

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 14th FEBRUARY 2017,  
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
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Jim Oatridge	-	Lay Member, WCCG
	Steven Forsyth	-	Head of Quality & Risk
	Annette Lawrence	-	Designated Adult Safeguarding Lead
	Peter McKenzie	-	Corporate Operations Manager
	David Birch	-	Head of Medicines Optimisation
	Fiona Brennan	-	Designated Nurse for Looked after Children
	Molly H-Dillon	-	Quality Nurse Team Leader
	Juliet Herbert	-	Equality & Inclusion Business Partner
	Dawn Bowden	-	Quality Assurance Co-ordinator
	Matthew Boyce	-	Quality Assurance Co-ordinator
	Philip Strickland	-	Administrative Officer

**APOLOGIES:** 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 10<sup>th</sup> January 2017**

The minutes of the meeting held on the 10<sup>th</sup> January 2017 were approved as an accurate record with the exception of the following amendments:

On page 4 paragraph 2 should read that 'a Pharmacy had been prescribing a higher cost drug than was necessary.' The comment 'purely for profit' was redacted from the previous minutes.

On page 5 paragraph 5 SF wished to clarify that although numbers attending the Urgent Care Centre had increased, the levels of activity were still way under the levels that were initially anticipated.



## 2.2 Action Log from meeting held on the 10<sup>th</sup> January 2017

The Action Log from the Quality & Safety Committee (QSC) held on the 10<sup>th</sup> January 2017 was discussed, agreed and an updated version would be distributed with the minutes of this meeting.

### Patient Stories

MG reported that she had discussed sourcing Patient Stories from Black Country Partnership Foundation Trust (BCPFT) and The Royal Wolverhampton Trust (RWT) with their respective Directors of Nursing highlighting that providing the stories to other organisations required a further consent process beyond the patient's initial consent. BCPFT had been willing to consider adding further consent to their consent form for use of their patient story with Wolverhampton CCG. MG stated that at this stage RWT had not been willing to consider this approach. MG stated that the Director of Nursing of RWT Cheryl Etches would be visiting the CCG in the coming weeks to shadow the Quality Team in the work that they do. MG believed this would be an ideal opportunity to raise the issue of patient stories with the Director of Nursing. PR wished to state that it would be important to emphasise that it is the CCG's responsibility to put the patient at the heart of the work that is undertaken by the CCG. MG stated she would propose the alignment of the consent forms with RWT and BCPFT.

**ACTION:** ***MG to propose alignment of Patient Story consent forms with RWT and BCPFT***

### Quality Assurance in CHC

It was confirmed that the financial underspend in 2015/16 as reported at the December meeting had been the result of several high cost cases that were found no longer eligible on their CHC review and a couple of very high cost cases that had sadly passed away. This action was therefore closed.

### Draft Governing Body Minutes

It was agreed that the Draft Governing Body minutes would continue to be seen at the QSC as all amendments are reflected in subsequent minutes. This action was therefore now closed.

### Triumvirate Leadership Programme

MG stated that it had been reported to her that Penn Manor had been selected as the practice to be involved with the Triumvirate Leadership Programme. MG was waiting for



further confirmation from Helen Ryan. It was also noted that a second cohort of practices were expected to be involved from April 2017.

### **3. DECLARATIONS OF INTEREST**

No declarations of interest were raised.

### **4. MATTERS ARISING**

#### **4.1 Vacancy Breakdown – Black Country Partnership Foundation Trust (BCPFT)**

SP confirmed that an enhanced breakdown of vacancies had been provided by BCPFT. The breakdown highlighted to the committee that there had been a vacancy rate of 13.37% of Nurses and 24.7% of medical staff. Band 5 nurse vacancy rates were noted at 16.7% and the Band 6 vacancies had been at 12.8%. SP highlighted that the most alarming statistic related to the vacancy rate of Junior Doctors at 49.31% which added pressure to the middle grade doctors which had a vacancy rate of 25.6%. SF wished to highlight that BCPFT would cease the use of all agency staff from April 2017. SF stated it would be important to see how this overall BCP Trust wide vacancy breakdown impacted on Wolverhampton. JO stated that the overall numbers were concerning.

#### **4.2 QNA – Step Down**

MD was in attendance to provide a current update on the Step Down of patients. Following an increase in numbers and rising costs relating to Step Down, MD confirmed that a Band 6 Step Down Advisor had been appointed from June 2016. The advisor had been based at the CCG working between care homes and the Acute Trust to monitor the Step Down list and the patients within Probert Court, to ensure that patients are not spending any longer in the Trust than was deemed necessary and to ensure they are referred to the correct provision. MD confirmed that there had been a marked improvement in Step Down at the moment. MD stated that for 2015/16 there had been 299 patients that had been through Step Down (excluding Probert Court) this equated to 10,400 bed days at a cost of £1.1million. MD added that at month 9 for 2016/17 there had been 179 Step Down patients equating to 4870 bed days at a cost of £400k. This was noted as a marked improvement by the Committee.

MD stated that there are still some areas of concern relating to the acute trust around poor communication, and paperwork not being completed correctly or sent out in a timely manner to the appropriate care provision. MD stated that these concerns are raised through quality matters and to the Integrated Care Team at the acute Trust.

MD wished to highlight a distinct pressure around Therapy services due to a lack of Therapists. Indeed it was noted that if the Trusts Therapy Services had been under pressure, Therapists would be pulled from the Step Down service in the first instance. It was confirmed that a business case would be pulled together to recruit Therapists to ensure there would be adequate provision.

PR highlighted a local patient account in which a patient had been stepped down to Bentley Court. PR highlighted that there had been no attempt made by Bentley Court to rehabilitate the patient appropriately. MD stated that ideally in this instance the patient



would have benefitted from a package of care from their own home as opposed to being Stepped Down to Bentley Court.

It was noted by the committee that 50% of patients in Step Down had been awaiting Therapy provision. MG highlighted that added a cost pressure to the CCG.

MD wished to highlight to the committee that Probert Court had been used as the first choice for Step Down patients as ensure that the quality of the care can be closely monitored. MD added that Probert Court had an appropriate set up for Step Down patients however if Probert Court had not been available a Care Home from the CCG Care Home Framework would be encouraged to be used. MD added that any concerns with the homes are raised through Quality Matters.

## **5. FEEDBACK FROM ASSOCIATED FORUMS**

### **5.1 Draft CCG Governing Body Minutes**

The minutes were noted by the committee.

### **5.2 Health & Wellbeing Board Minutes**

No minutes were available for the current month.

### **5.3 Quality Surveillance Group**

No minutes were available for the current month.

### **5.4 Primary Care Operational Management Group**

The minutes were noted by the committee.

### **5.5 Draft Commissioning Committee Minutes**

The minutes were noted by the committee.

### **5.6 Pressure Injury Steering Group**

No minutes were available for the current month.

### **6.1 Monthly Quality Report**

SF confirmed a concern had been raised with regard to Mortality, indeed NHSE and NHSI had published their escalated SHMI. SF confirmed that RWT is now the 3<sup>rd</sup> highest HSMR in the country. SF confirmed that an email had been received from the Medical Director stating that it was not believed that RWT do not have significant excessive preventable deaths. NHSI have raised a list of actions that they wish RWT to undertake including a peer review.

SF also wished to highlight a fall that had occurred on Ward C19 in mid-January which has now been pursued through a police investigation and subsequent media attention may be drawn upon this as a result.



SF confirmed that a Remedial Action Plan (RAP) meeting had been arranged with Vocare following the QSC to address element of safety of the Urgent Care service which have been raised in the past few weeks.

SF raised the committee's attention to 2 self-harm incidents that had occurred at BCPFT as detailed in the submitted report.

***\*\*\*In the essence of time management at the meeting the chair requested that all comments for this item be circulated via [Philip.strickland@nhs.net](mailto:Philip.strickland@nhs.net) by Close of Business on Friday the 17th February 2017 for review at the next meeting\*\*\****

## 6.2 Safeguarding Children & Looked After Children Quarterly Report

LM reported that The WCCG self-assessment contains 13 standards relating directly to Safeguarding Children. This continues to be updated quarterly with 2 standards continuing to be rated as amber. These included awaiting the final ratification of DV Policy for WCCG Employees and Managers and completion of a TNA and implementation of a safeguarding training programme for all WCCG staff.

LM highlighted that a template had been developed by the WCCG Safeguarding Team which reflected the Safeguarding Assurance Framework for Services Commissioned by WCCG. This has been agreed to be used by the Heads of Safeguarding for RWT and BCPFT prior to its inclusion in contracts 2017/18. This template enabled thoroughness of reporting through the relevant Safeguarding Dashboard.

It was confirmed that the OFSTED inspection had now taken place from the 16/01/17 for 4 weeks as detailed in the report and the final judgement would be published on the 31<sup>st</sup> March 2017.

LM stated that following the CQC review in July 2016 the draft reported was released for comment and all comments have now been returned in anticipation of the final report. It was also noted that on the 5th December 2016 the CCG led Strategic Group had met to review the Joint Action Plan that was developed by WCCG in response to the issues identified immediately following the review. The first update to Wolverhampton Safeguarding Children Board (WSCB) was presented on 6th December 2016. Further updates are planned.

In terms of Serious Case Review (SCR) LM reported that on 21st November 2016 a baby died as a result of non-accidental injuries in Wolverhampton. Mother and her partner have been charged with murder. On 6th December 2016 the WSCB SCR committee met and a unanimous decision was reached to recommend to the independent chair of WSCB that the case should progress to a SCR. Once agreement has been obtained the SCR process will be implemented.

It was also noted that Walsall Serious Case Board (SCB) is conducting a SCR for a child who died on 12th June 2016. WCCG is involved in the SCR as the child is registered with a Wolverhampton GP. LM stated that in order to ensue collaborative working a member of WCCG attended the Practitioner Learning and Reflection Day as requested.

LM highlighted that concerns had been raised regarding the capacity and resilience of the safeguarding health presence in the MASH. LM added that as a result of the concerns being raised the WCCG Designated Nurse Safeguarding Children met with the Head of





Safeguarding from The RWT and the Associate Director for Safeguarding Adults and Children BCPFT on 22nd November 2016. LM continued that following the meeting an initial action plan was formulated and fully implemented. A meeting has been arranged with the health team and their line managers for early January 2017 to provide on-going support. The issues detailed were raised at the Wolverhampton Safeguarding Children's Board (WSCB) in December 2016.

With regard to Looked After Children (LAC) FB reported that a breakdown had been provided of Looked After Children (Table 1 of the report) as the number progress throughout the financial year. FB stated that whilst it was evident that the numbers continued to slowly decrease, it remained slow, with a total of 45 less children in care over the year. FB added that the percentage of those placed out of Wolverhampton remained around the 60% mark and did not appear to improving over the reporting year.

FB informed the committee that a business case submitted by Designated LAC Professionals, recommending changes in the way we commission LAC services in the future was approved by the CCG in Nov 2016 and discussions are currently underway with Provider services around its implementation. FB added that the focus of the proposal was to improve health provision and oversight of children placed outside of Wolverhampton and provision of dedicated health support for our Care Leavers.

It was confirmed that the Designated Doctor for LAC had left the CCG in December 2016 to take a year out. Her role within the WCCG was to be replaced by the current Named Doctor for LAC employed by the RWT. JO stated he had picked up from the Monthly Quality Report that there perhaps would be a conflict of interest as a result of the changes. MG highlighted that the Designated Doctor for Looked after Children (LAC) was now Dr Stephanie Simons who was also covering the Named Doctor role for the provider. MG stated that this conflict of interest had been raised with the Medical Director for address. It was confirmed that Dr Claire Thomas had submitted notice in her role as Designated Doctor for Safeguarding Children.

FB stated that she had been asked by NHS England to produce a list of Key Performance Indicators (KPI's) that can be shared with the National LAC Group, with a view to uploading to a NHSE repository. This would provide an exemplar of best practice and positively impact on WCCG assurances from Provider services, improving outcomes for our children in care.

FB confirmed that since June 2015, Kent had seen an unprecedented rise in the number of young people arriving through the Port of Dover and The Channel Tunnel. From the 1st July 2016 Unaccompanied Asylum Seeking Children and Young People (UASCs) arriving in Kent would be dispersed to the on-going care of other Local Authorities, as advised by the UK Government so that no individual local authority bears a disproportionate share of the burden. Indeed FB added that to mitigate against health and safeguarding risks prior and during the transfer process, UASCs will be registered with a Kent GP and have an NHS number allocated. They would then be required to re-register with a GP in their new area on arrival and the new GP would then request the existing GP record. FB confirmed that a local process and flowchart would be developed.

SF questioned if any risk was posed to the organisation in terms of the CCG not having a ratified Domestic Violence policy in place? LM confirmed that there is an overarching regional policy in place and therefore there was no immediate risk highlighted.



### 6.3 Medicines Optimisation Quarterly Report

David Birch was in attendance to present the Medicines Optimisation Quarterly Report. From the report DB highlighted the safety alerts that had been received through September, October and November 2016. DB wished to highlight that retigabine (treatment for epilepsy) was to be discontinued from June 2017 as there are various other available treatments. It was noted that there had been adverse drug reactions to the treatment. DB reported the discontinuation from December 2016 of Asasantin as other generic drugs are available.

It was reported that the Keppra® Oral Solution had several measures put in place to ensure that the correct dosing syringe is used to measure Keppra oral solution, and thus avoid medication errors. It was noted that Keppra (levetiracetam) is a medicine used to treat epilepsy in adults and children.

DB stated that it had been highlighted through the safety alerts that some patients may have exacerbation or rebound symptoms of rosacea. It is important to initiate treatment with a small amount of gel and increase the dose gradually, based on tolerability and treatment response.

DB stated that the alerts detailed in the report are then worked through by the Primary Care Medicines Team (PCMT) with a focus upon savings and medication safety. It was indeed highlighted from the report that the team had 160 patients prescribed etoricoxib, rheumatoid arthritis or ankylosing spondylitis, at a dose greater than 60mg/day to GPs for review.

DB reported that the 'Eclipse Live' alerts system had highlighted 52 possible safety alerts. The PCMT had continued to focus renal alerts including low potassium and prescribed diuretic, low sodium and prescribed bendroflumethiazide and risedronate and stage 4 renal failures.

The committee were highlighted to PCMT Patient contacts between October and December 2016. From the reported chart on page 84 of the meeting pack SF questioned what contacts were categorised as 'other'? DB stated that this would vary widely. SF asked if it would be possible to theme the 'other' category in a future report.

**ACTION: DB to provide themes for the 'other' category for PCMT Patient Contacts in the next Quarterly Report.**

The committee discussed the best pathway for patients addicted to prescription drugs whether through addiction services or a referral to a Psychiatrist. It was noted that Public Health had oversight of the appropriate pathways.

DB confirmed that good progress had been made on the use Hypnotics and Anti-Biotics and highlighted the tables of usage by GP practice through Page 87 to 89 of the meeting pack. DB highlighted that the Showell Park Health & Walk in Centre still featured prominently in Anti-biotic prescribing. DB stated that Showell Park was still providing out of hours cover for GP practices and this would continue to distort the figures of Anti-Biotic prescriptions. The figures from Showell Park are still incorporating figures from when it had been operating as an 'Urgent Care Centre'.



PR requested if it would be possible to see the Volume of out of hours prescribing in a future report. DB stated that this would be reported as a flat figure as there would be nothing to benchmark against.

DB highlighted to the committee the submitted Hospital Electronic Discharge Summaries Audit undertaken in July 2016. The Primary Care Medicines Team was required to undertake an annual audit of the quality of Royal Wolverhampton NHS Trust hospital discharge summaries. This year's audit had focussed on the effectiveness of the e-discharge process. DB stated that there had been a number of issues raised by GP relating to the numbers of duplicate copies of the discharge summaries which had been causing confusion. DB reported that incorrect discharge summaries had the potential to cause medication incidents. DB highlighted that this was the 1<sup>st</sup> time that this kind of Audit had been undertaken. DB stated that findings had been shared with the Pharmacy Team at New Cross. MG confirmed that examples of draft and final discharge letters had been discussed at the RWT Clinical Quality Review Meeting (CQRM) to highlight some of the significant differences on specific examples.

#### 6.4 Quality Assurance in Care Homes Quarterly Report

MHD introduced her Quarterly update by confirming that the Promoting Safer Provision and Care for Elderly Residents (PROSPER) had been rebranded to reflect the local landscape of Wolverhampton and Walsall. The programme was confirmed as being branded as the Safer Provision and Care Excellence (SPACE).

MHD reported that the CCG was now in Year 3 of the Care Home Improvement Plan 2014/17 (Appendix 1 of the submitted report) which continued to build on the successes delivered by the Quality Nurse Advisor (QNA) team during the first two years, utilising quality frameworks, tools and the development of care home managers. MHD stated that the QNA team also continued to support the safeguarding agenda by working collaboratively with the Local Authority, the Multi Agency Safeguarding Hub (MASH), CQC and the care home sector providing oversight and support with Root Cause Analysis (RCA), SI (serious incident) and Section 42 investigations. It was confirmed that sharing lessons learnt continued to form the fundamental element for driving up quality and reducing harms during the quarter.

MHD highlighted that Lessons learnt from the avoidable Pressure Injuries (PIs) highlighted that care home staff need to make improvements in record keeping, implementation of care planned and timely escalation. The QNA team will continue to facilitate targeted areas of training in the sector for the homes concerned.

MHD stated that there had been an increase for this quarter of 31 safeguarding and Quality concerns. It was added that 12 referrals had been reported for the previous quarter. MHD stated that the team would continue to monitor this closely with the Local Authority.

MHD reported that the Ruksar nursing home had now closed and all residents had moved out on the 23<sup>rd</sup> January 2017 following suspension in August 2016. PR enquired how many residents had been moved? MHD confirmed that there had been 21 residents moved from the home.

It was noted that overall number of attendances at A&E/AMU during Quarter 3 was 108 up on Quarter 2 when 85 attendances were reported. It was added that during the quarter October reported the highest number of attendances at 48 whilst November reported 33





and December reported 29 attendances. MG stated that perhaps it would be useful to capture information of those patients that had attended A&E and then had been discharged within 24 hours to highlight if all those referrals had been wholly necessary.

MHD confirmed that participation in the NHS Safety Thermometer for Quarter 3 had remained relatively low with 8 – 10 care homes participating. However of those homes submitting data monthly, harm free care percentage is averaging at 96-98% over the target of 95%. MHD added that three care homes had consistently achieved 100% harm free care during the quarter with 6 homes achieving 100% harm free care during November.

MHD confirmed that the SPACE (Safer Provision and Care Excellence) programme hosted its first care homes conference in November. Recruitment to the 2nd QNA post had been successful with start dates confirmed. MHD stated that Care home managers' and champions meetings/workshops continue and further quality improvement training is planned for March. It was noted that early evaluation by Birmingham University had been extremely positive, in that Wolverhampton care homes returned 46.5% questionnaires compared to Walsall care homes response rate of 26.2%; making a combined rate of 38.7%. MHD stated that Wolverhampton's baseline meant that the safety climate score had been recorded at 84.2 for safety climate compared to the national mean average and benchmarking data of around 70%. This concluded that the safety climate across the 2 boroughs had been higher than first anticipated.

#### 6.5 Quality & Risk Action Plan

This item had been deferred until the March 2017 QSC.

#### 6.6 Board Assurance Framework (BAF) and Risk Register

MG introduced Matt Boyce and Dawn Bowden due to their involvement with the on-going Board Assurance Framework and Risk Register. MG stated that the submitted report gave an overview of the PwC internal audit of the CCGs Risk Management Report which had rated the CCG as 'High'. MG added that of the 7 areas examined 3 areas are rated as High and 4 are rated as Low. The 3 areas MG wished to highlight to the committee were the 3 high risk areas which included:

1. Structure of the BAF and identification of strategic risks
2. Lack of risk ownership
3. Evidence of scrutiny of risks

MG confirmed that there had been on-going work through the Governing Body development sessions around the CCGs strategic objectives. MG stated that once the strategic objectives had been agreed then the Board Assurance Framework can be created. MG stated that a template had been agreed for the Risk Register through the Governing Body development sessions. MG stated that Quality & Safety had initially been used to populate the template. It was noted that a meeting had been arranged to align risks to appropriate sub-committees. MG stated that training around the new process was now underway.

JO and PR raised concerns regarding the clarity around the scoring matrix for the risks and requested that some clarity be made as to whether a 4x4 or 5x5 matrix was being used. MB confirmed that the matrix is indeed 5x5. It was asked by the committee that the scoring



contained within the risk dashboard be recalculated to be effective as a 5x5 scoring matrix. It was also requested by the committee that the description reference be incorporated within the scoring matrix to enable the reader to cross reference the numbered risks. It was also noted that it would be beneficial to be able to track any changes to risks or those that have been escalated.

MG wished to highlight that throughout Appendix 1 of the report there is further narrative of the progress of individually scored risks and the background to each individual risk.

#### 6.7 Equality & Diversity Quarterly Report

Juliet Herbert was in attendance to provide an update on the Equality and Inclusion support for the CCG October 2016 to February 2017. JH highlighted from the report the on-going work with regard to EDS2. JH clarified for the committee that EDS2 was to help local NHS organisations, in discussion with local partners, people and stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010. JH added that by using EDS2, NHS organisations would also be helped to deliver on the public sector equality duty (PSED).

JH stated that at the heart of the EDS2 were 18 outcomes, against which NHS organisations assessed and graded themselves. JH added that these outcomes related to issues that matter to people who use, and work in, the NHS. They had been grouped under four goals:

1. Better health outcomes
2. Improved patient access and experience
3. A representative and supported workforce
4. Inclusive leadership

JH stated as part of this work the CCG had been required to provide sufficient evidence that it was meeting the necessary criteria as detailed above. JH confirmed she had been in the process of populating the EDS2 template with the necessary evidence. JH reported that sign off and an agreed grading would be ready for the Governing Body in March 2017.

## 7. ITEMS FOR CONSIDERATION

### 7.1 Patient Stories

No Patient Stories were discussed by the committee.

## 8. POLICIES FOR CONSIDERATION

### 8.1 Volunteer Policy

***\*\*\*In the essence of time management at the meeting the chair requested that all comments for this item be circulated via [Philip.strickland@nhs.net](mailto:Philip.strickland@nhs.net) by Close of Business on Friday the 17<sup>th</sup> February 2017 for review at the next meeting\*\*\****



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

No items were raised by the Committee.

**10. ANY OTHER BUSINESS**

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

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

