

**Minutes of the Quality & Safety Committee**  
**Tuesday 9<sup>th</sup> October 2018 at 10.30am in the CCG Main Meeting Room**

**PRESENT:**

Dr R Rajcholan – WCCG Board Member (Chair)  
Mike Hastings – Director of Operations  
Nicola Hough – Minute Taker – Administrative Officer (PA to Chief Nurse and Director of Quality)  
Yvonne Higgins – Deputy Chief Nurse, WCCG  
Dr Ankush Mittal – Consultant in Public Health, City of Wolverhampton Council  
Sukhdip Parvez – Patient Quality and Safety Manager, WCCG  
Sally Roberts – Chief Nurse and Director of Quality, WCCG  
Kassie Styche - Quality and Safety Officer

**Lay Members:**

Jim Oatridge – Deputy Chair - Lay Member  
Sue McKie – Patient/Public Involvement – Lay Member  
Peter Price – Independent Member – Lay Member

In attendance (part):

Liz Corrigan – Primary Care Quality Assurance and Practice Development Co-ordinator, WCCG  
Peter McKenzie – Corporate Operations Manager  
Kelly Huckvale – Information Governance Officer, Arden and GEM CSU  
Maxine Danks - Head of Individual Care  
Phil Strickland - Governance & Risk Coordinator  
Vanessa Whatley – Head of Nursing Corporate Services, RWT

**APOLOGIES:**

Marlene Lambeth – Patient Representative

**QSC/18/041 Apologies and Introductions**

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

**QSC/18/042 Declarations of Interest**

Ms McKie advised that she is involved with Wolverhampton and Walsall Public Health reviewing Child Deaths and this will be for two days per week.

**QSC/18/043 Minutes, Actions and Matters Arising from Previous Meeting**

**QSC/18/043.1 Minutes from the meeting held on 11<sup>th</sup> September 2018 (Item 3.1)**

The minutes from the meeting which was held on 11<sup>th</sup> September 2018 were read and agreed as a true record.

**QSC/18/043.2 Action Log from meeting held on 11<sup>th</sup> September 2018 (Item 3.2)**

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

Mrs Roberts advised that Ms Hibbs will write to the Secondary Care Consultant.

**ACTION: Ms Hibbs**

QSC/18/034.1 - Primary Care Report – To provide a Public Health Update at the next meeting.

This item is on the agenda and therefore it was agreed to be **closed** and **removed** from the action plan.

QSC/18/036.1 - Quality Report including Primary Care and Care Home Report: Cancer: To share the IST action plan with the Committee at the next meeting.

Mrs Roberts tabled an updated copy of the action plan and advised that it is updated on a weekly basis and added that there was also a NHSE Assurance meeting taking place.

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

QSC/18/037.1 - Quality and Safety Risk Register - To meet outside of the meeting with regards to progress the Docman Risk.

It was confirmed that this meeting had taken place.

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

QSC/18/037.1 - Quality and Safety Risk Register – To provide an update at the next regarding a potential incident around breast cancer screening.

This item is on the agenda and therefore it was agreed to be **closed** and **removed** from the action plan.

QSC/18/025.1 - Quality Report including Primary Care and Care Home Report - Friends and Family Test (FFT) - The maternal rate of smoking; the CCG is working with this and will ask Ms Sandra Smith for an update for the next meeting. To share the LMS 'Saving Babies Care Bundle' action plan.

Ms Higgins advised that this had now been sent to Mrs Hough for her to share with the Committee.

**ACTION: Mrs Hough**

QSC/18/015.2 - Items for Consideration: CQC update - To check with IT to see if the iPads could be an IT solution to the WHO checklist and report back to the Committee.

This was shared at CQRM and Ms Cannaby agreed to look into it.

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

QSC/18/015.2 - Items for Consideration: CQC update - To give an update on inspections that had taken place on the VI practices on 5<sup>th</sup> July 2018 in September 2018.

Ms Higgins advised that of the VI Practices that had been inspected they had been rated 'good'.

Mr Hastings added that there were four practices and confirmed that they were rated 'good'. He stated that there are more VI Practices that are still to be inspected.

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

QSC/18/015.2 - Items for Consideration: CQC update - Ms Higgins to meet with Ms Tracy Creswell regarding triangulating information for the dashboard.

Ms Higgins confirmed that this meeting had now taken place.

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

QSC071 - H&S Performance Report: New H&S Provider to look into supporting CCG with H&S requirements.

Mrs Roberts advised that she had been in talks with the University of Wolverhampton for support with this and they had agreed a business case, but unfortunately this option is now not viable due to capacity. However, she is looking at another service at the moment.

**ACTION: Mrs Roberts**

**QSC/18/044 Matters Arising**

There were no matters arising.

Dr Rajcholan stated that she wanted to compliment and thank Mrs Hough for her support to this meeting and to herself as the chair.

**QSC/18/045 Performance and Assurance Reports**

**QSC/18/045.1 Quality Report including Primary Care and Care Home Report (Item 5.1)**

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

Ms Higgins advised that there was more Cancer performance indicators had been added to the dashboard data and it was work in progress. She added that the number of RWT Serious Incidents has decreased over the last month and auditors are currently auditing the Serious Incident management processes within the CCG.

Mr Oatridge commented on the reduction and the correct reporting and wondered if RWT were over-reporting.

Ms Higgins replied that yes they were over-reporting and added that there was a new framework introduced in May 2015.

Mr Parvez commented that there had been discussions with the Head of Governance at RWT and they are now only reporting what meets the latest Serious Incident criteria.

Mr Parvez commented that there were only four overdue of the 60 days Serious Incidents.

Mr Price commented that the report was really helpful and asked if it was possible to see the progress being made.

*Mr McKenzie joined the meeting.*

Ms Higgins replied that they can outline the actions and maybe add an extra column showing work done this month and last month.

**ACTION: Ms Higgins**

Mr Hastings commented on the Information Governance (IG) breaches and asked where the VIs get reported.

*Mrs Corrigan joined the meeting.*

Mr Oatridge confirmed that would be through RWT.

Ms Higgins commented that IG incidents were not always Serious Incidents and added that they had strengthened the process and that Mr McKenzie was now providing expert advice too.

Mr Oatridge commented that at the Governing Body Meeting, it had been agreed that Vocare would be stepped down to business as usual and wondered if it had been agreed to take the same approach at this Committee.

Mrs Roberts replied that it had been agreed to do the same.

Mr Parvez stated that there was an update provided in the main body of the report regarding Vocare.

Ms Higgins advised that Vocare were expecting a CQC review in November.

**Cancer (62 and 104 days wait)** – Ms Higgins advised that she was more assured relating to the harm review process for 104 day breaches. There were 46 harm reviews undertaken between June, July and August for Urology, Head and Neck and Gynae.

**NHSE/I escalation meeting** – Mrs Roberts advised that work is taking place around clinical pathways, additional capacity etc. RWT have got more actions around pathways, mainly urology. The system has had a 34% increase of referrals from Walsall to Wolverhampton which is a challenge to the CCG.

**STP Stocktake Meeting** – Mrs Roberts stated that she had attended this meeting and it had gone well, there were a couple of words that currently define the CCG; mainly Cancer performance, as we are on national escalation and there may be a visit from the national team.

Ms Higgins advised that there was a report going to the Governing Body with regards to Cancer. With regards to the harm reviews; the process will be enhanced by using a GP to further examine the complete pathway.

Ms Higgins commented that the CCG have provided support for the process and that going forward harm reviews will include 62 days breaches.

Dr Rajcholan offered her help with that if needed.

Mr Hastings advised that there were monthly NHSE/I meetings and added that there was a recovery action plan being implemented.

Mrs Roberts commented that they were looking at additional capacity for a CT scanner and they are outsourcing for diagnostics primary care pathways.

Dr Rajcholan commented on the 'one stop urology clinic' and asked if they had got an implementation date.

Mrs Roberts stated that they could ask Ms Whatley when she attends the meeting.

**Mortality** – Ms Higgins advised that the SHMI has risen to 122 and the HMSR is 133 and they should benchmark at 100. The SJRs have identified key themes for improvement; including end of life, sepsis and the recognition and response for deteriorating patients.

Mrs Roberts advised that with regard to the work that Dr Mittal had undertaken around data for ONS data.

Ms McKie commented that RWT are the second worse SHMI in the country and advised that Patient Groups are now asking about it.

Mrs Roberts stated that she had met with Ms Tracy Creswell (Healthwatch) and she now sits on the Wolverhampton Mortality Improvement Group. She added that there was a Strategic Summit on Friday with Wolverhampton Council to discuss Mortality across the City.

Dr Mittal added that a reassuring report was to be delivered on Friday with regards to City wide death data and advised that NHS Digital was providing data for them. He stated that 40 to 60 year olds were a higher death age in the City and that for older people there were less than expected. Statistics show that half people dying in hospital and half at home.

Mrs Roberts stated that she had been at a meeting where haematology, GI, endocrinology and MAU feedback was shared and the key themes were around coding; where patients had been identified with one illness and dies from that but it could have been another illness.

Dr Mittal commented that there were a small number of deaths that need to have Palliative care assessments for coding reasons.

Ms Higgins stated that a business case has been completed which includes a GP to support for SJRs to ensure system wide learning.

Mrs Roberts advised that Dr Stan Silverman was also working with the Trust

Dr Mittal advised that differential diagnosis and end coding was an issue. He advised that there was going to be a Scrutiny Meeting on Friday which would look at symptom code, the expected death rate might affect the SHMI and analytical data will be seen. The Gold Standard is SJRs and the reviewing of deaths going into the future.

Mrs Roberts stated that the commitment and knowledge came across at the Mortality Review Group Meeting she had attended and added that lots of work is being done. With regards to the wider system work; there is a detailed report going to the Governing Body around Mortality.

**Concerns around Sepsis Pathway** – Ms Higgins stated that the mortality reviews had identified some issues in relation to sepsis.

**Sepsis CQUIN** – Ms Higgins advised that RWT were not achieving the CQUIN for Q1.

**ED and Inpatient Sepsis** – Ms Higgins had met with the sepsis leads at RWT and she felt the methodology for the audit was not as robust as it could be; she has shared methodology from other providers with them. RWT are now looking at a specific team to drive improvements in Sepsis. From January 2019, the electronic observation system will flag sepsis. Quarter 2 data should be available next week but she thinks we will see improvements in Quarter 3 data.

**Black Country Partnership** – Ms Higgins advised that their vacancy rate, turnover and sickness rates had all increased. A RCA had been undertaken around a patient with challenging behaviour who had now moved to a different provider. The team had undertaken an unannounced visit to the Penrose Unit. On the day of the visit both of the RGN staff were bank nurses. 13 HCAs were on duty but only three of them were substantive staff. A Multi-Disciplinary Team (MDT) had been established within the unit and there was a clear vision which was consistently articulated of how things will improve; Ms Higgins had asked the trust for clinical leadership for the unit and there will be more detail on the next report.

#### **ACTION: Quality Report**

Mrs Roberts advised that the team will revisit the unit on another unannounced visit.

Ms Higgins stated that Learning Disability nursing recruitment is a national issue.

Ms McKie commented that the client had been moved and enquired as to what was being done differently at the new place.

Ms Higgins replied that they have a different areas, which Penrose didn't have and they are incentivising his behaviour.

**Probert Court** – Ms Higgins advised that they have moved forward with Probert Court; there is clinical leadership driving improvements.

Mr Parvez stated that the team had undertaken an unannounced visit there yesterday and areas of good practice were identified.

*Ms Styche left the meeting.*

Mrs Roberts advised that Prof. Cannaby had visited Probert Court and the trust are prepared to support some training for them.

*Ms Styche rejoined the meeting and Ms Whatley joined the meeting.*

Mr Oatridge asked a question for clarification regarding Caesarean sections as the report states about the threshold and wondered if the two numbers were capable of addition.

Mrs Roberts replied no they couldn't be added together, the elective number was a local measure and the emergency number was a national figure.

Ms McKie commented that handwashing and Infection Prevention had gone red.

Ms Whatley replied that the training requires staff to go onto the computer to do the training; which was proving difficult; they are monitoring it carefully through the Infection Prevention and Control Group meeting which the CCG attend.

Ms Higgins commented that the Trust had another MRSA this month.

Ms Whatley confirmed this and advised that they are doing a RCA.

### **Primary Care**

**Flu vaccines** – Mrs Corrigan advised that there were six practices who hadn't ordered any trivalent vaccinations for the over 65 year old patients and another practice had under-ordered; she added that they are working together with Public Health and commented that there was a national agreement to move vaccines; they had also identified some Pharmacies too; it is being managed well.

Dr Mittal commented that in London there were 16% of practices without vaccines.

Ms Whatley advised that the Trust had had its first flu case.

Dr Rajcholan commented on the statement that was on the bottom of page 34 of the report:

*Public Health are working with NHSE to identify ways to order and manage stock where required and contingency plans e.g. priority vaccination (over 75s and care homes, at risk over 65s then healthy over 65s) mutual aid from practices who have over-ordered and diversion of patients to alternative providers such as pharmacies, NHSE will remunerate for letters sent out inviting patients where GPs do not have a TIV vaccine.*

Mrs Corrigan replied that this was for the over 65 year olds.

**Practice Issues:** Mrs Corrigan advised that they were monitoring the Docman issues.

**MGS Medical Practice:** They are monitoring the action log for the practice:

- **Incorrect Storage of Records** - They have reviewed patients who have died or have moved practice. There was an issue with PCSE sending labels as they will only accept 50 labels per week that can be returned due to capacity issues, this should be completed by the end of this month.
- **Complaints** – Patients being deregistered from the practice has now been

- resolved, no harm and all but one patient has been seen – cardiology issue.
- **Medicines Management Audits** – This is in hand.

**Friends and Family Test** – The results are good.

Ms McKie advised that she was in attendance at a PPG yesterday and they seem more than pleased with progress back from the practice; patients who are coming in for flu vaccinations are also having their Blood Pressure taken at the same time.

Mr Oatridge commented on Workforce Development and queried whether there were any recruitment issues around GPs.

*Ms McKie left the meeting.*

Mrs Corrigan commented that there were some retired GPs but they are continuing to work.

Mrs Roberts stated that GPs do not always want to sign up to a partnership.

Dr Rajcholan commented that younger GPs want variation.

*Mrs Corrigan left the meeting.*

#### **QSC/18/045.2 Infection and Prevention Report (Item 5.6)**

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

Ms Whatley presented the Infection and Prevention Report and picked out the highlights and advised that it was an improving picture:

- **GP Audit Results** – Four out of five practices were higher than last year.

#### **Themes of non-compliance**

- **Water Maintenance** – Providing evidence of Legionella risk assessment & water outlet flushing.
- **Physical Environment** - Some fixtures and fittings that are permeable, for example desks, carpets. Minor wall damage. Non-compliant hand-wash basins.
- **Sharps handling & disposal** – Old stock of non-safe sharps. They have been recommended to dispose of old sharps.

**Surveillance Results** – *C Diff* infections were below trajectory for the CCG and are marginal for Trust. Treatments were not accessible for a few months; however, they are now back on track.

**MRSA** – This is a whole concern across the City. There has been an increase across the board. Nationally, there has been a relaxation to screen all patients; but the policy at RWT is to screen all patients. There has been an increase in care homes and will continue to reinforce screening and skin and soft tissue. Ms Whatley advised that there were definitely themes on early identification.

Mrs Roberts commented that it was more concerning around skin and soft tissue and added that there are more patients with Pressure Ulcers (2 MRSA – 1 skin).

Ms Whatley replied that the other was still under investigation, but had had a dermatology screening referral. She added that they are looking at themes over a number of years and they are seeing skin and lack of screening coming through.

Ms Whatley wondered if there were audits being undertaken in the care homes.

Mrs Roberts replied that the QNA will continue this.

Ms Whatley commented that there could be an issue with Council Commissioned Care Homes.

Dr Mittal stated that he might be able to oversee this information.

Ms Higgins commented that they are having system sharing meetings and thought it might help to raise profile there, she added that she would get Ms Henriques-Dillon to send dates to Ms Whatley.

**ACTION: Ms Higgins**

**Gram Negative Bacteraemia** – Ms Whatley advised that the numbers are variable, she added that there is work ongoing around catheters, they will re-visit the action plan again.

**QSC/18/046 Improvement and Innovation Reports/Policies for Ratification**

**QSC/18/046.1 Infection and Prevention Strategy (Item 6.1)**

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

Ms Whatley advised that the strategy had been signed off at RWT Infection Prevention and Control Meeting and that it needed this Committee to sign it off so that it can go on the website, she added that the Council have also agreed it.

The Committee agreed to sign off the policy.

*Mr Strickland joined the meeting and Ms Whatley left the meeting.*

**QSC/18/047 Performance and Assurance Reports**

**QSC/18/047.1 FOI Report (Item 5.2)**

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

Mr McKenzie presented the report and advised that the CCG had received 75 requests in last quarter and they were all responded to on time. Although FOI requests may be made by anyone and the CCG response does not differ based on the source of the request, requests have included:-

- Requests from members of the press including national newspapers and Health Service trade journals
- MPs and All Party Parliamentary Group
- Commercial organisations.
- Charities and Pressure Groups

There has also been coverage in the press for uptake of hours in GP practices and Mortality in RWT.

**QSC/18/048 Improvement and Innovation Reports/Policies for Ratification**

**QSC/18/048.1 Information Governance Report including 5 policies (Item 6.3)**

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

Ms Huckvale presented the quarterly report and advised that five key policies have been extracted out of the staff handbook for easy access. She added that the website has been updated with the new GDPR information and feedback received from NHS Digital.

**GDPR training** – Ms Huckvale had provided training at the staff forum in August.

**GDPR Communications and Awareness Plan** – This had been completed and circulated to all staff. Each of the 12 communications will be merged into a PDF/leaflet and circulated to all staff as quick reference guide.



**Information Risk Reviews** – These will be conducted with IAA/IAOs throughout October to December 2018.

*Ms Danks joined the meeting.*

**IG Incidents** - Ms Huckvale advised there had been no incidents reported in Quarter 2.

**Caldicott Guardian Log Work Remit 2018/2019** – there were six DPIAs submitted to the IG team for review and comment during the second quarter, most of which relate to commissioned services and the IG implications for the service provider.

**Subject Access Requests** – There had been two Data Protection Requests in the form of Subject Access Requests during Quarter 1 and 2.

Mr Price commented that the report had identified that the Data Protection Policy (Section 12/13) was overseen by the Audit Committee; however, he could not recall seeing that at the Committee.

Mr McKenzie replied that, that was a typo and it should be this Committee.

**QSC/18/048.2 Fair Processing/Privacy Notice (Item 6.4)**

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

Ms Huckvale presented the Fair Processing/Privacy Notice report and advised that it had referenced the individual rights and that contact details had also been added.

Mr McKenzie commented that this was meant for the public. NHS Digital had asked the CCG to include all of the information; it will hopefully go on the website and people will be able to click on links which will guide you to the detail in the report.

Dr Rajcholan thanked Mr McKenzie and Ms Huckvale for their hard work which was commendable.

*Ms Huckvale and Mr McKenzie left the meeting.*

**QSC/18/049 Performance and Assurance Reports**

**QSC/18/049.1 Quality Assurance in CHC Report (Item 5.4)**

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

Ms Danks presented the Quality Assurance in CHC Report and referred the committee to the following table on page 3 of the report. She advised that there had been an increase in Quarter 1 and she was just finalising quarter 2 data now.

Year	Newly Eligible (including Fast Track)	No Longer Eligible (including Fast Track)	Total CHC eligible end of Quarter (including existing pts & Fast Track)	Total FNC eligible
<b>2016/17</b>				
Q1	168	127	501	454
Q2	175	139	535	452
Q3	152	123	544	470
Q4	157	146	563	482
<b>2017/18</b>				
Q1	197	169	591	488
Q2	155	147	603	475
Q3	136	142	612	481
Q4	157	136	639	448
<b>2018/19</b>				
Q1 ***	252	123	699	465

\*\*\*The benchmarking data has changed and this may assist in explaining the change in numbers.

**Appeals** – These were ongoing and there was nothing to report.

**Fast Tracks in Wolverhampton** –A Task and Finish Group had been established to review fast referral process. All Fast Tracks will come to the CCG as of 1<sup>st</sup> October 2018 and there will be a clinician available to speak to people to help improve Patient Experience.

**Personal Health Budgets** – The numbers have increased to 43 and they continue to be under scrutiny.

**Step Down** – The number of patients in step down average between 30 and 35 per week and patients continue to be monitored by the CCG.

**Quality Premiums Targets** – This requires 80% of full CHC assessments to be completed within 28 day timescale and less than 15% of CHC full assessments to be completed in an acute setting and they are performing well. .

**Risks** – Ms Danks advised that there are more complex patients now; they had budget meeting for next year and are currently reviewing processes and communications and she added that they are working with Healthwatch. The team has been restructured and Ms Danks was hopeful that by Christmas all staff will be in post.

Mr Hastings enquired about the STP targets.

Ms Danks replied that the CCG will meet the CHC budget.

*Ms Danks left the meeting.*

#### **QSC/18/049.2 EPRR Update (Item 5.3)**

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

Mr Hastings gave an update on EPRR and advised that there was a review of EPRR yearly around approaches for staff and to ensure that the plan is safe and also that the provider is meeting their responsibilities. He referred the Committee to page 75 of the papers where it showed the EPRR self-assessment and the RAG rating; from this they had improved training for the Executive team. There was one amber rated standard and the team are working with NHSE; the Black Country wide training didn't really meet the criteria so was rated amber. Mr Hastings stated that they had presented the self-assessment to NHSE who thought we were being hard on ourselves. Mr Les Trigg (lay member) has the responsibility for EPRR. He added that there would be a full review in the New Year and they are currently planning work ready for next year where they will work with RWT. With regards to the CCG it is down to each department to ensure that they are meeting their responsibilities and added that everybody needs to be comfortable with the actions.

Mr Price asked if this needed to go to Governing body

Mr Hastings replied that yes it did need to go to the Governing Body.

Mr Strickland advised that the Corporate Risk score for this was 6 and asked if that was still appropriate.

Mr Hastings replied that the score was correct.

#### **QSC/18/049.3 Quarterly CQUIN Update (Quarter 1) (Item 5.5)**

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

Mrs Roberts provided an update on the Quarterly CQUIN Update and advised that Sepsis (2a and 2b) have been rated as amber and that there was an improvement plan in place for RWT. With regards to Tobacco Brief Advice (9b) for BCPFT which had been rated as red and added that this monitored by CQRM.

**QSC/18/050 Improvement and Innovation Reports/Policies for Ratification**

**QSC/18/050.1 NICE Policy (Item 6.2)**

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

This was received for information it had been updated with a review of the Terms of Reference and some minor amendments made.

**QSC/18/051 Risk Review**

**QSC/18/051.1 Quality and Safety Risk Register (Item 7.1)**

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

There were no new risks.

**Corporate Risks**

**QS05: Maternity Capacity and Demand** – This had been reduced to 4.

**Committee Risks**

**QS08: Probert Court Nursing Home** – This had been reduced to 16 and is being monitored weekly.

**QS02: Inappropriate Arrangements for a Named Midwife - RWT** – They are currently awaiting recruitment checks and Ms Higgins will check on this.

**ACTION: Ms Higgins**

**QS06: RWT are currently not meeting NHS Constitutional Standards for 62 and 104 day Cancer Pathways and QS07: RWT has higher than expected SHMI** – These are both due for review this month.

**QS09: Potential issue with supply of adjuvanted trivalent influenza vaccine (a TIV) for 2018/19 influenza season** - Received review of flu vaccinations supply will review this next time.

**QS01: Out of Hours Provider - inaccurate reporting of performance data/quality assurance (Vocare)** - This had been reviewed and re-rated and reduced to 6, Mr Strickland asked if the committee were happy with it.

Mrs Roberts advised Mr Strickland to keep it as it was for now.

**QS05: Maternity Capacity & Demand** – Mr Strickland advised that this was rated as 4 and asked if this was to remain.

Mrs Roberts replied that she would take it off; but added that they should await Staffs outcome.

Mr Hastings asked if RWT was going to be removing their cap.

Mrs Roberts replied that they will not remove the cap at the minute because of the issue with Staffs.

Mr Oatridge commented on the closure of A&E overnight at Telford.

Mrs Roberts replied that they are already asking for regular diverts and RWT are saying no; if it had happened that would be an extra four to six ambulances daily diverted to Wolverhampton; she added that RWT are in talks with Shropshire.

Mr Oatridge asked as to what was happening.

Mrs Roberts replied that Telford A&E are going to be closed overnight so they are going to Shrewsbury, Powys and then Wolverhampton and added that RWT are not seeing a major impact at the moment.

Dr Rajcholan commented on the A&E night closure at Staffs and asked if it was temporary.

Mrs Roberts replied that she was not sure at the moment.

**QSC/18/051.2 LeDeR Risk Assessment (Item 7.2)**

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

Mr Strickland advised that from a conversation last month he wondered if the risk for LeDeR was for us or the STP; the highlights risk for the Black Country area and compliance from Wolverhampton, it was brought to the Committee attention and the question was being asked if there was a need for the risk to be put on the Committee Risk Register.

Mrs Roberts replied that we would manage it locally for now.

*Mr Strickland left the meeting.*

**QSC/18/052 Items for Consideration**

There were no items for consideration.

**QSC/18/053 Feedback from Associated Forums**

**QSC/18/053.1 Commissioning Committee (Item 9.1)**

The Commissioning Committee minutes were received for information/assurance.

**QSC/18/053.2 Primary Care Operational Management Group (Item 9.2)**

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

**QSC/18/053.3 Health and Wellbeing Board (Item 9.3)**

The Health and Wellbeing Board minutes were received for information/assurance.

**QSC/18/053.4 NICE Group (Item 9.4)**

The NICE Group minutes were received for information/assurance.

**QSC/18/054 Items for Escalation/Feedback to CCG Governing Body**

- Cancer paper
- Mortality paper
- EPRR paper

**QSC/18/055 Date of Next Meeting:** Tuesday 13<sup>th</sup> November 2018 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12:38pm

Signed: ..... Date: .....  
Chair