

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

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Jim Oatridge	-	Interim chair WCCG
	Marlene Lambeth	-	Patient Representative
	Kerry Walters	-	Governance Lead Nurse, Public Health
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter Price	-	Independent Member
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Quality Assurance Coordinator
	Hayley Flavell	-	Observer from UHB
	Dr A Chandock	-	Governing Body Secondary Care Consultant
	Peter McKenzie	-	Corporate Operations Manager
	Sarah Hirst	-	Information Governance Manager
	Juliet Herbert	-	Equality & Inclusion Business Manager
	Danielle Cole	-	Administrative Officer

APOLOGIES:

Pat Roberts	-	Lay Member Patient & Public Involvement
Steven Forsyth	-	Head of Quality & Risk

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 6th June 2017

The minutes of the meeting held on the 6th June 2017 were approved as an accurate record with the exception of the following amendments:

Page one, amend date of previous minutes to 6th June 2017.

SP highlighted page four, Mortality Review Report, typing error “patents” should state “patients”.



SP highlighted page ten, Organisations philosophy should state the Quality Teams philosophy.

3.2 Action Log from meeting held on the 6th June 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 Matters Arising – Complaints Data

MG stated she has contacted NHS England and has been referred to Olivia Taylor (OT). SP and OT have been liaising and a project is planned to provide bench marking across the Black Country.

5.1 Monthly Quality Report

MG stated she has spoken to Peter McKenzie (PM) at length regarding the lead for Primary Care Mortality reviews who could well be a GP that is part of the VI group. PM suggested if the committee thinks if it would be advisable to speak with the GP to try and gauge what their understanding of remit would be and secondly to propose a pilot for six months where the GP is involved in the mortality reviews of VI practices only and that the learning is shared to see the benefits of the CCG getting their own GP to express an interest to be present.

The committee agreed that MG to speak with the GP to gauge what their understanding of remit is.

JO stated fundamentally the GP is an employee of RWT and does not consider this as acceptable. JO suggested identifying a lead from WCCG to undertake the role and would be comfortable of an overlap or shadowing from a learning aspect. PP was in agreement.

MG stated she will speak with the GP to gauge their understanding of the role and to create a proposal to Executives outlining a business case where an advert is drawn up.

JO added this should be driven by principle not cost.

Action:- MG to speak with the GP to gauge their understanding of the role and to create a proposal to Executives outlining a business case to include costings and job role.

5.1 Monthly Quality Report – Serious Incidents

SP stated SF has spoken to Cheryl Etches regarding backdated serious incidents that may have not been reported, SF will provide an update at the next QSC.



Action:- SF to provide an update at the next QSC.

5.1 Monthly Quality Report – Probert Court Care Home

Item on agenda

5.1 Assurance Reports – Safeguarding Adults’ Annual report

Action – DC to distribute presentation with minutes.

5.2 Primary Care Quarterly Report

MG stated she believes Pat Roberts and Liz Corrigan (LC) have met and LC has submitted the paper that will be presented at the next Primary Care Commissioning Committee.

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Report was noted by all present. SP provided a summary of the report.

Mortality

SP stated CHKS have been commissioned to undertake a coding review. There is also review of their process for palliative care coding which is affecting the SHMI and HSMR. MG added she has spoken to Andrew Young consultants who are the company that are undertaking the case note reviews. The company are reviewing a set of 100 case notes which are divided into four groups, first group of 25 are completed and the report has been submitted to Dr Odum at RWT. MG believes the Trust will share the information once all case notes have been reviewed.

Urgent Care Providers

SP noted the second Vocare Improvement Board has taken place chaired by MG. A comprehensive action plan is in place and Vocare continue to work through. The CQC visit final report is awaiting. The issues are around delays in care, staff productivity, performance and quality of care. SP raised concern at the quality visit last week no Doctor was on site and there was no contingency plan in place. Vocare have been asked to provide a full RCA into exactly what happened and the report to be submitted by Friday of this week. MG stated its concerning because whilst we have been receiving assurances



from Vocare Executives that there is governance processes and good contingency plans in place, however, when it came to test their own contingency plan last Monday when a GP did not arrive for duty the plan failed. Dee Harris went on site and had to quickly mobilise staff from Stafford. The Dr for the next shift arrived at 2:30pm as planned, this does not only affect patients but also RWT as they had to lose their triage nurse from A&E to support Vocare. This impacts RWT as extra patients had to be seen in A&E which effects waiting times.

RR asked how WCCG were made aware of the incident? MG responded Vocares Operational Lead received a phone call early hours of the morning explaining the Doctor would not be arriving for duty. At 9:00am the operational lead informed Dee Harris of the issue explaining they are arranging staff to come from Stafford and were not expecting a GP to arrive until 2:30pm.

RW added she has seen incidents come through relating to staffing issues at Vocare in terms of support and no access to pathways. SP highlighted Vocares reception are still taking bookings but not advising patients of delays.

MG stated this is a red on the risk register and will be discussed at the next Governing Body. JO added this is also an agenda item at the next Governing Body Development session.

Maternity Performance Issues

SP stated there has been an influx in bookings from Walsall, Dudley, Burton and Shropshire. According to the maternity dashboard it's now indicating as red because deliveries should be 475 per month but is at 550 plus per month on top of that there are vacancy and sickness issues which are highlighted as a risk. The issues have been escalated by NHS England to the Quality Surveillance Group (QSG). MG added WCCG are working with The Trust on an action plan, WCCG have not yet received the action plan as to what the Trust intend to do to resolve the issues. WCCG have anecdotal evidence that the Trust have interviewed and made a number of offers however, the CCG do not know how many midwives have taken up those offers. MG stated her initial concerns were that all the midwives were newly qualified therefore would need senior midwives for support. MG added RWT have stated they will be appointing bands six and seven midwives to provide support. MG stated WCCG have received confirmation that short term sickness is under 2% and long term sickness is just over 5%. The long term sickness is being covered through agency staff as the employee is not due back to work within three to six months. MG stated she will be presenting a report on Wednesday 19th July 2017 at QSG, hopefully, NHS England will keep the Trust on regular surveillance but if the dashboard continues to deteriorate this could increase to enhanced surveillance which means the Trust will need to attend QSG to present their recovery plan.

RR asked why the report states there have been no specific quality issues, however? MG responded at the time this report was written there had been no serious incidents reported



that contained quality. However, yesterday an exception report has been issued from the CCG as a serious incident was reported where a patient who had an elective caesarean section whilst recovering had a cardiac arrest. The patient was successfully resuscitated and transferred to ICU, patient is now recovering well. MG added there is an issue and the CCG are awaiting the 48 hour report as to what was the reason for the patient's cardiac arrest. The CCG believe from the initial report the patient was bleeding. SP confirmed the CCG should receive the report by the 12th July 2017 this will provide more background.

Step Down Care Home Provider

SP stated as discussed at the last QSC the CCG conducted an unannounced visit to Probert Court. Immediate concerns were identified in basic nursing care, health and safety, security of the building and overall management oversight. An action plan has been developed with immediate actions for Probert Court to address. This action plan has since been reviewed at the first Improvement Board that was held on the 20th June 2017. The Improvement Board was attended by the Head of Quality and Risk, the QNA team, CQC and Health Watch. Probert Court continues to have weekly visits from the QNA team to monitor the progress of actions. SP added Step down is currently suspended. The care home currently has three patients; one step up patient that is managed by the Rapid Intervention Team for one hour per day, one step down patient that is managed by Probert Court and one CHC patient that will be discharged at the end of this week. A concern was raised by QNA that if the Care Home has no patients then the improvements cannot be monitored or sustained, therefore, Wolverhampton CCG have agreed to admit one step down patient a week and this would be monitored on a weekly basis to ensure appropriate documentation and care planning is in place. It should be noted that this is not a formal lift of the suspension but a continuation of the phased approach. MG added an issue has come to light over the weekend which in fact Probert Court was not at fault as they did what they felt was right for the patient, however, the Rapid Intervention Team asked for an end of life patient from the community to be stepped up to Probert Court. MG added this is inappropriate as step up does not include end of life as an inclusion. A fast track referral should have been made to the district nurses, a package of care should have been put in place for the patient to have died at their preferred choice which was at home. This has sadly resulted in the patient passing away at Probert Court on Sunday. MG is liaising with WCCG contracts and the Rapid Intervention Team on this incident.

RR asked how many step down beds are there at Probert Court? MG confirmed there are 22 step down beds as this is a block contract that costs £820,000 per year and is paid that amount regardless of activity.

MG stated patients that should be transferred to Probert Court are being placed at other care homes within the city. Over the last few years WCCG have been working with the Local Authority to develop an approved nursing home framework. Patients are being placed within those approved nursing homes. There are financial implications as Probert Court have received payment for patients they are not receiving but also the nursing homes also have to be paid. PP stated understandably the CCG are contractually tied in but learning



from this particular position is that something we can change for the future. MG responded discussions have been had with contracts and a letter has been sent with regards to clawing some of the monies back.

Increased number of NEs 16/17

SP stated the Trust had five Never Events last financial year. When this report was written there was one year to date Never Event reported however, since then in the last couple of days a second Never Event was reported from Cannock Hospital where a patient received an aesthetic injection in the wrong foot. Luckily they realised they had injected the wrong foot prior to incision. The CCG are still awaiting the 48 hour report and a full RCA to understand why this incident happened.

RWT Safeguarding Level 3 Training

SP noted both adults' and children's safeguarding level 3 training remains under the required levels this is being closely monitored and managed through CQRM. MG added there is an improvement, however, remains as a level 2 risk as a RAP is in place and currently on target.

Committee was pleased to see a summary sheet included in the report.

PP queried in light of the Grenfell issue are there any hospital health & safety reviews in place that's looking at fire safety? MG responded it is on the CCG radar, an email has been received from NHS England and this will be looked after by the CCG Operational Team. MG believes reports will need to be sent to NHS England to provide assurance that an assessment has been undertaken.

RR raised a query on page 22 Care Home Quality Indicator Submission that 161 care home staff have received quality improvement training to date under the SPACE (safer provision and care excellence) programme. 78% of these homes are currently using safety crosses with the aim for achieving 100% by August 2017. RR asked whether the learning will be shared from these care homes? MG responded there are regular care home workshops where all managers are invited to present presentations. A good example to share is Parkfields Nursing Home which has been in special measures with CQC for 18 months have now progressed to CQC inspection of good and their manager will be presenting their journey at the next workshop.

5.2 Information Governance Quarterly Report

PM highlighted the purpose of this report is to provide a quarterly update on Information Governance (IG) activity for 1st Quarter to give assurance that the IG Toolkit evidence will be present and compliant for a successful Version 14.1, level 2 submission on or before the 31st March 2018. A key point to note today is that the CCG IG work plan is to be approved by the committee for the submission of this plan into the IG policy that is



reviewed on an annual basis.

Sarah Hirst (SH) added the report contains a detailed work plan that is the basis of work that will be carried out in the next nine months which will produce the evidence to go into the CCG IG Toolkit for a successful submission. The CCG are basing this on last year's findings and what we did well. The CCG was 89% compliant last year. The CCG will replicate what we did well but also look at areas where we can improve. The IG Lead felt the timing of sessions last year worked well with enough time to catch-up with staff members who still had IG Training outstanding by December. General IG Training session will focus on the change in Data Protection Law to the new General Data Protection Regulations that come into force on the 28th May 2018. SH stated the key change in Law is making sure there is consent to process information, this maybe a discussion with our providers to double check that their processing notices clearly states 'share information' with the Clinical Commissioning Group for the purpose of putting services in place.

SH stated first quarter activity there have been no reportable IG incidents meaning there is an IG Toolkit incident reporting system, therefore level 1 or 2 standard incidents would not report. There has been one recorded 'corporate sensitive' information disclosed to incorrect recipients, some of which were external organisations. As this is corporate related sensitive information there is no official recording of this incident nor information handling law considerations to make. The main issues surrounding this kind of disclosure are around organisational integrity and the possibility of adverse reaction to the disclosure. These types of disclosures are however treated in the same way as the loss of personal information by trying to recover the information, the recipient to delete from their record and not disclose the information any further. There has also been one recorded 'near miss' in the month of April 2017 where a spreadsheet containing NHS Number only identification was sent to a GP list, one GP Practice was only noted as being incorrect after the document was sent. However the document was password protected which meant that effective information security measures had been put in place to mitigate any disclosure to the incorrect email recipient. The email recipient was also communicated with further to make sure that the document was deleted from their records. SH added due to best practice information governance that was put in place by the individual that sent the document out meant that it was a near miss and not a level one.

SH highlighted one Privacy Impact Assessment (PIA) has been completed and agreed this quarter. This is for the National Diabetes Prevention Programme. The request is for the retrospective processing by an already established 3rd Party process; Graphnet. They are to evaluate the blood test of GP Practice patients to determine if they are eligible for Type 2 diabetes referral programme that was not yet established at the point of their initial test results. IG discussed with the PIA Author the recommendations on communicating with patients at GP Practices that this processing will take place.

SH noted VHFA Data Sharing Agreement document was stated complete for the aspects that concern information governance by the IG Manager at the CSU. Further work in terms of resource for this project, clinical protocol development and Lead Agency identification is



on-going.

SH stated there have been no Data Protection requests in the form of Subject Access Requests for personal confidential data during the 1st Quarter of 2017-18.

5.3 FOI Report

Peter McKenzie (PM) stated the report gives details of the Freedom of Information requests received by the CCG during the first quarter of the 2017/18 financial year. From 1 April to 30 June 2017, the CCG had responded to 53 of the requests, 52 of which (98%) had received a response within the statutory 20 working days. The request outside of the 20 days was responded to within 21 days and the requester had agreed to the extension. The six requests awaiting responses are all still within the 20 day timeframe, one request is waiting clarification from the requester and so the clock has stopped and we expect to provide a response in line with the requirement.

PM added although FOI requests may be made by anyone and the CCG response does not differ based on the source of the request some of these have included students, media organisations, companies look for contact details. The CCG are seeing an increase in the amount of requests in particular from the media regarding the STP and Collaborative Commissioner.

PM stated when the previous quarterly report had been considered the committee had requested an opportunity to look at the process for an internal review of freedom of information requests, a draft FOI internal Review Process is included in the report. PM added the result of the review may be that the decisions in relation to the original request, fully or in part. The person undertaking the review will recognise that the circumstances relating to the original decision may have changed between the time the decision was made and the application for internal review. In line with ICO guidance the review will be based on the circumstances as they existed at the time of the request, or at least within the agreed time frames.

5.4 Equality & Diversity Quarterly report

Juliet Herbert stated the report covers four key areas. WCCG are fully compliant around the Equality Delivery System2 (EDS)2, on the 14 March 2017 Governing Body meeting the EDS2 portfolio was agreed and signed off and subsequently published on the CCG website on the 28 March 2017, well within the legal guideline. As part of the review of performance for people with characteristics protected by the Equality Act 2010, the Governing Body agreed that there needed to be a dedicated focus for moving the CCG from 'developing' to 'achieving' and an action plan currently being developed to be presented to the Governing Body in July 2017 meeting.

JH added the equality impact analysis has required key changes to the process. A process map has been developed this will enable staff to see what the various steps are to



complete a quality impact assessment. A quality impact assessment is required when the CCG make any formal changes whether its practice, quality or procedure. The documents have been presented to all boards and Primary Care Committees to ensure that all necessary staff understand the process and can carry out EIA's. There will also be EIA training available later on in the year.

JH highlighted the equality strategy and equality objectives require a full review this year. The CCG currently have nine objectives, this will also be an area JH will be reviewing and reducing to maximum of four objectives. The publication deadline is the 1st October 2017 which the CCG are hoping to meet.

JH pointed out the Workforce Race Equality Standards has been slightly amended; the main change is the timeline for when the template is due which is now the end of March. This year WCCG have taken a slightly different approach by looking at improvement statements rather than a template.

JH mentioned the WDES which is the Workforce Disability Equality Standards which is due to come into force next April that focuses on the disabled workforce.

6. RISK REVIEW

6.1 Risk Register

PS highlighted there are the following open risks; 2 extreme, 5 high and 3 moderate risks.

PS stated there two additional risks from last month's update that relate to patient transport poor performance (493) and maternity capacity and demand (492). In terms of extreme risks PS highlighted out of hours provider Vocare despite their progress with many of the actions, there are still areas of concern. Staffing issues predominantly which impacts on patient care/delays. The CCG are planning to conduct an unannounced visit in the very near future. The CQC report is still outstanding, due sometime in July. The Improvement Board continues to meet every six weeks with updates at the contract review meeting as well.

MG asked if the committee considers the risk rating at 16 is an accurate reflection? PP added how long do we leave the risk as extreme before further action is taken as this is the second time reported at QSC. MG stated there are other options being explored, however, the ideal solution would be for Vocare to improve and retain their staff.

MG stated how long does the CCG tolerate an extreme for, is this a discussion for Governing Body and Governing Body Development session. JO agreed it was an item to be discussed at Governing Body Development session.

Dr Chandock highlighted the issues are predominantly staffing issue rather than pathways.

Action:- Item to be added to the Governing Body Development Session agenda to discuss the tolerance for extreme risks.



PS highlighted Probert Court Care Home (490) is rated at 15. MG added this again is rated as extreme because the step down remains suspended. The care home currently has three patients; one step up patient, one step down and one CHC patient that will be discharged at the end of this week. A concern was raised by QNA that if the care home has no patients the improvements cannot be monitored or sustained, therefore, Wolverhampton CCG have agreed to admit one step down patient a week and this would be monitored on a weekly basis to ensure appropriate documentation and care planning is in place. It should be noted that this is not a formal lift of the suspension but a continuation of the phased approach. MG added until we see sustained improvements the risk remains as extreme.

PP highlighted the service has been suspended therefore the number of patients is minimal hence the risk level should be lower but as the suspension bar is lifted the risk becomes greater. PP asked for the risk level to be reviewed.

Action:- MG to review the risk level dependent upon number of patients.

489 – Inappropriate arrangements for named midwife (RWT) MG added this remains as a high level risk as RWT are still out for recruitment. There is an interim midwife however the post is not a substantive role.

312 – Mass casualty Planning SF added on call staff including directors have had refresher training on Mass casualty planning, CCG awaiting handbook from Regional EPRR Lead.

492 – Maternity Capacity and demand MG added as discussed earlier in the meeting there has been an escalation to QSG.

493 – Non emergency patient transfer service PS added the poor performance has been impacting on patient transport delays, which has been resulting in patients being re-bedded and long delays of up to 8 hours. The CCG have recently raised an Information Breach Notice. Formal written correspondence has been exchanged between CCG and provider this includes a request for senior representative at CRM.

479 – LAC Health Assessments – MG added the risk level has reduced as the LAC health assessments are now being completed at RWT. The finance element relating to an administrative post is now ready for signature.

476 – Named Doctor for LAC – MG added the role currently filled by agency, this is a six month contract to see they would like the role permanently.

414 – Use of Quetiapine – SP added Hemant Patel and Sarah Fellows are currently discussing if this risk can be closed. MG requested for named accountability sponsor and owner to be amended to Sarah Fellows.

Action:- PS to amend the risk register to state Sarah Fellows as accountability sponsor and owner of risk 414.

PP queried if there are agreed timescales in order to track the completion? MG responded for most risks on our individual plans there will be timescales attached to the risk, however the owner may have not added to the risk register. Moving forward for best practice all timescales to be added to the risk register.



Action:- Owners to ensure all timescales are added to the risk register to ensure good practice.

7. ITEMS FOR CONSIDERATION

7.1 National Report & Enquiries – Deferred

7.2 Never Event Table Top Review

MG stated last year the Trust had five Never Events of which two or three were related to theatre and maternity. The CCG felt presence at theatre and maternity would be restricted therefore a table top review was agreed to review the learning from Never Events.

MG added due to the demand on the Quality team to conduct announced/unannounced quality visits moving forward table top reviews will be seen more as the meetings are planned with appropriate management more people will be present at the meeting.

8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 Draft CCG Governing Body Minutes

No minutes were available for the meeting.

8.2 Health & Wellbeing Board Minutes

The minutes were noted by the committee.

8.3 Quality Surveillance Group Minutes

The minutes were noted by the committee.

8.4 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

8.5 Primary Care Operational Management Group Minutes

The minutes were noted by the committee.

8.6 Clinical Mortality Oversight Group Minutes

No minutes were available for the meeting.

8.7 Area Prescribing Minutes

No minutes were available for the meeting.



RR highlighted on page 257 the minutes state four patients identified as suffering “severe” harm – are these patients from the Wolverhampton area? MG responded there have been separate panels to review, the first panel were all children that had been identified, of those, four children were identified to have come under severe harm. I have received assurance that none of those children are from Wolverhampton area. At the QSG next week there will be a further update.

RR highlighted on page 272 Primary Care Quality Update the minutes state the CHIS team found 180 children unaccounted for an are sampling to investigate. KW responded all 180 have been accounted this was due to a system error.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

MG voiced the Executive Summary includes Vocare, maternity and Probert Court are there any other areas that have been discussed during today’s meeting that would like to be added? Committee agreed to add Fire Safety and to mention the recent Never Event.

10. ANY OTHER BUSINESS

ML raised concern regarding the collection of electronic prescriptions from Co-Op pharmacy and the need to notify the pharmacy in advance to confirm the prescription prior to collection. **MG agreed to speak with David Birch regarding issue.**

Action: - MG to speak with David Birch regarding electronic prescription.

11. DATE AND TIME OF NEXT MEETING

Tuesday 8th August 2017, 10.30am – 12.30pm; CCG Main Meeting Room.

