

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 13<sup>th</sup> DECEMBER 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
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Steve Barlow	-	Health Protection Lead Practitioner, PH
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Administrative Officer
<b>APOLOGIES</b>	Kerry Walters	-	Governance Lead Nurse, Public Health
	Steven Forsyth	-	Head of Quality & Risk
	Jim Oatridge	-	Lay Member, WCCG
	Marlene Lambeth	-	Patient Representative

**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 8<sup>th</sup> November 2016**

The minutes of the meeting held on the 8<sup>th</sup> November 2016 were approved as an accurate record.

**2.2 Action Log from meeting held on the 8<sup>th</sup> November 2016**

The Action Log from the Quality & Safety Committee held on the 8<sup>th</sup> November 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 8<sup>th</sup> November 2016 were noted by the committee. PR wished it to be noted that the Governing Body agreed to relocation of three inpatient beds from Pond Lane to other sites across the Black Country, namely Orchard Hills, Penrose and Daisy Bank.

### **5.2 Quality Surveillance Group Minutes**

No minutes were available in time for the distribution of papers for Quality & Safety Committee.

### **5.3 Primary Care Operational Management Group (PCOMG)**

The minutes of the PCOMG were noted by the committee

### **5.4 Draft Commissioning Committee Minutes**

Steve Barlow explained that the current contracts for TB and Infection Prevention Services by the CCG and Local Authority (LA) end at different times. He had asked the Commissioning Committee for endorsement for the CCG and LA collaboratively to align these contracts. The aim is to identify cost efficiencies and to improve the patient.

### **5.5 Pressure Ulcer Steering Group**

PR raised that although the Pressure Ulcer Steering Group had been undertaking some targeted work regarding pressure ulcers this didn't seem reflected in the Monthly Quality Report. MG stated that the group had highlighted not only the root causes of pressure ulcers in hospitals but this was now being identified in the community setting which is increasing the numbers reported. MG wished to add that the community pressure ulcers were not just related to RWT district nurses but also by domiciliary care agencies. MG stated that this information had not previously been captured. The Steering Group helps the CCG to monitor the progress of this work. PR enquired whether it would be possible for domiciliary care nurses to be trained by the CCG? MG stated that the CCG would be arranging training for domiciliary care nurses. SB stated that Public Health would be running infection prevention training courses for domiciliary agency workers. SB suggested that perhaps this could also incorporate pressure ulcer and falls training as a captive audience would be available.

### **6.1 Monthly Quality Report**

#### **Royal Wolverhampton Trust**

SP presented the monthly quality report for November. SP highlighted from the report that 2 cases of Clostridium difficile attributed to RWT as identical Ribotype and Variable number tandem repeat (VNTR) in the sample. Awaiting final RCA report. Both the patients had diarrhoeal symptoms and were treated according to Clostridium difficile algorithm. SP confirmed that further actions had been followed up including a deep cleaning programme and Environmental Audits. Overall C.Diff incidences were noted as on the rise and RWT



had reached its annual target for 2016/17. This continued to be monitored via CQRM and Contract Review Meetings.

SP reported that there had been 20 stage 3 pressure injury incidents reported by RWT. 7 PI's had been reported as unavoidable, 3 PI's has been reported as avoidable and 10 PI's were awaiting outcome. SP confirmed there had been a significant increase in community PI's as 12 incidents have been reported for November 2016 compared to 5 reported in October 2016. As discussed under item 5.5 care issues were raised regarding a few specific care homes and care agencies providing domiciliary care. It was noted that the CCG is closely monitoring all actions to ensure that appropriate care and escalation occurs. SP stated that there were 2 stage 4 pressure injuries reported from community services in November 2016. One has been deemed avoidable and other PI has been deemed unavoidable. MG wished to highlight that as part of the contract with RWT moving forward that the Trust would be fined at a higher rate for grade 2 pressure injuries as opposed to grade 3's and 4's to help prevent escalation in the severity of a pressure injury.

SP confirmed that a follow up unannounced visit had taken place on the 10<sup>th</sup> December 2016 to Ophthalmology following the recent Never Events that had been reported. SP confirmed that the visit had been a very positive one. Feedback from patients had been noted as very positive. SP confirmed that he had followed a patient through the entire pathway and highlighted that at each stage appropriate safety checks had taken place. SP confirmed that the report would be completed shortly and shared with the Trust. PR concurred that it was a good service that is provided however it was a worry the amount clinics taking place on a Saturday.

SP stated that the RWT falls policy had been reviewed and had been now fully implemented at the Trust.

PR wished to raise an issue with regard to handovers on the wards and whether the use of IPADs could be used to electronically sign over at the end of the shift. The committee discussed the pro and cons of electronic sign off.

SP reported that there were 28 serious incidents reported by RWT in November 2016 which included one incident from the Community. The committee noted that this had been the highest number of SI's reported in this financial year and could be due to a sudden peak in the IG incidents (11) compared to 4 IG incidents reported in October 2016. The trust is undertaking full RCA's in all these incidents and learning is shared within each division and these incidents had been monitored closely. 3 incidents had been reported with serious concerns including an incident that had been reported by RWT in which during an emergency reduction of a dislocated hip, a complication which was evident on the x-rays but had not been noticed prior to the surgery. As noted in the report the procedure had been abandoned and the child was transferred to BCH for specialist assessment and repair. SP also highlighted an incident which had been raised with serious concern in which an unexpected death of a child had been reported by RWT. The child had been brought into A&E lifeless and had been certified as deceased on arrival. The injuries were suspected to be non-accidental, police and social services are involved and full investigations have been initiated. Guidance in line with Sudden Unexpected Death implemented. This case has attracted some media attention in the week and it was reported that the parents have been charged with murder. A serious case review will be commencing shortly.



## 6.2 Quality Assurance in CHC Quarterly Report

The committee noted the report. It was asked that any queries could be fed back to the author Maxine Danks at [maxine.danks@nhs.net](mailto:maxine.danks@nhs.net)

RR wished to feedback to MD as to whether 4.5 of the submitted report was indeed correct as it stated that the NHS funded care budget significantly underspent in 2015/16. RR wished to clarify the reason for the underspend had been in 2015/16.

**ACTION** *MD to clarify the reason for the budget underspend in 2015/16*

## 6.3 Finance & Performance Report

GB presented the 6 monthly Finance & Performance Report. GB wished to stress that the report detailed data from September 2016 given the way that the reporting structure works. GB asked the committee to review the constitutional requirement that formed part of Page 111 of the meeting pack. GB highlighted that in terms of RTT performance the Trust had been failing the benchmarked target of the best part of the financial year. GB added that historically this was an indicator that the Trust had previously performed well against. It was confirmed that capacity and demand continued to effect RTT performance however the main cause of poor performance had been with regard to the use of a paper diary patient list system that had been used in Orthodontics. The list had covered over 132 patients. GB stated that there had been a belief that trajectory would be recovered by the end of March 2017.

GB reported that A&E performance could be recorded as a good news story for the Trust. GB stated that although the national picture for A&E remained challenging and although the Trust was not hitting the 95% target the Trust remained in the top 20 performing Trusts in the country. GB confirmed that the Trust reported at 93% for October. GB confirmed that the joint triaging of patients alongside Vocare in the Urgent Care Centre had a positive impact on performance. Indeed GB added that although there had been initial teething problems, the message from A&E had been that the flow of patients had improved since the introduction of Vocare. PR stated that it would be interesting to find out the usage levels of the Phoenix Centre now that there was only one walk in centre available for patients.

GB stated that the 62 day cancer target remained the biggest challenge for the Trust at present. GB stated that capacity remained the biggest contributor to performance along with managing referrals. GB stated that there Urology had been identified as the area with the greatest challenges. Tertiary referrals were also identified as a contributory factor to performance. PR raised an issue in relation to patients breaching the target as the request to take a holiday prior to treatment. PR stated that NHSE will not stop the clock even at the patients request. PR believed that this use of a stop clock needed to be reviewed and does not form part of patient choice. MG raised from the report that the list of breached areas appeared to have increased. The committee suggested that it would be useful in future reports to highlight the number of patients relating to the percentage reported. RR enquired whether all RTT delays were subject to a harms review? MG stated that Harm Reviews were not undertaken for each breach however it was important to raise at CQRM of the areas that require a Harms Review.



GB confirmed that the Trust was already in breach of the yearly threshold for C-Difficile in November. MG did add that although the yearly threshold had been breached the monthly trajectory had improved over October and November 2016.

GB wished to highlight some positive work that had been undertaken with BCPFT in which the referral to treatment 6 and 8 week wait national targets were both being met. GB also stated that the access standard of 15% and also the recovery targets were both achieving. GB did highlight however that delayed transfers and early interventions were still areas of concern.

GB confirmed that the Divisional Medical Director had sought feedback from the junior medical staff regarding the E-Discharge system and following GP and CCG feedback, the wording of the E-Discharge notification to GPs will be changed to remove the terms "Draft/Final" and alternative text is to be inserted to indicate the status of the document and confirm as the definitive discharge notification.

MG highlighted from the report a concern that the reported figure of 16.7% for delays awaiting family choice had nearly doubled since the last reported figure. MG added that perhaps some work was required around how family expectations are managed. GB did state that the Trust had been consistently hitting the target for Delayed Transfers of Care on a regular basis at a stretched threshold of 2.5%. It was confirmed that the target from next September 2017 will be 3.5%.

MG requested that it would be more beneficial if the most up to date reporting figures could be made available for the Quality & Safety Committee. The figures submitted in the report were up until September 2016.

## **7. ITEMS FOR CONSIDERATION**

### **7.1 Patient Stories**

No Patient Stories were discussed by the committee

### **7.2 Swan Project – End of Life Care**

This item was deferred until January's meeting.

## **8. POLICIES FOR CONSIDERATION**

### **8.1 Information Governance Policy and Handbook**

PMc wished the committee to note the contents of the Information Governance Policy and Handbook. PMc confirmed that the CCG was required to meet legislative requirements in relation to information governance, including achieving a satisfactory rating on the HSCIC Information Governance Toolkit. This was built on the embedded Information Governance arrangements that form part of the overall governance framework of the CCG. PMc also added that the CCG's Information Governance Policy had been updated to include the contact details for the new CSU service. It also included the updated version of the Work



Plan previously agreed by the Committee.

PMc highlighted that the staff handbook provides detail around processes and procedures. It also includes links to standard documentation for day to day work such as Privacy Impact Assessments that are undertaken in support of project work and outline templates for data sharing agreements with other organisations.

PMc was asking for the committee to approve the contents of the policy and handbook.

***Information Governance Policy & Handbook Ratified***

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

**10. ANY OTHER BUSINESS**

Flu Vaccination Uptake

SB highlighted that data had been received regarding the uptake of flu vaccinations by providers in the region. SB confirmed that on last year's data uptake at GP practices and school providers was down and the reported uptake by staff at RWT had been poor.

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

- ***Tuesday 14<sup>th</sup> February 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***

