

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

Minutes of the Quality and Safety Committee Meeting held on 10th May 2016
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Sarah Southall	(SS)	Head of Quality and Risk, WCCG (Chair)
Manjeet Garcha	(MG)	Executive Lead Nurse, WCCG
Annette Lawrence	(AW)	Quality and Safety Manager
Pat Roberts	(PR)	Lay Member Patient & Public Involvement
Geoff Ward	(GW)	Patient Representative
Marlene Lambeth	(ML)	Patient Representative
Ajit Malhi	(AM)	Public Health (representative on behalf of Kerry Walters)
Laura Russell	(LR)	Administrative Officer, WCCG
Philip Strickland	(PS)	Administrative Support Officer, WCCG

Part Attendance:

David Birch	(DB)	Head of Medicines Optimisation, WCCG
Andy Smith	(AS)	EPRR Manager, WCCG
Juliet Herbert	(JH)	Equality and Inclusion Business Partner, CSU
Lorraine Millard	(LM)	Designated Nurse Safeguarding Children
Fiona Brennan	(FB)	Designated Nurse Looked After Children
Sandra Aston-Jones	(SAJ)	Safeguarding Manager Adults, Local Authority

Apologies:

Dr Rajcholan	(RR)	Board Member, WCCG (Chair)
Jim Oatridge	(JO)	Lay Member, WCCG
Kerry Walters	(KW)	Governance Lead Nurse, Public Health
Mr Tony Fox	(TF)	Surgeon/Secondary Care Consultant, WCCG

Declarations of Interest

QSC491 There were no declaration of interest raised.

RESOLVED: That the above is noted.

Minutes, Actions from Previous Meetings

QSC492 The minutes of the Quality and Safety Committee held on 12th April 2016 were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on 12th April 2016 was discussed, agreed and an updated version will be circulated with the minutes.

RESOLVED: That the above is noted.

Matters Arising

QSC493 There were no matters arising.

RESOLVED: That the above is noted.

Feedback from Associated Forums

QSC494 **a) Draft Governing Body Minutes**
There were no items to raise from the draft Governing Body minutes.

RESOLVED: That the above is noted.

b) Health and Wellbeing Board Minutes
There were no minutes available from the previous meeting.

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
There were no issues raised from the Committee.

e) Draft Clinical Commissioning Group Minutes
There were no issues raised from the Committee.

RESOLVED: That the above is noted.

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

RESOLVED: That the above is noted.

g) Area Prescribing Committee Minutes
DB presented the Area Prescribing Committee minutes from the meeting held on the 17th November 2015 and highlighted the developments for establishing a Regional Medicines Management Committee. SS queried the membership of the Area Prescribing Committee and asked if the membership was open to the wider health economy colleagues. DB highlighted it was open to all, however BCPFT

were the only ones who did not attend and sent apologies. SS agreed to pick this up via the BCPFT CQRM.

RESOLUTION: SS to raise none attendance of BCPFT colleagues at the Area Prescribing Committee via the BCPFT CQR Meeting.

Assurance Reports

QSC495

a) Monthly Quality Report

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

Royal Wolverhampton NHS Trust

For April 2016 RWT remained at a level 2 concern for the following reasons;

- Infection Control (Cdiff)
 - Pressure Ulcer Prevalence
 - Recurring Serious Incidents (treatment delays)
 - Never Event(s)
 - Quality Indicators (A&E/Cancer)
-
- There have been 5 confidential breaches reported in the month by the Trust which is an increase from the previous months.
 - There were no slip/trip/falls reported in month.
 - There were no New Never Events reported.
 - There were in fact 3 CDiff cases reported in April and not 2 has mentioned in the report.
 - The Trust reported 20 new grade 3 pressure ulcers in April. Annette Lawrence attends the Trusts weekly Pressure Ulcer Scrutiny Group. It was queried how the Trust benchmark against other local hospitals. It was confirmed that NHS England have classed the Trust as an outlier, however the Trust report on all pressure ulcers whether they are avoidable or unavoidable, where as other hospitals only report on avoidable. If the unavoidable including the community are not included the Trust are on par with other neighbouring hospitals. It was reported the Trust are working on a Health Wide Pressure Ulcer Strategy.
 - The A&E performance was shared and GW asked if this took into account the Urgent Care Centre. It was confirmed that the it does however the models of A&E and the Urgent Care Centre are different and there have been issues with capturing information, the CCG are working with the Trust to reviewing the reporting and capturing of data.

Black Country Partnership Foundation Trust

- For April 2016 BCPFT remains on concern level 1.
- There have been no serious incidents reported in April by the Trust, however in May this has increased with a few incidents being reported. PR asked why are the numbers so low, it was reported that the majority are unexpected deaths.
- The CQC report has been shared and SS agreed to send a summary to the Committee.
- The theme of the Quality Review Meeting which took place in April was Mental Health, an overview of the incidents reported by site and type were shared.
- The sickness absence has seen a 0.9% increase with January, this has been a challenge for the Trust and practices are under review to improve support for staff returning back to work.
- The Trust are expected to achieve all CQUIN milestones in quarter 4 with the exception of Quetiapine. The Head of Contracting will be formally writing to the Trust regarding non-achievement of the Quetiapine CQUIN during quarter 2 and quarter 3, so that formal action can be taken.

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

- Compton Hospice has been inspected by the CQC and are awaiting the first draft report to comment on.

User and Carer Experience

- There were no new complaints received during April 2016.

RESOLUTION: SS agreed to share with the Committee a summary of BCPFT CQC Report.

QSC495 **b) Safeguarding Children and Looked After Children's Report**
This item has been deferred to the June 2016.

RESOLUTION: **Agenda item for June 2016.**

QSC495 **c) Looked After Children Placements Assurance Report**
FB informed the Committee the number of Looked After Children (LAC) and their placements can vary from month to month and there are currently 60% of Wolverhampton LAC placed out of area. External placements are necessary when their holistic needs of a child or young person who requires specialist support and provision which is not available within Wolverhampton or CAMHS Tier 4 provision.

Wolverhampton City Council do not have the number of foster carers it needs to place all LAC within the town hence some placements are outside of Wolverhampton. There are plans in place by the Council to improve this situation across the City.

FB highlighted to the Committee children that are placed in the City from other areas that the Local Authority are not always informed when Children have been placed in the City from out of area. The Head of Safeguarding for the Local Authority has met with care providers in the City and have agreed to develop a Children Home Provider forum in Wolverhampton to help strengthen these processes, which the CCG are involved with.

MG asked how confident they were that the CCG have robust processes in place. FB confirmed that the WCCG do have robust processes in place when they place children/young people out of area. They inform the relevant CCG and Local Authority and have 6 monthly health checks and visit the services to ensure the services meet quality assurance framework standards. There is also a national forum every three months which FB attends regularly.

FB presented to the group the LAC section of Children and Young Persons Annual Report and asked if the Committee had any questions to raise with SS and she would forward the comments onto FB for a response.

QSC495

d) Medicines Optimisation Quarterly Report

DB provided an update to the Committee of the Medicines Optimisation work programme and the following key points were raised;

- A lot of good progress has been made in relation to work regarding checking dose/frequency of those patients prescribed Novel Oral Anticoagulant and proves to be good area of safe working practice.
- Post-discharge reviews - this is in relation to a medication review for high-risk patients who have been identified by hospital pharmacy team. The work continues and they are making progress in integrating the two pharmacy systems.
- IMPACT Antibiotic training has been delivered and following the training the team have discussed antibiotic prescribing with GP Practices. The Practice Pharmacists have helped clinicians to produce action plans to reduce antibiotic prescribing in 21 practices.
- The CCG are ahead with electronic prescribing.
- The team have completed an antibiotic audit using the Scottish Antimicrobial Prescribing Group GP primary care audit tool. The data has been evaluated and indicated positive results, which was shared for information. The audit was carried out between September and December 2015 and carried out in eight GP practices and looked at high and low prescribers. GW asked if the audit was voluntary or mandatory, DB stated only a sample of GP Practices took part in the audit, which was based on the where the drug was used most/least. PR asked if the results are going to be

shared with the GPs, it was confirmed the results would be shared through the Practice outreach meetings.

RESOLVED: That the above is noted.

QSC495

e) Quality Assurance in Care Homes Quarterly Report and PROSPER Programme BID

MHD gave an update on the quarterly quality assurance on the progress made against the Care Home Improvement Plan and highlighted the following key points;

- The Quality Nurse Advisors have supported care home managers with conducting the 13 RCA investigations for grade 3 & 4 pressure ulcers during the quarter.
- The Quality Nurse Advisors have received 15 referrals for safeguarding quality concerns during the quarter, this is down on the last quarter of 30, a reduction of 50%.
- The lessons learnt from RCA and STEIS investigations continue to be shared with Care Home Managers and RWT.
- Participation in the Quality Indicator Survey Monkey questionnaire throughout the quarter was slightly down compared to the previous quarter. The Quality Nurse Team are reviewing different tools to capture this information to see if improvements can be made.
- Three nursing homes are currently suspended due to on-going safeguarding and quality concerns, this is slightly down on last quarter when 4 homes were suspended.
- No further progress has been made on developing the best practice guideline for end of life care (EOLC) which is being considered by the EOLC Strategy Group. A meeting has been arranged at the end of the month to progress this work.

MHD shared with the Committee the Project Initiation Document (PID) for PROSPER (Promoting Safer Provision of Care for Elderly Residents) Programme which provides the objectives, scope and desired outcomes. The Committee reviewed the PID and accepted the programme of work. MHD agreed an update on progress and the implementation plan will be shared and included within future quarterly Care Home Reports.

QSC495

f) Quality and Risk Action Plan

SS shared with the Quality and Risk action Plan to the Committee, as one of the reports had been omitted from the meeting papers it was agreed LR would send all the relevant reports relating to this agenda item to the Committee following the meeting for review or comments.

RESOLUTION: LR agreed to send all reports relating to the Quality Risk Action Plan for review and comments.

QSC495**g) Board Assurance Framework Report**

SS presented to the Committee the quarter 4 position of the Board Assurance Framework and Risk Register and highlighted the following changes in risk status;

- **Domain 1** (Well Led Organisation) - the position remains the same in quarter 4.
- **Domain 2** (Performance) - has remained static reporting a score 12 throughout the year.
- **Domain 2** (Quality) - remains at a source of 12 which is significant as providers at a level 2 concern.
- **Domain 3** (Financial Management) - the score has reduced to 8 in quarter 4 as the CCG is financially stable and this position has been agreed by NHS England.
- **Domain 4** (Planning) – has remained at a score of 8 throughout the year.
- **Domain 5** (Delegated Functions) – The score has increased during the year to a score of 6 this is due to the CCG establishing Primary Care services.
- The following highlights the number of risk entries and their status;
 - Number of Open Risks – 110
 - Number of Reds – 8
 - Number of Ambers – 62
 - Number of Green – 40
 - Number of Overdue Risks - 14

RESOLVED: That the above is noted.

QSC495**h) Business Continuity Report Update**

AS provided the committee with an overview of the Emergency Preparedness, Resilience and Response (EPRR) workstream. And highlighted the following key points;

- There has been a revised framework and work programme for 2016/2017 which has been drafted in consultation with the CCGs Accountable Emergency Officer.
- The 2016 EPRR Core Standards submission will require Governing Body approval prior to submission which will require a further report to the Governing Body in July 2016.
- The Pandemic Influenza Plan has been shared with the Committee and reported this will be taken to the Local Health Protection Forum.
- Work has been undertaken in relation to PREVENT on how to educate staff and will consider the implications of Primary Care going forward.

- The WCCG will need to review the 'out of hours on call' across the Black Country to see if it meets requirements in line with the new framework.
- In terms of the business continuity process the staffing element will be brought back to this meeting.
- At present the WCCG is deemed substantially compliant against 2015 core standard requirements.
- The Royal Wolverhampton Trust and Black Country Partnership Foundation Trust also have EPRR requirements and the EPRR Manager work with the providers to ensure their organisational compliance and inter-agency cooperation. Work is also being undertaken to support Vocare and the integration with existing RWT Major Incident response Policy.
- WCCG Crisis Communication Plan has been shared with the Committee, which was tested in November 2015.

The committee reviewed the report and formally agreed to the recommendations outlined.

RESOLVED: That the above is noted.

QSC495

i) Equality and Inclusion Update

JH presented to the group the draft Annual Equality and Inclusion Report and Draft Accessible information briefing note and implementation plan to the Committee for their comments and official sign off. The Committee thanked JH for all the work undertaken to support the Teams and embedding Equality and Inclusion into the responsibility of the Senior Management Team within the CCG. The Committee formally agreed and signed off the draft Annual Equality and Inclusion Report and Draft Accessible information briefing note and implementation plan.

RESOLVED: That the above has been agreed.

Items for Consideration

QSC496

a) Annual Quality Report

SS shared with the Committee the Annual Quality Report which provides a position statement based on safety, experience and effectiveness for the period 1st April 2015 to 31st March 2016. The report includes an overview on the work that has been undertaken by the Quality and Risk team during this period. SS highlighted in relation to Quality Matters and Annual Report will be presented at the June Meeting. The Committee agreed to sign off the Annual Quality Report.

RESOLUTION: Quality Matters Annual Report will be provided at the June Meeting.

QSC496

b) Annual Public Health Report

This has been deferred to the September Meeting.

RESOLUTION: Agenda Item for June 2016.

QSC496

c) Annual Safeguarding Children's Report

LM presented the Annual Safeguarding Children's Report to the Committee for assurance of the WCCG compliance against their statutory duties regarding Safeguarding and Looked After Children. LM highlighted the following points from the report;

- Themes and lessons learnt from the NHS investigations into matters relating to Jimmy Savile have resulted in a number of recommendations including: all NHS Hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff volunteers every three years. Work is on-going to ensure compliance against these recommendations and remains on an amber status.
- A joint Adult and Children's Safeguarding Audit was carried out by the Internal Audit Team in March 2016 and work is being undertaken to take forward the audits recommendations.
- Designated Professionals are required to undertake supervision for named professionals across the health community. The WCCG are fully engaged with this process, however improvement needs to be made in terms of how the Designated Professionals access supervision.
- The WCCG have improved on reporting requirements with providers and they are working with PREVENT, LAC and Adult Safeguarding to make sure there is consistency with assurances and reporting across the Providers.
- The WCCG are looking at developing a work plan, which will be implemented and monitored as part of the Quality and Risk action plan.

LM asked the Committee if there were any questions they would like to raise, the Committee were happy with the content of the report and agreed to formally sign off the report.

RESOLVED: That the above has been agreed.

QSC496

d) Annual Safeguarding Adults Report

AL provided the Committee with the Safeguarding Adults Annual Report and fed back the following key points;

- The Wolverhampton Safeguarding Adults Board have reported that regional guidance has been developed in the areas of Self Neglect, Safeguarding Adult Reviews and Position of Trust.

- A regional multi-agency Safeguarding Information Sharing Protocol (ISP) has been developed and agreed by the Wolverhampton Safeguarding Adults Board.
- It was reported by the Wolverhampton Safeguarding Adults Board that neglect continues to be the highest category of abuse and the number of adult safeguarding alerts received for the year was 1600.
- The WCCG have provided funding towards a project led by Walsall CCG for awareness raising and training in MCA/DOLs.
- The Wolverhampton Safeguarding Website is now live as of April 2016 and provides a wealth of information relating to both Adults and Children's Safeguarding.
- PREVENT training has now be made available for all CCG Staff to undertake.
- The Adult Multi Agency Safeguarding Hub (MASH) will go live in August 2016.
- A management action plan following an internal audit on safeguarding arrangements was shared for the Committee's information.
- A Quality Indicator Dashboard and Assurance Reporting Framework have been developed to strengthen compliance and assurance from Providers.
- The WCCG has secured funding from NHS England to undertaken various training for Adults and Children's safeguarding. SS asked when the Committee would be receiving the evaluation from the training, AL confirmed as when the training takes place the evaluation would be included as part of the Quality Adult Safeguarding Assurance Reports.

RESOLVED: **That the above has been agreed.**

QSC496

e) DoLs Report Update

SAJ provided an update on the Mental Capacity Act/Deprivation of Liberty Safeguards activity and indicated the following points;

- Following the last report presented in December 2015 the Supervisory Body had received 411 referrals, as of March 2016 931 referrals were received.
- There were 222 referrals in breach of timescales and awaiting assessment.
- The DoLs Team now have appointed to x4 dedicated assessors and they envisage the backlog will be reduced by November.
- Community DoLS - A deprivation of liberty can be authorised in one of two ways, depending on the setting in which the deprivation is occurring. If the deprivation is occurring in a care home or hospital, that facility has to obtain an authorisation from the Local Authority as the supervisory body under the statutory

DoLS scheme. If the deprivation of liberty is happening in a setting other than a care home or hospital the body seeking the authorisation (which will be the body responsible for funding the care arrangements) has to obtain authorisation from the Court of Protection.

Where the CCG fund packages of care for people who lack capacity to consent to the care and treatment and the acid test is met it is the responsibility of the CCG to apply to the Court of Protection for a community DoLS authorisation.

Advice to the CCG would be to conduct a scoping exercise of all cases which are funded by the CCG in the community where it is established those people who lack capacity to consent to their care and treatment. It was confirmed by MG that this has been undertaken and the CCG had identified 3 patients and the CCG are seeking legal advice.

RESOLVED: That the above has been agreed.

QSC496 f) Internal Audit Reports

The following audit reports were shared with the Committee for information;

- Assurance on Performance and Clinical Quality
- Assurance Framework for Wolverhampton CCG
- Assurance on Safeguarding Arrangements at Wolverhampton CCG
- Incidents, complaints and claims at Wolverhampton CCG

The results were either outstanding or substantive, the Committee raised no concerns.

RESOLUTION: Report to be shared at the July Meeting.

Policies for Consideration

QSC497 a) There were no policies for consideration.

RESOLVED: That the above is noted

Items for Escalation/Feedback to CCG Governing Body

QSC498 a) There were no items for escalation.

RESOLVED: That the above is noted

QSC499 Any Other Business

There were no further items for discussion.

Date and Time of Next Meeting

Tuesday 14th June 2016 at 10.30am – 12.30pm, CCG Main Meeting Room