SANDWELL AND WEST BIRMINGHAM CLINICAL COMMISSIONING GROUP

QUALITY AND SAFETY COMMITTEE

Enclosure 13

Minutes of the Quality and Safety Committee held:

Tuesday 2 October 2012, 13:00 – 15:30pm,
Boardroom, 2F, Kingston House

Present:

Richard Nugent – Joint Chair	Non Executive Director
Noorin Akhtar (NA)	Practice Manager
Dr Karl Alonso (KA)	Pioneers for Health
Dr Alex Macherianakis (AM)	Consultant in Public Health Medicine
Dr Inderjit Marok (IM)	ICOF LCG Vice-Chair
Dr Samar Mukherjee (SM)	ICOF LCG Chair; CCG Quality & Safety Lead
Dr P Desai (PD)	Black Country
Claire Parker (CP)	Chief Officer (Quality)
Anna Pronyszyn (AP)	Infection Prevention Nurse Consultant
Saba Rai (SR)	Head of Equality and Diversity
Jayne Salter Scott (JSS)	Senior Commissioning Manager (Engagement)
Margot Warner (MW)	Lay Member – Clinical Director, Nurse Specialist

In Attendance:

Linda Baldwin (LB)	Business Support Officer

Ref No	Subject	Action
1.0	Apologies	
1.1	Gwyn Harris, Felix Burden, Helen Jones, Alison Hodgson, David Farnsworth and Martin Stevens	
2.0	Declarations of interest	
2.1	NA declared a conflict of interest informing members that she is Practice Manager and an ICOF Board member, as well as being a Governor for West Midlands Ambulance Services	
3.0	Minutes of the last meeting	
3.1	Minutes of the meeting held on 4 September 2012 were agreed as a true and accurate record	
4.0	Action List and matters arising	
4.1	4.2. Breast, Bowel and Cervical Cancer screening – AM provided a verbal report advising that we are not currently achieving targets in all areas Cervical Cancer screening – target is 80% currently achieving 76%. Stopped falling for about a year, but in recent times has begun to fall again. It	

was identified that there is a mixed picture across the patch as some patients, mainly eastern Europeans either refuse, indicating they have had a test in their homeland whilst others come here to be tested. For example, it was noted that cervical tests are carried out annually in Poland. AM went on to say that uptake can even differ in the same practice, where one GP will be meeting their targets whilst another is not. SM asked for detailed data by practice encompassing Sandwell and HOB practices.
Breast Cancer screening – AM confirmed that Sandwell are achieving76% with HOB being 66%. JSS said that patients seem to respond better when they receive a letter from their GP requesting they attend a screening appointment. SR said need to work more with the voluntary sector and data produced needs to be disaggregated by GP and ethnicity. MW – would also be useful by age.

4.1.1 Bowel screening – data shows Sandwell as 51% with HOB showing 30%.

Following discussion RN asked AM if he could produce a consolidated Report, to contain the following:

- Age
- Ethnicity
- For both Sandwell and HoB
- Broken down by GP practices

4.1.2 AM November meeting

Action: AM agreed to produce the above report covering both Sandwell and HOB in readiness for November's Committee meeting.

4.2

CP advised members that a Diabetes paper will be going to the Clinical Quality Review meeting taking place at the Hospital tomorrow 3 October.

4.3

With regards to the Prescribing Incentive Scheme , SM confirmed that a message had now been sent out to all practices

4.4 CP January 2013

CP confirmed that she has now met with Eileen Kibbler to discuss Health Checks in greater detail. Now need to move this along by discussing with counterparts in HOB; anticipate bringing this back to this Committee early in the new year.

5.0 Safeguarding

5.1 CP asked that designated nurses are invited to this Committee meeting. Eileen Welsh was named for Sandwell with Regeander Kang covering for HOB.

5.1.1	Action: LB to add Eileen Welsh and Reagenda Kang to the Q & S distribution list	LB prior to 6/11/12 meeting
5.2	Since the last meeting in September, CP noted that the hospital have served notice around the named nurse functions. There is some angst in the system, with a plan to drag and drop the existing Sandwell team into the CCG and will have a SLA with Birmingham team with consideration to an integrated team going forward. This arrangement was acceptable to the authorisation panel, however, they did advise that a safeguarding policy needs to be in place. There are slightly different approaches to safeguarding between Sandwell and HOB which will be left as is for now. MW said that need to be clear as high risk area. CP reassured her that we are working within the guideline for keeping adults and children safe.	
6.0	Patient Experience	
6.1	JSS said that CP and herself had met with NA and Andrew Moore to discuss the dashboard. CP looking to see if service is working effectively and that patient experience is considered. It was agreed at that meeting that need to have a regular spot on this agenda.	
6.1.1	Future plans are to develop a number of case studies; are currently working on one which relates to a patient with visual impairment who relays a horrendous story. Studies will chart patient's journeys from a Health and Social Care perspective. AM asked if the Committee has any power to make changes. RN confirmed that they do. IM said that, as well it would also be nice to balance with positive stories. To provide measure JSS advised that case studies are about	
6.1.2	learning from what we do well and not so well. CP said that gives us the chance to do things differently, look at quality from a patient perspective – check against RAG ratings to ensure that data can be backed up. RN said would need to make the links between this and other committees. MW said that in addition to these studies the hospital will continue to carry out their own.	
7.0	Equality & Diversity	
7.1	SR commenced by advising that a formal report will be brought to the November meeting, but for now as the new Head of Equality & Diversity will use the time to introduce herself and give an overview of the E & D agenda, which was provided.	
7.1.1	Information of interest to members, included:	

- Currently setting priorities, which should be finalised and ready for publication in December. Ahead of this will bring to the November meeting with a number of suggested priorities
- Held Stakeholder Workshop on 11 September where a number of priorities were identified
- Primary Care access identified as a problem, especially amongst poor and vulnerable members of the community

7.1.2

- Care pathways appear to be breaking down
- Transition arrangements from Health and Social Care and from Adolescent to Adult also problematic

7.1.3 RN said that the information gained could be used when designing pathways and built into the contracting arrangements. Can be down to having the right data at practice level and how used was a viewpoint from SR. Key streams of work are Patient Safety and Work with Carers.

SM asked if able to categorise key areas for resolution when putting the report together

8.0 Annual Report – Infection Prevention & control

8.1 AP began by discussing the executive summary from the Annual report noting that the report is until March and only for Sandwell.

8.1.1

It was noted that for last year Sandwell did very well and since 2006/07 have seen a 90% reduction in MRSA with a potential cost saving of £891,000. This has been achieved as a result of good infection prevention, as no new drugs have become available during this time.

8.2

Care Homes – from 2010 investment was made for nurse to look at infection prevention. When started many Care Homes were achieving scores of 40%, but over time this has risen to 90%. Have developed a Norovirus toolkit – need to do more on Hydration at home to prevent infections.

8.3

Antibiotic Prescribing has remained at the national average and is one of the lowest in the Midlands. An event is planned for 18 November which will provide information on how to make savings in prescribing budgets. AP to ask Lynda Scott to advertise in the CCG newsletter.

8.3.1

Action: CP to speak with Lynda Scott regarding the Antibiotic event taking place on the 18 November

8.4

Unfortunately, Sandwell didn't achieve their CDiff reduction

target for last year, but this may be due to reporting both positive and negative cases. Others have only provided positive cases which have led to a disparity in results. As now only have to report positive results this should resolve
8.5 the problem.

With regards to an outbreak of *Pseudomonas* in the Neo natal Unit last year as have an extensive programme this was identified early, so put in pro active measures to ensure that
8.6 water was free of the bacteria.

Key recommendations:

1. Ensure that Infection Prevention is integral to contractual agreements. Currently running at 65%, however, contracts set a target of 80% compliance for the coming year
2. Improve the success rates for Elective screening
3. At 5% Blood contamination rates are above the national average of 3% which needs to reduce accordingly

8.6.1 4. Hydration Therapy should be picked up in the community

5. Need to review Infection Control for the CCG as AP
8.6.2 role will be going over to the Local Authority

In response to recommendation 5. RN noted the need to ensure public health provides a co-ordinated and integrated offer.

IM enquired about obtaining data on the number of infections acquired in Primary Care. AP said can be difficult to count. It is possible to find out how many isolates; practice may be able to audit themselves. IM related this to the CQC registration to determine what practices need to do to meet
8.7 registration. AP indicated it is mainly to ensure that the premises are clean and safe, more so, where minor surgery is carried out. Premises must be able to be cleaned adequately, consulting rooms are a much lower risk. AP advised that members need to complete a risk assessment on their premises which detail a planned programme of improvement.

Members resolved to accept the recommendations of the above report

9.0 Emergency Department

9.1 SHA Quality Review visit 23 July 2012 - CP circulated an Executive Summary from the formal report which gives a

9.2	good outline of what came out of the review; essentially the issues were around medical leadership and the culture at the trust. A disparity existed between how nurses and medics were managed. As a result of the investigations the trust has now appointed a Clinical Director for each site; Sandwell and City. The Trust are also looking to appoint an overall Clinical Director for ED. In addition have completed a number of actions having placed the department in special measures and undertook interviews to look at some of the key processes. EDAT Progress report (John Haywood) - the same themes emerged as those from the above Quality Review. The report highlighted that there isn't enough middle grades, and senior staff expert in emergency medicines which will need to be addressed. No serious incidents (red) relating to the department. CQC following a recent visit did not find any insurmountable safety concerns. However, there have been capacity issues up to a level 4. Because these issues, Rachel Overfield from the trust was concerned that not operating a safe service put measures in place to elevate – will need to keep a close eye on things. SM confirmed that taken similar measures at City.	
10.0	Any Other Business	
10.1	*Minor Ailments Scheme* – CP confirmed that HOB have decommissioned the scheme, but it still exists in Sandwell, which presents an inequality in services for patients. JSS said that Patient User Involvement is a little disappointing. NA asked if patients are aware that the service has been decommissioned. JSS pointed out that have a statutory duty to inform members of the public of plans to remove a service. JSS to have a conversation with those involved from HOB side to find out exactly what's been agreed.	
10.1.1	Action: JSS to speak with HOB colleagues to find out what the position is with regards to the decommissioning of the Minor Ailments Scheme	JSS
10.2	*Primary Care Quality Dashboard* – CP and SM met with Mike Buckle who prepares the Dashboard for HOB, which seems very user friendly. Have shared with LINKs members who like it. Will e-mail to members to see if OK to use. This is likely to be the national dashboard so makes sense to use. AM said it's noticeable that Cancer has not been included.	
10.2.1	Action: LB to e-mail the Primary Care Quality Dashboard out to members for comment	LB
11.0	Date, time and venue for future meetings	

11.1 Tuesday 4 December 2012, 12.30 – 15:00pm, 4R, Meeting Room 1, Kingston House