

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 11th APRIL 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Jim Oatridge	-	Lay Member, WCCG
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Steve Barlow	-	Public Health Representative
	Steven Forsyth	-	Head of Quality & Risk
	Vijay Patel	-	Business Officer
	Vanessa Whatley	-	HoN Corporate Support Services (RWT)
	Liz Corrigan	-	Primary Care Quality Co-ordinator
	Philip Strickland	-	Administrative Officer
APOLOGIES:	Kerry Walters	-	Governance Lead Nurse, Public Health
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter McKensie	-	Corporate Operations Manager

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members.

2. DECLARATIONS OF INTEREST

No declarations of interest were raised.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 14th March 2017

The minutes of the meeting held on the 14th March 2017 were approved as an accurate record with the exception of the following amendments:

Page 5 paragraph 4 should read as 'fractured neck of femur' in replacement of 'fracture of the neck'.

Page 5 paragraph 5 should read that 'BCPFT had considered attendance' in replacement of 'had initially declined'.

Page 6 paragraph 5 should read that 'the home was currently in a period of transition' to replace that the home was in a 'state of flux'.



3.2 Action Log from meeting held on the 14th March 2017

Sourcing of Patient Stories

SF stated he did not have a specific update in relation to the action for MG in relation to the sourcing of patient stories however SF did highlight that the submitted Monthly Quality Report did include a new Patient Story.

PR believed that there needed to be a full written process for the sourcing and use of Patient Stories at Committees and the Governing Body. PR also added that it would be important to incorporate into any written process the feeding back of negative and positive feedback from a specific story back into the system.

SF reported that the use of patient stories did feed into the complaints process. PR questioned whether this incorporated soft intelligence and anonymous patient stories.

4. **MATTERS ARISING**

ML highlighted to the committee that she had recently attended dermatology as a patient. ML felt the experience as a patient had not been overall positive. ML highlighted that the doctor she had seen in dermatology had not been able to communicate effectively in English. ML added that the process of the reason behind a biopsy that had been taken was not clearly explained. SF requested that ML share the detail of the appointment and the Quality Team would follow the issues up with the department. ML requested that this be followed up after the results of the biopsy had been received.

5. **ASSURANCE REPORTS**

5.1 Monthly Quality Report

Royal Wolverhampton Trust

SF highlighted from page 3 of the report that the Serious Incident information contained not only included the figures in a bar chart form but also a breakdown of information regarding each of the incidents. SF was keen to stress that the information contained was from initial reporting only and each incidents would still be awaiting the outcome of each Root Cause Analysis (RCA). SF highlighted from the information provided that 2 of the patient falls reported had been attributed to ward A8 which the Trust had placed into special measures. SF confirmed that the ward had been having greater scrutiny placed upon it whilst also having additional support.

SF highlighted that RWT had developed a strategy to combat Carbapenemase Producing Enterobacteriaceae (CPE) which included a business case for molecular testing in the Trust laboratory, full implementation of a risk assessment and screening process and executive level awareness raising sessions. SF added that this had been in response to a rise in the prevalence of CPE nationally.



SF confirmed that SP continued to attend the Pressure Injury Scrutiny Group. SF stated that discussion had taken place with the Trust around how work progresses on reducing pressure injuries across the health economy through collaborative working in 2017/18. It was highlighted that this would include training for domiciliary care staff. PR highlighted that collaborative working would be a positive step but then raised concerns that at present there had not been a clear reduction in pressure injuries but rather containment. PR believed that a leaflet for patients detailing how they can effectively spot pressure injuries on their own skin would be useful across the whole health economy. SP did wish to note that RWT and the district nurses do provide the patient with a leaflet of this nature. SF stated that although pressure injuries are increasing the avoidability of PIs is reducing. RR enquired when the wound centre for excellence would be up and running? SP stated that Karen Evans was leading on this piece of work alongside RWT and further updates on this were to follow.

SF confirmed that the never event that had been reported at the last QSC verbally had been accurate and was contained in the submitted monthly report.

JO enquired what the current position was with regard to mortality at RWT? SF reported that the HSMR indicator for July 2015 to June 2016 had placed RWT as an outlier for mortality rates which had been due to a special cause variation with processes such as coding or pathways being identified. SF stated that RWT had undertaken a comprehensive internal mortality review to understand the issues further. SF stated that the reviews that had been undertaken had not found any failings in care that would have led to avoidable deaths. SF continued that the additional assurance that had been made are that RWT are an early adopter of the RCP national methodology review and consultant outcomes are also higher than the national averages. SF added that there would also be 3 further external reviews, 2 of which were confirmed as being undertaken by RWT covering coding and a case note review and 1 by the CCG/CSU to conduct a pathway review all of which was confirmed as being agreed by NHSI and NHSE.

BCPFT

SF reported that there had been 2 SI's reported for the month of March 2017, it was noted that the quality team were currently awaiting the outcomes of the RCA.

SF highlighted that there had been conflicting opinion between the CCG and BCPFT regarding a Pressure Injury SI. It was noted that the CCG had noted the PI as avoidable however BCPFT had deemed the PI 'unavoidable'. SF confirmed that this had been escalated to NHSE and it was also noted that BCPFT had also undertaken another table top review. SF stated that the CCG had queried the version control and the content of submitted action plans.

Vocare

SF confirmed that Vocare had been visited by the CQC on the 24th March 2017. SF stated that the details of which were contained within the submitted report relating to the significant concerns raised and at this stage were confidential. SF stated that the concerns raised had been in line with concerns already raised by the CCG. It was noted that the Accountable Officer Dr Helen Hibbs had met with the Chief Executives of Vocare to discuss concerns. SF confirmed that following the CQC visit and the board to board meeting, the CCG had invited the CQC, NHSE, Vocare, and the key associate



commissioners to an improvement board meeting. On-going issues and actions with Vocare were documented in the submitted report.

PR did highlight from the report that Vocare did not just provide an 'Out of Hours' service and therefore PR requested that the title of the specific section in the monthly report should be amended.

OFTED Visit

SF confirmed that following the recent OFSTED visit a rating of good had been achieved.

Probert Court

SF and SP highlighted to the committee that Probert Court had currently been working on a robust action plan to improve the medicine management practice and is closely monitored and supported by WCC's Quality Team. It was added that Probert court had raised a few QIL's about inappropriate patients transferred to them from RWT and this had significantly impacted on their service delivery, which had potentially put patients at risk. SP added that these QIL's have now been escalated to an Executive level and would be managed and monitored accordingly through the Probert CQRM.

SF wished to add that the CCG are receiving bi-weekly updates and are monitoring the on-going situation.

General Update

SF wished to highlight to the committee that the Quality Team was currently depleted in numbers due to varying reasons during a very busy period.

Patient Story

SF confirmed that the submitted patient story was very much a positive news story. SF stated that the story had been shared with the Chief Nurse of RWT. PR enquired if the positive feedback had been shared with the patient concerned. SF stated that he felt it was appropriate to write out to the patient on behalf of the committee. PR questioned whether this story would be fed through to the Governing Body. JO stated that the story would be welcomed by the Governing Body however it would be important to maintain a balance between good news and bad news stories.

Action: *RR to write to the patient on behalf of the committee to thank them for sharing their patient story.*

5.2 Information Governance Quarterly Report

Following a comprehensive update at the last QSC this item had been deferred until the next scheduled Quarterly update.

5.3 Freedom of Information Report



Vijay Patel was in attendance to present the Freedom of Information Report for period 1st January to 31st March Quarter 4. VP confirmed that the CCG had 81 Freedom of Information requests. VP added that at the time of writing the submitted report the CCG had responded to 75 of the requests, all of which had received a response within the statutory 20 working days. It was noted that of the six requests awaiting responses are all still within the 20 day timeframe (one request is awaiting clarification from the requestor) and the CCG expect to provide a response in line with the requirement. The committee noted that this had been the first quarter that 100% of requests had been responded to within the extended timeframe.

VP confirmed that for the year overall, the CCG has received 282 requests, 97% of which had been responded to within the statutory timescale. The CCG had not received any requests for review of FOI decisions or been subject to any complaints to the Information Commissioners Office during the year.

SF enquired how many FOI's would then be followed up with a further FOI and also if the CCG are asked a question can the question then be re-asked in a differing way? VP stated that until this point there had never been a return query of that nature. SF also asked whether there had ever been an FOI that had subsequently led to a negative press release? VP again stated that this had not been the case.

JO endorsed that in 2.3 of the report were it stated that 'Although FOI requests may be made by anyone and the CCG response does not differ based on the source of the request' that this was absolutely essential in holding a firm line in dealing with pure facts.

VP confirmed that if a requestor is not content with the response received they can write back to the CCG and the 20 day clock would be applied again as with a new request for information as opposed to an appeal. JO highlighted in other organisations there is a process in that appeals can be made to a nominated appeals chair person before they then approach the information commissioner. JO therefore believed that as an organisation perhaps it should be considered that an appeals option should be given as opposed to treating repeat queries as a new request.

5.4 Board Assurance Framework and Risk Register

SF stated that the submitted report was the first presented in the format shown to QSC. The report is to go to the Audit and Governance committee next week and further updates will follow.

Queries were made by the committee as to why Patient Choice had been noted as an extreme risk. SG stated that further detail would follow on this in the next report.

5.5 Health and Safety Performance Report

The submitted report was noted for information by the committee.

5.6 National Report and Enquiries



The submitted report was noted for information by the committee.

5.7 Infection Prevention Report

Vanessa Whatley the Head of Nursing - Corporate Support Services for RWT was in attendance to provide the Infection Prevention Quarterly report to the Committee for Quarter 4.

VW did highlight to the committee that the national data sets do not close down until the 15th of every month and therefore some of the submitted data is not wholly complete and therefore data within the report for March 2017 was therefore provisional.

VW confirmed that the GP 'Enhanced Standards' had been updated which underpinned the audit process for General Practice. It was added that those standards would be operational from 1st April 2017 in vertically integrated practices. The CCG had the document for consideration for use in other practices and VW stated that the Trust were hoping for the confirmation to use the new documentation. SF requested that the new documentation be forwarded to the next QSC in May 2016 for sign off by the committee. VW did highlight that the new documentation would dramatically reduce the scores for practices.

Action: *The new GP enhanced standards are to be considered at the May 2017 QSC. VW was requested to attend.*

VW confirmed that Four GP practices were currently receiving individual support to improve Infection Prevention standards/compliance. VW highlighted that this support would sometimes be requested by the practices.

VW confirmed that there had been no cases of MRSA reported for Quarter 4. VW also added that the 1 case reported last year was in the end attributed to a care home meaning that it had officially been 2 years since the last reported case of MRSA. It was also noted that more widely across the area the numbers reported had been the lowest that they had ever been reported due to a combination of work relating to effective screening. It was noted by the committee that MRSA screening in care homes had now ceased.

VW reported that WCCG C-Difficile requirement for 2016/17 was a maximum of 71 cases. The committee noted that the CCG ended the year on 58/71 (provisional data as of 31/03/2017).

It was confirmed that in line with the joint working between the CCG and Public Health it was highlighted that there were 8 cases of suspected Noro-Virus of which 5 were confirmed, 3 flu outbreaks and 1 case of scabies.

VW sighted the committee on a prevalence project in Appendix one of the submitted report in which it analysis's the prevalence of infection in patients in care homes at any one moment in time. The committee noted the contents of the data. Indeed it was highlighted that the relationship between infections and patients mobility status remained a running theme with those that are most dependent (require hoisting) having the majority of infections (54%).



VW added that the group had discussed action related to Urinary Tract Infection and the possible co-ordinated implementation of Public Health England's Urinary tract infection: diagnosis guide for primary care and supporting education.

VW also highlighted a further project in relation to Long Term Urinary Catheter usage. It was noted that approximately 600 people have a long term urinary catheter at any one time in Wolverhampton. The on-going project has now progressed to review all of these people for the reason for their catheter, to move them, where clinically possible to the previously launched preferred list of catheters and, where possible, seek discussion on catheter removal. The committee noted that previous investigation had shown 28 day mortality to be high in the group admitted due to complications with catheters. 2-3 patients per month had been admitted with sepsis secondary to urinary catheters though these are not all from Wolverhampton.

SF requested that whilst VW was present at the committee could any assurances be given around the work relating to CPE as highlighted in the Monthly Quality Report. VW stated that the Trust had a policy in place that had been constantly being reviewed as encounters with CPE occur. VW confirmed that there had been deaths nationally as a result of this and are treating cases with a variation of Anti-biotics however there had been pan resistant cases. CPE spreads predominantly like any other infection and prevention relating to good hand hygiene and cleaning are standard preventative methods. VW stated that prevention and treatment would be very reliant on good Anti-biotic stewardship. It was also added that an effective method of screening had been implemented. It was highlighted that the national toolkit for CPE had now become out dated and the Trust had approached Public Health to see if the toolkit would be updated. SF suggested that a joint letter be drafted to Public Health from the Quality & Safety Committee and RWT to highlight that the toolkit was out of date.

Action: *A joint letter is to drafted from the Chair of QSC and RWT to Public Health in relation to the CPE Toolkit.*

5.8 Primary Care Quality Report

Liz Corrigan - Primary Care Quality Co-ordinator was in attendance to report to the committee in relation to Quality in Primary Care. LC highlighted that the report that had been submitted was the report that was also submitted to the Primary Care Operational Management Group on a monthly basis. LC stated that one of the main areas that had been monitored on a monthly basis had been the Friends & Family Test Data. LC confirmed that with full delegation the responsibility for FFT now lay with the CCG and not NHSE. LC stated that all submissions are submitted 2 months in arrears and therefore April's data would be from February. Data from March had highlighted that the amount of people that would recommend their GP had significantly reduced. LC stated it was not totally clear at present the reason for the reduction at this stage but there will be further analysis made when another month's worth of data had been collected.

PR raised a concern in relation to the numbers of practice not submitting data for FFT. It was noted that 22 practices had either not submitted or were reporting nil responses which accounted for nearly half of the local practices. LC wished to highlight that now the CCG had taken control of this from NHSE the CCG could have a greater input in creating better outcomes for FFT. LC wished the committee to note that the lack of data from some practices may have been the result of technical issues however this was currently being



investigated. LC highlighted that at present a lot of the data is very quantitative based and the CCG will be pushing to incorporate some qualitative data also.

It was noted from the report that there were currently 4 new Quality Matters open for Primary Care. LC added that 1 of the Quality Matters included an IG breach. PR stated that it had been highlighted at the CCG PPG meeting that some practices were not aware of how to correctly blind copy an email. LC and SF felt that perhaps some communications could be sent out regarding IG breaches and perhaps it could also be raised at Team W.

LC confirmed that NHSE would continue to manage complaints.

LC stated that the NICE assurance group met on the 15th February 2016 where the latest guidelines were discussed.

From the report it was that 3 CQC visits reports had been published in Primary Care for March 2017. Whitmore Reans was confirmed as continuing to be monitored following a 'Requires Improvement' rating.

LC highlighted that there were currently 2 extreme red risks of which one is around Mass Causality Planning which Tally Kalea was currently managing within the CCG. PR believed that Emergency Preparedness should have a standard business continuity template for all practices to follow. RR had the understanding that each practice should be arranging this individually. SF stated that clarity was required on this.

LC added that the 2nd of the extreme risk was in relation to data transfer of child data between systems which had caused people to miss appointments. Public health were confirmed as monitoring the data.

LC stated that the workforce fair was still in the final planning phase with a tentative date of late May/early June 2017.

It was added that GP Forward view programmes including administrator training and practice manager development have commencing

LC confirmed that work around training and workforce analysis for the PCH and VI practices is being planned for April.

6. RISK REVIEW

7. ITEMS FOR CONSIDERATION

7.1 Terms of Reference

The ToR were noted for information by the committee. SF welcomed any comments outside of the meeting.



7.2 BCPFT Quality Annual Report

SF welcomed any comments in relation to the Annual Report.

7.3 Quality & Safety Committee Draft Annual Report

PMc was not in attendance but if the committee had any questions they can be directed to PMc outside of the meeting.

8. POLICIES FOR CONSIDERATION

8.1 Policy for the Notification of Serious Incidents in Commissioned Services

The policy changes were noted by the committee.

9. FEEDBACK FROM ASSOCIATED FORUMS

9.1 Draft CCG Governing Body Minutes

The minutes were noted by the committee.

9.2 Health & Wellbeing Board Minutes

The minutes were noted by the committee.

9.3 Quality Surveillance Group

The minutes were noted by the committee.

9.4 Primary Care Operational Management Group

The minutes were noted by the committee.

9.5 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

9.6 Pressure Injury Steering Group.

No minutes were available for the meeting.



10. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

It was agreed that it would be raised at the Governing Body regarding the use of patient stories moving forward.

11. ANY OTHER BUSINESS

No further items were raised by the committee.

12. DATE AND TIME OF NEXT MEETING

- ***Tuesday 9th May 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***

