

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP
QUALITY & SAFETY COMMITTEE**

Minutes of the Quality and Safety Committee Meeting held on 8th December 2015
Commencing at 10.30am in the Main CCG Meeting Room, Wolverhampton Science Park

Present:

Dr Rajcholan	(RR)	Board Member, WCCG (Chair)
Manjeet Garcha	(MG)	Executive Lead Nurse, WCCG
Annette Lawrence	(AW)	Quality and Safety Manager
Pat Roberts	(PR)	Lay Member Patient & Public Involvement
Kerry Walters	(KW)	Governance Lead Nurse, Public Health
Geoff Ward	(GW)	Patient Representative
Mr Tony Fox	(TF)	Surgeon/Secondary Care Consultant, WCCG
Sarah Southall	(SS)	Head of Quality and Risk, WCCG
Laura Russell	(LR)	Administrative Officer, WCCG

Part Attendance:

Sandra Aston-Jones	(SAJ)	Safeguarding Manager – Adults, Local Authority
Gus Bahia	(GB)	Business and Operations Manager, CCG

Apologies:

Marlene Lambeth	(ML)	Patient Representative
Jim Oatridge	(JO)	Lay Member, WCCG
Gary Mincher	(GM)	Internal Auditor, WCCG

Declarations of Interest

QSC441 There were no declaration of interest raised.

RESOLVED: That the above is noted.

Minutes, Actions from Previous Meetings

QSC442 The minutes of the Quality and Safety Committee held on Tuesday 10th November 2015 were accepted as a true and accurate record.

The Action Log from the Quality and Safety Committee held on Tuesday 10th November 2015 were discussed, agreed and an updated version will be circulated with the minutes.

RESOLVED: That the above is noted.

Matters Arising

QSC443 There were no matters arising.

RESOLVED: **That the above is noted.**

Feedback from Associated Forums

- QSC444**
- a) Draft Governing Body Minutes**
The minutes from the Governing Body meeting in November were not available, MG noted that the Quality Report was presented and no concerns were raised by the Governing Body.
 - b) Health and Wellbeing Board Minutes**
The minutes were shared for information and it was highlighted the joint Infant Mortality Health Scrutiny review was presented.
 - c) Quality Surveillance Group Minutes**
It was reported at the meeting both the Royal Wolverhampton NHS Trust and Black Country Partnership Foundation Trust remained on routine surveillance and there were no concerns.
 - d) Primary Care Liaison Group**
The group was informed that the Joint Primary Co-Commissioning Committee with NHS England had met for the first time last week and will continue to be in shadow form until the new financial year. The Primary Care Liaison Group will become the Primary Care Commissioning Operations Management Group and will feed in to the Joint Primary Care Co-Commissioning Committee.
 - e) Draft Clinical Commissioning Group Minutes**
SS confirmed the funding for the substitutive Quality Nurse Advisor Team positions have been agreed.
 - f) Clinical Mortality Oversight Group**
SS reported the Group had meet at the end of November, the group have identified a weakness and agreed going forward they need to strengthen working relationships with CDOP and establish links within Primary Care. There was also suggestion to write to the Coroner's Office to request they attend annually to provide an overview to the group.

RESOLVED: **That the above is noted.**

g) Area Prescribing Committee

The minutes for the Area Prescribing Committee were shared for information. AL asked that in relation to blood glucose testing that the prescribing need to be monitored and agreed to check with David Birch what the pathway and safety was around this testing. The Committee also mentioned that more detail was needed within the minutes because they were unsure if GPs were aware when drugs had been added to the formulary.

RESOLUTION: AL to raise with David Birch in relation to blood glucose testing.

Assurance Reports

QSC445a

Monthly Quality Report

SS presented the Monthly Quality Report and highlighted the following key points to the Committee:

Royal Wolverhampton NHS Trust

- As of the 1st December the Trust are reporting at concern level 2, the areas of concern include;
 - Infection Control
 - Pressure Ulcer Prevalence
 - Recurring Serious Incidents (treatment delays)
 - Never Event(s)
 - Quality Indicators(A&E and Cancer)

SS shared the mitigating actions with the Committee, MG stated in relation to the CDiff action plan, the full RCA is awaited. MG has met with the Chief Nurse and Lead for Infection Prevention and she assured the Committee the Trust have a robust action plan in place and the decant schedule is still on track. Their hand hygiene audit results however indicate they have slipped, which the Trust have confirmed they will be looking into further. The Trust have also asked an external microbiologist to undertake a review to see if any further learning can be identified. MG stated she has also had a teleconference with the TDA and escalated to the Area Team the concerns in relation to CDiff. PR asked if hand hygiene machines could be used on each visitor, it was highlighted that hand hygiene for visitors and staff is included within their internal audit.

- There were 15 new serious incidents reported in November 2013. PR raised her concerns regarding the detail around the 3 treatment delays in A&E and queried whether this would be associated within the new intake of junior doctors. TF noted that the junior doctors cannot be blamed as responsibility lies with the senior doctors.
- There have been 12 grade 3 pressure ulcers reported by the Acute and 8 within the community for November.
- There has been 1 grade 4 pressure ulcer reported in November by Community District Nursing Team.

- There was 1 slip/trip/fall reported in November and a fall investigation is underway.
- The Trust have reported 4 confidential breaches, SS noted incidents in relation to hard copy documentation being lost/missed placed has started to reduce, however there has been an increase in access of electronic data/files.
- NHS Safety Thermometer Harm Free Care for October reported at 92.6%.
- Cancer Waiting Times for October reported red (76.19%) against the 62 day wait for first treatment, the issues are around capacity and late referrals. A remedial action plan has been received by the Trust and returned requesting additional amendments the final plan is still awaited.
- A&E Performance remains an area of concern and a remedial action plan is in place in accordance with the contract, which has been returned requiring achievement in quarter 4. The Trust have responded that they will not meet the requirements during quarter 4 and the CCG will hold 2% of the contract as a result of poor performance.
- The Trust remains below the average percentage of patients who would recommend Inpatient and Postnatal Ward Services for the region and England. SS explained that she would be working with the new Trust Patient Experience Lead to review this data.
- Mortality Assurance Review Group update informs that the Trust are in limits within the SHMI statistics and there are no areas for concern. There is an emerging themes in relation to TB deaths and the Trust are working jointly with Public Health who will be providing a briefing in January. RR asked if there would be anymore GP awareness taking place.
- In relation to Workforce the staff turnover remains below Trust Target of 13.2% but is above the national average rate of 9.15%.
- The overall mandatory training rates are complaint with the Trusts target.

Black Country Partnership Foundation Trust

- The Trust are reporting at concern level 1.
- There has been 1 serious incident reported, this was in relation to a grade 3 pressure ulcer a full investigation in progress.
- NHS Safety Thermometer Harm Free Care rate for October reported at 97.71%, the Committee were reminded the data is point prevalence.
- The theme of the Clinical Quality Review meeting in November was CAMHS and the following key points were highlighted;
 - Incidents and their severity was reported and discussed in length at the meeting with regards to medication errors, safeguarding training and NICE Guidance.
 - The highest reporting sickness area for September was the Eating Disorders Services.
 - There are number of discrepancies between figures on vacancy rates held by the workforce team and at divisional level. There is

work currently taking place to ensure these two areas information/data correlate in future.

Private Sector

- As of the 1st December the reporting level of concern for NSL (NEPTs) and Poplars Medical Practice is level 2.
- The Nuffield are moving to a specific Wolverhampton contract as they will be the host commissioner. There will be local combined contract and quality review meetings arranged on a monthly basis.
- Concordia (Dermatology) combined contract and Quality Review Meeting took place on the 18th November and number of items were discussed including the decline in referral numbers from 164 to approximately 112 in October, as the provider they have been encouraged to be more proactive with GPs. PR stated concerns have been raised through the Locality Meetings in relation to referrals. SS highlighted that Sharon Sidhu is currently undertaking work around the referrals and the increase in activity at RWT. The Committee agreed to invite Sharon Sidhu to attend a further Quality Meeting to provide assurance and clarity on Concordia.

Care Quality Commission (CQC) Notification or Advice from Monitor

- Black Country Partnership had an inspection by CQC on the 23rd November the formal report is expected February 2016.
- Royal Wolverhampton Hospitals continue to make progress against their action plan, which will be shared once this has been presented at the Trust Board meeting.
- Primecare (Out of Hours Service) CQC report has been published and the service has been rated as 'Requiring Improvement'. The Report has been shared and discussed at the Clinical Quality Review Meeting and assurance has been provided that a number of the recommendations on the action plan have been resolved. The Provider are anxious that the rating will remain for 3 years until CQC are due to visit the service again.

Children's Safeguarding

- An update on the current serious case reviews was provided within the report.
- MASH continues to be on schedule to become a live service as of the 31st January.
- A number of safeguarding policies have been developed and in the process of been agreed via Senior Management Team and the Quality Committee.
- A Domestic Abuse Policy for Wolverhampton CCG managers and employers is currently under development.
- FGM is being reviewed by the CCG in partnership with the Wolverhampton Children's Safeguarding Board to understand the

level of need for Wolverhampton to ensure appropriate services are commissioned and pathways are developed.

Adult Safeguarding

- There are 4 grade 3 pressure ulcers were reported in November at the Scrutiny Meeting. Following investigation 3 were deemed avoidable and 1 unavoidable.
- There are 5 nursing homes in the City which remain under part or full suspension.
- From April 2016 a new commissioning model will be in place and only those homes NHS commissioned will be investigated which will focus the workload and development of the Quality Nurse Advisor Team.

User and Carer Experience

- There were no new complaints reported during the month of November 2015.
- There are two complaints which remain on-going associated with IFR to fund laparoscopic surgery or inguinal hernia repair and family of deceased care home patient.
- From April 2014 to November there have been 15 formal complaints, of which x3 related to CCG, X4 to Commissioning, x3 CHC/IFR, X1 Continuing Care and x4 related to Providers.

Communications and Engagement Update

- The Team have been involved within a number of initiatives including, Stay Well this Winter Campaign, Better Care Fund, Primary Care Strategy, Take over Day the Urgent Care Centre.
- All entries on the Datix risk register remain green against the engagement Assurance Framework.

CCG Risk Register

- The CCG Risk Register entries as of the 1st December 2015 were as follows;
 - Number of Open Risks was 115
 - Number of Red Risk was 7, after today this will be reduced to 5.
 - Number of Amber Risks was 69
 - Number of Green Risks was 39

RESOLUTION: To invite Sharon Sidhu to a further Committee to provide assurance and clarity in relation to Concordia.

QSC445b Health Economy Pressure Ulcer Prevalence

SS shared the above report to the Committee providing detail of the actions required across the City to combat the high number of pressure ulcer occurrences. A review of the existing arrangements is needed to assess

opportunities for collaborative working with other sectors in order to improve the management of pressure ulcers, early intervention and to avoid deterioration of patients across the City. A holistic review across the health economy will provide an understanding of the barriers and learning that has been identified following incident investigations in particular to avoidable pressure ulcers.

SS highlighted that the serious incident framework requires grade 3 and 4 pressure ulcers to be reported nationally. The CCG has a number of arrangements in place to support the framework and has been assessed by NHS England with a rating of outstanding.

There is a need to take forward quality standard within primary care sector all the requirements of this standard was shared with the Committee. A self-assessment tool has been drafted to capture existing controls that may be in place at practice level and will encourage practices to consider what more can be achieved in repose to the new guidance on pressure ulcers.

SS outlined to the Committee the key risks and the following recommendations to the Committee;

- The committee are asked to note the content of the report with particular attention to the need to implement the new quality standard, recognising the actions required that impact across all sectors of the health economy.
- Support the introduction of a health economy steering group from January 2016 whose primary focus will be implementation of the quality standard and pressure ulcer prevention.

SS advised that The Health Economy Steering Group will be a subcommittee of the Quality and Safety Committee and findings from the work will be shared. The Committee agreed and supported the report's recommendations and proposals.

RESOLVED: The Committee approved the report and the Pressure Ulcer Strategy Group will be formed in January 2016.

QSC445c Health and Safety Performance Report Quarter 2
This item has been deferred to the January meeting.

RESOLVED: That the above is noted.

QSC445d National Reports and Enquires Report
This item has been deferred to the January meeting.

RESOLVED: That the above is noted.

QSC445e Finance and Performance Report
GB attended the Committee to present the Finance and Performance Exception Report for month 6 of 2015/2016 and highlighted the following;

RWT – A&E 4Hour Waits: September 2015 failed to meet the 95% target both in month (93.06%) and YTD (94.45%). There was an increase in attendances in month with an additional 190 compared with the same period last year and over 10,000 attendances for the seventh month in a row. The Urgent Care Centre has now opened at the Trust and attendance levels still remain high, the major issue is around delayed transfers and PricewaterhouseCooper LLP are undertaking a review of the service.

The CCG has issued a Contract Performance Notice for A&E 4 Hour Waits in light of the recent decline in performance. The Trust have provided a remedial action plan to the CCG who have requested further amendments, this is still awaited from the Trust.

RTT (Referral to Treatment 18 weeks) – the performance is maintaining above the threshold for incompletes and the Trust assured that they will be maintain the headline performance throughout 2015/2016. The areas of concern are within General Surgery, Urology and T&O and remedial action have been established. NHS England will be funding work on revalidation on waiting times this work will be carried out during quarter 4.

Cancer Waits – The 62 day indicators remain an issue for the Trusts specifically with Urology, the breaches are due to resource capacity and tertiary referrals. There is a national listening event taking place in which the Trust are attending to see if there will be national approach to support the issues in relation to tertiary referrals. The CCG has issued a Contract Performance Notice for 62 Day Cancer Waits in light of the continued under performance.

E-Discharge – For October 2015 this will be the first month the target has been achieved. This indicator has been split for 2015/2016 into excluding assessment units and all assessment units. It was noted that all assessment units indicator has seen an increase of 2.67% in September.

CDiff – The performance in month 6 brings the YTD number of CDiff breaches to 41 and the Trust have breached the full year threshold set by NHS England of 35.

PR queried in relation to the cancer wait targets if the tertiary referral is shared by the referring Trust. GB stated this may be an option going forward, however it depends on the advice from the national listening event.

RESOLVED: **That the above is noted.**

Items for Consideration

QSC446 DoLs Report Update

SAJ attended the meeting to share with the Committee the 2014/2015 DoLs Annual Report and provide an update on the Mental Capacity Act/Deprivation of Liberty Safeguarding activity.

SAJ informed the Committee in Wolverhampton the referral level has risen from an average of 6 referrals per month for the financial year 201/2014 to 36 referrals per month for 2014/2015 and 55 per month in 2015/2016 to date. The primary concerns are around the allocation of new referrals the team are confident they are responding more quickly than they were previously, however with the increase of referrals it is difficult to clear the back log.

SAJ also highlighted that the number of DoLs in place will all need either a 6 or 12 month review which is additional work capacity for the team. At the end of October there were 316 assessments outstanding and as of end of November this has reduced to 207. There is a plan in place in order to undertake the 207 assessments in order to meet the demand agency Best Interest Assessors (BIAs) were employed on an ad-hock basis in 2014/2015 and are hopeful to extend these posts. MG asked how long it takes to complete one assessment, SAJ advised they are very detailed applications and one could take up to 10/14 hours to complete and on average there are 30 assessments per month.

Due to the increase demand for BIAs the University of Wolverhampton will be running 2 accredited BIA training courses for each academic year, there is a request to put on a fast track course in February and they are still waiting to hear from the University. RR asked in relation to the BIA roles would they be ongoing.

PR asked what the delays of the assessments would mean for the families, SAJ noted that the families can speak with the BIAs.

MG queried last year the Department of Health provided a one off allocation of monies and asked if this was a reoccurring next year. SAJ noted there has been no indication for this year, MG asked if SAJ could provide detail as to what the implications are for the CCG.

RESOLUTION: SAJ to provide a report to MG on the financial implications to the CCG.

Policies for Consideration

QSC447a Safeguarding Strategy

AL presented the Safeguarding Strategy to the Committee and stated this had previously been through the Committee for comments and through a consultation process. All the amendments have now been made and the final version has been shared with the Committee for final ratification. The Committee reviewed the final Safeguarding Strategy and formally approved the Strategy.

QSC447b Quality Strategy

SS presented the final version of the Quality Strategy to the Committee and highlighted the strategy has been shared with a range of stakeholders during the consultation process. PR queried that the strategy was not clear what the CCG commission and how this is monitored and asked if the CCG contracts have Quality Key Performance Indicators. SS highlighted the quality framework on page 8 demonstrates how the quality across all sectors are monitored in accordance with the domains and NHS Constitution.

The Committee formally agreed and ratified the Quality Strategy and the Equality Assessment.

RESOLVED: That the above is noted

QSC448 Items for Escalation/Feedback to CCG Governing Body

The following items were agreed to be formally raised at the Governing Body meeting in January 2016;

- Healthcare required infections
- SBAR Delayed Treatment
- Remedial Action Plan
- Never Events
- Tertiary Referrals

RESOLVED: That the above is noted

QSC449 Any Other Business

GW raised his concerns on the consultation fees spent on the Dementia Ward, it was stated that an impendent review was needed to be undertaken as a recommendation for ERG. It was reported that the review needed by neutral and undertaken by an impartial body.

Date and Time of Next Meeting

QSC450 Tuesday 12th January 2016 at 10.30am – 12.30pm, CCG Main Meeting Room