

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 14th MARCH 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Jim Oatridge	-	Lay Member, WCCG (Chair)
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Marlene Lambeth	-	Patient Representative
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Steve Barlow	-	Public Health Representative
	Steven Forsyth	-	Head of Quality & Risk
	Sandra Smith	-	Commissioning Development Manager
	Maxine Danks	-	Head of Individual Care (Adults)
	Peter McKenzie	-	Corporate Operations Manager
	Sarah Hirst	-	Information Governance Manager CSU
	Philip Strickland	-	Administrative Officer
APOLOGIES:	Kerry Walters	-	Governance Lead Nurse, Public Health
	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Tally Kallea	-	Commissioning Operations Manager

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 14th February 2017

The minutes of the meeting held on the 14th February 2017 were approved as an accurate record.

2.2 Action Log from meeting held on the 14th February 2017

The Action Log from the Quality & Safety Committee (QSC) held on the 14th February 2017 was discussed, agreed and an updated version would be distributed with the minutes of this meeting.

Volunteers Policy

The Volunteer Policy had been circulated for comment and the committee acknowledged that the Policy was now approved. This item was now closed.



Patient Stories

MG highlighted that this action was still on-going and asked that the action be left open for the April 2017 QSC. The chair was in agreement.

3. DECLARATIONS OF INTEREST

No declarations of interest were raised.

4. MATTERS ARISING

4.1 Comments received virtually following the meeting of the 14th February 2017

A comment had been received from PR enquiring how many complaints received by Royal Wolverhampton Trust then end up in a litigation process? SF stated that this had been highlighted at the last Clinical Quality Review Meeting (CQRM) in February 2017 and it had been noted that there are very few occurrences. The chair asked if information relating to the numbers of complaints leading to Litigation could be included on a quarterly basis in the Monthly Quality Report

ACTION ***SP to include numbers of complaints ending in Litigation as part of the Monthly Quality Report on a quarterly basis.***

PR had also enquired if NHS England (NHSE) were monitoring the poor returns of the Friends and Family Test (FFT) from Primary Care? SF highlighted that full delegation from NHSE was now imminent and therefore the CCG would be focusing on what it can do to improve the Primary Care returns once fully delegated.

4.2 Risk Review

MG confirmed that the BAF and Risk Register was on the agenda for the afternoons Governing Body containing all the new templates and format for agreement by the Governing Body. MG confirmed that going forward all the risks aligned to the QSC from the Risk Register will be discussed by the QSC as a standing agenda item on a monthly basis. MG stated that therefore there needed to be time allocated to the agenda to allow for the discussion around those risks that are highlighted. It was confirmed that the Terms of Reference were currently under review to include the QSC responsibility to that discussion.

As the chair JO asked the committee if given the additional input of the Risk Register discussion whether 2 hours was a sufficient window for the QSC in order to give the necessary detailed discussion to the Quality agenda. JO highlighted that frequently the meeting does over run when the necessary discussion is given to agenda items. JO asked of the committee members their feelings on the potential of extending the length of the meeting. SF was in agreement that occasionally the meeting had felt rushed due to the



length of the agenda. SF enquired whether initially there may be an opportunity to streamline the agenda accordingly. JO stated that it would be difficult to stream line the agenda if the committee is accepting late papers at short notice. JO believed there should be discipline around the formation of the agendas and papers that are on the agenda that arrive late can have allowances made however papers that are not on the agenda that are circulated at short notice should not have consideration made. A discussion took place regarding the order of the agenda and those items that should be lowered down the agenda as items for information so that the assurance reports can be discussed as priority. JO stated that declarations of interests should be higher up the agenda after apologies and introductions.

ACTION: *Agenda to be restructured in line with discussions above.*

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 Area Prescribing Minutes

No minutes were available for the current month.

6. ASSURANCE REPORTS

6.1 Monthly Quality Report

Royal Wolverhampton Trust

SF confirmed that since the writing of the monthly report a never event had been reported from RWT in which the wrong prosthesis had been implanted into the correctly marked



knee. SF stated that the CCG will await the outcome of the Root Cause Analysis. It was confirmed that this incident had occurred on the 9th March 2017. MG highlighted that the error was highlighted immediately by the post-surgical checks.

SF reported that Mycobacterium chimaera was an emerging pathogen which had been discovered in 2015 which had been found to cause disastrous infections of heart valve prostheses, vascular grafts, and disseminated infections after open-heart surgery. It was added that there had been growing evidence which had supported airborne transmission resulting from aerosolization of Mycobacterium chimaera from contaminated water tanks of heater-cooler units (HCUs) that are used with extracorporeal circulation during surgery. SB stated that there had been 14 Trusts nationally that had been associated with this infection. SF added that one of these Trusts had been RWT. SF confirmed that as a result of this issue 1900 patients who had undergone high risk surgery at RWT would be written to informing them of the problem. SB added that NHSE had asked the Trusts involved to write to the patients GP to gain consent and to respond within 2 weeks. SB added that if consent had not received by the 20th March 2017 then informed consent would be given to contact the patients involved. SB stated these letters could cause concern for any patients that are currently in end of life or who had already deceased. SB added that there had been 26 confirmed cases nationally of which there had been 15 fatalities. SB added that communications had been distributed regarding symptoms of those affected.

SF wished to highlight the positive news that there had been a significant reduction in C-Diff numbers reported by RWT in the last three months.

SF reported that there had been 11 Pressure injuries (PIs) incidents reported for February 2017 which had been a reduction compared to January 2017. It was added that 9 incidents reported as stage 3 and 2 incidents had been reported as stage 4 pressure injuries. SF stated SP attended the Pressure injury steering group to apply scrutiny to all PI's reported.

SF reported that it should be noted that a serious patient fall had been discussed at February 2017 RWT accountability meeting. SF highlighted that in this incident, an 88 year old patient had been admitted to the Acute Medical Unit at RWT on the 13th January 2017 and was later transferred to ward C19. However, this patient sustained a serious fall on ward C19 and subsequently died on 17th January 2017. WCCG had been informed that this incident had been investigated by the Royal Wolverhampton Hospital Trust, Local Authority, the Coroner and the Police. SF continued that the Wolverhampton Clinical Commissioning Group had been in regular dialogue with The Royal Wolverhampton Hospital Trust to gain assurances regarding this investigation.

SF reported a decrease in the reporting to RWTs Safety Thermometer. SF confirmed that the quality team would be monitoring this decrease. MG provided a brief explanation behind the use of the Safety Thermometer. It was confirmed that results are taken on one set day of the month on a number of key quality indicators and therefore the results are very subjective.

SF reported that at the RWT Clinical Quality Review there had been a request made for the hospital to undertake Clinical Harm Reviews and in areas where there had been a delay in treatment. It was confirmed that a quarterly report would be taken to CQRM in relation to this which would be sighted at the QSC also. The 1st report would be seen by the QSC in May.

ACTION: *Harm Review Quarterly report to be submitted to the May QSC.*



SF confirmed that there had been deterioration of A&E performance as well as with Ambulance handovers. SF added context to this that the national picture had also deteriorated. It was confirmed that the Trust were still reporting in the top 20 performing Trusts in the country.

SF highlighted to the committee that RWTs most recent HSMR and SHMI (Mortality) data had indicated deterioration in their position. It was added that whilst some significant targeted work had been carried out in collaboration with RWT, CCG, NHS Improvement (NHSi) and the Commissioning Support Unit (CSU), the Trust had commenced on a series of actions as detailed in the submitted report. SF stated that this issue would be raised at the private Governing Body.

Black Country Partnership Foundation Trust

SF highlighted to the committee that the Trust had now received the final report from the CQC following last year's inspection. SF added that the Trust had been rated as "good" overall which had been an improvement on their previous rating. SF stated that the Trust should be congratulated on the rating.

SF sighted the committee on a serious incident in which a patient had a fall whilst getting out of bed. It was stated that staff found the patient in pain with skin tear to right elbow and obvious injury to shoulder. The incident had resulted in a transfer to A&E New cross where a fracture of the neck had been identified. SF highlighted that BCPFT were currently undertaking a full RCA into this.

JO highlighted from the report that BCPFT had declined to attend the CCG internal Serious Incident Scrutiny Group (SISG). SF stated that BCPFT had initially declined but had now confirmed that they will attend upon request if there are a number of SIs that occur when closure is not agreed.

Vocare

SF reported that a meeting had taken place between Vocare and the CCG. The two Executive leads for Vocare were in attendance along with MG, SF and Dr Helen Hibbs (Accountable Officer CCG). SF stated that all of the CCGs concerns were raised and both of the Vocare executive leads were sighted on the associated Remedial Action Plan. SF stated that the Executive leads gave re-assurance that all issues would be addressed. SF added that full assurance could only be given on the outcomes of the work from the remedial action plans completion. SF confirmed that sanctions are being implemented for breaches in Duty of Candour. SF confirmed that Vocare were to set up a Safeguarding Committee following issues that had been raised in relation to Safeguarding.

SF highlighted that it was important to note that Vocare was a national provider with multiple sites across the country. SF stated that the issues that had been raised were with testament to the work of the Quality Team leading to Vocare making national policy changes as opposed to local changes only.

JO enquired whether all contractual pressures had been applied? SF and MG confirmed that had been the case.

Concordia

SF reported that at the Concordia CQRM held on 27th February 2017 had been attended by Concordia new Contracts Manager, Mark Deer. SF added that prior to the meeting,



Concordia had been made aware of a number of issues with regard to reporting requirements for the service, as well as an increase in the number of complaints.

SF stated that WCCG's Quality Assurance Co-coordinator and Commissioning Manager undertook an announced quality visit on 27th February 2017 to Castlecroft Surgery, which was one of the sites the Dermatology service operated from. SF added that Concordia's Head of Governance was also in attendance. The visit had been undertaken to ensure that the service was safe, effective and providing a positive patient experience and also to review quality assurance systems. SF stated that positive discussions took place and a full report would be shared with Concordia by the end of March.

Compton Hospice

SP reported that an announced quality visit to Compton Hospice took place on 15th February 2017 to review the process of managing falls and pressure injury incidents and to gain assurance that these incidents had been managed effectively from a quality and safety perspective.

SP stated that during the visit some issues had been identified regarding delays in incident reporting and poor management of pressure injuries and falls. SP continued that all concerns had been immediately raised with the Director of Quality and WCCG had requested urgent actions into these identified issues.

SP confirmed that a comprehensive action plan had been received as an assurance from Compton Hospice and WCCG continued to work closely with the organisation to resolve all issues identified during this visit.

Probert Court

SF reported that it had been raised at the last CQRM that Probert Court did not have a Medicines Management Policy in place that could be fit for purpose. SF added that indeed there had been a number of medication errors made by nurses at the nursing home. SF stated that contracting were to send out a letter of concern to the home. SF stated that the home had been forwarded a template to complete and return on a weekly basis tracking the improvements and use of medicines in the home. SF highlighted that the home was currently in a state of 'flux' as owners of the home changed hands from Heantun to Accord. SF stated that some re-assurance could be taken in the fact that Accord where a larger organization and therefore may have more robust policies in place.

JO raised whether or not the home had wider issues that the committee should be concerned about? SF stated that satisfaction relating to general care was good at the home. SF added that issues with the home relate to gaps in service delivery as identified by the CCG. JO stated that given the issue had been first raised in December 2016 it was disappointing to see that significant improvement had not been made. SF stated that the quality team are monitoring the situation closely.

Safeguarding

SF reported that OFSTED completed their 4 week inspection of Wolverhampton Local Authority and their partner agencies on 9th February 2017. SF added that the CCG Designated Professionals for safeguarding children had been involved in a number of meetings with the inspectors relating to the work they do as advisors to WSCB and as chairs and members of WSCB committees. SF concluded that the judgment and its findings are due for publication on the 31st March 2017.



SF confirmed that on Tuesday 14th February 2017, the CQC published its report of its review of health services relating to safeguarding children and services for looked after children of in the geographical area of Wolverhampton in July 2016. SF added that the action plan to address these recommendations were currently being developed by WCCG and is due for submission on 14th March 2017. SF stated that this would be monitored by CQC colleagues in the Central Region, who will determine the appropriate regulatory response. SF wished to add that MG and Lorraine Millard should be congratulated on the comprehensive response to the visit and the subsequent action plan and strategic groups work.

SF confirmed that WCCG Safeguarding Children Administration Officers had now commenced in post and were undergoing an induction process to include an understanding of WCCG, LA, GP, BCPFT and the RWT processes and services to ensure that they are able to fulfill their role effectively.

SF sighted the committee that it had been identified that BCPFT did not have a substantive Named Doctor for Safeguarding Children for Wolverhampton. The committee noted that following escalation within the organisation interim measures are in place until the substantive post holder commences in April 2017.

JO raised a concern from the report that WCCG Designated Doctor for Safeguarding Children and Consultant Paediatrician for Unexpected Child Deaths was due to leave the organisation in April 2017. MG stated that on-going discussions continue to take place at Executive level and through contracts to ensure RWT identify a suitably trained and experienced individual to fill the role. MG stated that an interim was to be put in place.

MG stated that it had been identified that RWT do not currently have a Named Doctor for LAC as a result of the previous post holder having taken on the Designated role within the WCCG. It was added that Expressions of Interest had to date been unsuccessful. MG continued that there had been escalation within the organization and as above interim measures would be put in place until this would be substantively filled.

BAF/Risk Register

JO raised a concern over the use of the terminology 'extreme' when categorizing risks on Datix. JO continued that for members of the public to read that that a specific area was rated at an 'extreme' risk would raise a concern and JO felt that perhaps the language used should be reviewed. MG stated that the terminology used was in line with guidance from the National Patient Safety Agency (NPSA) and mirrored the new risk matrix of 5x5. JO enquired whether the matrix needed to be in line with that guidance? MG confirmed that it did following the recommendations from the Price Waterhouse Coopers (PWC) report. MG continued that there needed to be an exceptional reason for an organization not to align with national guidance.

6.2 Infection Prevention Service Update

The submitted report was noted by committee members. SF confirmed that going forward the report will be presented by Vanessa Whatley, Head of Nursing, Corporate Support Services RWT.

It was highlighted from the report that there were currently 4 GP practices under review and support for Infection Prevention. JO wished to highlight that one of the practices under review was that of Dr Kainth at primrose Lane Surgery. JO continued that perhaps a



declaration of interest should be made in relation to this as Dr Kainth was a member of the Governing Body. MG stated that perhaps this should be a discussion that could take place at the Governing Body or at an executive level.

6.3 Business Continuity Quarterly Report

It was noted that apologies had been forwarded by Tally Kalea and any questions regarding the report could be fed back to Tally via email at tally.kalea@nhs.net

6.4 Quality and Risk Action Plan

SF stated that the submitted report was to be noted by the committee. SF stated that moving forward this report would be condensed into a one side information report highlighting what the Quality & Risk Teams priorities are. SF stated that the team are currently working hard on developing a team philosophy. SF stated that the philosophy would form part of the Quality Strategy moving forward. JO stated that the key part of that plan would be to have measurable targets to which the team can be benchmarked against.

6.5 Health & Safety Performance Report

This item had been deferred until April 2017.

6.6 Quality Assurance in CHC Quarterly Report

Maxine Danks was in attendance to present the stated quarterly report. MD confirmed that the numbers of referrals continue to increase however a new WTE member of staff had commenced in the CHC department which would assist the flow of work through the department. MD stated that this would allow the department to continue to meet the national targets of dealing with referrals within 28 days. MD stated that in Quarter 3 only 16 referrals exceeded 28 days, which given the workloads and significant staff sickness during this time is reasonable.

For clarity from the report submitted it was confirmed that PUPOC related to Previously Un-assessed Periods of Care.

MD confirmed that there is likely to be a Department of Health announcement detailing the next date for consideration of un-assessed periods of care. MD added that the time period will be from 2012 until 2017. MD continued that the DoH should then be moving to an annual rolling cut-off date. It was noted that this would be announced shortly. Indeed MD confirmed that it is anticipated that nationally 40,000 enquiries will be received.

MD highlighted to the committee that the Children's Continuing Care Nurse is assessing all referrals within the 28 day timescale and has, to date, assessed 57 children and young people, resulting in 23 individuals having been found eligible for Children's Continuing Care (CCC). MD continued that the CCC nurse has been integral to co-ordinating and arranging the required care for the most complex of these children; some of which had looked after status and were receiving care out of city. MD added that once children become 16 years of age a checklist against the adults continuing healthcare is completed. If this indicated that completion of a decision support tool is required this is then completed once the young person reaches the age of 17. MD stated that this allows for more effective planning for future care needs once the young person reaches 18 and is required to move into adult services.



It was highlighted to the committee that the team had been recognised in February 2017, by NHS England Midlands & East, as providing an excellent and innovative service. It was also added that MD would now form part of the National work streams considering workforce as part of the National CHC Strategic Improvement Plan.

From the submitted report MD stated that there had been a requirement for the CCG to ensure that all individuals who were CHC eligible, received care at home and may be deprived of their liberty were to have formal consideration for a Court of Protection order. The CHC team had identified 19 individuals that need to be considered and have engaged the support of Mills & Reeve.

MD confirmed that there would be an over spend for the financial year and this had been predominantly down to terminal phased care as expected.

7. ITEMS FOR CONSIDERATION

7.1 Information Governance Toolkit

PMc and Sarah Hirst Information Governance Manager for the CSU were in attendance to present the IG Toolkit end of year update. PMc confirmed that from the submission the CCG would be reporting at 89% compliance. Sarah Hirst stated that the submission from last year was at 91% compared to the 89% this year. SH stated that this was due to 2 level 3 requirements that require review. SH stated that the organisation had very robust level 2 requirements. SH stated that the plan moving forward would be to work on a more robust Records Management Policy to push the organisation towards a level 3 submission. JO stated that it was useful to have an independent view upon this from the CSU.

7.2 Patient Stories

The committee noted the submitted patient story relating to a patients BMI prior to undergoing an operation.

MG believed that there were two points to raise, firstly that the said patient had significantly improved their health by reducing their BMI levels however once the weight had been lost the standard to qualify was amended and changed by the CCG. MG stated that once a patient is already in the process at a set agreement the agreement cannot then be changed particularly when a patient had made positive progress.

JO stated that he believed that this particular patient had not been dealt with adequately.

7.3 Complaint Flow Chart

The flow chart was noted by the committee for information.



7.4 Better Births Gap Analysis

Sandra Smith was in attendance to present the Better Births Gap Analysis. The Gap analysis was noted by the committee. MG enquired if there were any issues that needed to be identified as impacting on Quality and Safety in maternity across Wolverhampton. SS stated that the main concern was that there was not yet a 100% paperless system in place for Maternity and therefore written information is not always shared with electronic systems in a timely manner.

MG stated it would be useful to gain an update of how the gap analysis is line with the on-going work around the maternity STP.

7.5 Draft BCPFT Annual Quality Report

SF stated that the report was received late and comments needed to be fed back to BCPFT by the 1st April 2017. SF stated therefore the item couldn't be deferred until April's meeting. SF requested if comments could be fed back to virtually to allow for comments to be returned to BCPFT.

JO stated that it was disappointing that BCPFT had submitted the report late for comment and then for the committee to sight the report at short notice. JO added that if papers are distributed late then the committee cannot give due consideration to the item. JO added that this should be fed back to BCPFT.

It was agreed that the item would be deferred until Aprils QSC.

8. POLICIES FOR CONSIDERATION

8.1 Policy for the Notification of Serious Incidents in Commissioned Services

It was agreed that the item would be deferred until Aprils QSC.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

No items were raised by the Committee.

10. ANY OTHER BUSINESS

It was confirmed by SF that MG had been shortlisted for a Health Service Journal (HSJ) award as the Quality Lead of the year. SF stated that no further information could be divulged at this point but further updates would be given on this as it progresses.

11. DATE AND TIME OF NEXT MEETING

- ***Tuesday 11th April 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***

