

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 13TH SEPTEMBER 2016,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

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

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members. MG wished it be noted that a replacement for Tony Fox was currently being looked into following his resignation from the Committee.

2. MINUTES & ACTIONS OF THE LAST MEETING

2.1 Minutes of the 9th August 2016

The minutes of the meeting held on the 9th August 2016 were approved as an accurate record.

2.2 Action Log from meeting held on the 9th August 2016

The Action Log from the Quality & Safety Committee held on the 9th August 2016 was discussed, agreed and an updated version would be distributed with the minutes of this meeting.

3. DECLARATIONS OF INTEREST

No declarations of interest were raised.

4. MATTERS ARISING

No matters were raised by members.



5. FEEDBACK FROM ASSOCIATED FORUMS

5.1 Draft CCG Governing Body Minutes

The minutes of the 12th July 2016 were noted by members

5.2 Health and Wellbeing Board Minutes

The minutes of the 20th July 2016 were noted by members.

5.3 Quality Surveillance Group Minutes

Minutes of the 1st June 2016 were noted by members. MG confirmed that at present the CCG is not under surveillance and therefore is not currently presenting any reports at this group. MG confirmed she would be in attendance at the next QSG.

5.4 Primary Care Operational Management Group

The minutes of the 23rd July 2016 were noted by committee members.

5.5 Clinical Commissioning Committee Minutes

The minutes of the 28th July 2016 were noted by the committee.

5.6 Pressure Ulcer Steering Group

The minutes of the 19th July 2016 were noted by members.

5.7 Area Prescribing Minutes

NE raised a suggestion regarding trails of patients with asthma and the trail of using Vitamin D following national guidance. MG enquired if there were any research money to study this? DB stated that he would look into this and consider it going forward.

The minutes were noted by committee members.

6. ASSURANCE REPORTS

6.1 Monthly Quality Report

NE reported that Treatment delays are still currently being reviewed with Royal Wolverhampton Trust (RWT) and they have appointed a national ED expert to undertake a review of all SI's from 2016/16. A report in relation to this is due to be published around November 2016.

NE reported a reduction in Grade 4 pressure injuries, there were 15 grade 3's reported of which 10 were deemed avoidable and 5 were unavoidable. MG believed it would be useful to identify how many of the 10 avoidable were made from the Community or the Acute Trust. NE confirmed that as part of the Pressure Ulcer Scrutiny Group the template that is used has now taken into account the need to identify what avoidable pressure ulcers were indeed hospital acquired. JO stated that the statistics and databases don't help to solve the gaps in care that cause these pressure injuries. JO added that if the gaps in care are the



result of staffing issues then the cause is then down to management. MG agreed that the issue could indeed be staffing in terms of number or in terms of staff conducting correct practice. MG stated that towards the start of the year RWT were beginning to report an increased number of Grade 4 Pressure injuries however it was added as the year has progressed the numbers had begun to fall.

MG highlighted a rise in falls through August at RWT and enquired if there had been a particular trend that had led to this rise? NE stated that the full information on those specific falls had not fully been fed through but from the basic information that had been received all necessary precautions including suitable footwear had been worn.

ML enquired that issues in relation to Slips and falls and confidentiality breaches for this reporting period both have involvement from Ward C15 and questioned whether that could have some kind of link in terms of the management of the ward. MG stated that this was the reason that all the data that is submitted was triangulated to identify and specific trends. MG explained that these trends are then discussed through the ward dashboard at the Clinical Quality Review meeting at RWT. Staffing was identified as one of the main contributing factors to the occurrence of issues on specific wards. It was highlighted that recruitment of nurses continues to be a national issue.

With regard to Overdue SI's PR raised a concern regarding the length of time it appeared to be taking to get outstanding SI's closed off due to the unavailability of senior members of the team. MG confirmed that a response in relation to the overdue SI's would be picked up at the next CQRM.

NE reported that there was current dialogue between RWT and Dudley CCG in relation to some issues with tertiary referrals contributing to breaches of the 62 day target.

MG reported that following the A&E performance call on Friday 9th September 2016 there had been 95 beds in the system that were free however by the end of the weekend the performance had been very poor. MG confirmed that the figures produced around 15 varying reasons as to why the performance had breached. The main reason had been identified as patients requiring 1st assessment. MG confirmed that a quality visit to ED and the Urgent Care Centre was arranged for the 26th September 2016. NE believed that the visit would help to identify some of the triaging issues.

NE report that there had been an increase in numbers seen through maternity and NE had enquired whether this would have impacted on the quality of the service. The initial feedback suggested that the maternity department were handling the additional numbers really well. MG confirmed that the additional numbers are being monitored across the health economy. MG stated that the ratio at RWT for births per midwife was currently at 1:30 against a national average of 1:28 and this would be monitored.

NE stated that the numbers of complaints at RWT had begun to fall however it was noted that a large number of complaints is not always negative as this can show a positive engagement with patients. NE stated that the important part was to identify the key themes from the complaints and implement learning. PR confirmed that since the implementation of the complaints policy, good strong communications have been distributed explaining the best ways to make a complaint. PR also added that Alison Dowling the new Patient Experience manager at RWT is attempting to improve the general culture around dealing with complaints.



PR stated that it would be beneficial for the Friends and Family Data to include additional information and themes, as data alone does not always provide the whole picture. NE confirmed that this extra information has been requested and information should start to appear in the coming months.

NE confirmed that CQUIN submissions had been made for quarter 1 and all evidence had been checked and the majority of targets for quarter 1 had been met. The CQUIN yet to be finalised was around Paediatric asthma.

With regard to the Black Country Partnership, NE raised that there had been 2 serious incidents for the reporting period. It was noted that both deaths were unexpected deaths and full RCAs were in progress. JO highlighted that the 2 deaths were not obviously displayed on the Serious Incidents chart on page 68 of the meeting pack. Indeed JO added that the Serious Incidents marked down as 'Pending Review' did not then get reallocated following review.

ACTION: *JO & PR requested that the Serious Incidents recorded as 'Pending Review' needed to be allocated a specific category following review. So that the SI's can be tracked and closed off.*

It was noted that the BCPFT were behind in terms of delivery of their PREVENT training.

From page 72 and 73 of the meeting pack JO raised an issue with regard to the two safeguarding referrals noted under the Safeguarding Adults section of the report. One was pertaining to physical abuse and the second was related to organisational abuse. JO wished to understand more clearly the process for investigation and resolution in these instances. MG clarified that adult referrals are dealt with via the local safeguarding adult authority which is then investigated immediately with Police involvement if required and a team is dispatched to the location of the stated concern to undertake a risk assessment to see if the patient is safe to remain. It was noted that the majority of referrals do come from a care home environment. All the identified shortfalls would then be placed into an action plan that is then monitored at a weekly meeting along with regular follow up visits. MG continued that if improvement were not made over a period of time the service can be suspended of all new admissions. It was noted that DIP Sampling would see some reporting on closure and assurance in this area.

It was noted that there were no new formal complaints for the month of August and 2 outstanding complaints would be closed by the end of the reported week.

MG confirmed that 'Healthwatch' would now be joining the CCG as part of the Quality Visit timetable to help minimise disruption.

JO raised a concern in terms of timing the agenda for the Quality & Safety Committee. It was felt that timing were a useful guide for the chair however it was agreed that timings do detract from giving specific item the in depth review they deserve. The case in point was that of the Monthly Quality Report.

ACTION: *Timings for agendas to be used specifically for the chairs use and not to be present on future agendas.*



6.2 Infection Prevention Service Report

The report was submitted for assurance and was noted by committee members.

6.3 Safeguarding Children and LAC Quarterly Report.

LM began by extending apologies for the deferral of the submitted report from previous meetings due to the unexpected and recent CQC visit. The report was then accepted to be a retrospective look for the period of the 1st April 2016 – 30th June 2016. Just for understanding LM confirmed that the WCCG self-assessment contained 13 standards relating to Safeguarding Children which is taken from the accountability and assurance framework and also from the section 11 audit and therefore the organisation was following a very thorough self-assessment process. LM confirmed that very recently this had been combined with safeguarding adults. At present 5 standards were rated as amber. LM reassured the committee that this reflected more additional work that had been undertaken as opposed to outstanding work that has not been completed particularly regarding policies to with West Midlands standards. Those policies were confirmed as out for consultation at present.

LM stated that a lot of the work that is undertaken is around partnership working of which this could be noted throughout the submitted report for instance the Goddard report which had been raised as part of the Quality Report.

LM confirmed that a number of post have been funded from the CCG to work as part of the MASH. It was confirmed that 2 admin roles were appointed to however due to the long vetting process the candidates then withdrew their interest in the post. LM added that a second round of interviews had now been undertaken with one position appointed to and one still outstanding subject to further interviews.

LM confirmed that a Serious Case review had been completed on family E and advice was being sought from the national panel on limited publication.

The report also highlighted the on-going programme of training delivered by the team part funded by NHS England. Evaluation forms of the training have been changed to include what 2 things would a practice implement as a result of the training they had received.

It was noted that apologies had been forwarded by Fiona Brennan due to a clinic however LM reported on her behalf that the numbers of Looked after children did continue to fall.

The remainder of the report was noted by the committee.

6.4 Safeguarding Children Section 11 Audit

LM confirmed that the submitted report provided assurance that WCCG was compliant with Section 11 of the Children Act 2004 and has effective arrangements to safeguard and promote the welfare of children. LM confirmed that all evidence for the audit had now been submitted via the online facility as a statutory responsibility. It was confirmed that this had been signed off by Manjeet Garcha and Trisha Curran. LM confirmed that any areas that are felt there would be areas of improvement an action plan had been developed to address these particular areas. LM confirmed that 2 years previously when this audit was



last completed the CCG had just formed from the old PCT and the position had not been as strong as it was deemed at present. LM confirmed that this was confirmed by a recent safeguarding audit that deemed the CCG was 'substantial'.

JO enquired which internal audit team had conducted the audit? LM stated that this was conducted by our previous internal audit team but is now monitored by the new internal audit team who LM believed were very strong and robust.

6.5 Health & Safety Performance Report

The report was submitted for assurance and was noted by committee members.

6.6 Quality Assurance in CHC Quarterly Report

The report was submitted for assurance and was noted by committee members.

7. ITEMS FOR CONSIDERATION

7.1 Regional Medicines Optimisation Committees – Proposals for Establishment

DB confirmed that the submitted was a consultation document regarding medicines that are not covered by NICE guidance. Those drugs outside of NICE guidance are reliant on a local champion. DB did add however that some drugs are 'left on the shelf' until someone agrees to commence their use. DB noted that NHS England were aware of this and are now looking to introduce regional medicines committees to take away from the work that is currently undertaken locally. DBN stated therefore that there would be 4 regional committees in place to give recommendations to CCGs on a wider range of drugs. It was noted that this would be a more efficient way of looking at new medicines as knowledge at regional level would be greater than the knowledge locally. DB stated that his only concern was in tying this alongside CCG annual planning, for instance if a drug was introduced mid-way through a financial year and there was not enough provision for the new drug. DB welcomed any comments from Committee members. It was suggested that non-voting rights for the pharmaceutical industry should be advised.

8. POLICIES FOR CONSIDERATION

8.1 Volunteer Policy

NE confirmed that the policy had been 'Savilled' and all volunteers would have an enhanced DBS and conduct safeguarding training. The policy also included a section on social media behaviour. The volunteer policy had been amended to include as part of the policy a workbook for any volunteers commencing as Patient Reviewers.

PR requested that references to Patient Council needed to be removed as we the CCG does not have a patient council.



ACTION: *PR & NE to meet to make amendments to be made to the policy and the policy is to be distributed following completion for formal agreement and an update given at the October meeting.*

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

No items were highlighted for escalation

10. ANY OTHER BUSINESS

11. DATE AND TIME OF NEXT MEETING

- *Tuesday 11th October 2016, 10.30am – 12.30pm; CCG Main Meeting Room.*

