

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

Minutes of the Quality and Safety Committee Meeting held on 14th June 2016
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Sarah Southall	(SS)	Head of Quality and Risk, WCCG
Dr R Rajcholan	(RR)	Board Member, WCCG (Chair)
Annette Lawrence	(AW)	Quality and Patient Safety Manager
Pat Roberts	(PR)	Lay Member Patient & Public Involvement
Geoff Ward	(GW)	Patient Representative
Marlene Lambeth	(ML)	Patient Representative
Philip Strickland	(PS)	Administrative Officer, WCCG

Part Attendance:

Lorraine Millard	(LM)	Designated Nurse Safeguarding Children
Gus Bahia	(GB)	Business and Operations Manager
Matt Boyce	(MB)	Quality Assurance Co-ordinator, WCCG

Apologies:

Jim Oatridge	(JO)	Lay Member, WCCG
Kerry Walters	(KW)	Governance Lead Nurse, Public Health
Manjeet Garcha	(MG)	Executive Lead Nurse, WCCG

Declarations of Interest

QSC500 There were no declaration of interest raised.

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

Minutes, Actions from Previous Meetings

QSC501 The minutes of the Quality and Safety Committee held on 10th May 2016 were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on 10th May 2016 was discussed, agreed and an updated version will be circulated with the minutes.

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

Matters Arising

QSC502

a) Annual Report – Quality & Safety Committee 2015/16

SS confirmed that the submitted report detailed the work undertaken by the Quality and Safety Committee during 2015/16. It captures the detail of the minutes throughout the year including attendance. The report details its conclusions for the year highlighting:

- That the committee has met its terms of reference as set out in the CCG's constitution.
- The committee's role in developing the Quality Strategy. The strategy will continue to guide the committee and the CCGs drive to see continuous improvement in the quality of services offered to patients
- The committee will continue in its work next year and will remain focused on providing assurance to the governing body that quality matters are being effectively managed and escalated for further action.

RESOLVED: That the Quality & Safety Committee Annual Report of 2015/16 is noted by the committee members.

Feedback from Associated Forums

QSC503

a) Draft WCCG Governing Body Minutes

There were no items to raise from the minutes of the 24th May 2016.

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

RR questioned what the interim provision would be for violent patients given the highlighted issues in the minutes relating to Dr Obi? SS confirmed that the responsibility for violent patients currently was the responsibility of NHSE. It was also highlighted that David Rosalin was setting up a new scheme that would align with other violent patient schemes across the West Midlands.

RESOLVED: That the above is noted.

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

SS highlighted from the minutes of the 25th May 2016 that the CSU mortality pack had been discussed in detail. Coding discussion had been held regarding primary and secondary cause of death codes and whether they could be standardized across the NHS.

It was added that Mr Fox had suggested including GPs in the RCA process for those deaths within 24 hours of admission to hospital. RR highlighted that perhaps this was already occurring for some practices.

RESOLVED: That the above is noted.

g) Health Economy Pressure Ulcer Prevention Steering Group

SS confirmed that this had been the second meeting of this group and stated that this group was striving to improve issues relating to pressure ulcers across the health economy. The committee noted from the minutes of the 5th May 2016 that RWT had been reviewing bandage provision for dressings, and intended to replace them with Hosiery packs. It was added that the CCG were in discussion regarding this. There are a series of work streams detailed in the minutes, these were noted.

RESOLVED: That the above is noted.

Assurance Reports

QSC504

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)
- * HSE Notification of Contravention – Radiation Levels
- * Whistleblowing Issue (Safeguarding)

SS confirmed that the HSE notification was the result of incidents of exposure to Radiation and the trust has now implemented an action plan as a result of these incidents. It was noted that that a further never event had been reported and referenced on the summary.. A visit has been arranged to look at previous never events at the Trust in July.

- 13 new serious incidents were reported by RWT in May 2016 this included 1 never event.
- There two slips/trip and falls reported in May 2016 on EAU and CHU.
- There were 2 confidential breaches reported for this period
- 1 New Never Event was reported.
- From the serious incident reporting profile SS highlighted that this had been the 1st time that a consent issue had been raised.
- The Trust reported 12 grade 3 pressure ulcers in May 2016 which was noted as a reduction from 20 reported in April 2016.
- The A&E performance was shared with committee members. It was highlighted that attendance had been unprecedented and as a result A&E continues to miss its targets. The opening of the Urgent Care Centre is still yet to have an impact on the figures however it was noted that the UCC was being visited by 200 patients per day. The trust is currently looking at how to combine the wait time data of patients in A&E and in the Urgent Care Centre.
- It was highlighted that compliance for the 62 day cancer treatment wait was currently red for the month of April 2016.
- There was one duty of candour breach during April 2016 this was the result of a Grade 3 pressure ulcer.
- There were 12 reported cases of C-Diff were positive by toxin test. 5 of these were attributable to RWT using the external definition of attribution against a target of 3 for the month.
- Response rates of the Friends and family test were noted by the committee. PR stated that the data alone did not show the whole picture and it would be more useful to examine individual comments to help gauge the context of why a patient scored the service how they did. SS agreed and stated that comments were held departmentally. It was noted that RWT scored lower than the national average. SS confirmed that the trust did have a long term plan to turnaround this statistic. It was believed that all staff would need customer care training regardless of their role in the organisation.

Black Country Partnership Foundation Trust

- For May 2016 BCPFT was at concern level 2 following a recent CQC inspection within the trust the rating assigned was requires improvement. It was noted that an action plan had been put in place and this had been shared with the CCG. A further inspection is expected in October 2016.

- There have been 5 serious incidents reported in May by the Trust. All of these have been reported under the pending review category and stop clock had been applied to 2 of them.
- 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 May was CAMHS, an overview of the incidents reported by site and type were shared.
- The sickness absence was reported at 6% however SS wished to highlight that this is quite a small workforce and context is needed when reviewing the figures.

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

- PR asked that the CQC Visit Summary embedded in this month's report is to be circulated following this meeting as embedded files cannot be accessed from a pdf file.

User and Carer Experience

- It was confirmed that 3 new complaints had been received and 2 had been closed.
- It was noted that from the 1st June 2016 there were 10 red risks, 63 Amber Risks and 12 overdue risks that have been altered to the leads for each risk.
- SS was asked to clarify whether there were 6 or 7 clinical priority areas as detailed on page 155 of the meeting pack.

RESOLUTION: SS had arranged for a summary of the CQC Report to be shared with committee members.

SS to clarify the number of Clinical priority areas as highlighted under the CCG Risk Register part of the Quality & Risk report.

QSC505

b) Safeguarding Children and Looked after Children's Report

LM reported that the submitted report had been deferred from May due to the submission of the annual report. It was noted that this month's report highlighted the key points of activity from January to March that had not been included on the Annual Report.

LM reported that a Safeguarding Audit was carried out by the Internal Audit Team in March 2016 to carry out a review of the CCG's safeguarding arrangements. It was confirmed that the overall rating was substantial. It was noted that a new reporting framework had been developed. This framework had been developed however this was still under negotiation with the Heads of Safeguarding before being included in contracts.

LM confirmed that the children's MASH went live on the 5th January 2016 as planned. It was noted that both the Executive Director for Nursing and Quality and Designated Doctor Safeguarding Children were members of the MASH strategic board that meet monthly. Both designated professionals are key to providing on-going advice and support to the respective forums regarding the appropriate health representation. It was added that the MASH operational group now carries out bi-weekly 'dip sampling' of cases referred to MASH. The health representation continues to provide appropriate and effective challenge within this process.

LM stated that a national inquiry had been set up with the aim of conducting an overarching national review of the extent to which institutions in England and Wales have discharged their duty of care to protect children against sexual abuse. Dame Lowell Goddard DNZM the chair of the inquiry (Goddard Inquiry) had urged organisations to take a proactive stance toward the inquiry. LM added that in order to raise awareness of the inquiry a presentation will be made at the RWT safeguarding forum.

LM concluded that the CCG is compliant with its statutory requirements. Moving forward future work needs to focus on demonstrating improved outcomes for children and young people.

RESOLVED:
QSC506

That the above is noted.

c) Infection Prevention Service Update

SS highlighted exceptions from the submitted report including:

- No MRSA bacteraemia attributed to WCCG in the year to date. It was added that this had been the 1st time this had occurred in the past 20 years.
- It was confirmed that 11 GP Audits had been conducted by the IP team, there were generally high standards being sustained.
- 2 CDI cases had been investigated, 4 outbreak reporting within 1 working Day, 3 CDI pathway compliance and 12 MRSA decolonisation.

RESOLVED:
QSC507

That the above is noted.

d) Health & Safety Performance

SS highlighted to the committee in her report that issues arising from the Health & Safety Checklist had been raised with the landlord and discussed at the tenants meeting. It was noted that the Health & Wellbeing Training Plan had been considered at the Staff Forum following discussions with UNISON. It was also noted that due to an increased headcount further

office space and an additional meeting space had come into effect from early April.

From the Health & Safety Dashboard it was noted that there had been a decrease in compliance against mandatory training and managers had been alerted to remind their staff to complete training within timescale.

RESOLVED: That the above is noted.

QSC508

e) Quality Assurance in CHC Quarterly Report

The submitted report had been circulated to members and was noted by members.

RESOLVED: That the above is noted.

QSC509

f) Finance and Performance Report

GB highlighted exceptions from the submitted report. The committee were asked to consider the Hot Topics from page 236 of the report. It was reported that each hot topic currently had its own remedial action plan. It was noted for RTT that overall performance was positive. However GB reported that recovery trajectories implemented for general surgery and T&O by March 2016 have not been achieved.

GB confirmed that the trust had failed its headline performance for month one due to the Junior doctors strike. It is estimated that recovery should have been made by the end of June.

It was confirmed that A&E performance continued to be poor. It had been recorded that there had been unprecedented use of A&E. Performance failure was noted as the result of high attendance and an ongoing issue with the recruitment of nurses for the department. GB continued that the remedial action plan trajectory for 2016/17 has been aligned to the STF improvement trajectories with the 95% target proposed to be met by July 2016.

GB confirmed that the effect on A&E pressures since the opening of the Urgent Care Centre is still yet to be understood. It was noted that discussions are currently underway between RWT and Vocare relating to capturing accurate data in relation to attendance and performance by combining the Urgent Care Centre and A&E figures.

GB stated that 62 day Cancer Waits are under performing against the set targets. Indeed it was added that the cancer waits remedial action plan has been agreed with a phased trajectory to recover to 85% for 1st definitive by June 2016. GB highlighted that there was a recognized problem in urology as there is a national shortage of urologists.

RESOLVED: That the above is noted.

Items for Consideration

QSC510

a) Quality Matters Annual Review

MB presented the Quality Matters Annual Review for 2015/16. MB confirmed that the report provided an overview of the Quality Matters system and shared learning from matters raised by all sources in 2015-16.

MB reported that Quality Matters had been well used in 2015/16 with 255 new concerns being closed in the last financial year. Most of those pertained to RWT and are predominantly categorised with regard to discharge, compliance and referrals. SS confirmed that issues with e-discharge are currently included in a remedial action plan with RWT.

MB welcomed any comments after the meeting via email at matthew.boyce@nhs.net

RESOLVED: That the above is noted.

Policies for Consideration

QSC511

a) Volunteer Policy

SS introduced the volunteer policy to members stating that the policy had been developed as part of the Patient Reviewer Working Group and to help capture the role of the volunteer in line with the engagement strategy. SS highlighted that the policy attempts to capture and support the work in which the reviewers would be undertaking and to formally recruit them as volunteers. The 1st cohort of reviewers had been recruited following an introduction to the organization and formal training as a reviewer had also been undertaken, provided by WMQRS. SS stated that in line with the policy each reviewer had undertaken an enhanced DBS check. SS welcomed comments from the committee.

PR stated that the policy was a positive step. However PR questioned whether the policy captured all volunteers or whether or not this was specific to Patient Reviewers? SS confirmed that the policy would be revised to reflect more clearly its purpose of who it captures.

RESOLUTION: SS to revise the Volunteer Policy to reflect its purpose more clearly. PS is to distribute the policy for ratification with the minutes of this meeting.

Items for Escalation/Feedback to CCG Governing Body

QSC512

a) There were no items for escalation.

RESOLVED: That the above is noted

QSC513

Any Other Business

RR wished SS all the very best in her new Primary Care role and on behalf of the committee thanked her for her dedicated contribution to the success of the Quality and Safety agenda during her time in post.

Date and Time of Next Meeting

Tuesday 12th July 2016 at 10.30am – 12.30pm, CCG Main Meeting Room