

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 9TH AUGUST 2016,  
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON  
SCIENCE PARK.**

<b>PRESENT:</b>	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Nicola Ensor	-	Interim Head of Quality & Risk
	Geoff Ward	-	Patient Representative
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Annette Lawrence	-	Quality & Patient Safety Manager
	Philip Strickland	-	Administrative Officer
<b>APOLOGIES:</b>	Jim Oatridge	-	Lay Member, WCCG
	Kerry Walters	-	Governance Lead Nurse, Public Health

**1. APOLOGIES & INTRODUCTIONS**

Introductions were made and the above apologies were noted by members.

**2. MINUTES & ACTIONS OF THE LAST MEETING**

**2.1 Minutes of the 14<sup>th</sup> June 2016**

The minutes of the meeting held on the 14 June 2016 were approved as an accurate record.

**2.2 Action Log from meeting held on the 14<sup>th</sup> June 2016**

The Action Log from the Quality & Safety Committee held on the 14<sup>th</sup> June 2016 was discussed, agreed and an updated version would be distributed with the minutes of this meeting.

**2.3 Comments received from the virtual meeting held on the 12<sup>th</sup> July 2016**

Comments from the Virtual meeting from the 12<sup>th</sup> July 2016 were acknowledged by members. PR highlighted that given the number of reports circulated it was not an ideal scenario to hold a virtual meeting. MG confirmed that the decision was made on the basis that there had been a large number of apologies, and to prevent a build up of items on the September Agenda it was felt that a Virtual meeting could be held. MG did state that a virtual meeting had never been previously held for the Quality & Safety committee and therefore this would be an exception.



MG highlighted an on-going issue in relation to the collection of SMART cards, which had affected two specific areas including dermatology in relation to the choose and book system. It was highlighted that this issue would be picked up through the Clinical Reference Group to review which areas are using the choose and book system and which are not. PR raised wider concerns regarding the Choose and book system. TC stated that this had been raised at the Primary Care Commissioning Committee and it was important that the two forums linked this work together to ensure the solutions were not being taken in two different directions.

### **3. DECLARATIONS OF INTEREST**

No declarations of interest were raised.

### **4. MATTERS ARISING**

PR highlighted that the virtual meeting held on the 12<sup>th</sup> July 2016 had not been effective and is not in the Terms of Reference for this committee to hold a Virtual Meeting. PR stated that it would have been more beneficial to cancel or re-arrange the meeting.

### **5. FEEDBACK FROM ASSOCIATED FORUMS**

#### 5.1 Draft CCG Governing Body Minutes

PR highlighted that Peter McKenzie had presented a report at the last Governing Body which detailed the revision of the Policy for Declaring and Managing Interests following changes to the statutory guidance for managing such conflicts by NHS England. PR confirmed.

#### 5.2 Health and Wellbeing Board Minutes

No minutes were available at this time.

#### 5.3 Quality Surveillance Group Minutes

No minutes were available at this time.

#### 5.4 Draft Primary Care Operational Management Group

The minutes were acknowledged by the committee.

#### 5.5 Draft Clinical Commissioning Committee Minutes

RR raised an issue from the minutes regarding A&E coding that had been identified as there had been a significant shift in activity regarding categorisation. The trust was in the process of undertaking a review. MG stated that an update had been received at SMT which stated that the issue had related to Locum doctors and Junior doctors and a full review had been undertaken of the IT systems used.



PR queried which organisation would pay for complications of surgery such as infection post-surgery in contract situations such as the Nuffield? MG responded that if an acquired infection is the direct cause of the operation the Nuffield would be responsible.

#### 5.6 Pressure Ulcer Steering Group

No minutes were available at this time.

### 6. **ASSURANCE REPORTS**

#### 6.1 Monthly Quality Report

NE highlighted that RWT was currently at a Level 2 concern level which may be increased to a level 3 dependent upon CQC outcome of Safeguarding concerns. MG confirmed a meeting had taken place between the Trust, the CCG and the CQC. The Trust presented its action plan at the meeting within which a number of gaps had been identified and a further meeting had been arranged for the second week in September. NE continued that the C-Diff action plan was now in place and the lead microbiologist has provided some updates to the action plan including that these occurrences are not patient to patient related but separate strands.

NE confirmed that the Never Event Action Plans are to be revisited by SISG and Quality Visits planned for September 2016 to ensure effectiveness of the actions. NE highlighted that in relation to the HSE Notification of Contravention levels there had been a revised risk assessment and action plan had been presented to the inspector on the 31<sup>st</sup> May 2016. NE confirmed that further updates would be made to CQRM.

TC highlighted an error in the report on page 8 of the report in relation to the numbers of grade 4 pressure ulcers recorded for July 2016 which is recorded at 15. NE confirmed that this is recorded incorrectly and should read in line with page 5 of the report.

NE highlighted a spike in slips trips and falls for the month of June. RR enquired as to whether the slips trips and falls e-learning package had been trialled on Ward C41 and Cardiology as these areas had been reporting high levels of slips trips and falls? MG confirmed that this was very likely the case.

NE reported that there had been a constant theme over recent months of confidentiality breaches being recorded this was attributed to user error and poor clear desk routines.

NE confirmed that there were ongoing action plans in place for both Cancer Target Compliance and A&E performance and further updates on performance would be highlighted at September's meeting.

RR stated a concern regarding complaints around 'general care' and enquired whether the trust had any strategy in place to deal with these type of issues? NE confirmed that the trust had implemented a 'human factors' training program for staff.

With regard to the BCPFT the trust were at a level 2 concern. Indeed NE confirmed that following a recent CQC inspection the trust had been rated as 'Requiring Improvement'. A further CQC visit is due to take place in the next 6 months.



NE reported a level 2 concern level against NSL (NEPTs). NE confirmed that a Contract performance Notice issued regarding performance against KPI's, a RAP is in place and being monitored on a monthly basis. It was stated that the provider would be performance managed based on providing its current performance whilst the contract is out to tender.

MG requested that the 9 care homes that fall part of the Care home framework to be highlighted in the report to enable the committee to be able to track their performance against those that are not on the framework.

It was agreed by the committee that the Engagement Assurance Framework section of the Quality report could now be removed.

NE stated that Quality Visit dates for Quarter 2 and 3 are currently being finalised and a further update could be provided at September's meeting.

## 6.2 Safeguarding Adults Quarterly Report

AL commenced her update by confirming that she had been confirmed into the post as Designated Adult Safeguarding Lead and was to commence in post from the 1<sup>st</sup> September 2016.

AL confirmed that the Wolverhampton Safeguarding Adults Board (WSAB) met on the 16<sup>th</sup> June 2016. It was confirmed at the WSAB that the Strategic plan had been revised to reflect accountability and outcomes. It was also noted that an editorial group was to be established to challenge the partners submissions to the WSAB Annual Assurance Report. AL confirmed that AL and MG continue to be in attendance at this meeting.

AL stated that Dawn Williams (Head of Safeguarding at Wolverhampton City Council) had presented an overview report in regard to Trafficking and Anti-Slavery activity. It was confirmed that the Wolverhampton Anti-Slavery Partnership (WASP) was a multi-agency partnership chaired by the Gang Masters Licensing Authority. It was highlighted that the over-arching aim of WASP was to identify and support victim of modern slavery in a collaborative multi-agency way.

AL highlighted that the CCG Continuing Healthcare Team are working with Mills and Reeve to ensure that the appropriate DoLs referrals to the Court of Protection are made for patients receiving CHC in their own homes. It had been agreed that the Local Authority DoLs officer will provide support for the CHC team in completing the documentation for the initial referrals.

AL confirmed that the Adult MASH is due to go 'live' on the 30<sup>th</sup> August 2016. A series of Multi Agency Briefings had been held in July 2016 which were well attended by all partner agencies.

AL reported that Wolverhampton CCG Safeguarding Team has developed a summary of DHRs recommendations and an audit tool which has been sent to Wolverhampton GP's. It was noted that Wolverhampton had been involved in 5 domestic homicide reviews in recent years.



AL confirmed that a MCA public awareness event had taken place at New Cross Hospital on the 12<sup>th</sup> May 2016 and there had also been a Dementia Awareness event in Walsall Manor Hospital on the 20<sup>th</sup> May 2016.

AL stated the draft Safeguarding Adult Review for 'RP' was presented at the safeguarding committee on Monday the 25<sup>th</sup> August 2016 where some minor amendments had been suggested.

AL confirmed that NHS England had confirmed some non-recurrent monies for Safeguarding projects for 2016/17. It was added that the CCG had been asked how they wish to utilise the resource.

### 6.3 Safeguarding Children and LAC Quarterly Report.

It was confirmed that this item was deferred until the September meeting.

### 6.4 Medicines Optimisation Quarterly Report

DB presented the Quarterly Medicines Optimisation Update, Healthcare professionals have been informed about the alerts via the monthly newsletter or Script Switch information messages for February, March and April 2016.

DB highlighted to the committee the Prescribing Incentive Scheme that assists surgeries with improving their quality of prescribing. Indeed DB highlighted that this would include an Anti-biotic element to this scheme once again as in previous years. DB continued that the scheme would assist practices in optimising the use of alogliptin for the management and treatment of patients that is deemed more cost effective.

DB stated that the data from the Medicines Optimisations Dashboard may appear slightly out of date however this was as a result of the data only being available every 6 months.

### 6.5 Medicines Optimisation Strategy and Work Plan

DB stated that this was the CCG's first stand-alone Medicines Optimisation Strategy and Work plan which has been developed following a review by the CSU. DB reported that the strategy highlights were the CCG may be an outlier in comparison with other CCGs as well as identifying possible areas for efficiency savings.

RR enquired whether any areas had been identified for de-prescribing to prevent over prescribing? DB confirmed that there would be some education working taking place in care homes particularly to prevent this. It was also highlighted that patient's stock piling medication was also an issue locally and a regular review with a pharmacist would be very useful.

### 6.6 Quality & Risk Action Plan

NE reported that the Complaints policy had now been reviewed and was due for ratification later on the agenda. With regard to safeguarding the PREVENT policy was now awaiting ratification and implementation of the safeguarding dashboard had taken place and the first



quarter of data was now due imminently. It was noted that following the impromptu CQC safeguarding visit in July the Section 11 audit is to take place in August 2016.

NE reported that the Domestic Abuse Policy was nearing completion and was under consultation. NE stated that progress had been made on the Equality, Diversity and inclusion action plan which was highlighted in Appendix 1 of the report which was noted by the committee.

## **7. ITEMS FOR CONSIDERATION**

### **7.1 Terms of Reference**

The terms of reference for the committee were noted by members. It was suggested that the ToR should include a list of Core attendees and a list of attendees required on request. It was noted that this should be highlighted to Peter Mckensie.

***Action: Peter Mckensie to amend Terms of Reference to reflect a Core attendance and an on-request attendance.***

## **8. POLICIES FOR CONSIDERATION**

### **8.1 Complaints Policy**

NE confirmed that the Complaints policy had been for consultation and had been reviewed and was presented to the committee for ratification.

***Policy Ratified***

## **9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY**

No items were highlighted for escalation

## **10. ANY OTHER BUSINESS**

It was confirmed that this would be the last meeting in which Geoff Ward would be in attendance as a Patient Representative. RR wished to thank Geoff for his contribution over a number of years.

## **11. DATE AND TIME OF NEXT MEETING**

- ***Tuesday 13<sup>th</sup> September 2016, 9am – 11am, Corporate Services Boardroom, Clinical Skills Building.***

