

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 13th June 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
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Steven Forsyth	-	Head of Quality & Risk
	Peter Price	-	Independent Member
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Danielle Cole	-	Administrative Officer
APOLOGIES:	Kerry Walters	-	Governance Lead Nurse, Public Health
	Helen Hibbs	-	Chief Officer
	Tally Kalea	-	Commissioning 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 9th May 2017

The minutes of the meeting held on the 9th April 2017 were approved as an accurate record with the exception of the following amendments:

RR highlighted that there were three scan categories as discussed on page five of the previous minutes, categories are : emergency, priority and routine.

SF highlighted that page two, Harm Reviews, third sentence “The expectation of the CCG hadn’t been delivered upon” be removed from the minutes as this was not stated in the meeting.

SF highlighted that page seven; Vocare should indicate ‘approximately’ 150 actions as this figure was not definitive.



SF highlighted: page seven; Point of Care Foundation, first paragraph to remove the word arduous and replace with 'following up application process'.

3.2 Action Log from meeting held on the 9th May 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:

4.1 Complaints Data

SP stated RWT provided CCG with information on Tuesday 13th May that reported: since January 2015 in total received 1013 complaints, 79 (8%) of those that escalated as a clinical negligence breach. SP confirmed the information will be added to the Quality and Safety Committee Report on a quarterly basis. PR queried if 8% is the average across the region. Further discussions were made with regards to bench marking and financial costs. The outcome of this discussion was agreed for the CCG to investigate further to provide some bench marking.

Action: - MG to speak with colleagues across the region regarding their complaints data in order to provide bench marking.

6.1 Harm Reviews

Recorded within agenda item 5.1

MG highlighted NHS England have requested for regular reports on harm reviews for cancer patients on those waiting for more than 104 days, where harm has been caused. RWT are responding back to and reporting through CQRM. The information will be shared at the Quality and Safety Committee Meetings.

4.1 Wound Centre for Excellence

SP stated an update was received by Karen Evans (KE) confirming a business case has been developed. However, an issue remains regarding the quality of data received from RWT. KE has chased the Trust but is yet to receive a response for last month's data. A meeting has been scheduled for next week with the Group Manager and Clinical Access Manager to discuss and resolve this issue in order to submit the business case for approval.

5.1 Mortality Review Meetings

MG stated that she was present at the last mortality meeting at RWT where it was discussed that the primary care Dr could well be a GP that is part of the VI group. His role would be to lead on the Primary Care Death Reviews at MORAG (RWT). MG has already agreed with RWT that the GP in question would attend the wider City GP Group Meetings in order for information to be cascaded. MG discussed with Peter McKenzie (PM) the conflict this implies



as the GP is an employee of the Trust. PM suggested the CCG have management oversight and the information shared with the GP will include care that could have been of better quality prior to patients being admitted to RWT who subsequently died, this will impact on all Primary Care patients. MG advised no other GP members of the CCG are available to attend the Mortality Review Meetings, in absence of another solution MG asked the committee if they approved of this trial or had alternative ideas. The committee voiced concerns this required an independent representative. Alternative solutions were discussed and the outcome of this was, MG to produce a report that would provide alternative solutions and outline financial implications. Action remains open for further discussion at the next Quality and Safety Meeting.

Action : MG to produce a report that will provide on alternative solutions and outline financial implications (will try for July but may have to be August 2017)

4. MATTERS ARISING

No Matters Arising were raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Serious Incidents

SF confirmed there were three diagnostic delays serious incidents reported by the provider in May 2017. SF provided a brief overview of each incident, SF voiced he could not provide all details as full investigations had not yet been conducted. The committee challenged on various levels, SF and SP provided the committee with assurance pending review of the RCA. SF agreed an email to be sent to RWT to request if there are other backdated incidents that have not been reported, if there are and they have not been reported then there will be consequential action as per contract.

Action:- SF to send an email to RWT to request if there are other backdated incidents that have not been reported.

Pending review serious incidents

SF stated there were three pending review serious incidents reported. Importantly, RWT have advised that incidents one and three highlighted the harm is not linked to the incident as reported by RWT.

VTE

SF confirmed there were two VTE related serious incidents reported for May 2017. Leads have been appointed to investigate both incidents and already, learning has been taken



from both incidents.

Pressure Injuries

SF stated 23 pressure injury serious incidents were reported for May 2017, compared to 17 in April. SF highlighted four of the five stage four pressure injuries were reported as unavoidable.

MG raised RWT should be challenged at scrutiny meetings to assess that all avenues have been explored when a patient is at end of life. MG asked for further reports to provide examples.

Patient Slip/Trip/Falls

SF stated four patient falls meeting serious incident criteria were reported for May 2017 compared to zero patient falls reported for April 2017. However, there is a significant reduction in the avoidable patient falls in the last three months. MG addressed that in order for it to be deemed avoidable or non-avoidable; assurance needs to be provided that checks are in place.

Never Events

SF advised there were no never events reported for May 2017. However, HSJ have been in contact enquiring about Ophthalmology visit as a result of a never event. The CCG have responded to the enquiry but as yet not received further correspondence or media release.

Cancer Waiting Times

SF highlighted the underperformance on two week patient cancer waits. At the recent CQRM it was asked for reasons and rationale as to why the significant underperformance. RWT pointed out there has been a recent abdominal awareness campaign which has seen an increase in patients.

Mortality Review Report

SF reflected on the four actions that were highlighted in last month's report. SF confirmed RWT have commissioned CHKS as they are the leading provider in data analysis as RWT are stating it is predominantly a data issue. RWT have been accepted by the Royal College of Physicians to assess case notes following patients deaths, this approach offers external scrutiny rather than in house. Work is currently being undertaken externally to review pathways of Care due to the higher than expected SMRs. RWT advised they have added this to their risk register which will highlight this as a top priority within the organisation.



MG added at MORAG and the Regional Mortality Meetings Dr Odum's process of the Trusts current case note review method is held as an exemplar. Dr Odum discusses the reviews with other organisations where learning is being obtained. What has been identified is that the current outcomes presented for mortality have not found any cases where the care was of a substandard level. Therefore, the Trust are investigating coding, case note reviews, pathways of care and some diagnostics which are showing higher alerts than expected. Monthly updates are requested and provided at the CQRM meetings.

Emergency Department

SF stated a presentation was given on the independent review by the National Lead for Emergency Care. The review has been discussed at CQRM. SF highlighted actions have been put in place as a result of the review.

MG raised concerns report currently includes Names of Doctors. Committee agreed moving forward no names to be identified in reports going forward.

Notification or Advice from Regulators

A draft response has been received from CQC regarding the visit to The Phoenix Centre. WCCG formally await the outcome of the visit.

Maternity

MG stated the Trust are still seeing an influx in bookings from Dudley, Burton and Shropshire however, the Trust have issues around vacancies and high sickness rates that need to be addressed. The following actions taken by the CCG are; monthly discussion at CQRMs, escalated Maternity commissioner meetings with RWT, escalation to Maternity STP which is a wider Regional Black Country wide programme. The wider programme needs to influence moms in other areas to use their local hospitals as this could potentially lead to a safety issue at the Trust. MG also advised that maternity staffing issues have been raised as a concern at NHSE QSG meeting, a more detailed report has been requested for July 19th meeting. MG attends QSG on behalf of the CCG.

Black Country Partnership Foundation Trust (BCPFT)

PP raised concerns regarding vacancy activity (1 in 8 people). SF responded, WCCG have requested the following information at the last CQRM; what their remedial actions and mitigations are as it was reported that there had been an increase of sickness, violence and aggression.

PR queried are the CCG aware of the causes of the 8 unexpected deaths as it is not detailed in the report. SF explained the incidents are reported to both Commissioners and



predominantly these under discussion are all Sandwell CCGs MG requested that all reports for BCPFT should make clear for which CCG the SIs are being reported against..

Vocare

SF notified the Committee the second Vocare Improvement Board meeting took place on 31st May chaired by WCCG Director of Nursing. MG stated as you are all aware an Improvement Board was arranged due to the performance and quality issues. The second meeting was held last week where their Director of Nursing presented on their action plan. CQC, Vocare and WCCG were present at the meeting. CQC have verbally informed CCG their draft report was submitted to the ratification panel on Wednesday of last week, Vocare will receive the report imminently. The organisation will have 15 working days to challenge any accuracies / inaccuracies. Vocare are in no obligation to share their report with WCCG.

Vocare have made significant progress, key areas are: Advance Nurse Training for Paediatrics and Prevent Training. Another area of concern is productivity.

PR raised concern an updated action log has not been provided. MG advised this has been noticed and the next action plan to board in July will be RAG rated with timescales and links to evidence.

WCCG are working with Vocare and keeping the focus on. MG stated this has been escalated to NHS England Quality Surveillance Group, a more detailed report has been requested for July 19th MG will attend and present.

Probert Court Care Home

SF stated following some concerns raised by stakeholders an unannounced quality visit took place on Monday 12th June at 6:30am. SF provided a brief summary of immediate concerns identified; Clinical lead for each shift given over reliance and outnumbering of agency staff, DNARs not in place as appropriate, basic nursing care, Safeguarding – e.g. oil heaters on in corridors which were too hot to touch and had trailing wires, Health and safety issues – e.g. all doors to rooms open containing cleaning products, laundry open, sluice open and the room to the boiler and physical security of the building.

SF stated the following actions have been taken; immediate follow up with senior and executive team at Accord, Senior WCCG Quality Team members stayed at the Care Home until 18:00pm to ensure safety of all residents, discussed at SMT; actions agreed: immediate suspension of step down activity.

Action :- Provider and RWT to be notified of suspension of step down activity.

A response from the Director has been received providing assurance.



JO raised concerns regarding what actions are in place for existing residents. SF assured the committee the provider has brought in their Clinical Lead to provide managerial support. WCCG Quality Team members also stayed on site until 18:00pm to witness the remedial actions that were put in place.

Action:- SF to monitor status weekly and escalate as appropriate for discussion at Execs.

Quality Matters Monthly Summary

SF highlighted a number of issues regarding the new BMA breach letter have been raised by GPs via the Quality Matters inbox. There have been a number of discussions between the CCG's Contracting Team and the Head of Primary Care as to whether this is the correct process for raising breaches. It has been agreed this is not the correct process as Quality Matters is around GPs escalating concerns.

5.3 Joint Children's and Adults' Safeguarding Strategy

LM stated the Joint Children's and Adults' Safeguarding strategy is an updated version. The strategy has been updated in line with guidance strengthened by quality and inclusion, containing Safeguarding around Adults', Children, LAC and Prevent. The Strategy was noted by the Committee and agreed for sign off.

SF praised the Safeguarding team for the work carried out on this document.

5.4 Safeguarding Adults' Annual Report

The report was noted by the committee. AL provided an overview of the report, highlighting the following;

The responsibility for coordinating Safeguarding lies with the Local Authority however, the CCG is a statutory partner of the Adults' Board and effective safeguarding is based on a multi-agency approach. In terms of accountability AL highlighted approval has been given to recruit a Named GP for safeguarding Adults'. The new lead will drive the agenda forward particularly in Primary Care. This is an essential role given that WCCG has full delegation of Primary Care and will provide support and training.

AL discussed there is currently a joint Safeguarding Adults' and Children's commissioning policy in draft. The delay in ratification has been due to clarification of the Primary Care commissioning assurance arrangements.

AL Best Practice Matrix is currently being development by the designated Adult Safeguarding lead in collaboration with Local Authorities Safeguarding Manager, MASH and provider colleagues. This will be completed by July 2017.



AL stated this year the roll out of safeguarding Adults' training level 1 compliance for WCCG is currently at 65.59% at the end of April. Level 2 training is currently being rolled out and added to ESR for those staff that who required to undertake this level. Subsequently levels 3,4 and 5 based on the intercollegiate guidance that was published in 2016 however, the document is currently under review by NHS England.

AL discussed the NHSE assurance tool (SAT) that has been developed to make the process of Safeguarding Assurance as simple and efficient as possible. The SAT tool is an electronic system that enables CCGs to record evidence of compliance with Safeguarding standards. This helps CCGs and NHS England meet their assurance requirements and highlight areas of best practice as well as areas for focus and improvement. Completion of the SAT by WCCG will be by October 2017. NHS England are also looking at rolling out the tool for providers.

AL advised there have been challenges with Safeguarding Dashboards. In 2016/17 extensive work has been carried out to develop a system whereby all providers ensure that the Safeguarding Dashboard and reporting framework is embedded within all provider contracts.

The Safeguarding Team are also planning to establish a local Health Safeguarding Forum; the first meeting is planned for September 2017. WCCG Safeguarding leads also attend on a rotational basis, RWT and BCPFT's Operational Safeguarding Meetings, where challenge is given regarding exceptions to the Safeguarding dashboard and reporting framework.

AL highlighted the Safeguarding assurance visit was carried out at Black Country Partnership Foundation Trust in March 2017. The main issues were transferring theory to practice and being able to demonstrate evidence of training in theory day to day work.

AL noted the Adult element of the MASH went live on 31st August 2016. Dip sampling of cases continues on a monthly basis to check the quality of referrals and qualitative elements. Prior to the MASH going live there were various work streams to establish the correct model and processes.

Action :- DC to distribute presentation with minutes.

AL stated no Domestic Homicide Reviews were published in Wolverhampton in 2016/17. However, there are now three pending DHR. DHR 07 is in progress and the first panel meeting has taken place.

AL discussed the 'Orange Wolverhampton' campaign that took place in November 2016, which was International Day for the Elimination of Violence against Women.



AL stated in 2016 NHSE provided the CCG with funding for various projects for Adult and Children's Safeguarding. The following training took place:

Independent Management Review Author Training
Child Sexual Violence
Female Genital Mutilation

The training was well evaluated. Individual evaluations were followed up by members of the Safeguarding Team to confirm what impact the training had in practice.

AL stated WCCG are statutory partners of the WSAB and also the Designated Adult Safeguarding Lead is a member of the joint WSAB/WSCB Learning and Development (Workforce) Committee and the Safeguarding Adult Review (SAR) Committee.

AL concluded the Designated Adult safeguarding Lead has been in post for 6 months. The report has outlined the work that has taken place during this reporting period. Adults' Safeguarding requires collaborative working to improve outcomes. The critical factors are providing care and support to lead to a positive experience.

PP queried, are there risks for the CCG with regards to Level 1 training compliance at 66%. AL responded, this was raised with HR for some guidance to the escalation process for non-compliance of mandatory training. AL assured committee this was in hand and escalated with individual Directors to liaise with their team members.

MG added, priority will focus on personnel who have direct work related safeguarding. This has been raised with Executives and emails have been sent to staff that have not completed the training.

Committee praised AL for a comprehensive report.

5.5 Prevent

LM highlighted, the Prevent Report is the first time presented to Quality and Safety Committee.

LM stated WCCG requested a position statement from its key provider organisations relating to the Prevent duties through the completion of a proforma. This ensured each organisation carried out a self-assessment of their compliance. Areas for development have been identified and action plans developed and put in place. Action plans will be monitored through existing safeguarding forums, one to ones, CQRM and quarterly reports.

PR queried, how many providers are reporting their referrals? LM confirmed the numbers are low, the information is reported through Safeguarding Dashboard.



5.6 Safeguarding Children's Annual Report

Report noted by Committee. No questions raised.

5.7 Annual Looked After Children Report

Report noted by the Committee.

7. ITEMS FOR CONSIDERATION

7.1 Quality Strategy

Committee agreed sign off.

PR suggested a 'word cloud' to be added to the front cover with words to include Quality and Safety. SF agreed to look into this.

Committee agreed to amend page 4, Plan on a Page – to replace the word used to work in the following sentence 'Patient Reviewers and Responsibilities are involved and used inclusively in the Quality Team'.

Committee agreed the Organisations philosophy 'Quality at the Heart and Safety at the Mind of the Organisation'.

7.2 Quality Account

Committee agreed sign off. The final version to be sent to Dr Helen Hibbs for signature.

7.3 Draft Annual Quality Accounts 2016/17: Commissioners Statement

Item discussed within 7.2

5.10 Finance and Performance Report

GB provided an overview of the key areas of performance for the last 12 months. GB highlighted page 14 of the report demonstrates RTT is underperforming across all targets, primarily the issues are capacity in orthodontics. RTT have been working to clear a backlog of 57 patients, which has had an impact on performance. A trajectory is in place to recover performance, the Trust are confident of recovery by the end of June. Data has been received for April and performance is just above 91%. GB also stated there has been an increase in the number of Ophthalmology referrals due to capacity issues at Shrewsbury and Telford NHS Trust.

GB stated the performance issues for Diagnostic tests have failed to meet the 99% target for the fifth consecutive month. The Trust sole Cardiac Consultant commenced maternity



leave in November and a locum recruited however, has been unable to maintain the substantive consultant's workload. The Trust confirmed at CQRM meeting held in April that they have seen an increased rate of referrals to the specialised CT and MRI Heart Investigations due to a change in NICE guidance which has adversely impacted on overall performance. The Trust are confident that the backlog of diagnostic tests will be cleared by the end of June 2017.

GB voiced A & E performance has failed to achieve both the National target and STF Trajectory of 95% however, has seen a 1.02% increase from the previous month's performance to 91.24%. A national mandated trajectory is in place to recover 95% target by March 2018. The Trusts performance is improving with reaching 94% in May 2017.

GB added the performance for cancer 62 day wait is consistently below threshold. There is an issue around capacity in Urology and complex care pressures. Late tertiary referrals from other Trusts are also an issue as the referrals are late in the pathway. There are currently on-going discussions with NHS England to devise a process where late tertiary referrals are shared with originating organisations. A trajectory is in place by NHSI but RWT feel they will not reach performance in 17/18.

GB highlighted the Trust have confirmed that the original Orthodontic long waiters back log is nearing completion with the exception of 1 complex case who has been scheduled to be seen in May. The Trust recovery trajectory is set to clear all remaining long waiters by the end of June and they are confident that this will be achieved.

GB highlights schemes are in place to reduce the number of CDiff cases is having a positive effect in improving performance.

GB stated there has been significant improvement in performance towards achieving BCP IAPT targets. For 2016/17 all four national measures have been met

PR queried if Primary Care performance targets will be included in this report? GB confirmed consideration taking place regarding obtaining assurance around Primary Care and how this is reported.

5.2 Primary Care Quarterly Report

Discussions to take place with Liz Corrigan outside of the meeting regarding the reporting of this information to PCCC.

Action:- PR and LC to discuss outside of QSC and agree plans for adding to PCCC agenda.

5.8 Business Continuity Quarterly Report

It was noted by the committee any comments forward to Tally Kalea.



5.9 Quality Assurance in CHC Quarterly Report

It was noted by the committee any comments forward to Maxine Danks.

5.11 IFR Report

It was noted this was an updated report and any comments forward to SF

6. RISK REVIEW

6.1 Risk Register

PS highlighted there are the following open risks; 1 extreme, 3 high and 3 moderate risks.

PS stated the top registered risk is Vocare. Two Improvement Board meetings have taken place. Action Plans are being worked through and good progress is being made however, Vocare have been requested to expedite information on Paediatric training, Prevent training and clinician productivity.

PS stated the Director of Nursing attended QSG meeting on 8 June. Vocare has been escalated to more information required. A more detailed report is required for July meeting and a further decision regarding escalated monitoring will be made.

Risk 489 – Inappropriate arrangements for Named Midwife (RWT),

SP advised the committee this risk has been downgraded from extreme to high on 12th June as the functions of the Named Midwife are being carried out by a number of individuals. The circumstances will be monitored through the CQC action plan to ensure appropriate action is taken.

Risk 312 – Mass Casualty Planning

Risk 321 – Safe Working Practices

SP stated this was last updated 17th May. HR presented a paper to SMT on behalf of the Safeguarding Team. A scoping exercise has been requested to identify individuals within WCCG that require a DBS to be updated every 3 years and a breakdown of costs. Once this exercise is complete the results are to be presented to SMT where a decision is to be made about future arrangements for both CCG and its provider organisations.

The committee agreed as of today Probert Court Care Home and Maternity to be added to the Risk Register.

MG stated Peter Price (Chair of Audit & Governance) requires assurance on risks at the Audit Governance Committee Meetings, an outline of new risks, risks that have not been reviewed and reasons why. This will apply to all committees and reassured through to Governing Body.



8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 Draft CCG Governing Body Minutes

The minutes were noted by the committee.

8.2 Health & Wellbeing Board Minutes

No minutes were available for the meeting.

8.3 Quality Surveillance Group Minutes

No minutes were available for the meeting.

8.4 Primary Care Operational Management Group

The minutes were noted by the committee.

8.5 Draft Commissioning Committee Minutes

No minutes were available for the meeting.

8.6 Pressure Injury Steering Group Minutes

No minutes were available for the meeting.

8.7 Area Prescribing Minutes

The minutes were noted by the committee.

10. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

MG stated Probert Court Care Home, Maternity and Vocare to be escalated at the next Governing Body. JO highlighted this was 4 weeks away and should be escalated at the next Development Group Meeting. Committee was in agreement.



11. ANY OTHER BUSINESS

Committee agreed the following for future meetings; a front sheet for each report and a timed agenda.

12. DATE AND TIME OF NEXT MEETING

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

