

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 8th NOVEMBER 2016,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Jim Oatridge	-	Lay Member, WCCG (Chair)
	Steven Forsyth	-	Head of Quality & Risk
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Philip Strickland	-	Administrative Officer
	Dr Claire Thomas	-	Desig. Doctor for Safeguarding Children
	Fiona Brennan	-	Designated Nurse for LAC
	Molly H-Dillon	-	Quality Nurse Team Leader
	Sukhdip Parvez	-	Quality & Patient Safety Manager
APOLOGIES	Dr R Rajcholan	-	WCCG Board Member
	David Birch	-	Head of Medicines Optimisation

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members. Joanna Watson was introduced to the committee representing Price Waterhouse Coopers who was in attendance as an observer.

2. MINUTES & ACTIONS OF THE LAST MEETING

2.1 Minutes of the 11th October 2016

The minutes of the meeting held on the 11th October 2016 were approved as an accurate record.

2.2 Action Log from meeting held on the 11th October 2016

The Action Log from the Quality & Safety Committee held on the 11th October 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 meeting from the 11th October 2016 were noted by the committee.

5.2 Health and Wellbeing Board Minutes

No minutes were available at this time.

5.3 Quality Surveillance Group Minutes

MG confirmed that the Quality Surveillance Group membership had been reviewed by NHSE and Nursing Directors were invited as well as Accountable officers if they could attend. It was confirmed that RWT was currently on 'business as usual' surveillance and BCPFT had improved from more assurance required to business as usual. Walsall Healthcare Trust and Heart of England NHS Trust are currently under surveillance and are required to provide regular assurance reports at the meetings..

PR highlighted from the minutes a concern relating to staff intervention as four in seven patients had had a fall after they had been declared medically fit for discharge and were awaiting discharge. PR also stated that patients had been moved from ward to ward during the night causing confusion for patients. PR also raised a wider dignity issue relating to the increase in the use of pads as opposed to providing regular assistance to the toilet. KW highlighted that the use of pads causes a tissue viability risk.

Action: ***SF to raise the following issues at the next appropriate quality visit:***

Patient movements following their declaration of being medically fit.(raised at CQRM and an audit of patient moves during the day and night and weekends has been requested)

Risk assessments of patients in relation to the use of pads

5.4 Primary Care Operational Management Group (PCOMG)

The minutes of the 27th October 2016 were noted by the committee.

5.5 Pressure Ulcer Steering Group

MG highlighted from the minutes that there had been an exercise to attempt to cost the burden of avoidable and unavoidable pressure ulcers. This has been mentioned to be in the region of £1.2m across the health economy in 2015/16. .

5.6 Area Prescribing Committee



MG highlighted from the minutes that the Antimicrobial Stewardship Programme had commenced. The programme involved the CCG, RWT and Public Health to deliver a programme around tackling antimicrobial resistance.

6.1 Monthly Quality Report

Royal Wolverhampton Trust

SF reported that Ward A7 and A8 had been placed in 'special measures' as a result of grade 3 and grade 4 avoidable pressure ulcers and these will be reviewed through the appropriate channels. Other concerns raised regarding the wards included poor leadership. SF confirmed that an action plan had been put together to address concerns that would be picked up at RWT CQRM in November and a further update will be highlighted in the December quality report for this committee.

SF highlighted a reported Never Event for Ophthalmology that was noted as a replica of a previous Never Event in the same department. It was noted that a Never Event visit had been arranged for the 14th November 2016 to visit the department to review internal processes. MG confirmed that expert representatives from neighbouring eye hospitals would be participating as part of the visit. JO stated that there had been 4 separate incidents in the last 3 years in the same department and it does appear there had been no clear learning process implemented. PR also reported soft intelligence that had been received from the department which was noted by SF to take in to account prior to the visit.

SF highlighted that there was no further update in relation to the reported 'Whistleblowing' incident as further updates were required from the CQC. JO did state that he was expecting an update in relation to this and thought it was disappointing that no update could be provided. MG highlighted that the reason for the delay was that there was a total of 7 incidents reported all relating to Safeguarding. MG confirmed that all were investigated and each were confirmed as followed through to the Local Authority. MG stated that the CQC had requested further information relating to the incidents and as of yet that information had not been received.

SF confirmed that following RWTs challenge to the CQC, following their CQC visit it had been confirmed that over half of the 14 domains challenged domains had been upgraded but hadn't changed the overall grading of 'requires improvement'. SF confirmed though that over 80% were rated as good to outstanding and it was noted that this was a significant and successful challenge to the CQC. The rating of 'requires improvement' does not change.

SF highlighted a significant increase in the number of Serious Incidents for the reporting month of October and it was confirmed that the Quality team are awaiting the outcome of the relevant RCAs. Themes highlighted from the SI's included; poor technique for a catheter removal in the community,, a possible spiral fracture of a child's leg during radiography, and 2 incidents reported in Urology.

SF confirmed one Grade 4 pressure injury a month had been reported from July 2016. It was highlighted that grade 4 reported for October was that of a patient that had been non-concordant with recommended care.

In terms of falls SF reported that levels were currently peaking at 5 falls per month. For the reporting period falls were reported on C16 and C17. Due to an omission on the submitted



report SF wish to clarify that grade 3 pressure ulcers were reported at 15 for August, and September while Grade 4 pressure ulcers were reported as 2 for August and 1 for September.

SF confirmed that a visit had been conducted to the Maternity Unit on the 31st October 2016 including representatives from Public Health, commissioners from Walsall, Staffordshire and Healthwatch. SF stated that the visit had been timely following a negative press release regarding the department and the way Maternity services are commissioned by the CCG. The release was issued by 'My NHS' which had rated the service as being one of the 11 worst performing units nationally. This was based on a number of domains including still birth, maternal smoking at the time of delivery, pregnant mums experience and pregnant mums access to choice. SF highlighted from the visit that the key issues found and raised with the Trust for immediate attention was one of a number of tracer cards backlogged from pregnant mothers that now needed to be worked through that had been discovered in the Gem Centre. SF stated that the department had no mechanism in place to prioritise the care and indeed couldn't confirm how many tracer cards had been involved and how quickly the cards could be worked through. SF confirmed that locally this had been rated as an amber risk and the visiting team felt that the risk should be reflected as a red risk and urgent priority given to working through the back log. The Head of Midwifery was requested to provide an action plan which addressed this issue.

SF also highlighted an issue in relation to flagging new mothers reporting to A&E with suspicious injuries days or weeks after giving birth. SF stated that there was no clear cross communication from A&E and maternity regarding safeguarding issues as each department uses separate computer systems. MG stated that during the visit, a discussion with Mr Churchill (lead obstetrician) around IT strategy had taken place but the team were informed that currently this is work in progress but slow to move forward due to level of investment that would be required. As a result, many departments are using computer systems in silo of others.

SF reported that he had asked staff what one thing they would highlight as a real positive about their department. SF stated that there hadn't been anything unique raised other than providing good quality care. SF therefore raised that there perhaps needed to be a little more innovation from the department to help it develop.

Black Country Partnership Foundation Trust

SF confirmed that BCPFT had now been revisited by the CQC and although not yet confirmed in writing, it appeared the visit had been positive and as a result it is expected that BCPFT may be upgraded to 'good'.

SF wished to sight the committee on an RCA in which a lady had set fire to herself. SF confirmed that this would be raised at BCP CQRM for further discussion as it had been felt that the process of escalation had not worked and therefore would require more internal scrutiny.

JO raised an issue in relation to workforce in which the vacancy rate at BCPFT had been at 15% which equated to 1 in 7 posts. SF did state that the figure was indeed significant but followed a pattern for all providers locally and nationally around issues in recruitment and retention of staff. JO felt it would be beneficial to be able to sight how the vacancies fell in terms of departments and front line or back office staff.



ACTION: *SF to provide a breakdown of vacancy rates by specialty to identify areas most affected by recruitment issues and also in comparison to other areas.*

PR felt it would be beneficial if all local providers pooled resources to create a recruitment video about why the area is a good place to come and work. MG confirmed the Primary Care Workforce Task & Finish Group has been set up to look at four main areas; attraction, recruitment, development and retention. It was confirmed that under the 'attraction' umbrella there was a recruitment fair planned across all the stakeholders in Wolverhampton including Local Authority for March 2017. MG stated that a recruitment video had not been discussed but could be considered as part of the Task & Finish Group.

Private Sector/Other Providers

SF confirmed that a recent RCA submitted by Vocare had been of a poor quality. The Quality Team worked with Vocare to get this to a more acceptable standard but still fell short of what the expectation would be. SF stated that he had contractually written to Vocare to raise this as an issue and requested for assurance. SF stated he would provide a further update at next month's meeting.

SF reported that WMAS were now confirmed as the non emergency patient transport service (NEPTS) provider and a successful handover of the service had now been completed. SF stated that at this initial stage there were not issues. PR highlight that it was positive that WMAS had kept the same direct contact number as the last provider which would assist alleviating any confusion from the change of provider for patients.

Quality Visits

SF confirmed a follow up visit to Cannock Chase Hospital on the 19th December 2016.

SF stated that there had been an unannounced visit planned for Meadow Ward, however after discussion with the CQC they were happy to go in and visit with the knowledge that the CCG had this on their radar and then report back to the CCG. Therefore another visit is planned for March 2017.

Risk Register

SF confirmed there were 122 risks that were open 15 of those were red rated, 62 ambers and 45 greens. The CCG were undertaking a piece of work to review the current risk management processes and Joanna Watson was undertaking a series of meeting observations. A report was planned for Governing Body in the afternoon of the same day recommending the next steps for progress.

6.2 Safeguarding Children & LAC Quarterly Report

CT highlighted that following the CQC Safeguarding Visit in July the team were currently monitoring the actions following the outcomes from the visit at the multi stakeholder Strategic Group (led by MG) at which the providers are being held to account around their specific actions to ensure there is quick progress being made on the recommendations... CT stated that although the visit had highlighted many challenges and all providers had responded positively to bring about the required changes.



CT reported that the Wolverhampton Safeguarding Children Board called for evidence from each partner organisation to be provided to demonstrate compliance with Section 11 Audit. The CCG evidence was submitted on 22nd August 2016. A full report was presented to the Q&SC and Governing Body in September 2016 including an action plan to strengthen those areas where it was identified improvements need to be made.

CT highlighted a Serious Case review on a case in which the children of a Wolverhampton couple were taken into care in 2014 after an emergency admission to hospital identified significant concerns regarding their supervision and care. The father was jailed for two years for gross neglect following a subsequent child protection investigation. The mother has passed away. The report found that there was a wide range of services and practitioners supporting the family, and many displayed considerable commitment to improve the care the children were receiving. However, although much help was offered, coordination was lacking and the neglect the children were exposed to was not effectively addressed. The WCCG action plan developed as a result of the SCR was fully implemented prior to the publication of the report. JO questioned how the joint up working element would be able to improve? CT confirmed that the Safeguarding board are working through the action plan to look at how there could be greater collaborative working between agencies. MG also highlighted that there were systematic errors in this case and a recommendation for all health and education staff had highlighted a need for a heightened professional curiosity. MG stated that this would need to centre on hearts and minds work as well as educational training for staff.

FB reported that the numbers of LAC continued to decrease slowly. It was confirmed that 60% of LAC remained out of area. JO stated that the figures in relation to LAC give a snap shot at any one time as opposed to an idea of progress over time. MG believed that the starting point for that data should be from the winter of 2014 when there had been 804 LAC and today we are at 629 LAC. MG stated that there had been slow gradual decrease in the numbers that since August has levelled out at 629 LAC.

ACTION: ***FB to provide LAC statistics as presented over a set period of time as opposed to a snap shot in time. This would be included in the next Quarterly report.***

It was highlighted to the QSC that there were going to be some changes in safeguarding personnel in the new year as a couple of the SG doctors were leaving. A meeting is planned with RWT to agree succession planning for these roles.

FB reported that a recent business case, submitted by designated professionals with support from the children's commissioner, was presented to the Commissioning Committee at the end of Oct 2016. CC approved the proposal that commissioning LAC health assessments from RWT would now include the LAC up to 50 miles from City. This would be taken forward via the contract negotiations.

FB continued that the RWT quarterly (LAC) report was deferred at Oct CQRM due the recent commencement in post of the new provider Named Nurse, and the handover of the LAC service from Safeguarding to Paediatrics Directorate.. A full report will be tabled for November's CQRM meeting and future compliance with the agreed reporting schedule monitored through the WCCG contract compliance process will be progressed.



Case file audit and analysis are to be undertaken within CAMHS and RWT. Focusing on the quality of health assessments, waiting times, and therapeutic interventions offered to both children and carers. This would reflect issues identified through service user feedback, practitioner discussion and initial findings CQC.

In relation to quality assurance FB reported that the health assessments (initial and review) on LAC are all consistently quality assured with rigor. From October 2016, all these assessments would be quality assured against Annexe H as Health Assessment for LAC Checklist Tool as per the Royal College of Paediatrics and Child Health and monitored via CQRM and Local Safeguarding Children Board.

It was highlighted that the CCG had agreed to fund the print of 900 Health Passports that would be for each child entering care and follow them through their journey so they leave care with a very comprehensive record.

PR enquired whether the risk highlighted in the report regarding staff competencies was a training issue? MG confirmed that this was indeed a failure of statutory training targets and this was being addressed with RWT & BCPFT. MG stated that training plans had been requested through the contract review meetings.

6.3 Medicines Optimisation Quarterly Report

SF presented the Medicines Optimisation Quarterly Report in the absence of David Birch. SF confirmed that the report highlighted all key areas of work in relation to Medicines Optimisation including Safety Alerts that are distributed to our providers. SF stated he would take back any questions or queries in relation to the report back to David Birch.

6.4 Quality Assurance in Care Homes Quarterly Report

MHD began presenting her report by informing the committee that the term pressure ulcer was to be changed to the term 'Pressure Injury' and the term 'Grades' were to be changed to 'Stages'.

MHD confirmed that up to 22 care homes have participated in submitting quality indicator data during Q2. The number of attendances at A&E/AMU during Q2 was 85 compared to 98 in Q1. August was significantly lower. 19 reported compared to over 38 in July. 65 hospital admissions were reported in Q2 compared with 64 in Q1. Chest infection, UTI and falls continue to be the main reasons for hospital attendance and admissions. However, during September, admissions were related to heart disease and end of life care. These areas will inform the syllabus for training care home staff and managers. The reduction in A&E attendance coincides with the commencement of the launch of the PROSPER Programme (Promoting Safer Provision of Care for Elderly Residents) which demonstrates the benefits the care home improvement is having on up skilling care home staff. The QNAs will continue to encourage non CCG contracted homes to participate in submitting the monthly data returns.

MHD stated that the QNA team continues to source an effective electronic solution for improving care home participation; data capture and analysis in conjunction with Local



Authority and Walsall CCG colleagues recognising the benefits of co-production, utilising a standardised system and benchmarking across the sector.

MHD reported that participation in the NHS Safety Thermometer for Quarter 2 had remained relatively low with up to 10 homes participating.

MHD highlighted that five care homes were suspended to new admissions in Q2. Anville Court has had its suspension fully lifted and the designate QNA continues to work with the home to ensure sustained improvement. Ruksar Nursing Home joined the list of homes in suspension during August due to the high number of quality concerns related to the home. This was a mutually agreed suspension with the City of Wolverhampton Council. Four of the homes in suspension have nursing beds therefore all 4 homes will be supported by the PROSPER Programme. Suspended homes will also continue to be managed jointly with the CWC, the LA Large Scale Strategy supported by the QNA team quality visits. All suspended homes are registered as amber risks on the CCG risk register.

MHD confirmed that the ASSKINE (assessment, skin, surface, keep moving, incontinence, nutrition and evaluation/escalation) tool developed in conjunction with the care home sector and RWT colleagues led by the QNA team won the Patient Safety Innovation Award for July 2016. This is a great accolade for the team. Well done to all involved.

6.5 Quality & Risk Action Plan

SF reported that the submitted Action Plan had been sighted to the committee previously and all areas were confirmed as compliant. The document was noted by the committee.

6.6 Board Assurance Framework

SF highlighted from the report that the Delayed Transfers of Care (DTOC) are no longer being monitored at SRG meetings but are being addressed by CCG and NHSE along with the CQC. SF stated that he wished to raise this as a risk and add it to the Risk Register if not assured that sufficient scrutiny is being applied.

MG updated the committee that the Child Health Information System (CHIS) had been raised as a concern. This relates to information about Immunisations, health care assessments are not available to all professionals which is a concern. Public Health officials met recently to address and an update will be requested.

SF raised a historic risk in relation to the SPARK (need this in full please) referral service that affected children with Autism in that no process had been place to capture those referrals. SF stated that the issue was being addressed and a process was now being put into place. SF stated that a number of complaints had been received from service users who were unclear were to receive their Autism service.

MG stated that discussions had been taking place at the Governing Body regarding the future of the BAF. Following a development session that was held in September with Joanna Watson from PWC, that recommendations regarding the management of risk will be made in due course and therefore there will be refreshed strategic objectives in line with the CCGs newly formatted BAF. MG also stated that the contents of the Risk Register is to be fully reviewed and cleansed of dormant risks with education put in place for risk



manages to identify what qualifies as a risk or just an issue. JO believed it would be useful to compare with other organisations on the way in which they highlight emerging Risks. PR stated that the top risk of which are the most urgent should be highlighted to the governing body with individual risk owners held to account for the risk.

7. ITEMS FOR CONSIDERATION

No items were raised for consideration

8. POLICIES FOR CONSIDERATION

8.1 PREVENT Policy

SF confirmed that this policy formed part of a statutory requirement and was presented to the committee so all members had been sighted upon it. This would now be uploaded to the CCG website.

Policy Ratified by the Committee

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

CHIS, an update from Ros Jervis (Director of Public Health) would be requested.

10. ANY OTHER BUSINESS

No items were raised by committee members.

11. DATE AND TIME OF NEXT MEETING

- ***Tuesday 6th December 2016, 10.30am – 12.30pm; CCG Main Meeting Room.***

