality and Safety Committee Meeting held on 12th April 2016
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Dr Rajcholan	(RR)	Board Member, WCCG (Chair)
Annette Lawrence	(AW)	Quality and Safety Manager
Pat Roberts	(PR)	Lay Member Patient & Public Involvement
Kerry Walters	(KW)	Governance Lead Nurse, Public Health
Marlene Lambeth	(ML)	Patient Representative
Mr Tony Fox	(TF)	Surgeon/Secondary Care Consultant, WCCG
Sarah Southall	(SS)	Head of Quality and Risk, WCCG
Jim Oatridge	(JO)	Lay Member, WCCG
Laura Russell	(LR)	Administrative Officer, WCCG
Peter McKenzie	(PM0)	Corporate Operations Manager, WCCG

Part Attendance:

Sharon Sidhu	(SSidhu)	Head of Strategy & Transformation
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Apologies:

Geoff Ward	(GW)	Patient Representative
Gary Mincher	(GM)	Internal Auditor , WCCG
Manjeet Garcha	(MG)	Executive Lead Nurse, WCCG

Declarations of Interest

QSC481 There were no declaration of interest raised.

RESOLVED: That the above is noted.

Minutes, Actions from Previous Meetings

QSC482 The minutes of the Quality and Safety Committee held on 8th March 2016 were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on 8th March was discussed, agreed and an updated version will be circulated with the minutes.

RESOLVED: That the above is noted.

Matters Arising

QSC483 There were no matters arising.

RESOLVED: **That the above is noted.**

Feedback from Associated Forums

QSC484 **a) Draft Governing Body Minutes**
PR had highlighted the Executive Summary from the Quality and Safety Committee needed to include Care Homes as an item within the risk register. SS stated this would be included within the risk register and agreed to review the Governing Body's Executive Summary to ensure this is incorporated within future reports.

RESOLUTION: **SS agreed to review the Governing Body's Executive Summary to ensure Care Homes is included in the risk register.**

b) Health and Wellbeing Board Minutes
The next meeting of the Health and Wellbeing Board is due to take place on the 27th April 2016.

RESOLVED: **That the above is noted.**

c) Quality Surveillance Group Minutes
There were no minutes available from the previous meeting.

RESOLVED: **That the above is noted.**

d) Draft Primary Care Operational Management Group
The minutes from the meeting held on the 22nd March were provided for information. PR asked in relation to Information Governance in Primary Care are the CCG aware of the training provided for GP practices. PM informed the Committee the GP practice are required under the IG Toolkit submission to supply evidence that training has been provided. PM stated Primary Care is Co-Commissioned by NHS England and they should be seeking assurance, however agreed the CCG should also seek this assurance. PM agreed to review and report back to the Committee.

RESOLUTION: **PM agreed to seek assurance regarding IG Training within Primary Care.**

e) Draft Clinical Commissioning Group Minutes
There were no minutes available from the previous meeting.

RESOLVED: **That the above is noted.**

f) Commissioning Mortality Oversight Group

The next meeting of the Commissioning Mortality Oversight Group is due to take place on the 24th May 2016.

RESOLVED: That the above is noted.

Assurance Reports

QSC485

a) Monthly Quality Report

SS presented the Monthly Quality Report and highlighted the following key points to the Committee:

Royal Wolverhampton NHS Trust

For March 2016 RWT remained at a level 2 concern, the following reasons and mitigating actions are as follows;

- **Infection Control (CDIFF)** – the position has improved and numbers have reduced, which provides assurance the actions put in place are now taking effect.
- **Pressure Ulcer Prevalence** – The first Pressure Ulcer Steering Group took place on 25th February with key stakeholders and a Gap analysis has now been completed. Discussions took place regarding the involvement of a patient representative sitting on the Pressure Ulcer Steering Group or having patient stories if a patient representative cannot be identified.
- **Recurring Serious Incidents (treatment delays)** - an announced quality visit to the Urgent Care Centre by CCG Executives has been undertaken and a further follow up visit is planned with the TDA in May.
- **Never Event(s)** – action plans are to be revisited in July and will be linked to SISG requirements, which will provide greater assurance. The CCG were expecting response in January 2016 to the SBAR for treatment delays, this has been acknowledged by the Trust and agreement made that a response will be received in May.
- **Quality Indicators (A&E/Cancer)** - all the remedial action plans are at an agreed status.
- **Workforce/Safer Staffing** - Workforce continues to be a red risk for the Trust and reflected on the CCG Risk Register. The Trust is undertaking local, regional and international recruitment. Safer staffing data continues to be closely monitored. JO asked if the Trust sustained their stance on agency staffing, SS confirmed they have and this decision has been challenged by the TDA and CCG whether this should be reviewed.

RESOLVED: That the above is noted.

Black Country Partnership Foundation Trust

- For March 2016 BCPFT remains on a concern level 1.
- 2 new serious incidents have been reported, these were in relation to Slip/Trip/Falls and the second is pending due to be reviewed.
- The types of incidents reported were shared and it was highlighted in relation to medication incidents the number has reduced for the second month in a row. There has been a hike in the number of medication errors reported during October to December which reflects the training that has been provided.
- The workforce has been challenging for the Trust with the sickness absence reporting an increase at 0.9% in January and figures totalling 6.4% (3.0% short term and 3.4% long term).

RESOLVED: That the above is noted.

Private Sector/Other Providers

- NSL (NEPTS) – reporting at level 2 concern.
- Poplars Medical Practice - reporting at level 1 concern.
- Whitmore Reans – reporting at level 2 following a CQC inspection it requires improvement.
- Heath Town Medical Practice – Awaiting CQC report to be published.
- Primecare – Reporting at level 1 concern.
- Heantun Care – The Clinical Quality Review Meeting took place in March where concerns have been raised in terms of staffing and patient mix at Probert Court. There are currently 68 patients in step down.

RESOLVED: That the above is noted.

Care Quality Commission (CQC)/Notification or Advice from Monitor

- Black Country Partnership Foundation Trust are still awaiting their formal CQC report.
- Royal Wolverhampton NHS Trust - CQC have formally acknowledged they have received the Trusts appeal, and would not receive a response within 30 days.

RESOLVED: That the above is noted.

Adults Safeguarding

- 7 Grade 3 pressure ulcers RCA'S were undertaken during March 2016. Initial findings indicate that 5 out of the 7 pressure ulcers were as avoidable.
- WCCG has attended a Multiagency meeting chaired by West Midlands Police to discuss Orchard House Nursing Home and an action plan is being prepared.

RESOLVED: **That the above is noted.**

Formal Complaints

- There was 1 new complaint received during March 2016 regarding CAMHs.
- There are 2 complaints that remain on-going in relation to consultation for Recovery House and Mental Health Commissioning.

RESOLVED: **That the above is noted.**

Primary Care

- The GP Practices who have received CQC visits during 2015/2016 were shared with the Committee, the majority have been allocated a initial rating as good. 1 practice receiving an initial rating as inadequate and 1 practice is still awaiting confirmation on their rating from CQC.
- GP Friends and Family Test has been escalated to NHS England as some practices are not completing this, which will be picked up under their contract meetings.

RESOLVED: **That the above is noted.**

Risk Register

The Risk Register entries as of 30th March 2016 were as follows:

- 111 open risks
- 8 red risks
- 62 amber risks
- 40 green risks
- 14 overdue risks

RESOLVED: **That the above is noted.**

QSC485

b) Safeguarding Adults Quarterly Report

AL provided the Committee with assurance of the quarterly performance for Adult Safeguarding and the following key points were raised;

- Wolverhampton Safeguarding Adult Board had met on the 17th March 2016 and main points to highlight from meeting included;
 - Care Home Contract update provided by the Service Director Older People, Wolverhampton City Council– an exit strategy has been included in the Care Home Contract
 - Designated Adult Safeguarding Manager role has been removed from the Care Act Statutory Guidance.
 - Board Priority updates were provided by the work stream leads
 - WSAB Assurance report was presented.

- Multi Agency Safeguarding Hub Update – the Children’s MASH is now ‘live’, the Adult MASH is planned to ‘go live’ in August 2016
- WSAB’s Risk Register has been reformatted, however more detail is needed in relation to actions and timescales.
- The MCA/DoLs project team met in February 2016, from the meeting it was reported that an MCA Champion event is taking place on 13th April at the Village Hotel, Dudley. Also a MCA awareness event is being held at Compton Hospice and there are plans to hold further events targeting Primary Care.
- Assurance documentation has been developed by the WCCG’s Children’s and Adults Safeguarding Teams to strengthen compliance and assurance from providers, the documentation includes;
 - A revised Quality Indicator Dashboard for the 2016/17 contract.
 - An Assurance Framework for Services commissioned by the CCG for Safeguarding Children and Adults with Care and Support Needs has been developed.

RESOLVED: That the above is noted.

QSC485

c) Information Governance

PM informed the Committee that following the re-procurement the service will now be provided by Arden and Gem CSU. PM will be working with the new provider to discuss the new services. The aim is to have the same level of support from the new team through having an embedded member of staff 1 day a week.

PM presented the Information Governance Report to the Committee and stated the IG Toolkit was submitted by 31 March deadline. The submitted toolkit reached the target score of 91%, an improvement from last year’s score of 86%. A part of the submission was the Annual Report (shared for information) from the CSU IG Team, which outlined their work against the CCG’s IG improvement plan.

Discussions took place around the Fair Processing Notice and JO asked do staff know how their personal information is processed. PM agreed to seek clarification.

RESOLUTION: PM to seek clarification around the extend of the fair processing notice and whether staff are aware how their personal information is processed.

QSC485

c) FOI Report

PM highlighted following the re-procurement of Commissioning Support Services, the CCG has decided to bring FOI responses back in house. By doing this the CCG should see an improvement with compliance levels and all requests will be monitored and kept under review to reduce the number of requests becoming overdue.

Discussions following regarding the details of requests that have been received during the final quarter of 2015/2016 and whether in future this information could be used to correlate with complaint records.

RESOLVED: **That the above is noted.**

QSC485 **d) Board Assurance Framework Report**
This item has been deferred to May 2016.

RESOLVED: **That the above is noted.**

QSC485 **e) Business Continuity Review Update**
This item has been deferred to May 2016. The Committee raised their concerns of this item being deferred since January 2016, it was highlighted this has been escalated as a serious concern.

RESOLVED: **That the above is noted.**

Items for Consideration

QSC486 **a) National Reports and Enquires**
SS presented the National Reports and Enquires report to the Committee and provided the following updates;

Winterbourne View

- There are currently 21 patients placed in NHS England commissioned placements who have received at least an initial Care and Treatment Review who originate from Wolverhampton.
- NHS England are in the process of commencing an exercise for placement currently commissioned by specialist services, to align them to the local CCG with interest in those placements. The Transforming Care Program Board will continue to oversee the care and treatment review processes.
- Due to the subsequent actions and progress that has been made since this review was published it is recommended that this learning record is closed based on the control measures that are in place and working well locally in Wolverhampton.

Culture Change in the NHS & Freedom to Speak Up

- CQC has recruited at national level to their Freedom to Speak Up post, NHS Trusts have also commenced recruitment and identified resource to fulfil this role.

- At local level long term decisions regarding where the role of Freedom to Speak Up Guardian sits is currently been finalised.

Cavendish Review

- Assurance from commissioned providers in Wolverhampton has confirmed that both RWT and BCPFT have commissioned Care Certificate Training for their health care support workers providing evidence of this to the respective Clinical Quality Review Meetings.
- In the care homes sector, non-registered personnel have been encouraged to training provided by Health Education England.
- Practice Nurse development is a key area of interest for the future, a new role will be recruited within the Quality & Risk Team that will encourage non registered Practice Nurse support/assistants to undergo the Care Certificate in order to develop their skills and competence and in turn strengthen the practice nurse workforce in primary care.

Mazars Report

The background, key finds and recommendations were highlighted to the Committee the actions required by the CCG include the following;

- Ensure there are robust mortality review arrangements in the city that include representation from Public Health, CCG and any other stakeholders in relation to unexpected deaths involving mental health and learning disability patients.
- Review the terms of reference/agenda format for Commissioner Mortality Oversight Group Meetings to ensure sufficient attention is given to deaths involving such patients
- Seek assurance from the commissioned service provider to ensure they have undertaken their own internal review of unexpected deaths; BCPFT have provided an assurance report that was prepared to assure their Board, this confirms that they have undertaken an internal review and have robust arrangements in place to review unexpected deaths.
- In addition, the CCG is also due to adopt the Mortality Review Model for Primary Care currently being developed by NHS England Medical Directorate.

RESOLUTION: Report to be shared at the July Meeting.

QSC486

b) DoLs Report Update

This item has been deferred to the May Meeting.

RESOLVED:

That the above is noted.

QSC486

c) Quality and Safety Annual Report

PM shared the Quality and Safety Committee's Annual Report, which outlines how the Committee has met their responsibilities in accordance with the Committees Terms of Reference. All the CCGs Committee's Annual Reports are in a similar format and will be presented to the Governing Body in May 2016. The conclusion has been left Blank for the Committee to discuss, it was agreed the Committee would like to see evidence on the achievements and good work they have achieved over the last year. PM agreed to finalise the conclusion and e-mail to the Committee for their information prior to submission to the Governing Body.

RESOLUTION: PM to complete the Committees Annual Report and e-mail to the Committee members prior to submission to the Governing Body.

QSC 486

d) POLVC Report

SSidhu informed the group the POLCV policy was implemented within the contract as of the 1st April 2015. The CCG have used various methods to ensure the primary care clinicians are aware of the policy. To ensure the policy is embedded it works in conjunction with use of Blueteq, providing a prior approval system requiring the provider to complete an electronic pro-forma confirming the patient meets all of the eligibility criteria.

Since the policy has been implemented the CCG has received two formal patient complaints; one relating to laparoscopic surgery for inguinal hernia repair and the other relating to the removal of a cyst. On review of the complaints the CCG deemed that the patients did not meet the eligibility criteria for treatment and the decisions have been upheld.

Data from the IFR team confirm that they have received 78 cases relating to the policy since its implementation from the 1st April 2015. The data covering the period of the 1st April 2015 – 31st March 2016 is as follows;

- The total number of requests received by IFR Team was 78 of which 65 cases were processed and there are 7 pending cases.
- The number of requests considered by IFR Panel was 14 of which 7 have been approved and 7 were declined.
- The number of requests considered by IFR team which did not go to panel was 51, of which 6 were approved and 13 closed due to containing insufficient information or referrer being advised to refer to policy and 38 have been declined.

Since the policy has been implemented there has been a reduction of 890 procedures 1st April 2015 to 29th February 2016 equating to a financial saving of £618,622 compared to the same period last year.

The Committee welcomed the report and the excellent work undertaken. TF raised concerns that the POLVC documentation may not be completed fully by all staff and the difficulty to determine whether procedures are being coded differently to avoid the need for IFR. TF suggested it would be interesting to review those cases listed within 9/12 months' time to see what happened to the patient if they had a different route into the services and ended up having the procedure.

RESOLUTION: **SSidhu agreed to review the IFR data in 9/12 months' time and feedback if the patients end up having the procedure, if they are the service needs to be reviewed.**

QSC 486

e) Internal Audit Reports

The following two reports were shared for the Committees information;

- Incidents, Feedback and Claims
- Performance and Clinical Quality

The reports are to be shared with the Audit and Governance Meetings and a summary of the findings presented to the Governing Body. The Committee accepted the report.

RESOLVED: **That the above is noted.**

Policies for Consideration

QSC487

a) Risk Management Strategy

AL informed the group the Risk Management Strategy has been widely circulated as part of the consultation process. The final version has been shared with the Committee along with implementation slides to outline the plan of how this will now be rolled out across the CCG. The Committee formally agreed and signed off the Risk Management Strategy.

RESOLVED: **That the above is noted.**

b) NICE Policy

AL shared with the Committee the revised NICE Policy which has been reviewed in response to the contracting negotiations and this will now form part of contracts in 2016/2017, highlighting more detail around TAGS and timescales. The Committee reviewed the NICE Policy and formally approved the Policy.

RESOLVED: **That the above is noted**

QSC489

Items for Escalation/Feedback to CCG Governing Body

The only item for escalation is the need to share the RWT response in terms of Urology and Cancer Waiting Times.

RESOLVED: **That the above is noted**

QSC490

Any Other Business

There were no further items for discussion.

Date and Time of Next Meeting

Tuesday 10th May 2016 at 10.30am – 12.30pm, CCG Main Meeting Room