

Minutes of the Quality & Safety Committee
Tuesday 13th November 2018 at 10.30am in the CCG Main Meeting Room

PRESENT:

Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)
Yvonne Higgins – Deputy Chief Nurse, WCCG
Sally Roberts – Chief Nurse and Director of Quality, WCCG

Lay Members:

Jim Oatridge – Deputy Chair - Lay Member
Peter Price – Independent Member – Lay Member

In attendance (part):

Steve Barlow – Principal Public Health Specialist, City of Wolverhampton Council
Fiona Brennan - Designated Nurse for Looked After Children, WCCG
Molly Henriques-Dillon – Quality Nurse Team Leader, WCCG
Annette Lawrence – Designated Adult Safeguarding Lead, WCCG
Lorraine Millard – Designated Senior Nurse for Safeguarding Children, WCCG
Sukvinder Sandhar – Deputy Head of Medicines Optimisation, WCCG
Phil Strickland - Governance & Risk Coordinator

APOLOGIES:

Marlene Lambeth – Patient Representative
Dr R Rajcholan – WCCG Board Member (Chair)
Mike Hastings – Director of Operations
Dr Ankush Mittal – Consultant in Public Health, City of Wolverhampton Council
Sue McKie – Patient/Public Involvement – Lay Member

QSC/18/056 Apologies and Introductions

Apologies were received and noted as above and introductions took place.

QSC/18/057 Declarations of Interest

There were no declarations of interest.

QSC/18/058 Minutes, Actions and Matters Arising from Previous Meeting

QSC/18/058.1 Minutes from the meeting held on 9th October 2018 (Item 3.1)

The minutes from the meeting which was held on 9th October 2018 were read and agreed as a true record.

QSC/18/058.2 Action Log from meeting held on 9th October 2018 (Item 3.2)

QSC/18/045.1 - Quality Report including Primary Care and Care Home Report - To outline the actions and maybe add an extra column showing work done current month and previous month.

This action is now **closed** and will be **removed** from the action log.

QSC/18/045.2 - Infection and Prevention Report - To send dates to Ms Whatley for the system sharing meetings.

This action is now **closed** and will be **removed** from the action log.

QSC/18/031 - Apologies and Introductions – To discuss the attendance of the secondary care consultant with Mr McKenzie. To write to the Secondary Care Consultant.

Mrs Roberts advised that the Secondary Care Consultant has resigned from the CCG.

Mrs Roberts stated that she would speak with Helen Hibbs regarding the appointment of another Secondary Care Consultant.

ACTION: Mrs Roberts

QSC/18/025.1 - Quality Report including Primary Care and Care Home Report - Friends and Family Test (FFT) - To share the LMS 'Saving Babies Care Bundle' action plan.

This action is now **closed** and will be **removed** from the action log.

QSC068 - Points raised by the Chair following the presentation of the Quality & Risk Report: A date is to be confirmed on the implementation of the catheter passport.

Ms Higgins advised that this was to do with catheters generally and also an e-coli case.

QSC071 - H&S Performance Report: New H&S Provider to look into supporting CCG with H&S requirements. To assess as to whether this needs to be a risk at the next meeting.

Mrs Roberts advised that a detailed offer had been completed and there were people interested of whom the CCG will liaise with. At present though there is no one formally identified and suggested therefore this should be added to CCG Risk Register.

Action: To be added to Risk Register

Mr Oatridge offered his assistance if required.

Mr Barlow commented that Health and Safety Officer is part of his remit and offered support if needed.

QSC/18/059 Matters Arising

There were no matters arising.

QSC/18/060 Performance and Assurance Reports

QSC/18/060.1 Quality Report (Item 5.1)

The above report was previously circulated and noted by the Committee.

Ms Higgins asked the Committee for feedback on report.

Mr Price stated that the report was really useful and much preferred the new format.

Cancer – Ms Higgins advised that there was a remedial action plan in place with trajectories and the trajectories were being met.

Mrs Roberts stated that although the local trajectories are being met, performance is still a significant challenge. She advised we were expecting a dip in the next few weeks as the trust works through the patient back log, but improvement should be noted after that. There is significant focus to cancer performance, across all levels. The Trust is doing an additional two weekends a month to support the urology pathway.

Mr Oatridge commented on the Trust being on trajectory and asked as to what extent are the Trust putting in place.

Ms Higgins replied that they are working on capacity demand; they are using trackers as well and added that the CCG are supporting the review on the trackers.

Mrs Roberts stated that the IST have reviewed the pathways; urology which we know about and diagnostics (MRI) and added that the Trust are one MRI scanner down; which is well documented; the work is going into the Cancer Alliance and discussions are taking place on demand and capacity. Walsall patients need to have had their MRI done at Walsall before being referred to Wolverhampton. Paul Tulley is working on Cancer in STP.

Ms Higgins advised that the process for 104 days reviews has been refined as well as the 62 day wait.

Mr Barlow stated that with regards to breast screening the letters went out two weeks ago; there had been a timed clinic set up at New Cross on Saturday; he was unsure as to how many ladies had turned up, but there were an additional 28 ladies in clinic with an additional 14 telephone calls.

Mr Oatridge commented on the Trust being placed on national escalation and asked what that meant.

Mrs Roberts replied that this was as a result of escalation following the local NHSI/E escalation meetings and advised that the Trust would have a visit from NHSI Medical Director, date to be advised.

Mr Price asked if they had set a target for the overall cancer performance.

Mrs Roberts replied that there was no target set but added that there are local targets and trajectories for each pathway. She advised that she had attended a Stocktake meeting which was chaired by Dale Bywater and Wolverhampton had been marked for Cancer Performance; it was noted that there needs to be changes in cultural and local systems. She added that primary care for diagnostic capacity was currently being outsourced, to support the trust with more cancer diagnostic capacity.

Mortality – Ms Higgins stated that she had received an update since the report was written; the SHMI was at 1.21 now and work across the system continues with this agenda. She added that a presentation was going to the Governing Board this afternoon. She advised that they are doing system wide mortality reviews within primary care and are looking at approximately 650 deaths that occurred 30 days from discharge.

Ms Sandhar joined the meeting.

Ms Higgins stated that they know where patients were discharged to; they had looked at Nursing Home data but as this was not accurate data from the trust they are working with RWT refining this data. There is separate Nursing Homes and Residential Home data.

Mrs Roberts advised that there were two key emerging themes; FCE and coding related issues ie: the cause of death was being recorded as what the patient was originally admitted for, which was not always correct.

Ms Henriques-Dillon joined the meeting.

Mrs Roberts added that they were not coding later illnesses; i.e. lower respiratory tract, but patient died of pneumonia, the first coding was FCE, the trust are now reviewing this with every speciality where FCE is an issue.

Ms Higgins advised that SJRs were not being done for patients who die out of hospital but they are going to do that now with support from Primary Care.

Mrs Roberts commented that the quality of care does not appear to be flagging; however EOL care is the other key trend emerging, with community patients being admitted repeatedly and discharged and then eventually dying in hospital.

Ms Higgins advised that the system wide work is being presented to the regional

mortality group.

Mr Price queried if coding could be looked at and amended retrospectively.

Mrs Roberts replied no but it will be looked at going forwards. There is also seasonal variation to manage.

Mr Oatridge asked about the relationship between Mrs Roberts and Prof. Cannaby.

Mrs Roberts stated that it was really good, they work well together; she added that it is on a QI approach, which is very different from previous styles.

Sepsis – Ms Higgins advised that she does not understand the data that has been submitted for quarter two results and has therefore asked for further assurance.

Maternity Performance – Ms Higgins advised that there is a high C-section rate; she added that there is a safeguarding person now in post and thought that this risk could be removed off the Risk Register.

Mrs Roberts stated that given some of the IQPR maternity report ratings and on-going capping arrangements that she recommends maternity stays on the Risk Register as amber.

Black Country Partnership (BCP) – Ms Higgins advised that she had asked BCP for a themed review at their CQRM in December and added that we will have better reporting in April going forward. Staffing and capacity is an ongoing issue for the trust which is discussed at every CQRM and will continue to be monitored for improvement.

Probert Court – Ms Higgins stated that the collective work between Accord, RWT and CCG was having a positive impact on the care being delivered. The RITS team are reporting different things to what the CCG are finding and so further review is now underway to establish actual findings.

Ms Higgins advised that the team had undertaken an announced visit to Cannock Hospital; it was a really positive visit and outcomes would be shown in the next report.

Mr Price commented that it was really helpful to see the progress being made across the board and asked when it could be shown when issues are likely to be resolved.

Ms Higgins stated that mortality and cancer is going to be ongoing for a while.

ED Performance – Ms Higgins advised that the closure of the SATH hospital is under review with NHSE, it is critical that Wolverhampton assess the potential and impact of this closure for Wolverhampton patients and clearly more significant assurance is required.

Mrs Roberts added that the potential closure was going to be three extra ambulances a day, but could now be significantly more as there has been push back from RWT which is supported by CCG. The closure is being reported as either from 8pm or 10pm but the senate has recently agreed for it to be from 8pm.

Ms Higgins stated that the RWT workforce and staffing report from the trust was really positive.

Ms Lawrence, Ms Brennan and Ms Millard joined the meeting.

Vocare – Have had a visit from CQC; initial feedback showed it was a positive visit. Awaiting final report

QSC/18/060.2 Primary Care Report (Item 5.2)

The above report was previously circulated and noted by the Committee.

Flu Vaccinations – Ms Higgins advised that the uptake was positive and added that some practices hadn't had enough trivalent injections but it was now sorted.

Mr Barlow added that all practices should have received what they had ordered.

Docman – Ms Higgins stated that all reviews have been undertaken and there was no identified harm to any patients as a result of this issue.

Mr Oatridge referred the Committee to page 9 of the report and commented that all deadlines were the 7th August 2018.

Mrs Roberts advised that all actions should now be closed.

FFT – Mr Price referred the Committee to page 15 of the report and commented that the figures were down on West Midlands and England figures.

Mrs Roberts stated that they have struggled with some returns but added that they will focus an improvement plan on it.

Ms Higgins advised that there was some more data on page 16 of the report.

Mr Barlow asked if there was some more in-depth data done around FFT.

Ms Higgins replied that unfortunately, it can't be done through FFT.

Mrs Roberts added that you can triangulate the data with patients' choices and advised that Mrs Corrigan is sharing this information with the PPGs.

Mr Oatridge commented on the workforce activity and the fact some practices have not agreed to share information and asked how we know if they are operating safe staffing and patient care and asked if it was in the contracts; if not could we add it.

Mrs Roberts stated that she thought we needed to ask the question as to why they won't share the information with us and that this is the role of primary commissioning committee too.

QSC/18/060.3 Quality Assurance in Care Home Report (Item 5.3)

The above report was previously circulated and noted by the Committee.

Serious Incidents (SIs) – SIs are relatively low across the Nursing Homes. There were seven reported during Quarter 2 which was a slight increase on Quarter 1.

Performance Data - Chest infections (21) and falls (30) remain the highest reason for attendances at ED in quarter 2. There were 65 ED attendances during Quarter 2 that fell into 'other' category with a multitude of reasons. The team are providing some training with regards to this.

RITS teams – Data can't be triangulated, WMAS data is currently 6 months behind; if they are not using the RITS team are they going to ED or are they managing themselves.

Mrs Roberts commented that falls are difficult for CQC as their expectations are that if a patient falls they go to ED.

Mr Oatridge commented on unscheduled GP visits to homes and asked what was scheduled.

Ms Henriques-Dillon advised that GPs are doing weekly ward rounds to homes and homes are ringing GPs if the patient is poorly on a particular day, there is a lot of pressure on the practice.

Mr Oatridge wondered if that practice had got a regular scheduled day visit.

Ms Henriques-Dillon replied that yes they have but added that there was a new home manager and work is being done to help them

Mr Oatridge asked if homes have a designated practice.

Ms Henriques-Dillon commented that the PIP scheme had looked at through the Enhanced Care Homes.

Mrs Roberts added that this was to do with the primary care remodelling and added that the PIT Scheme evaluation shows it was inconsistent.

Mr Oatridge asked if it had to be a GP or could it be an ANP.

Ms Higgins replied that it could be either.

Mrs Roberts added that it could also be clinical fellows; they need to be sharing staffing with acute and added that she was trying to push this with the Trust.

Mortality - Ms Henriques-Dillon commented that residents who had died in care homes was the preferred place of death for those patients and added that work is being done around this.

Ms Higgins stated that with regards to the End of Life work that is being done, she had met with the MacMillan Nurse and she will bring a report to the Committee in January 2019.

Safety Thermometer - Ms Henriques-Dillon advised that the homes are exceeding the target on this and added that she has seen an improvement in CQC rating in quarter 2.

Safeguarding Referrals – Ms Henriques-Dillon stated that referrals were coming in, in abundance and added that she is doing work with MASH and they are looking for solutions.

Mr Price asked if it was healthy to get so many referrals.

Ms Henriques-Dillon replied that it was a concern and if it is a health element they refer to CCG as a team. Some safeguarding concerns could fall in with the Council.

Mrs Roberts added that reporting numbers are positive.

Ms Lawrence advised that they will look at the conversion rates of Section 42s.

SPACE – Ms Henriques-Dillon advised that the newsletters for the quarter were attached to the report.

Mrs Roberts asked Ms Henriques-Dillon to attend the Chief Nurse Forum to share this positive work.

Ms Henriques-Dillon left the meeting.

QSC/18/060.4 Safeguarding Adults, Children and Looked After Children Report (Item 5.4)

The above report was previously circulated and noted by the Committee.

Ms Lawrence advised that the team has set a training programme for GPs practice staff for coming year and added that it was also available to CCG staff that needs safeguarding training. This is the same with WRAP training for care home staff in

January and added that an e-learning training was also now available. The team provided training for the Board in October, need to pick up on a legal perspective.

Mr Price commented that some members did not attend and added that it will be raised at the Audit committee later.

Mr Oatridge added that it was also time limited.

Mrs Roberts commented that perhaps they could include something at the CCG away day.

Domestic Homicide Review - Ms Lawrence advised that the CCG have got a few of these.

Safeguarding Review – There is one review which is nearing publication; there has been a delay from the family.

Table Top Reviews – There are currently two learning reviews taking place for adults; a self-harm incident and a suicide.

Mr Oatridge stated that the report says nothing about the frequency and there are no figures for this year against last year.

Ms Lawrence stated that figures are usually shown in the annual report.

Ms Millard added that the numbers are increasing for children.

Ms Lawrence advised that there are more SCRs coming through.

Mrs Roberts commented that there are some high profile cases and added that we will have to manage them carefully.

Ms Lawrence stated that there is now new staff within the team; Ms Sharon Fitzgerald (admin support) and MASH Safeguarding administrator starts next week. There is a Band 7 Quality and Safeguarding practitioner who starts in January 2019. NHSE have got £10,000 to share and is to be discussed at the Chief Nurse Forum.

GP Domestic Violence – The team have trained 134 staff to date; which covered 28 GP practices and 7 MARAC referrals have been made by GPs/Practice Nurses.

LeDeR – There were two completed reviews that were submitted by Wolverhampton reviewers in quarter 2. This is a total of four that have been submitted; there are seven in progress and nil outstanding but it is slightly different across the Black Country.

Ms Millard referred the Committee to appendix 1 of the report; the Children's complete self-assessment tool and advised that there were two ambers in place.

Serious Case Reviews (SCR) – There are two reviews ongoing; Child N, which Ms Millard is part of the panel and they have set dates for progression. There is also Child K, there has been a delay in commissioning someone to do this work; there is a 6 month time delay and so are expecting a first draft around December. Working Together 2018 has been published with national as well as local levels. Another SCR was identified as not meeting the criteria and the national panel agreed.

Mrs Roberts commented on the new working together guidance and added that there would be period of transition issues; there will be some significant changes for the children's agenda.

Mr Oatridge asked if this was something for the Risk Register.

Mrs Roberts replied that it is not yet a risk but might be once the work is set in motion.

Ms Millard agreed that she didn't see it as a risk at the moment, within Wolverhampton, the meeting has taken place and there are plans on how to progress this.

Mr Oatridge asked if the Committee will receive further progress update.

Ms Millard replied that it would feature in future reports as it is significant.

Mr Oatridge asked if the Committee could see how the responsibilities are changing in a future report.

Ms Millard suggested that perhaps she could present a separate report to this committee in maybe February 2019. With regards to SCRs there is lots of debate around the table and the national panel has to agree.

Action: MS L Millard

CP-IS (Child Protection – Information Sharing) - The Trust are going live with this on 1st March 2019 which is really good. With regards to the Local Authority, they have met with NHS Digital there has now been agreement on how to progress this within the timescales. There is an issue with Vocare; they are looking at how children who are attending Vocare are being monitored.

Mr Oatridge asked who the employer of the School Nurse was.

Ms Millard replied that they come under the Public Health commission.

Mr Oatridge asked if School Nursing was comprehensive in the public or private sector etc.

Ms Millard commented that this is to do with health education/promotion and they are working with a small number of children and added that they need to move away from that.

Mr Barlow stated that he would review the contract and check it and would confirm by e-mail.

ACTION: Mr Barlow

Mr Oatridge asked who has the responsibility of oversight of the children.

Mrs Roberts stated that this was one to watch; school nurse and health visiting especially given the recent funding restrictions in the council, as these are substantial.

Ms Millard added that it had caused a lot of concern but wanted to reassure the Committee they had supported the change; the process is as safe and robust as it needed to be.

Provider Compliance – Ms Lawrence advised that RWT Safeguarding Adults Level 3 Training Compliance is flagging as red; however, they have done a Training Needs Analysis and have set trajectories of 50% of staff to be trained by December 2018 and full compliance by March 2019. The CCG are monitoring this achievement carefully in line with trajectory set. BCP are all green on their dashboard and the team are supporting their safeguarding functions.

Children and Young People in Care

Ms Brennan advised that she has broken down the data for Children and Young People in Care in Wolverhampton; in 20 50 miles etc. There are 51 Children that are 50 miles plus away (8%) so hopefully this gives the Committee assurance that we have a good oversight; she added that she could safely say that all 51 children are where they should be and letters have been sent out with Ms Brennan's details on.

Mr Oatridge asked if we get a letter of assurance and clarity that health checks are being

complied with.

Ms Brennan replied that yes we do.

Mrs Roberts advised that some of the 51 will be because of specialist provision.

Ms Brennan agreed that the 8% need to be away for their own safety.

Providers – The providers are working really hard with regards to their reporting requirements. Ms Brennan has got a meeting with RWT and added that they rely heavily on the local authority and stated that she has assurance from the teams.

Mrs Roberts advised that the CCG can be more specific next year for framework.

Ms Brennan stated that she had met with BCP yesterday and they never asked for LAC assurance. With regards to information requirements it is really positive.

Joint CYPiC Training Event – Ms Brennan advised that 45 out of the 50 professional that were invited attended the event. The evaluation was really positive.

The Children and Social Work Act 2017– Wolverhampton Council will publish the offer for care leavers in October 2018, providing information about services which could help care leavers in, or in preparing for, adulthood and independent living.

Statutory Health Assessments (BAAF) Forms – A task and finish group have redesigned the forms to make them more children friendly. They will be presented at Octobers regional CYPiC forum and Novembers Children in Care Council.

Mrs Roberts advised that both Ms Lawrence and Mrs Roberts had attended a Counter Terrorism for Health Briefings where Paul Bett presented. From the Wolverhampton CCG perspective we have got some work to do with regard to RESPECT and PREVENT as on high alert across the West Midlands. She added that there are five key elements; mainly ISIS, very right winged, animal rights, Irish, DEBEC. Need more assurance for CCG, will get this and report back.

Mr Oatridge stated that it was an excellent report, it looks much better than other CCG reports.

Ms Higgins, Ms Lawrence, Ms Millard, Ms Brennan and Mr Strickland left the meeting.

QSC/18/060.5 Medicine Optimisation Report (Item 5.5)

The above report was previously circulated and noted by the Committee.

FDB OptimiseRx® Pilot - Wolverhampton CCG has launched FDB OptimiseRx® software across the CCG from 17th September 2018. FDB OptimiseRx® delivers patient-specific prescribing guidance to drive medicines optimisation at the point of care.

The best practice message metrics report for Wolverhampton CCG from 1st October 2018 to 1 November 2018 shows that best practices messages were triggered 1653 times during this timeframe with a current acceptance rate 14.64%. The information only message report for the same time period triggered 699 times; these messages are usually related to drugs that require regular monitoring. With regard to the 1653 messages is higher than the national average but is a best practice message from the safety alert.

Mr Strickland and Ms Higgins rejoined the meeting.

Mr Oatridge asked if he was to visit another hospital would this be flagged.

Mrs Roberts replied that it would not be flagged through Optimise.

Ms Sandhar added that Optimise is more of a messenger software.

Mr Price commented on the 14.6% acceptance rate and asked what that was for.

Ms Sandhar replied that it was to do with the flagged system.

Mr Price asked if it was an aide to the GP.

Ms Sandhar replied that it was hopeful that it would be helpful for GPs.

Mr Oatridge asked if this was for all GPs in Wolverhampton.

Ms Sandhar replied that yes it was and they used to switch which was the old software which had lots of messages.

Gosport Report – Ms Sandhar advised that this report was published on 20th June 2018 into the premature deaths of hundreds of elderly patients at Gosport War Memorial Hospital in Hampshire. The Gosport Independent Panel Report was an in-depth review into an ‘institutionalised regime’ of prescribing dangerous amounts of opiate painkillers in elderly patients, many of whom died, between 1989 and 2000. She added that electronic prescribing is coming to RWT and advised that they have reviewed the complaints processes too. At Gosport, some complaints were overlooked. Actions have been identified to help with this:

- Opiate reports to include usage data for each ward.
- Medicines Management Group newsletter to highlight link to palliative care prescribing guideline.
- Educational sessions for Nurse, Medical Prescribers & Pharmacy staff regards report findings.
- With regards to the complaints monitoring/processes the following lessons learned/actions have been taken:
 - Procedural/Practice Change Required – Local Level
 - Personal Change Required – Training/Development
 - Report of complaint themes to be shared with the Medication safety officer for triangulation quarterly.

Mrs Roberts stated that these actions also went to Board.

Ms Sandhar advised that they are doing really well on antibiotics; others were also on target and added that this was August data.

Mrs Roberts added that she has recognised the work that the Medicines Management team is doing around Quality and Safety and it is really positive.

QSC/18/061 Improvement and Innovation Reports/Policies for Ratification

QSC/18/061.1 Collaborative Commissioning Policy (IFR) (Item 6.1a) and Collaborating Commissioning Policies (x 10) (Item 6.1b)

The above reports were previously circulated and noted by the Committee.

Mrs Roberts advised that these have worked through IFR process.

Mr Oatridge stated that there had been lots of reports from them.

Mr Price commented that it would have been good to have an amendments list.

Mrs Hough confirmed that there was a list in the report.

Mrs Roberts advised that if there is a robust complaint the processes have been reviewed.

QSC/18/062 Risk Review

QSC/18/062.1 Quality and Safety Risk Register (Item 7.1)

The above report was previously circulated and noted by the Committee.

Committee Risks

QS08: Probert Court – Mr Strickland advised that there had been a reduction in score.

QS02: Maternity – Named Midwife – Mr Strickland commented that the named midwife is now in post, so this can be removed.

QS06: Cancer and QS07: Mortality – These risks are ongoing, so will remain on the Risk Register.

QS09: Flu – Mr Strickland advised that he had received an update from Mrs Corrigan and all practices now have stock.

QS01: Vocare – Mr Strickland stated that they were awaiting the CQC visit and asked if it had taken place yet.

Mrs Roberts replied that the visit had taken place and initial feedback was positive. However, she added that she would like to await the report before it was removed.

QS05: Maternity Capacity and Demand – Mr Strickland commented that this was to do with recruitment and asked if it could be closed.

Ms Higgins and Mrs Roberts advised that this needed to be kept open.

Mrs Roberts stated that they are keeping the cap on at the moment.

Mr Oatridge commented about the Health and Safety update that Mrs Roberts had given at the beginning of the meeting and asked Mr Price; if this had been done appropriately from an Audit perspective.

Mr Price replied that yes it had.

Mrs Roberts asked about it from the commissioning committee perspective and wondered if we look at that.

Mr Strickland replied that he could de-escalate it from the commissioning committee risk register.

QSC/18/063 Items for Consideration

There were no items for consideration.

QSC/18/064 Feedback from Associated Forums

QSC/18/064.1 Commissioning Committee (Item 9.1)

The Commissioning Committee minutes were received for information/assurance.

QSC/18/064.2 Primary Care Operational Management Group (Item 9.2)

The Primary Care Operational Management Group minutes were received for information/assurance.

QSC/18/064.3 CCG Governing Body Minutes (Item 9.3)

The CCG Governing Body Minutes were received for information/assurance.

QSC/18/065 Items for Escalation/Feedback to CCG Governing Body

Mortality – This was being presented to the Governing Body today.

SAF and Telford closure.

Maternity – protected by cap.

ED – is one to watch; round table discussion.

Mr Oatridge commented that he was keen to pick up the LAC information and changes.

Mrs Roberts advised that internal audit had looked at the SI process and that would be presented at the next meeting.

QSC/18/066 Date of Next Meeting: Tuesday 11th December 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.30pm

Signed: **Date:**
Chair

DRAFT