

Minutes of the Quality & Safety Committee
Tuesday 12th February 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Steve Barlow – Public Health, Wolverhampton Council
Yvonne Higgins – Deputy Chief Nurse, WCCG
Nicola Hough – PA to Chief Nurse and Director of Quality, WCCG (Minute Taker)
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Dr R Rajcholan – WCCG Board Member (Chair)
Sally Roberts – Chief Nurse and Director of Quality, WCCG

Lay Members:

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

In attendance (part):

Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Molly Henriques-Dillon - Quality Nurse Team Leader, WCCG
Annette Lawrence - Designated Adult Safeguarding Lead, WCCG
Hemant Patel – Head of Medicines Optimisation, WCCG
Rachel Stone - Deputy Designated Nurse Safeguarding Children, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG
Lesley Thorpe – Primary Care Macmillan Nurse Facilitator, WCCG

APOLOGIES:

Fiona Brennan - Designated Nurse for Children and Young People in Care, WCCG
Mike Hastings – Director of Operations, WCCG
Marlene Lambeth – Patient Representative – Lay Member
Lorraine Millard - Designated Nurse Safeguarding Children, WCCG
Ankush Mittal – Public Health, Wolverhampton Council

QSC/19/011 Apologies and Introductions

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

QSC/19/012 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.

Mr Price advised that he is a Non-Executive Director for a domiciliary nursing company.

QSC/19/013 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/013.1 Minutes from the meeting held on 8th January 2019 (Item 3.1)

The minutes from the meeting which was held on 8th January 2019 were read and agreed as a true record.

Mr Oatridge commented about the quality report and the risk register details as they were sometimes different.

Ms Higgins replied that she would ensure that the detail in the future reports was also shown on the risk register.

QSC/18/69.2 & QSC/18/045.1 - Quality Report including Primary Care and Care Home Report: Black Country Partnership (Penrose Unit) – Ms Higgins to find out about mental health step down beds and let Dr Rajcholan know.

Dr Rajcholan asked Ms Higgins about the step down beds.

Ms Higgins replied that there were three step down beds that BCP utilise.

QSC/19/013.2 Action Log from meeting held on 8th January 2019 (Item 3.2)

QSC/19/005.1: Quality Report - Work is being done around prevention and screening. Mrs Roberts and Dr Mittal are going to do some work around this for the next meeting.

Mrs Roberts advised that as of the next financial year they will include a Public Health detailed quarterly update report (May 2019).

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/005.1: Quality Report – To review the table within the report to possibly show some clear timelines and show when it will be completed.

Mrs Roberts advised that they have tried to review this in the Quality Report.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/005.2: Primary Care Report: Workforce Activity – To share the benchmarking work that has already been undertaken and next month.

Workforce information in February's report under item 5.2.

It was **agreed to close** this action and **remove** it from the action log.

QSC/19/005.6: Quarterly CQUIN Update – To request an update on Tobacco control indicators for BCPFT for the next meeting.

Mrs Roberts advised that they are still awaiting national guidance around this.

QSC/19/006.1: Quality and Safety Risk Register - SEND – To check with Ms McCormick to see if SEND needed to go on the Risk Register.

Mrs Roberts advised that she had spoken with Ms McCormick and it was felt that it didn't need to be put on the Risk Register. However, she had asked Ms McCormick to do an update at Governing Body. She added that Mr Gary May has now started in the CCG and he has not found any concerns.

It was **agreed to close** this action and **remove** it from the action log.

QSC/18/071.1: Quality Report – To present a synopsis of the work undertaken by the Deterioration project.

Ms Higgins stated that there is an update that will be provided after the Quality Report.

It was **agreed to close** this action and **remove** it from the action log.

QSC/18/060.4: Safeguarding Adults, Children and Looked After Children Report – To review the contract around School Nurses and would confirm by e-mail. Health visiting contracts have been escalated at QSG. Mrs Roberts to take an action to speak with Dr John Denley around assurance for Health Visiting and School Nursing.

Mrs Roberts advised that with regards to Health Visitors and School Nurses there will be future discussions to be had and stated that she had asked Mr Barlow to bring detail to a future meeting.

It was **agreed to close** this action and **remove** it from the action log.

QSC071: H&S Performance Report - New H&S Provider to look into supporting CCG with H&S requirements. Had agreed some terms and met with a company in December 2018; in the process of getting some people for each directorate to lead on Health and Safety and added that she would provide a further update in February 2019.

Mrs Roberts advised that she had had a meeting with the company and the plan is signed off and a meeting is due to take place soon with the named CCG personnel and the company.

QSC/19/014 Matters Arising

There were no matters arising.

QSC/19/015 Performance and Assurance Reports

QSC/19/015.1 Quality Report (Item 5.1)

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

Cancer – With regards to the 104/62 day breaches; RWT still continues to be under performance. There was a decline in performance in December 2018. There was an update in italics in the comments column. There was a significant increase in 2 week wait for breast cancer referrals with no clear understanding as to why, further analysis to be undertaken. Mrs Roberts to liaise with STP lead to understand what the system may be able to offer to support with regards to the deteriorating performance.

ACTION: Mrs Roberts

Mr Price stated that it was really helpful but asked if the italics update could be shown in another column as it wasn't very clear.

Ms Higgins agreed and advised that there had been increased activity in January 2019 and they were expecting it to return to normal hopefully after the Bank Holidays.

Mr Barlow advised that Public Health are looking into this and added that there may be a problem with missed ladies and it was thought that it could be due to contacts made. With regards to FOG testing instead of FIT testing; there has been an increase (10%) with this.

Ms Higgins asked how this was linked with Primary Care.

Mr Barlow replied that it doesn't as cervical screening was undertaken by nurses, breast screening was undertaken by the mobile vehicle and bowel screening was via postage. He added that there was going to be a bowel cancer van in the area in May and they are awaiting breast van dates.

Ms Higgins stated that in terms of breast screening there had been an increase and that the Trust has maintained the high level of screening.

Mrs Roberts commented that with regards to the two week breast screening they was 10% higher and they were unsure as to why.

Mr Barlow advised that the van only covers Wolverhampton and Dudley and they are looking at evidence.

Harm Reviews - Ms Higgins advised that with regards to the 104 and 62 day harm reviews, there was some key themes identified and they are working with local providers. The CCG are continuing with weekly calls and the Trust are expecting a further visit from NHSI.

Mr Oatridge enquired what the relationships were like with NHSI and RWT and if they were supportive.

Ms Higgins replied that the relationships are good.

Mortality – This is still a key issue; the Trust has identified improvement on the SHMI but it will not be expected to be seen until November 2019. RWT have identified eight issues from CQC outliers. Identified coding as an issue on primary diagnosis and a coding policy has been developed.

Mr Price enquired about the CQC outliers and how they get picked up.

Ms Higgins replied that Dr Foster picks it up.

Mrs Roberts explained the difficulty with coding.

Mr Price asked if it was national benchmarking data.

Mrs Roberts replied that it was best coding practice; they want assurance and they believe what they are doing is the right thing to do.

Ms Higgins added that they want assurance and it is easy to change the coding issues' they need to know it fits with best practice.

Mr Oatridge enquired about the initial coding and subsequent coding.

Ms Higgins commented that it was the same with other Trusts and added that they just need to ensure the pathways are right.

Dr Rajcholan advised that it was explained really well on page 74 of the papers and added that Dr Foster has 54 scenarios.

Ms Higgins added that the explanation was in the presentation that was presented at the Mortality NHSE group and it started on page 57 of the papers.

Mrs Roberts advised that the presentation was RWTs and added that Wye Valley and Burton also presented and the wider group was assured from the system wide work.

Mr Oatridge wondered if someone from RWT could come and present the presentation to the Committee.

Mrs Roberts agreed that they could present to the Committee or wondered if it would be better to be presented to the Governing Body as a focus session on perhaps a development session.

Mr Price stated that it raises the profile if it goes to Governing Body.

Mrs Roberts agreed that it should be presented to the Governing Body.

ACTION: Mrs Roberts

Ms Higgins advised that ongoing alerts are being raised and added that RWT are doing audits and stated that she is going to walk the sepsis pathway at New Cross Hospital.

Mrs Roberts added that the CCG have also asked to be part of the nursing audit so that they can get wider assurance.

Ms Higgins commented that further work is to be done around care homes; they had had the national data this month and Wolverhampton are in a favourable position.

Sepsis – They are hoping to see some improvement by June 2019 with the introduction of electronic flagging on the new system which had been rolled out this month. They are also undertaking a themed review as they have seen concerns of sepsis in the deteriorating patient.

Maternity – They have refined the risk slightly as it was around maternity capacity; the real risk given was acuity as well for mothers and they are still awaiting the RCOG audit report.

Mrs Roberts stated that the CCG have got a tight process around Serious Incidents.

BCPT – They have now received the CQC report they have gone from 'Good' to 'Requires Improvement'. Mrs Roberts is going to be chairing the BCPT CQRM going forward.

Mrs Roberts advised that Dudley and Walsall Mental Health Trust received their CQC report last week and a 'Good' rating. There will be a merger of the two trusts.

Probert Court – There are still ongoing concerns and the Quality Nursing Assurance team are working extensively with them.

Mrs Roberts added that the Quality Nurses have been in giving staffing resilience.

Mrs Corrigan joined the meeting.

Mrs Roberts advised that Accord Housing have asked to meet with Mrs Roberts and Mr Marshall and added that she will update the Committee at a future meeting. Probert Court have appointed a clinical lead and head of nursing and RWT is supporting them at the moment.

Mr Oatridge asked if the note was correct about RWT providing support.

Ms Higgins replied that RWT are supporting the team with infection control etc.

Mr Oatridge enquired about the support from their nurse bank.

Mrs Roberts replied that that had been delayed.

HCAI – RWT are an outlier for e-coli and they have developed a robust e-coli improvement plan; they are hoping to see an improvement by August 2019.

Mr Oatridge commented that the notes were helpful but asked if they could show forward programmes.

Mrs Roberts replied that they will have a look at the logistics of that.

Mrs Roberts stated that the latest SHMI was not yet published; but they were expecting it to stay the same and they didn't expect it to improve.

Complaints – Mrs Roberts advised that they have revised the policy around complaints for both anecdotal and personal complaints; the team get a few complaints for the CCG and acknowledged that we should ask for a deep dive and for the findings to come back here. She added that as a Committee we don't see themes and trends.

Mr Price commented on Never Events and that he recognised that there used to be some but have not seen any reported for a while.

Ms Higgins replied that RWT have worked with AFFP and when the team did a walkaround at Cannock the staff had said they had seen an improvement.

Mrs Roberts advised that AFFP and that they were for theatre practitioners; they are highly esteemed and so they were highly engaged with them.

Mr Price stated that this needed to be flagged to the Governing Body as good work.

Ms McKie commented on the Serious Incidents and asked what the incidents were.

Mrs Roberts replied that some were related to intubation, NNU and cooling.

Ms Lawrence and Ms Stone joined the meeting.

Mr Parvez offered to bring detail to the next meeting.

ACTION: Mr Parvez

Ms McKie commented on hand hygiene compliance and enquired as to how they measure this.

Ms Higgins replied that it was mainly to do with observations on people entering wards etc.

Vocare – Mr Oatridge commented on the improvement and CQC visit to Vocare and wondered if there was a risk now with the senior person leaving and wondered if it might lead to softening of performance.

Ms Higgins replied that they are aware of this and added that she was meeting with them soon and advised that the Senior Manager had gone onto a national role within Vocare.

Mrs Roberts stated that the manager has already left and added that the CCG are working with them for a smoother transition. She added that there is a Clinical Lead and they were putting sessions on there and he delivers clinical shifts too.

Mr Price wondered if we could see what we had done to help them.

Step Up Beds - Ms Higgins advised that there were three mental health step up beds at Victoria Court and added that they could go for fourth and fifth bed if needed.

Synopsis of Deteriorating Patient – SPACE project was related to Nursing Homes and the work identified further work to recognise the work that had been done. They have got some additional funding across the collaborative for a nine month post for an innovative project, recognising frailty and considering if person is at end of life and rolling out early warning score to Nursing Home whereby each Nursing Home will do an assessment. Part 1 and Part 2, they have got lots of training out there and sessions are being filled quickly. From Wolverhampton perspective, it can be sustained. Support from RWT and from Quality Team and WMAS will ensure that training can be continued.

Mrs Roberts stated that this will also play a part in the mortality pathway. She added that she had had a meeting with the chief nurse from WMAS last week.

Cancer – Dr Rajcholan enquired as to whether we had received the formal letter yet.

Mrs Roberts replied that the letter was shared at the Trust's CQRM last month.

Dr Rajcholan commented about hand hygiene and the links with the concern around HCAI and advised that RWT used to have a video they used for mandatory training.

Ms Higgins stated that hand hygiene was being done same as training; issue with medics mainly and it is being discussed within the directorates.

Dr Rajcholan advised that she was expecting C-Section and Emergency C-Section rates audit which would be raised with CQRM.

Ms Higgins commented that as part of the LMS, the clinical network are supporting us with guidelines across the four providers across the Black Country; policies are really different across the Trusts and Tracey Vanner has been visiting the four providers looking at different pathways.

Dr Rajcholan stated that this month the emergency c-section rate increased to 20%.

Ms Henriques-Dillon joined the meeting.

BCPFT – Dr Rajcholan commented that BCPFT had set smoking times and wondered why that was.

Ms Higgins replied that it was the least restrictive practice.

QSC/19/015.2 Primary Care Report (Item 5.2)

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

Infection Prevention – Mrs Corrigan advised that she was working with Mike Christie and Jill Shelley and that they had identified with practices the correct flooring, damage to walls etc. Ms Shelley is looking at how issues can be resolved. The audits have been fairly good with overall scores from mid to high 90s.

Flu vaccines – Everybody has now got stock of both vaccines and the CCG are aware of where there are spares if needed.

Mrs Roberts commented that the flu incidents were lower overall.

Mr Barlow advised that care home outbreaks are a lot lower this year.

Mrs Corrigan added that they have been looking at which practices cover care homes.

Mrs Roberts stated that she wanted to recognise the good work that Mrs Corrigan, Ms Henriques-Dillon and Mr Barlow have done.

Deterioration and Sepsis – Work is ongoing.

Serious Incidents – There is currently one serious incident being investigated relating to sub-optimal care.

Ms Higgins added that this had not flagged by NHSE as a Serious Incident.

Quality Matters – There are three overdue which are being managed or are resolved. Prescribing is currently the highest theme it was Information Governance but it is now PSD which are coming from the prescribing advisors.

Practice Issues – DocMan Issues will only be resolved by implementation of DocMan 10; there have been no near misses or issues flagged so far.

Mr Patel joined the meeting.

Mrs Corrigan advised that she was going to visit the practice to see what was happening around discharge letters.

MGS Medical Practice Action Log – All records have now gone back. DocMan issues are national issues.

Complaints – These are all with RWT at the moment.

Patient Experience Complaints – One complaint has gone through to PEIGG and there were 13 complaints in July.

FFT – They are doing well with submissions and they are being monitored as per the FFT policy and practices have been contacted where there are potential contract breaches for non-submission. LMC are supporting them to help with their figures. There were eight practices last month that didn't submit. Mrs Corrigan advised that the table in the report was incorrect and she will send the correct report to Mrs Hough. Practices are going to utilise a 'You said, we did' board in their reception.

CQC Inspections and Ratings – There is currently one practice with a ‘Requires Improvement’ rating and they are due for a re-visit soon.

Mrs Thorpe joined the meeting.

Workforce – Recruitment and Retention continues. The Physicians Associate internship programme is due to commence with three practices taking part. There is a HEE incentive of £5000 per PA to participate in this with the CCG matching the funding if the practice takes them on. There is also a nurse retention scheme event being held tomorrow.

Figures – There is a variance; last month should say last quarter. There is fluctuance around nurses and GPs and the next lot of figures are due next month which will be December figures.

Mrs Corrigan left the meeting.

QSC/19/015.3 Safeguarding Adults, Children and Looked After Children Report (Item 5.3)

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

Safeguarding Assurance Tool – Work was done on this last year is currently being revised. They had previously submitted an action plan and the actions are all mainly completed; they have downloaded evidence and there is a big piece of work taking place nationally. There are also plans to roll out a provider dashboard. The team were audited by PwC in quarter 3 (audit - appendix 1) there was one advisory recommendation and they will pull together a team action plan.

Training – There is a rolling training plan for nursing, GPs, CCG. Ms Lawrence and Mrs Roberts attended an executive leadership Safeguarding training session which wasn't great but have been offered an additional session.

Statutory Reviews:

Domestic Homicide Reviews (DHR7) – The team was awaiting the final report which has now been received. **DHR10** is currently with the author.

Safeguarding Adult Reviews (SAR) – With regards to adult C permission has now been sought from the family.

Care Act Section 42 Enquiries – RWT have now agreed to pick up enquiries.

New Post in Team – The Safeguarding and CYPIC Administrator and the MASH Safeguarding Administrator both commenced in post in Quarter 3. The Quality and Safeguarding Adults Practitioner post was successfully recruited to and is also in post.

Ongoing Projects – The NHSE Funded Safeguarding Project came to an end in November; but they have got additional funding to fund it in the city.

GP Domestic Violence – training and support project – 192 practice staff have been trained, 42 GP practices covered and seven Multi-Agency Risk Assessment Conference referrals have been made by GP's/Practice nurses.

Orange Wolverhampton – This took place in the city in quarter 3 to end violence against women and girls; this was led by Sharon Fitzgerald who did really well.

NHSE Black Country Regional Safeguarding Funds – There is a newly established ICS/STP Safeguarding Leads Forum which Rachel Stone is leading on. The work has been divided into two areas.

Wolverhampton Safeguarding Boards – Submitted partner appraisals in quarter 3 and positive feedback with clear commitment.

Mr Strickland joined the meeting.

LeDeR – Work is being completed; there are six that have now been completed and there are nine in progress and have had another one sent today. They are working across the Black Country to help each other and another person has been employed by BCPT to also help out.

Training – The team is still awaiting RWT training compliance for final end of March figures; there was a dip in Level 3 training but VIs came in half way through the year.

BCPT had a dip in compliance in November 2018; but has improved since then.

Serious Case Reviews (SCR) - Ms Stone advised that there were currently three children's SCRs:

- Child N – Panels and practitioner events are ongoing as well as an extra-ordinary board scheduled to take place in April 2019.

Mrs Roberts stated that Child N is likely to attract some media attention.

- Child K – This has also been in the media, with an extra-ordinary board scheduled to take place in March 2019. There is not a lot of learning to pick up on with this case.
- Child Q (Croydon SCR) – There is a lot of learning from systematic review; they are awaiting publication dates but nothing released as yet but there will be a conference first which is taking place at the end of February 2019.

Table Top Reviews (TTR) – A TTR is taking place following the death of a 17 year old. There was a delay in the Terms of Reference for that but has now reviewed the case. A new table top review was supposed to start in quarter 3 which has now started.

Child Sexual Abuse – Ms Stone advised that they know their responsibilities if it happens.

Child Protection – Information Sharing (CP-IS) – This is moving forward slowly; it was supposed to be rolled out in quarter 3, but there has been some IT system issues so are still awaiting on that happening.

Working in Partnership - There is a WeCAN Neglect Assessment Tool, but are awaiting the IT system. There is a two phase system with a Multi-agency electronic tool in 2019 with a training programme.

NRPF – Ms Stone has been involved in the work stream that has developed a NRPF Multi-agency Protocol. This was presented to Wolverhampton Safeguarding Board in December 2018.

Working Together 2018 – Task and Finish Groups are taking place.

Child Death Review Guidance – This was released in October 2018; Ms Stone and Dr Williams are involved across the city with the City CDOPs and Black Country CDOPs; there were three different options to be looked at.

GPs: Report to Child Protection Conference – Trying to improve the reports that GPs have to use to make it easier and therefore increase the amount that are completed and to explain the ideal process in practices when a case conference invite is received by a GP practice; this is to be rolled out soon.

Ms McKie commented on the form B's in Child Deaths from GPs as they have difficulty with that.

Dr Rajcholan replied that there is not a form that GPs gets to complete.

Ms McKie stated that they do get sent out and they practically get none back.

50 Mile Plus Cohort - Ms Lawrence advised that there is a significant amount of work that has been done internally over the last quarter around this vulnerable cohort

Mrs Roberts referred the Committee to page 29 of the report and the chart which refers to 'LAC: % new requests for IHA completed within 13 working days' she advised that there was a delay in performance which was due to Public Health and she had asked for some commentary around this.

Ms Lawrence and Ms Stone left the meeting.

QSC/19/015.4 Quality Assurance in Care Home Report (Item 5.4)

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

Serious Incidents (SI) – There has been a slight increase in serious incidents for quarter 3 (8) and the homes concerned were listed on page 2 of the report. There have been a few slips, trips and falls and also a Grade 3 PU.

Probert Court – The team are working with the home.

Performance Data – The team are working with the Care Homes to get the data. A&E attendances are on a decline and the highest reasons for admissions are chest infections and falls. The team are also working with Public Health around oral health.

Residents Deaths – There have been 81 deaths in the quarter and 65 were in the care homes and 40 of them died in their preferred place of death.

CQC – There are a few homes that have been inspected and are showing an improved picture.

Safeguarding Referrals – There was an increase of referrals.

Section 42 – These are decreasing.

Flu – There have been no outbreaks in the care homes; they are mainly in residential homes.

SPACE Programme – This has now come to an end; but Wolverhampton are continuing with the Quality Advisors; there has been some good practice spread across the region as well as nationally and also at conference next month. There was a SPACE Care Home Improvement Event 2018; which went really well, there was detail available in the appendices.

Mrs Roberts asked how many people attended the event.

Ms Henriques-Dillon replied that there was over a hundred people that attended.

Dr Rajcholan commented on the table that showed the homes against each CQC category as of the end of quarter 3 and the homes who had been rated 'good' overall with a good well-led.

Ms Henriques-Dillon stated that there was new manager put in place after the well led inspection in one of the homes.

Mrs Roberts commented on the data and added that it had taken some time to get the data but it was really interesting and added that it may be helpful to look at this from a system point of view and which sector is getting on and delivering and stated that this was significant work.

Dr Rajcholan stated that the report was commendable.

Mr Oatridge enquired about safeguarding.

Mrs Roberts advised that CHC have also been in flagging as well.

Ms Henriques-Dillon commented that priory group have a home that has had four managers in two years and there has been an issue with retaining staff.

Ms Henriques-Dillon and Ms McKie left the meeting.

QSC/19/015.5 End of Life Update (Item 5.5)

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

Education Training – The total number of staff that have attended the End of Life training sessions are 561. The training had been received quite well and Mrs Thorpe will look at further training sessions.

QSC/19/017 Items for Consideration

QSC/19/017.1 Policies for Ratification (Item 7.1)

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

Mr Price commented on the issue on training staff and asking them not to leave.

Mrs Thorpe advised that she asked them to stay for at least 12 months following the training and will get feedback on this.

Ms Higgins left the meeting.

Mrs Roberts stated that the reality is verification, it is fairly straight forward, it saves having to wait for a GP to come to verify death and some people didn't know that funeral directors can verify death too.

Dr Rajcholan commented that this would save families having to wait for verification of death and added that if she is needed she goes after 6pm to certify a death.

Mrs Thorpe added that this will mean a little bit more work for the GP initially.

Mrs Roberts stated that we can verify this policy as a committee.

Mrs Thorpe replied that it will be going to CRG for the final stamp.

Mr Oatridge asked for clarification as he didn't understand the registered nurse can carry out verification of death when the residents' death was expected.

Mrs Thorpe commented that it was an expected death from GP.

Mr Oatridge queried the last bullet point of 'Circumstances when Doctors Must Verify Death' which read 'The death is expected and not accompanied by any suspicious circumstances. This includes when the person has died expectedly from mesothelioma'.

Ms Higgins rejoined the meeting.

Mrs Roberts stated that the wording needs amending.

Mrs Thorpe agreed to amend the wording.

Mrs Thorpe left the meeting.

Dr Rajcholan advised that she has undertaken some cancer harm reviews and added that the pathways are robust. She added that she passes any queries onto Ms Higgins who then meets with Dr Simon Grommett (RWT) to discuss them.

QSC/19/015.6 Medicine Optimisation Report (including APC Minutes) (Item 5.6)

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

Mr Patel advised that a piece of work was taking place across the city with a flash glucose monitoring system; this was an excellent bit of technology that came out in 2017. It was piloted here and at Dudley; it has a filament sensor which goes on back of patients arm for glucose testing, this was mainly for patients with type 1 diabetes. Patients tend not to check levels appropriately enough, so it was beneficial to see how good it was for patients.

The testing is phenomenal as some patients had lost awareness; the kit doesn't have an alarm on it.

Mrs Roberts enquired as to how we are going to share this work as it is commendable and asked if we would be getting it published.

Dr Rajcholan queried how many patients took part in the pilot.

Mr Patel replied that there were 65 patients and NHSE wants it to be accessible to everyone; he added that they are currently in discussions with finance to see how we can do it. He added that the next stage is that the kit will send a message to the patients phone to say it is going low.

Mr Oatridge queried what the sense of loss was.

Mr Patel replied that the patch had fallen off and the patient has to contact the company to send a new one, it currently stays on for two weeks and the cost is approximately £70 per month.

Dr Rajcholan commented on the long term cost if the patient has to go into hospital.

Mr Strickland asked if this was going to be available from April this year.

Mr Patel replied that NHSE are using their wording carefully.

Mr Oatridge stated that this puts us in a preventative stage.

Mrs Roberts added that this is part of the long term plan.

Mr Oatridge enquired what the breakdown of costing was.

Dr Rajcholan advised that the costings were shown on page 186 of the papers, showing the immediate costs, immediate gains and delayed gains.

Mr Oatridge commented that it was in the GP hands and that there was not necessarily any funding for it.

Mr Patel replied that we would cover that cost as a CCG.

Mr Oatridge asked if we would continue to fund it.

Mrs Roberts replied that yes we would.

Mr Patel stated that it is being flagged nationally and NHSE are taking all of this.

Mrs Roberts added that there is an immediate impact on patients.

Mr Patel advised that every other area looked at this and only a few of us took it on.

Dr Rajcholan commented that it was only for those patients who need testing eight times a day and queried whether it was only for type 1 patients.

Mr Patel replied that it was only for type 1 patients at the moment.

Mrs Roberts stated that it also helps the patient to see the impact.

Dr Rajcholan stated that it was commendable for the team and added that it would be great if they can get for type 2 as well.

Mrs Roberts thanked Mr Patel for the rest of the report too.

Mr Patel left the meeting.

QSC/19/016 Risk Review

QSC/19/016.1 Quality and Safety Risk Register (Item 6.1)

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

Mr Strickland advised that there were no new risks for the Committee.

Corporate risks:

EPRR Support (CR05) – This needs to be followed up.

Maternity Services (CR13) – This is ongoing and it was noted that the risk was on the Committee's risk register and Mr Strickland asked if it still needed to be on the Corporate risk register too.

Mrs Roberts advised that it needed to remain on the corporate risk register.

Committee risks:

Vocare (QS01) – This has been reduced following the 'good' CQC rating received.

Mrs Roberts stated that the CCG team need to do another visit to Vocare and then they can review it after that.

Flu (QS09) – Mrs Corrigan will provide an update to Mr Strickland.

Mr Barlow stated that he thought they could lower the risk score on this now.

Ms Higgins added that this risk was based around supplies so thought it could be closed down.

Mr Strickland left the meeting.

QSC/19/018 Feedback from Associated Forums

QSC/19/018.1 Commissioning Committee (Item 8.1)

The Commissioning Committee minutes were received for information/assurance.

QSC/19/018.2 Governing Body Minutes (Item 8.2)

The Commissioning Committee minutes were received for information/assurance.

QSC/19/018.3 Primary Care Operational Management Group (Item 78.3)

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

QSC/19/019 Items for Escalation/Feedback to CCG Governing Body

- Reporting style
- Mortality – GB
- Work around excellence
- Work from Mr Patel

QSC/19/020 Any Other Business

Mrs Roberts advised that there is quite a bit of media locally about a patient who was admitted to New Cross in a poor state of health; it was a 15 year old who presented with Diabetic ketoacidosis, he was 20 stone and home schooled and there was a 12 hour breach in ED. She added that she wanted to do some table top work around this; there is a safeguarding element around this. They have already had a rapid response for this and maybe do lessons learned in April.

Mr Oatridge asked if there was a safeguarding issue for other siblings.

Mrs Roberts replied that there could be.

QSC/19/021 Date of Next Meeting: Tuesday 12th March 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.55pm

Signed: Date:
Chair

DRAFT