

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 11TH OCTOBER 2016,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Steven Forsyth	-	Head of Quality & Risk
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Philip Strickland	-	Administrative Officer
	Juliet Herbert	-	Equality & Inclusion Business Partner
	Peter McKenzie	-	Corporate Operations Manager
APOLOGIES:	Jim Oatridge	-	Lay Member, WCCG
	Manjeet Garcha	-	Executive Director of Nursing & Quality

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members. Steven Forsyth was introduced as the new Head of Quality & Risk

2. MINUTES & ACTIONS OF THE LAST MEETING

2.1 Minutes of the 13th September 2016

The minutes of the meeting held on the 13th September 2016 were approved as an accurate record.

2.2 Action Log from meeting held on the 13th September 2016

The Action Log from the Quality & Safety Committee held on the 13th September 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

PR highlighted that there was now a new lay member for Finance and Performance had been confirmed as Peter Price.

PR stated that as there was limited time allocated to patient stories at the Governing Body it was added that it may be beneficial to allocate allotted time at the Quality & Safety Committee. SF was in agreement that this indeed should form part of The Quality & Safety Committee in which a patient story could be provided and then at a following meeting feedback could be provided on the story.

ACTION: *Patient Stories to be discussed at the Quality & Safety Committee on a monthly basis as they are received for discussion.*

PR highlighted that with regard to End of Life Care it would be beneficial to have a video presented at the next Quality & Safety Committee with regard to the 'Swan Project'.

ACTION: *End of Life 'Swan' Project information video to be presented at the November Quality & Safety Committee.*

5.2 Health and Wellbeing Board Minutes

No minutes available at this time.

5.3 Quality Surveillance Group Minutes

No minutes available at this time.

5.4 Primary Care Operational Management Group (PCOMG)

The minutes of the 23rd August 2016 were noted by committee members. PR highlighted that it had been agreed that the CCG would be fully delegated by April 2017.

PR did wish to raise that there was a lack of collation of comments from the Friends and Family Test. It was very much driven purely around data. RR stated she would discuss with her practice manager at Ashmore Practice the process of where comments are fed back to.

RR highlighted from the minutes that RWT are planning to withdraw from the Ashmore, Bushbury and Pennfields sites as part of their estates rationale process. It was indeed raised at the PCOMG concerns around the safety of staff and practices and the vulnerability if they withdraw from these premises. It was also highlighted around the implications for the CCG as they will have to pay for any void costs. RR was unsure regarding the background to this? PR confirmed that this had formed part of a wider estates review that was currently on-going. PR stated she would gain further clarification and report back to the November meeting.



ACTION: *PR to gain clarification regarding RWT planning to withdraw from the Ashmore, Bushbury and Pennfields sites.*

5.5 Clinical Commissioning Committee Minutes

The minutes of the 28th September 2016 were noted by the committee. RR raised from the minutes the decision to approve a business case for spinal surgery at Nuffield Health. PR stated that she would be raising this decision at the Governing Body for assurance due to the high risk nature of the surgery. SF also raised that there had not been 100% achieved on Nuffield Health WHO surgery checklist.

6. ASSURANCE REPORTS

6.1 Monthly Quality Report

Royal Wolverhampton Trust

SF highlighted that RWT had reported a Never Event for the reporting period. SF stated he had given some significant challenge to this as a number of the staff involved did not have the suitable understanding of what constituted a Never Event. SF had looked for assurances of what would be put in place to ensure that this would not occur again. SF had enquired if a local surgical invasive procedure or policy existed and in this instance there had not been.

SF confirmed a reduction in Grade 3 pressure injuries however it was noted that there had been an avoidable grade 4. In the ward within which the grade 4 had occurred produced an action plan within 48 hours. SF stated he would be triangulating the data from the action plan with the safer staffing data to specifically look at Ward A7 due to poor leadership on that ward which had now been placed within special measures. PR highlighted that some litigation is now being encouraged by private solicitors following Pressure Injuries. SF confirmed that this was very much common practice by these specific firms.

SF confirmed that a stop clock had been requested following the Maternity Serious Incident reported on page 38 of the report which had been initially declined as more assurance was requested around the Did Not Attend Policy as this had indeed expired. Following an NPSA review the incident was graded as 'zero'. SF confirmed that the Root Cause Analysis (RCA) would help to provide greater detail on this. Clarification was sought by committee members as to whether the baby concerned was indeed a new born. SF confirmed that he would clarify this information for the next meeting.

ACTION: *SF to clarify the circumstance relating to the serious incident reported as 2016/25086*

With regard to incident 2016/25088 SF had requested further information regarding the level of paediatric skills of radiographer and also whether a lead for paediatrics existed in Radiography. SF stated that the main concerns in relation this incident had been, the handling of the child and the fact that a 'crunch' had been heard from the patient and this had not been reported and had only come to light through the complaint process. SF confirmed that he was waiting on the finer details from the RCA.

SF highlighted concerns in relation to overdue SIs that were dated back to 2015. SF believed that a more frequent fining system was needed as part of the contract for 2017/18



to help address this issue. SF stated he would be highlighting this to Debra Hickman the Deputy Chief Nurse.

SF confirmed a reduction in slips trips and falls and a full review of the associated policy following feedback from the falls audit that had been undertaken.

PR enquired why Never Events did not appear as part of the Serious Incident Reporting Profile? SF clarified that this formed part of the 'Surgical/invasive procedure incident meeting SI criteria' category. SF wished to note a discrepancy within the dashboard relating to 'Attempted Suicide by Outpatient' that was in fact a STEIS category incident - accident.

The committee noted that the RWT Safety Thermometer was indeed below trajectory however and improvement was now visible.

SF reported a decrease in complaints of 9.52%. RR enquired if this reflected both formal and informal complaints. SF confirmed his understanding is that this figure was purely in relation to formal complaints. PR highlighted a commendable improvement in the Trust handling of complaints following a period of encouraging patients to come forward and complain. This was noted as a result and impact of the new complaints policy developed by Alison Dowling, Patient Experience Manager at RWT.

RR raised from the report whether following the increase of the intake of mothers from the Walsall area this had affected the Friends and Family Test (FFT) data that showed that the percentage of 'not recommended' data for post natal wards had increased by 6% from the previous month and the percentage 'recommended' had also decreased. SF requested that this be raised at CQRM.

ACTION: *SF to raise the FFT data at CQRM regarding Post Natal Wards following an increase of intake of Mothers from the Walsall area.*

Black Country Partnership Foundation Trust

SF confirmed there had been one SI to report (2016/24280) in which it appeared a patient had not been searched following permission to leave the premises and then return. SF confirmed that information from the RCA would help to clarify the finer details.

SF reported that the CQC are to conduct their re-inspection on the 17th October 2016. SF stated that he would be meeting with the CQC prior to the visit to highlight the areas of good practice and areas of concern.

PR questioned whether the only theme reported at the BCPFT CQRM in September had been Learning Disabilities? SF explained that this CQRM was themed by division and therefore CAMHS, Learning Disabilities and Working Age Adults. SF confirmed that a 4th theme had been proposed to include Older Adults. SF stated that the rolling themed programme did mean that some themes carried more weight and then therefore more content would be discussed one month to the next creating an in balance of discussion size. SF stated he had met with counterparts at Sandwell to then discuss having all the metrics at each CQRM meeting which in principal was agreed. SF did state however that he has since been told that perhaps this cannot be achieved. One further concern raised was indeed that the chair of the meeting also is done on a rolling programme. SF had volunteered to be the permanent chair for consistency purposes however that request had



also been declined. The committee agreed it would be beneficial for the CQRM to be a standalone meeting for Wolverhampton. It was highlighted that as part of the contract there should be 4 announced and 4 unannounced visits that take place as recommended in the national contract into each area however this only takes place across the whole Black Country area as opposed to individual areas. RR and PR were in agreement that this be raised with the contracting team as well as escalated to the Governing Body. PR reinforced the point by stating the importance of having these issues addressed before the next contracting round of discussions.

ACTION: *SF to meet with the contracting team to discuss BCPFT CQRM issues from a procurement point of view.*

PR to escalate issues from the BCPFT CQRM, regarding the frequency and theming of the meetings and the use of a rotational chair to the governing body.

PR to escalate to the Governing Body the number of announced and unannounced visits undertaken across the Black Country area.

It was confirmed that as part of the Syrian refugee re-settlement programme 20 family are to be taken in to the local area.

Private Sector/Other Providers

SF confirmed that the NSL contract for patient contract would be ending imminently and would be replaced by WMAS.

SF confirmed that he would be attendance at the Heantun CQRM in the coming week within which discussion regarding the reporting structure and staffing would be discussed.

Quality Visits

RR questioned whether there would be any unannounced visits to RWT? SF believed there was great merit in conducting unannounced visits and would be looking into the possibility of conducting appropriate and responsive/proactive unannounced visits.

SF confirmed that the announced visit for A&E took place in September and proved to be a very useful visit. Some of the issues raised from the visit included poor signage on arrival, a lack of use of the Urgent Care Centre and a complicated pathway. It was confirmed that at present there were no outstanding Nursing Vacancies and only 2 medical positions outstanding. PR added that it had been raised at the Patient Participation Groups that there is indeed poor signage for patients.

It was confirmed that at the time of the visit there had been a large chemical spillage in Bilston which in turn meant that there was a large draw upon resources. SF commended the staff in A&E for the way within which it was handled.

RR questioned when the Never Event Assurance visit would be taking place as detailed in the Visit Schedule? SF stated he would confirm the visit with Annette Lawrence.



PPIGG

PR raised an issue from various practices regarding the use of Information Governance within practices. One example provided was in relation to the use of open emails as opposed to blind emails to private email addresses. SF stated he would raise this issue with Liz Corrigan in the Quality Team.

Complaints

Data from NHS England reported 13 complaints, most related to clinical incidents around medication and misdiagnosis. RR wished to highlight that from the data provided it didn't appear to highlight a significant amount of lessons learned.
ACTION SF to liaise with LC to highlight to NHSE the committee's views.

PR stated that there was a wider issue of patient confidence in coming forward to complain in practices as well as requesting same day appointments. It was highlighted that receptionist do attempt to triage patients particularly for those requesting same day appointments.

6.2 Safeguarding Adults Quarterly Report

SF reported that Annette Lawrence was unable to attend the meeting but highlighted that the Safeguarding Annual Report was included in the submitted document for committee members to read. It was suggested that any comments could be fed back to Annette via email.

It was highlighted that there was to be a prevention event planned for the 14th February 2017 regarding 'Feeling Safe and keeping well in Wolverhampton' as organised by the Safer Wolverhampton Partnership and the Health & Wellbeing board, SF requested that this be advertised through committee members various networks.

It was confirmed that Multi-agency policy & procedures for the protection of adults with care and support needs in the West Midlands (2016) was currently being signed up by 14 Safeguarding Adult Boards across the region, which was deemed by the committee as significant.

SF reported that DoLs referrals continue to increase and there is a local and national backlog. It was confirmed that of the backlogged patients there are 12 CCG funded patients (i.e. Continuing Healthcare or Step Down) that had requested a DoLs but not had a DoLs. 5 were reported from RWT and 3 of those referrals were classed as inappropriate. There were also 3 DoLs referrals from the Black Country. 20 were reported from the CCGs commissioned services of which 3 were deemed as inappropriate.

SF confirmed that the Safeguarding Adult Review had been published.

<https://www.wolverhamptonsafeguarding.org.uk/safeguarding-adults/safeguarding-adults-board/serious-case-committee-dhrs-sars>



6.3 Information Governance Quarterly Update

Peter McKenzie was in attendance to present the Information Governance Quarterly Report. PM reported that there had been a number of recruitment and staffing issues at Arden & Gen since they undertook the contract for Information Governance on behalf of the CCG.

PM stated that the Fair Processing Notice is made publicly available to ensure the CCG meets its requirements to provide individual patients and the wider public with details of how the CCG uses information. It was confirmed that all information is reviewed as good practice on a 12 month basis and is available on the CCG website.

PM highlighted the IG work plan that was an appendix as part of the submitted report. As part of the IG Toolkit Compliance the key priorities include Staff Training, with 3 sessions arranged until the end of the Calendar year for staff. Online training was also reported as available through NHS digital. All work that formed part of the work plan was reported as on track. The IG toolkit is to be submitted by March 2016.

PR questioned who holds responsibility for IG for GP practices? PM stated that GP practices have their own data controls and they complete their own IG toolkit submission; however there is a contract in place from NHS England for Midlands and Lancashire CCGs to support GP practices. PM confirmed that this may change as the CCG moves towards full delegation.

6.4 Freedom of Information Report

PM confirmed that since the last report was submitted to Quality & Safety Committee the Freedom of Information Service had been brought back in house at the CCG. As a result it was confirmed that there had been a significant improvement in performance. It was confirmed that for the last quarter the CCG was performing at 98% in responding within the 20 day deadline. PM stated that the organisation is working hard to get to 100% response target. Where the CCG is not hitting the target it is missing it by a couple of days and no complaints have been passed to the information commissioner.

PR questioned whether or not the CCG had received any requests regarding the STP. PM confirmed that there had been requests received regarding STP to the CCG.

6.5 Equality & Inclusion Update

Juliet Herbert was in attendance to present the Quarterly Equality & Inclusion update for period July to September 2016. JH wished to gauge any feedback from the Equality Delivery System 2 (EDS2) Implementation plan for 2015/16. JH explained that EDS2 was a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty. JH confirmed that at the heart of EDS2 were 18 outcomes which organisations can grade them against. The 18 outcomes are built out of 4 main goals including:

- Better Health Outcomes
- Improved Patient Access and Experience



- A representative and Supported Workforce
- Inclusive Leadership

JH confirmed that as a CCG the organisation needed to be evidencing that it is meeting its duties in line with EDS2. JH highlighted to the committee the submitted Action Plan which oversees the progress of the EDS2 work. It was confirmed that the deadline for the EDS2 work was the 31st March 2017. JH wished to develop an Equality and Diversity Task & Finish Group with specific leads responsible for individual areas of EDS2. PR stated that it was difficult for this committee to identify specific leads on someone else's behalf.

SF requested that some of the comments boxes within the Action Plan required some greater narrative.

6.6 National Report & Inquiries

SF commended the report as an excellent piece of work and stated that perhaps this report could be published.

SF confirmed that the submitted report provided an update from the Goddard inquiry and a 'Time to Listen'.

7. **ITEMS FOR CONSIDERATION**

No items were raised for consideration

8. **POLICIES FOR CONSIDERATION**

No policies were submitted ratification.

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

It was agreed that the issue pertaining to the structure of the BCPFT CQRM should be escalated to the Governing Body.

10. **ANY OTHER BUSINESS**

No items were raised by committee members.

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

- ***Tuesday 8th November 2016, 10.30am – 12.30pm; CCG Main Meeting Room.***

