NHS
Wolverhampton
Clinical Commissioning Group

MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 9th MAY 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
	Steve Barlow	-	Public Health Representative
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Steven Forsyth	-	Head of Quality & Risk
	Jodie Winfield	-	Nurse Manager IPC (RWT)
	Liz Corrigan	-	Primary Care Quality Co-ordinator
	Peter Price	-	Independent Member
	Molly H-Dillon	-	QNA Team Leader
	Philip Strickland	-	Administrative Officer
APOLOGIES:	Kerry Walters	-	Governance Lead Nurse, Public Health
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	David Birch	-	Head of Medicines Optimisation

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 11th April 2017

The minutes of the meeting held on the 11th April 2017 were approved as an accurate record with the exception of the following amendments:

SB highlighted from page 4 paragraph 3 that there should a differentiation between the OFSTED visit and the update given regarding Vocare. The master copy of the minutes would be amended.

PR highlighted that page 2 paragraph 3 should include an update that states that '……patient stories should be allowed for due to a patient's fear of retribution from the service.'

JO highlighted that page 5 paragraph 5 should indicate an action for PMc to pick up whether the organisation should consider an appeals process opposed to treating repeat FOI requests as a new request.

ACTION: ***PMc to consider whether the organisation required an appeals process for FOI's.***

SB wished to highlight that the CPE toolkit letter mentioned in the minutes should be forwarded to Public Health England.

3.2 Action Log from meeting held on the 11th April 2017

Key actions from the action log were discussed as follows and an updated version of the action log would be circulated with the minutes:

Litigation Complaints

SF reported that the detail in relation to the number of complaints that end in litigation was currently not yet available but would be contained in the next monthly report once it had been made available. It was noted that the data was collated from the themed review that is provided by the provider at CQRM. PR stated it would be interesting to find out the number and also the amount that it costs organisations. MG stated that there was very little information shared from the NHSLA litigation authority on this and all information would be required direct from the providers.

Harm Reviews

SF stated that there had been discussions at CQRM regarding harm reviews. It was noted that there was a harm review report due at the last CQRM that wasn't provided however the Trust provided a verbal update on the 104 day cancer wait patients. The expectation of the CCG hadn't been delivered upon. It was agreed in the meeting that perhaps a one line update in the Trusts IQPR relating to RCA's being conducted on all 104 day cancer waiters. SF continued that following the CQRM in April NHSE had written to MG and SF asking how the CCG would be monitoring providers on their 104 day cancer breaches and whether an RCA would be completed. MG stated that NHSE had requested a response from the CCG, however it was unclear as to whether the NHSE had requested this from the CCG only or across the area. MG stated that discussions had subsequently taken place between the Trust and the CCG. It was highlighted by the Trust that they would not wait until 104 days to conduct a RCA and this would be picked up at an earlier stage at a multi-disciplinary team meeting. MG continued that if at those meetings a patient health was deteriorating they would be fast tracked through the system. It was noted that the 4 patient that were currently outstanding at RWT were very complex patients. It was also discussed by the committee of the importance of relaying communication back to the patients GP.

Patient Story

It was confirmed that a letter was distributed to the patient's family to thank them for sharing their story. The letter also offered an invitation to the family to attend a Governing Body for them to share their story in person.

CPE Toolkit Letter

It was noted that a letter had been drafted jointly between the CCG and RWT to be forwarded to Public Health England.

4. MATTERS ARISING

4.1 Wound Centre for Excellence - Verbal Update

SF confirmed that they were still awaiting figures for the business case from commissioning. SF stated that this had been discussed at the Better Integrated Care meeting held recently. SF stated that a further update would be to follow.

ACTION: ***SP to provide an update on the Wound Centre for Excellence at the June 2017 QSC.***

4.2 GP Enhanced Standards

Jodie Winfield was in attendance to discuss GP Enhanced Standards to the committee. JW confirmed that the standards were due for review and the aim was to strengthen on those standards. Indeed it was noted that the current GP enhanced standards and audit tool was used to audit compliance with Infection Prevention Standards which required an update in order to bring them in line with key national standards and guidelines.

It was noted by the committee that there is a risk that GP practices would fall behind national standards through not keeping abreast with current guidance. The submitted report detailed the areas that would be made in terms of improvement and is looking at whether the CCG wish to adopt these standards across all GP practices in Wolverhampton.

JW highlighted that the main areas of improvement had been in relation to mechanical ventilation in minor surgery, including a clean store room, a deeper scrub sink specifically for minor surgery, and appropriate facilities for disposing of waste water. JW stated that many of the building were not set up in such a way as to be compliant with the standards. JW stated that the organisation wish to aim for a 'gold' standard and aspire to have the best possible facilities.

JW highlighted that the report acknowledged that some standards were still not compliant and there is a recommendation that risk assessments should be made to identify were improvements needed to be made.

It was discussed as to the cost of the improvements, and JW highlighted that a costing exercise could be undertaken once the audits are complete next April 2018 with each individual practices. JO stated that it would be useful have a time line for implementation of this process.

MG added that one of the key issues for practices would be whether they have the physical space to incorporate the changes. JW stated that the report highlighted what constituted minor surgery. MG advised that this report should attend the Primary Care Operational Group.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Primary Care

LC was in attendance to provide the Primary Care update for the committee. LC highlighted to the committee that the IP audit ratings had been completed and the ratings were highlighted in the report.

LC stated that data that was requested for practices that were not returning FFT data has been included in the submitted report. The data contained in the report for April 2017 is based on figures from February 2017. LC confirmed that 10 practices did not respond with any data. It was stated that this appeared to be the average judging on the 'nil' returns from the previous few months. LC added that 5 practices had data supressed due to returns less than 5. LC stated that the overall figure meant that 38% of practices had no data allocated to their practice.

PP enquired what the frequency of submission had been? LC confirmed that the figures are collated on a monthly basis. PP believed that the data would be more effective if it was collated on a quarterly basis. LC stated that there was currently discussion on-going regarding taking FFT to a 'Team W' session to inform the practices that the CCG now have oversight of FFT. LC stated that the non-submission of data could also be raised at the New Models of Care Group and also with the PPG chairs. It was noted by the committee that some of the nil returns received could be a system issue.

PP questioned whether the process was less important than analysing the data that read as Extremely Unlikely. LC stated that this would be the next focus once the process was fully up and running and effective data was being submitted. LC added that the extremely unlikely data would be analysed not just in number but also on the written responses by the patients. It was noted by the committee that 28% of the data received is written, 32% is received via text, and 20% is via the tablet screen used for checking patients in to surgery. PP wondered if surgeries were using the feedback to help improve processes at the individual practices. LC added that it would be important to triangulate data with what patients had been writing onto NHS Choices.

MG wished to confirm that if there were any issues raised here at the QSC whether those are then picked up through the Operational Management Group. LC indeed confirmed that this was the case.

LC confirmed that the Primary Care Workforce Fayre was to take place on the 15th June 2017 taking place at the Science Park. It was noted that this would incorporate a morning and afternoon event covering all areas of Primary Care recruitment. LC stated that there

would be visiting speakers from the local University, Health Education England and the Deanery.

MG enquired were the Workforce Fayre would be advertised. LC confirmed that the Fayre would be advertised locally through the communications team onto local newspaper and radio, through the local University, the Deanery, and Health Education England. LC also stated that she had been provided some information from Philip Strickland regarding avenues of recruitment through the Armed Forces resettlement teams. LC stated that the Fayre was aimed at all backgrounds and skill sets. MG highlighted that part of the battle in attracting GP's are the neighbouring areas that are offering financial incentives to move to a certain area, which it was noted the CCG would not be offering. LC stated that Dr Salma Reehana had been supporting in the agenda for the GP recruitment element. The CCG are looking at other elements of attraction for GPs including training opportunities. LC confirmed that a 'Video' is being work on relating to the attraction of living in the local area.

General Quality Update

SF wished to sight the committee on a confidential matter relating to an individual involved in court of protection proceedings. MG stated that this was indeed a very complex case and the CCG were working alongside the Local Authority. It was felt that the content of the update was of a confidential nature and at this stage should be omitted from the contents of the minutes.

SF provided again a further confidential update relating to a local care home that was being monitored following some statistical intelligence. Again it was noted by the committee that this update should at this stage be omitted from the minutes.

Royal Wolverhampton Trust

SF reported that it had been identified as part of a recent RCA that there were currently 4000 X-rays and 1000 MRI and CT scans overdue. SF confirmed that the CCG had written to New Cross contractually to identify the reasons for the backlog and how the Trust was to address the situation. MG wished to clarify that the X-Rays and MRI's had taken place but had not been reported upon. It was confirmed that 585 of those related to Wolverhampton GPs. SF confirmed that the Trust had employed 2 radiographers to work through the backlog and the Trust had confirmed that the backlog would be cleared by the end of July. SF stated that the CCG enquired whether there would be any clinical risk as a result of the backlog. The Trust had batched the backlog into urgency catagories.

MG enquired whether GPs have the choice of requesting a scan as priority or routine? RR stated that there was not a choice of as kind for a scan urgently however RR confirmed that she would write in bold at the top of the request that a scan was needed urgently. RR had been impressed at the recent CQRM that a Cannock GP Dr Staite had been receiving results the same day however RR added that in her experience results could take between 7-14 days. RR stated that since the recent CQRM the turnaround for results had improved to the same day or the day after the request. MG stated that assurance was required from the Trust regarding scans that contain urgent concerns being fast tracked through the system. SF added that just to add some context to the issue it was raised at CQRM that the Trust were still meeting national targets even with the backlog. It was noted that in effect the numbers contained in the backlog were a small number in comparison to the overall numbers of scans that take place. JO raised a concern that the Trust had not highlighted this to the CCG prior to the CCG discovering that there had been a backlog

through another incident. MG confirmed that the CQRM now contained 'Duty of Candour' on the agenda giving the Trust the opportunity to disclose any issues that the Trust need to disclose to the CCG. PR confirmed that she had received some soft intelligence from BCPFT that the Healthy Minds waiting times were incredibly large and PR raised a concern as to why the CCG had not been aware of it.

SF wished to raise an issue with the committee regarding a fall that had taken place on C19 in January 2017 which then formed part of a police investigation and a safeguarding referral. SF stated that particular case had now been to coroners court in which the coroner reported an accidental death. Subsequent to this the coroner had issued a Regulation 28. SF stated that one of the themes raised from the inquest had been around junior staff being able to challenge senior staff on certain issues. SF stated that that there had been a timeframe set for the Trust to respond to the Coroner. SF confirmed that the RCA from the incident was to be discussed at the CCGs internal SISG meeting within which the local authority social worker from the MASH team had been invited to attend.

Serious Incidents

SF wished to highlight to the committee the types of incidents that were coming through. SF stated that it was highlighted on page 10 of the report that a Never Event had taken place and the CCG were awaiting a response from the Trust. It was noted that the incident had involved a locum doctor. JO stated that the never event commentary stated that there had been a failure to review a chest x-ray but also that there had been a Locum doctor present undertaking the procedure. Indeed JO believed that commentary alluded to the fact that this had occurred due to it being a Locum Doctor. JO stated that Locum doctors are trained and therefore this should not be deemed acceptable as an excuse for the Never Event.

MG highlighted from the report that it was important to differentiate between MRSA bacteraemia and MRSA skin colonisation.

PR highlighted from Page 4 of the report in relation to a neo-natal death of a baby being transferred from Stoke to New Cross Hospital. PR enquired if the mother had travelled across with the baby? SF stated at this stage this had not been made clear.

Maternity

SF stated that a discussion had taken place at the April RWT CQRM in that the numbers of births taking place at Wolverhampton had increased this had been as a result of taking mothers from other areas including Walsall and Shrewsbury and Telford. The CCG commissioning manager would be holding a meeting to address this issue. SF stated that NHSE had been sighted on the issue. SF continued that the Trust had a plan in place to address the numbers of births. MG confirmed that the midwife to birth ratio was currently at 1:31 while the national average was at 1:28. It was also noted that the midwife vacancy rate was at 4.3% and the sickness rate was at 7.3%.

Mortality

SF confirmed that Dr Odum (Medical Director RWT) had been requested to attend CQRM in May to give an overview of to the recently submitted Mortality report that the Trust had produced. SF stated that the report had been difficult to interpret and it had been felt that the overview of an expert was required. SF added that the CSU are also reviewing the

report on behalf of the CCG. It was noted that the Trust were conducting an internal review initially. MG confirmed that a company named CHKS were in the Trust to audit coding, and AY Consulting are in the Trust to undertake a case note review of 20 case notes. It was confirmed that Dr Julian Parkes would be attending Mortality Review Groups as a representative of Primary Care. JO enquired whether it would be appropriate for Dr Parkes to be the representative for Primary Care when Dr Parkes was now in fact an employee of RWT. PR stated that perhaps it should be an independent representative who attends. MG advised that his capacity at the meeting was purely to advise on the patient journey.

ACTION: ***PR requested that the PCOMG advise on the way forward in terms of Dr Parkes attendance as a Primary Care representative at Mortality Review, as Dr Parkes was now officially an employee of RWT***

BCPFT

SF stated that the key issues from BCPFT were contained in the report. However SF wished to highlight to the committee that BCPFT did not believe that CPA applied to patients with a learning disability. SF confirmed that this had been urgently rectified.

Vocare

SF confirmed that the 1st of the Vocare improvement boards had taken place. SF stated that it had been disappointing that the CQC were not able to attend. SF stated that work with Vocare was indeed progressing and there is a consolidated action plan expected for the next improvement board which included 150 actions.

It was noted that there were some further actions picked up from the Vocare CRM in that there Quality report had listed all of their incidents of which 15 had the potential to be identified as serious incidents. A meeting had been arranged to review those incidents.

Point of Care Foundation

SF wished to highlight to the committee that the Quality Team had been shortlisted to be part of the Point of Care Foundation. SF wish this to be commended following a long and arduous application process.

JO wished to highlight that perhaps the report moving forward should have a cover sheet highlighting the key topics that the committee are wished to acknowledge. PR also stated that the new Committee and Governing Body template coversheet does now have a section for this purpose.

5.2 Safeguarding Adults Quarterly Report

AL was in attendance to present the Quarter 4 Safeguarding Adults report. AL confirmed that WCCG was a statutory member of the Wolverhampton Safeguarding Board in which AL attended on behalf of MG. A summary of the key discussions were highlighted in the submitted report. AL confirmed that the CCG would be heavily involved in the Safeguarding Week due to be held on the 12th June 2017. It was also noted that Changes to Pre Charge Bail (Police and Crime Bill 2016) had been presented at the board. The details of which were contained in the appendix of the report submitted.

AL confirmed that at present there was currently one DHR in process and 2 that could potential be DHR's.

It was noted that key findings from analysis of Domestic Homicide Reviews had been published by the Home Office in December 2016. A summary of the findings could be found in appendix 2 of the report. This had been circulated to Primary Care in the GP Safeguarding Bulletin, a link had been added to the WCCG Intranet page for Safeguarding Adults and this would be integrated in to any future safeguarding training.

It was reported that £10,000 had been received from NHS England for CCG led Safeguarding projects. A project plan (in line with NHSE priorities) had been submitted to and accepted by NHS England by the Safeguarding Team. It was noted that the commissioning of a specialist drama group who will provide training for health professionals, with a focus on The Voice of the Child, Think Family and Making Safeguarding Personal. It was added that the training event will be held at the Science Park and 160 places will be available – the date were to be confirmed, anticipated to be in the summer of 2017. It was also reported that collaborative contribution to continuation of the MCA/DoLs project with Dudley and Walsall CCG's would form part of the money provided from NHSE (the evaluation of phase 1 of the project would be included in the Safeguarding Adults Annual Report).

AL stated that the end of year analysis of provider assurance will be contained within the Safeguarding Adults Annual report for 2016/17. It was also reported that the provider dashboard had been amended for the 2017/18 contract and work had been carried out by the safeguarding leads to embed the provider assurance reporting framework within the contracts.

5.3 Safeguarding Children and LAC Quarterly Report

LM noted apologies from Fiona Brennan who was not able to attend to present the LAC element of the report.

LM reported that the WCCG self -assessment contains a number of standards relating directly to Safeguarding Children. This was being reviewed on a quarterly basis. This showed 2 standards continuing to be rated as amber. LM stated that one of these related to Safer Working Practices and Until 2015 within the guidance there was no defined requirement to undertake regular DBS checks post-employment. The NHS has varying practices about post-employment checks in both criteria and frequency depending on the organisation practice and the role of the individual.

It was noted that as part of Recommendation 7 of the Lampard Report 2015 which stated that all NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers and would be by the CCG.

It was confirmed that the WCCG Designated Doctor for Safeguarding Children Unexpected Child Deaths left the organisation in April 2017. On-going discussions continued to place at Executive level and through contract teams to ensure the RWT identify a suitably trained and experienced individual to fill the role.

It was noted by the committee that the judgement of the recent Ofsted inspection of Children's Services in the City of Wolverhampton was published on 31.3.17 with Overall Judgement being 'Good.'

LM confirmed that the WCCG had developed and submitted an action plan as required, to address the recommendations from the visit of the CQC. This would be monitored by WCCG through a Strategic Group led by the Director of Nursing and Quality and CQC colleagues in the Central Region, who will determine the appropriate regulatory response.

LM reported that an extra-ordinary meeting of the WSCB was held on the 9th January 2017 to sign off the final overview report following the death of Child F in January 2016. The final report was due to be submitted to the DfE on 25th January 2017 with publication of the report planned for 3rd February 2017. However due to the concerns of the impact of publication on maternal mental health the publication was a delayed until April.

It was confirmed that the WCCG Safeguarding Children Administration Officers commenced in post in February 2017 and underwent an induction process to include an understanding of WCCG, LA, GP, BCPFT and the RWT processes and services to ensure they were able to fulfil their role effectively.

The contents of the LAC report was noted by the committee.

5.4 Medicines Optimisation Quarterly Report

The contents of the report was noted by the committee. David Birch was unable to attend the meeting and any queries from the report should shared with David via email.

5.5 Quality Assurance in Care Homes Quarterly Report

MHD reported that five stage 3 & 4 pressure injuries (PI) were determined during Q4 compared to same time last year when 10 avoidable pressure injuries were reported. 50% improvement in harms in relation to pressure injury acquired in the care home and reduction on Q3 when 7 avoidable pressure ulcers were reported. This demonstrated that the intensive support and training to the care homes in pressure injury prevention is having a positive impact.

MHD confirmed that thirty one safeguarding concerns were referred to the QNA team during the quarter. It was added that of those 6 were MASH (multiagency adult safeguarding hub) referrals and all 6 related to poor care delivery. MHD continued that Two of the 31 referrals related to PIs, 1 was regarding physical abuse and 28 were related to neglect/acts of omission the same as last quarter. Of these 2 safeguarding referrals most related to poor medicines management and poor care which included failure to carry out management plans.

The remainder of the report was noted by the committee.

6. RISK REVIEW

Dawn Bowden was in attendance to facilitate a Risk Review of the Committees risks on the organisations Risk Register. The risks were reviewed in real time through the online, on screen Datix facility.

DB highlighted that each risk had been aligned to one specific committee in line with the work conducted by Pricewaterhouse Coopers (PWC). DB highlighted to the committee that there were currently 3 extreme risks assigned to the committee.

DB stated that there were currently 5 risks assigned to Safeguarding however these were now being condensed into 1 over-arching risk by Lorraine Millard.

The committee enquired that the risk that related to patient choice which had been raised by Mike Hastings had been assigned to 3 separate committees as well as being rated as an extreme risk.

ACTION:

SF requested that DB clarify which committee the Patient Choice risk should be assigned to for the next meeting.

LM to review each Safeguarding risk into one over-arching risk before the next committee.

David Birch was requested to review the clinical pharmacist risk in time for the next committee.

JO enquired whether the vacancy for the Named Doctor for Safeguarding should appear on the Risk Register. SF stated that this role was not a compulsory role however the CCG created the role and at this stage there was no need to add to the register. JO added that the role had been deemed essential in the submitted safeguarding report.

7. ITEMS FOR CONSIDERATION

7.1 Quality & Safety Team: Plan on a Page 2017/18

SF requested that any comments relating to items 7.1 – 7.3 be relayed through to Steven Forsyth directly. All comments were welcomed within 7 days of the meeting

7.2 Annual Quality and Risk Report 2016/17

As noted in 7.1.

7.3 Quality Strategy

As noted in 7.1.

8. POLICIES FOR CONSIDERATION

8.1 Policy for the Notification of Serious Incidents in Commissioned Services

The policy was submitted following a minor amendment. This was for information to the QSC

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

No items were raised by the committee.

11. ANY OTHER BUSINESS

SF wished to welcome Phil Strickland to the Quality team in a secondment role as a Quality Assurance Co-ordinator.

12. DATE AND TIME OF NEXT MEETING

- ***Tuesday 13th June 2017, 10.30am – 12.30pm; CCG Main Meeting Room.***