

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 10th JANUARY 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Jim Oatridge	-	Lay Member, WCCG
	Marlene Lambeth	-	Patient Representative
	Annette Lawrence	-	Designated Adult Safeguarding Lead
	Peter McKenzie	-	Corporate Operations Manager
	Philip Strickland	-	Administrative Officer

APOLOGIES:	Steven Forsyth	-	Head of Quality & Risk
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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 13th December 2016

The minutes of the meeting held on the 13th December 2016 were approved as an accurate record with the exception of the attendance which should have included the following:

Gus Bahia	-	Business & Operations Manager
Peter McKenzie	-	Corporate Operations Manager

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

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

4.1 Vacancy Breakdown - BCPFT

Following a previous meeting JO had requested a breakdown of Vacancy rates at Black Country Partnership following statistics that had been raised at the November QSC. The breakdown of statistics were tabled for the committee members. It was confirmed that the rates were retrieved through the contracting route. The breakdown highlighted the following vacancy rates:

Staff Group	Vacancy Rate %
Nurses	13.00%
Clinical Support	10.83%
Admin & Clerical	13.00%
Therapists	17.24%
Medical	24.70%
Estates	18.29%
Trust	14.04%

The statistics produced were accurate as of the 30th November 2016. MG stated that the vacancy rates were useful but felt that they would have more meaning if they highlighted out of how many Whole Time Equivalent (WTE) they related to. JO stated that the original request was around how the vacancy rates affected front line staff pressures. JO also added that the most stand out statistic was that of medical staff which was almost 1 in 4 medical staff and therefore was a concern.

5. FEEDBACK FROM ASSOCIATED FORUMS

5.1 Draft CCG Governing Body Minutes

JO raised a concern that the minutes submitted from the Governing Body are draft minutes and are subject to further amendments before becoming the final minutes. JO enquired whether only confirmed minutes should be submitted to the QSC due to QSC papers being published publicly. PS stated he would enquire with Peter McKenzie regarding this issue.

ACTION: *PS to enquire with PMc regarding the publication of Governing Body minutes through QSC*

5.2 Health & Wellbeing Board Minutes

The minutes of the meeting were noted by the Committee. PR highlighted a comment from the minutes that David Laughton, Chief Executive, The Royal Wolverhampton Hospitals NHS Trust, had commented that the viability of maintaining the current number of acute hospitals across the region given the reported levels of budget deficit, for example,



Cannock Hospital has budget deficit of £13 million. The Chief Executive had added that the extent of the budgetary challenges facing the health sector should have been set out more clearly from the report submitted at the Health & Wellbeing Board.

PR also highlighted that Robin Morrison of Healthwatch had highlighted and expressed concerns about the implications of the predicted budget shortfall and that the public did want to know how the savings would be achieved. He had continued that at a recent public meeting 500 people met to consider the future of Staffordshire Hospital. The public were also concerned about the lack of information in the draft plan about the funding pressures in social care provision.

PR also highlighted that the national news of the day had been regarding the difficulties currently experienced in social care. PR questioned whether this should be discussed through the Quality & Safety Committee? MG highlighted that a lot of the news had highlighted the under spend in social care.

5.3 Quality Surveillance Group

The minutes of the QSG were noted by the committee. MG had not been able to attend the meeting however a report had been submitted on the CCGs behalf. All Wolverhampton Hospital had been recognised as business as usual as opposed to under enhanced surveillance.

5.4 Primary Care Operational Management Group

RR enquired which practice was included in the Triumvirate Leadership Programme as documented in the minutes. MG stated she would enquire which practice was involved.

ACTION: *MG to enquire which practice was involved in the Triumvirate Leadership Programme.*

5.5 Draft Commissioning Committee Minutes

No minutes were available as no meeting had taken place in December 2016.

5.6 Pressure Injury Steering Group

No minutes were available the next meeting had taken place on the 6th January 2017 and the minutes would follow at the February QSC meeting.

5.7 Area Prescribing Committee

DB highlighted that minutes were for the committee's information and was happy to take any queries. The committee highlighted that the Gain Share Policy had been discussed under contract negotiations. The policy was noted as helping the RWT to tap into regional buying power.

PR enquired whether the QSC was the right forum to discuss placing the cost of medication on each individual prescription for the patient's knowledge. DB stated this had been a discussion that had been happening nationally. DB stated that one of the negatives



around placing the cost on a prescription would be that a perfectly effective medicine that had been around a long time could have a low cost value but been deemed cheap by the patient and as a result the patient may not take the medicine. DB stated that discussions continue nationally on this. It was noted that the costs could be colour coded as an example.

JO raised an issue that had been raised at the Audit & Governance Committee on the back of a specific incident in which a Pharmacy had been prescribing a higher cost drug than had been necessary purely for profit. JO stated that on the back of that he had written to the Chair of the NHS England Audit Committee to gauge if this was a wider issue and if so what the scale of it had been. JO stated he would provide feedback when he received a response.

6.1 Monthly Quality Report

Royal Wolverhampton Trust

SP reported that for the month of December RWT had reported 2 infection control SI's and the Trust had now taken preventative actions including a deep cleaning programme and Environmental Audits. It was confirmed that a proposal for disposable bed curtains had now been agreed and implemented as a result of these incidents.

SP continued that there were 19 grade 3 pressure injuries reported for December 10 of which were acquired in the community. SP confirmed that from the weekly scrutiny meeting the problems in the community are in relation to Domiciliary Care and Residential Homes. SP did highlight that many of the reported grade 3's are now seen as unavoidable as opposed to avoidable which was noted as positive. It was also highlighted that there were 2 Grade 4 community acquired pressure injuries for December.

SP reported that there had been a follow up quality visit to ED and the UCC by WCCG Executives which had taken place on 26th September 2016. RWT had checked the report for factual accuracy and made a number of comments which WCCG colleagues had responded to. SP continued that issues pertaining to quality would be discussed at January's CQRM. It was confirmed that there were Remedial Action Plans in place for Quality/performance Indicators; these are monitored at Contract Review meetings. MG added that there are daily conversations with NHS England with regard to A&E. MG stated that with the national picture being one of extreme pressure on A&E's NHS England's approach to RWT is rather light touch due to the positive performance that it is currently showing. RWT was noted as consistently performing in the top 25 Trusts for A&E performance in the country.

In relation to Never Events SP confirmed that there was a reported Never Event on the 15th December in relation to a Surgical/invasive procedure incident meeting SI criteria. The detail of the Never Event was contained in the report.

Following the Never Event reported at the Eye Infirmary on the 21st October an announced Quality Visit to The Eye Infirmary at RWT took place on Monday 14th November to ensure effectiveness of actions. Verbal feedback was shared with the Trust. SP stated that a full report had since been shared with recommendations, which will be discussed at January's CQRM. SP highlighted that he had conducted a further unannounced visit to Ophthalmology which had taken place on Saturday 10th December 2016. SP wish to add that a further Never Event associated table top review meeting has been arranged for 20th January 2017 to review how practice had changed in the following areas: Maternity,



Cardiothoracic Theatre, Eye Infirmary, Dental, and Gynaecology. This was noted by the committee.

SP stated that following emerging themes from RCA falls data the Trust had implemented a new Falls Policy that was being implemented through appropriate staff training and communication.

SP wished to highlight from the report the SBAR in relation to RTT performance and the impact of orthodontic outpatients initially raised in January 2016 and matter referred to NHSE. SP stated that SBAR review had identified that this does not materially impact the RTT performance and as such contracting team is now reviewing the issue. The committee noted that the report had been shared regarding the learning. An update would be given at the CQRM in January. MG stated that her understanding was that 1 patient would be left from the backlog by the end of March 2017. The current backlog was reported as 22 patients.

SP highlighted the BCPFT reporting profile from the report for the committee's attention. SP confirmed that a table top review meeting had been arranged for 19th January 2017 between the CCG's Mental Health Commissioner and BCP to discuss complex SI's. These SI's had been overdue for closure but not closed, as the CCG is not assured by BCP's response to these incidents and there are recurrent themes emerging.

SP raised a concern in relation to the quality of the reports received from Vocare in terms of the quality report to CQR and the SQPR data submission delays received. PR enquired if the numbers attending the UCC had improved? SP confirmed that his was the case.

SP raised a concern from the Heantun CQRM in the way in which Medication Safety incidents were recorded. Following the CQR the quality team conducted an unannounced visit to Heantun which raised a number of issues in terms of medicine safety and stock balance. SP stated that the management of Heantun responded by implementing an action plan and further assurance that these issues are being resolved.

6.2 Safeguarding Adults Quarterly Report

AL asked the committee to note the report and by exception reported that following the WSAB on the 15th December 2016 that a process needed to be identified for 'persons in a position of trust' allegations. AL stated that she was currently working through this that would be in addition to the already existing Local Authority process.

AL highlighted that there are currently no outstanding issues in relation to Domestic Homicide Review. However AL did highlight that on the 12th December 2016 a request had been received from the Wolverhampton Safer Partnership to secure medical records following the death of a Wolverhampton woman on 08.12.16 (DHR 07). A brief summary from the GP records for both husband and wife had subsequently been submitted to the Safer Wolverhampton Partnership Chair. A decision is awaited whether the incident will progress to a Domestic Homicide Review. AL also reported that there had been no conviction in relation to DHR 05. This case therefore did not proceed to publication; however learning would be shared via a briefing paper which would be presented at the next DHR Standing Panel meeting in March 2017.

JO enquired how the sharing of the learning from the DHRs are not lost over a longer period of time? AL stated that the learning was shared periodically through the Wolverhampton Safer Learning Group as well as the Wolverhampton Safeguarding



website. MG stated that reiterating the message of learning was key through Auditing and distributing periodic messages through GP bulletins and other communication channels.

AL highlighted that Dip sampling of cases is now carried out on a monthly basis by the MASH. Positive feedback had been received from the dip sampling regarding WCCG's responses to requests for information required by the MASH for all red, amber and green rated referrals. AL highlighted that an example was included with the submitted report.

AL stated that £10k had been received by NHS England to spend on Safeguarding projects to support NHS England's safeguarding priorities. The CCGs plan was detailed within the report.

AL confirmed that the CCG was rolling out Safeguarding Adults training to all staff members.

AL stated that the Safeguarding Dashboards for all providers were currently being finalised and incorporated into the 2017/18 contracts. AL added that these dashboards would provide greater assurances in relation to Safeguarding performance.

AL reported that The United Nations' Orange the World campaign took place over 16 days from 25th November, which was International Day for the Elimination of Violence against Women, and 10th December, United Nations Human Rights Day. The committee noted that WCCG fully supported the campaign, with posters, TV screen information, banners, ribbons and a display with information leaflets and cards in the entrance to the Science Park.

6.3 Health & Safety Performance Quarterly Report

MG asked the committee to note the Quarter 3 assurance report for Health & Safety. MG confirmed that there had been some changes in the management of Health & Safety. This had previously been held by Sarah Southall prior to moving on to a new role. Steve Forsyth with the support of Matthew Boyce would now be picking up this remit. MG confirmed that the quarter 3 safety assessment had taken place and the actions highlighted in red from the report detailed actions outstanding from previous quarters. MG confirmed that the Landlord was planning an overhaul of the property and these outstanding actions would be addressed. MG did highlight that some of the actions related CCG staff responsibility for example staff work stations being untidy. Other issues highlighted included boxes that are stacked unsafely in office environments and needless electrical equipment that had been plugged in for instance fans from the summer. These items were leaving trailing wires as a potential trip hazard.

JO enquired whether the CCG should be paying a full service charge to the landlord if there are outstanding Health & Safety Issues.

MG also reported that the electrical PAT testing had taken place and was completed on the 23rd December 2016.

MG continued that Statutory and mandatory training compliance figures were currently not available for Q2 and Q3. It was added that staff were transitioning to the new provision (ESR) as of 1st November and a further update will be provided in Q4.



MG highlighted to the committee the Health & Safety Audit as attached to the main committee report.

6.4 Information Governance Quarterly Report

PMc asked the committee to note the submitted Quarterly report. PMc highlighted that the report highlighted the progress with the CCGs IG improvement plan and also asks for the approval of the annual work plan and Fair processing notice. The report confirmed the on-going staff IG training. There had been a number of IG sessions in house and a final session was planned for the following week. PMc stated that the usual process for anyone that cannot attend the face to face sessions would be for them to complete the online interactive tool. The online tool was confirmed as being ceased from the 31st December 2016 and would be replaced at some point in 2017.

PMc confirmed that the priority for IG over the next few months would be relating to the Information Risk Action Plan. PMc that Sarah Hirst the IG officer for the CSU would be meeting to with information owners to work through the actions.

6.5 Freedom of Information Report

PMc confirmed that up until the 1 April 2016, the CCG had been supported with FOI work by the FOI Team at the Midlands and Lancashire CSU but have recently begun to manage this process in house. PMc confirmed that response rates had improved since bringing the service in house. PMc continued that the CCG had received 60 Freedom of Information requests. At the time of writing the submitted report the CCG had responded to 52 of the requests, 49 (94%) of which had received a response within the statutory 20 working days. An extension had been agreed with requestors for the requests which did not meet the limit and the response was provided within the extended timeframe.

PMc wished to stress that the aim was to meet 100% compliance with all FOI requests. It was confirmed that the service had become much more cost effective by bring the service back in house at the CCG.

7. ITEMS FOR CONSIDERATION

7.1 Patient Stories

No Patient Stories were discussed by the committee.

7.2 Swan Project – End of Life Care

A short film relating to the SWAN Project was shown to committee members for information. The film detailed the projects background and the positive impact of this at RWT.

8. POLICIES FOR CONSIDERATION

There were no policies for consideration at this months meeting.



9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY**10. ANY OTHER BUSINESS**

There was no further business for the committee to discuss.

11. DATE AND TIME OF NEXT MEETING

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

