

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 12th SEPTEMBER 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
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter Price	-	Independent Member
	Steven Forsyth	-	Head of Quality & Risk
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Quality Assurance Coordinator
	Danielle Cole	-	Administrative Officer

APOLOGIES: No apologies noted.

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 July 2017

The minutes of the meeting held on the 8th July 2017 were approved as an accurate record with the exception of the following amendments:

PR highlighted Sue McKie was present at the last meeting.

SP highlighted page five, third paragraph typing error 'not' should state note.

PR stated page four, third paragraph, last sentence to amend 'moms' to state 'mothers'.

3.2 Action Log from meeting held on the 11th July 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

SP has not received further correspondence from Olivia Taylor. SP agreed to chase.

5.1 Monthly Quality Report – Primary Care Mortality review

MG stated she has spoken to NHS England and they are providing some insight into what a job description for a clinical advisor should include. Once the Job Description has been received the post will be advertised across Wolverhampton for those GPs that are not VI. MG added she has also spoken with Jonathan Odum and Cheryl Etches who are happy to amend the terms of reference to state there will be a VI GP and a non-VI GP on the review group.

Action 5.1 – A summary sheet has been included in this month’s Primary Care report. Committee agreed to close.

Action 5.1 – SP stated this month’s report outlines the date an SI has been reported and when to the RCA is expected to be received. Committee agreed to close.

Action 6.1 – MG stated she has spoken with Matt Boyce and in order to demonstrate a timeline against trajectory on Datix this will take time however, the presentation side can be looked at internally.

The remaining actions relating to the risk register will be discussed on agenda item 6.1 Risk Review.

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

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

Urgent Care Provider

SF stated the main concern is the CQC Inspection Report for Vocare has been rated inadequate overall. The domains are rated as inadequate for safe and well led; requires improvement for effective and responsive and good for caring. A joint press statement was released last week with RWT and CCG, there was some media coverage in the local paper. Prior to the CQC visit there was Director to Director meetings in March, May and July 2017, subsequently agreed to set up an Improvement Board which has been running since April 2017. Since the first Improvement Board an action plan that contained 200 actions for the organisation is in the process of being streamlined in order to identify the



key risks. The CCG has issued Contract Performance Notices that relates to data submission, NQR10, opening hours and paediatric cover. Subsequent to the Contract Performance Notices the CCG have also issued an Information Breach Notice. The response received in regards to data submission hasn't been sufficient therefore another information breach notice has been raised around inconsistent data reporting on SQPR and Unify.

The CCG are seeing some improvement, SF assured the committee there are no further serious incidents and there hasn't been an increase in complaints and what the CCG generally know is that when patients are seen they receive a good service.

The CCG continue with announced and unannounced visits to observe adherence to processes and systems which assure patient safety at all times. SF added Vocare have recruited additional staff to help support the operational management of the organisation.

MG has escalated to NHS England through the Quality Surveillance Group. An Initial Stakeholder Review meeting was held in August 2017 and there were clear actions identified that need to be addressed by October 2017. MG added NHS England wanted assurance regarding the long, medium and short term recruitment and retention strategy, plans for managing and improving performance for the initial triage of walk in patients (NQR10). The CCG were also asked by NHS England to formalise the support given to the organisation and that there is continuing of education and training. MG added a training session has been scheduled for Vocare on Thursday 21st September; the session will be looking at how to identify report and manage incidents and for executives on how to apply appropriate scrutiny to a root cause analysis report following a serious incident occurrence.

JO asked what is known of Vocare as an organisation in terms of capability and capacity. JO added are there other areas within the country that have received a CQC inspection and what are the results. MG responded the intelligence from Vocare is the organisation has 25 contracts across the country majority are in the North with more in the South than central. Two inspections have been rated as good, two rated inadequate, 14 areas remain to be inspected and the remaining contracts requires improvement. MG stated all areas that require an inspection were all registered as new in 2016 therefore prior to the WCCG procurement due diligence exercise.

Maternity Performance Issues

SF stated key performance indicators on the maternity dashboard are a concern which could impact on quality and safety. Key areas are staffing, sickness, vacancy rate and birthing ratio. There has been communication from David Loughton who has formally written to all CCGs in the area and NHS England to ask around the consideration of capping. Bookings have increased from surrounding areas as Burton, Dudley, Shropshire and Walsall (which falls outside of the capped arrangements). The actions taken by the CCG are monthly discussions at CQRM, current escalated Maternity Commissioner



Meetings with RWT, escalation to NHSE and NHSI, escalation meetings with RWT to discuss options and plans on maintaining safety and RWT and CCG entry onto the risk register. SF highlighted the Trust has reported a serious incident yesterday (Monday 11th September 2017) with regards to a mother who had a intrauterine death at 31 weeks. A full investigation has commenced as on early indication there were other underlying factors which may or may not have affected the sad outcome for this family.

RR queried if the neonatal network review has taken place as suggested in the QSG minutes. MG confirm the review has taken place, NHSE Director of Nursing for Specialised Commissioning visited the neonatal unit at New Cross Hospital and stated whilst the estate is dated, it does provide a good service and evidence does not suggest that there are delays in repatriation of patients. The Trust was commended on the management of infection prevention and control in the NNU.

Increased number of never Events 16/17

SF stated there have been three Never Events to date. The Never Event described in the report was thought to be at this stage of the RCA investigation to be influenced human error (this could be STC). The Trust is undertaking a full RCA into this incident and the final RCA will be submitted to the WCCG in November, however, the Trust has taken immediate action with the surgeon involved to ensure safety of other patients.

JO highlighted the table on page 14 of the report demonstrates a Never Event occurs at least six weekly. PP noted in the last 12 months there has been six wrong site surgery incidents reported and asked what actions are being taken. SF responded there have been Never Event table top discussion which have been beneficial and challenging and subsequently picked up at CQRM. MG added wrong site surgery is the most common nationally.

Non-Emergency patient transport services issues

SF stated mainly there are performance issues with this provider with a potential for its impact on the quality issues. The provider has failed to meet key performance indicators, key areas are; the quality report is not being submitted and when it is there's lack of data and the current performance has not been at the level expected. The CCG have taken contractual action in terms of the quality report. This is a 'watch and wait' as potentially further action may need to be taken.

Step Down Care Home Provider

SF noted the CCG are continuing with Improvement Board Meetings. Due to the evidence of improvement the CCG have agreed to increase admissions to seven per week for the period 28th August 2017 to 17th September 2017. Step down admissions for this period are restricted to one per day. The announced Quality visits continue fortnightly and an unannounced quality visit is planned shortly.



PR raised concern regarding the diagnostic delay serious incident noted in the report.. RR added as a primary care physician she also finds the pathway difficult to access. MG stated once the full RCA has been received a wider review of the pathways would be valuable.

Action :- RR to escalate the issue at own surgery through Quality Matters.

PR congratulated the nursing team at RWT on the reduction of pressure injuries.

Action:- Inform the nursing team at RWT on behalf of the committee on their efforts for reducing the number of pressure injuries were congratulated.

PR asked for the report on page 22 to read 'There was one serious incident reported for August 2017 by BCPFT compared to three SI's reported by BCPFT for July 2017. This incident was reported under the pending review category where a patient unexpectedly committed suicide by hanging himself at home.

5.2 August Primary Care report

The report was noted by all present. Liz Corrigan (LC) provided a summary of the report.

The Infection Prevention (IP) team are leading the new audit ratings, it had caused the overall rating to drop slightly because the measure is against new guidance. LC highlighted Hill Street Surgery overall IP audit rating is 76%, Julia Freeman Primary Care Liaison for IP is supporting the surgery and will undertake a three month follow up and will provide a progress report.

Two serious incidents are currently being investigated within Primary Care, both SIs will be reported to NHS England Professional and Practice Information Gathering Group (PPIGG) group for logging and appropriate escalation.

There has a slight reduction in the number of respondents who would recommend their practice but also a reduction in number that would not recommend their practice. LC noted 1% is the overall response for Wolverhampton's total list size which is double the England average. There have been five repeat offenders who have not submitted data, contract breaches have started to be issued. An action plan is currently being devised to look at the process for practices who suppress data (fewer than five responses) in order to issue contract breaches.

The majority of responses have come via tablet/kiosk (check in screens) with handwritten cards in second place and SMS text in third, reflecting an effort by the CGG to promote this within practices.

Quality Matters incidents are now up to date and all Primary Care incidents have been forwarded to the relevant practice.



No formal complaints or compliments relating to primary care are noted for the CCG.

CQC have recently inspected Keats Grove Surgery who has been rated as 'good'. Two practices currently have requires improvement rating and are being monitored by the Primary Care and Contracting Team with input from the Quality and Risk Team.

A workforce gap analysis report has been provided by PCH and Unity identifying current and future needs, this will be reviewed in line with the implementation plan. Similar will be provided by VI this will be aligned with the workforce strategy.

A number of nurses and pharmacists have received funding from Health Education England to undertake development courses. Three individuals have applied for fundamentals in Practice Nursing and five for ACP course. General Practice Funding View (GPFV) training programmes continue which includes Care Navigator, Reception Staff training and Practice Manager training.

5.3 Quality and Risk Work Plan – Deferred

5.4 Infection Prevention & Control – RWT Commissioned Service Update

The report was noted by all present.

Vanessa Whatley highlighted the following points;

- The Care Home Prevalence project concluded in March.
- The focus for 2017/18 activity will be data collection on urinary tract and interventions to encourage and raise awareness with regard to the importance of hydration in Wolverhampton Care Homes and subsequently there's effort within the Acute Trust to look at similarly. The purpose of this project is looking at reducing the risk of UTIs but also improving diagnosis and making particularly in dementia patients.
- Following ratification of the revised GP enhanced standards and audit tool surgeries with completed audits in Q1 were revisited to assess the additional areas. Although observation of practice was difficult it is improving with planned audits in Q2.
- Audit results were expected to deteriorate with more stringent standards aimed at streamlining practice and improving environments however the impact has been minimal in most practices visited in Q1.
- The Government has renewed its commitment to reduce Healthcare associated Gram Negative Bacteraemia by 50% by 2021. The target for 2017/18 is a 10% (20 cases) decrease in all cases of E. Coli bacteraemia in Wolverhampton. A draft action plan has been circulated with a final sign off at RWT Infection Prevention and Control Group on September 2017 where the CCG, Public Health and RWT are all present. Failure to meet the target impacts on the CCG quality Premium.



- There is a risk that the quality premium targets will not be achieved through monitored infections. Through shared information across primary and secondary care patients are followed up and risks of reinfection or persistence colonisation reduced. Other risks highlighted in report are being mitigated.

PP queried 2.2.1 of the report asking what is meant by 'observation of practice was difficult'. VW responded it was difficult to look back retrospectively at observation of practice element in order to capture activity. MG asked if support from the CCG would help in terms of improving quality in the primary care for IP. VW responded the support from the CCG would be helpful.

Action:- CCG to support the IP Team to improve the quality of IP in Primary Care LC to take this forward with VW to identify key messages and actions.

SP queried the report mentions the appropriate use of urinalysis (urine 'dip stick'), SP asked if the samples are still sent to the laboratory. VW responded the Trust are aware a lot of urinalysis is undertaken and lot of inappropriate specimens being sent therefore the infection prevention team need to educate what the limitations are. VW added sepsis monitoring from a UTI perspective around catheters the Trust on average have four patients diagnosed per month, work is being undertaken within the continent service which NHSI are funding to review patients with a urinary catheter.

MG asked is there an opportunity to improve practice environments. VW responded a member of staff attends the Estates Group and their expert advice is generally well received at these meetings. VW added after having redeveloped the audit tool at the end of this year the Trust will collate a risk log that brings all the surgeries together in order to focus on what improvements are required from an environment perspective.

PR stated the report indicates a total of 94 MRSA positives patients. PR asked are all patients screened prior to an operation. VW confirmed the 94 patients are mixture of patients who are screened on admission from GP clinical specimens.

5.5 Emergency Preparedness, Resilience and Response (EPRR)

Report was noted by all. Tally highlighted the following points :-

- The update for the Business Continuity Plan as a statutory yearly requirement.
- The next stage to the Business Continuity programme is to create tactical plans which will enable the CCG the plan against loss of staff and set up a 'Response plan' should there be a loss of facilities. This is planned for the final quarter of 2017.
- A corporate level Business Continuity plan has been drafted in conjunction with Wolverhampton City Council and the other Black Country CCG's. The plan supplements the Major Incident Response Plan (MIRP) plan already in place. The initial draft has been reviewed by commissioners and the council and await a 2nd draft which will be made available in October.



- Work is also continuing on Pandemic Influenza. This has included developing a model for implementation across the Local Health Resilience Partnerships (LHRP) footprint. A multi-agency exercise took place in February 2017 and further development meetings engaging all health care providers have taken place.
- Nationally the core standards have yet to be released by NHSE. The CCG has however been made aware that the “deep dive” for 2017/18 will be Governance.
- The NHSE EPRR Regional lead was invited to deliver mandatory 3 year training for on call staff. The training was delivered on 21.06.17. The training was well received and enabled the CCG to be compliant in this area.

6. RISK REVIEW

6.1 Risk Register

MB highlighted there are eight risks currently logged on the risk register.

312 – Mass Causality Planning. TK provided an update stating the Mass Casualty planning is incorporated in the continuing work on Pandemic Influenza. This has included developing a model for implementation across the Local Health Resilience Partnerships (LHRP) footprint. The CCG are also in the process of developing a live exercise in order to be more resilient. TK agreed to update the risk register. The risk is currently at level eight.

SF highlighted the following risks remain on the register; Maternity Capacity and Demand (492), Patient Transport Services Poor Performance (493) and Vocare (466).

Risk 476:- Named Dr for LAC. MG stated this risk remains on the register as whilst there is an interim in place the CCG would like to see a substantive post.

7. ITEMS FOR CONSIDERATION

7.1a NICE Policy

The NICE policy was noted by all.

JO asked where there is a discretion how is it exercised and by whom and where is the level of clinical input into the operation of the discretion. SF confirmed Dr Booshan chairs the NICE meeting and then the decisions are added to the contract and then implemented.

JO asked is there a public record of what key decisions have been made and when and the effective date of those decisions. MG responded the agreements made at the NICE Assurance Group are not currently made public. JO added if clinical decisions regarding clinical activity do we at least need to make those decisions public.

Action:- DC to include future NICE Assurance minutes.



7.2 Patient Cancer Journey

The Patient Cancer Journey was noted by all. The committee noted it was a difficult pathway for the patient.

PR noted the patient wants their cancer journey story used as an example to improve patient pathways.

Action:- SF to contact PALs at RWT for further information prior to contacting the patient.

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

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.

9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

No items for escalation.

10. ANY OTHER BUSINESS

PR noted patient representative interviews have taken place. A decision has been made and the



successful interviewee will be contacted today.

11. DATE AND TIME OF NEXT MEETING

Tuesday 10th October 2017, 10.30am – 12.30pm; CCG Main Meeting Room.

