

Minutes of the Quality & Safety Committee
Tuesday 9th April 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Steve Barlow – Public Health, Wolverhampton Council
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:

Peter Price – Independent Member – Lay Member
Sue McKie – Patient/Public Involvement – Lay Member

In attendance:

Nicola Hough – PA to Chief Nurse and Director of Quality, WCCG (Minute Taker)
Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Maxine Danks – Head of Individual Care, WCCG
Kelly Huckvale – Information Governance Officer, Arden and GEM CSU
Peter McKenzie – Corporate Operations Manager, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Mike Hastings – Director of Operations, WCCG
Yvonne Higgins – Deputy Chief Nurse, WCCG
Ankush Mittal – Public Health, Wolverhampton Council
Jim Oatridge – Lay Member (Deputy Chair)
Marlene Lambeth – Patient Representative – Lay Member

QSC/19/033 Apologies and Introductions

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

QSC/19/034 Declarations of Interest

No declarations of interest.

QSC/19/035 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/035.1 Minutes from the meeting held on 12th March 2019 (Item 3.1)

The minutes from the meeting which was held on 12th March 2019 were read and agreed as a true record.

QSC/19/035.2 Action Log from meeting held on 12th March 2019 (Item 3.2)

QSC/19/026.1: Quality Report - Ms Higgins has requested minutes from the RWT Deteriorating patients group to be submitted to CQRM and a visit is to be arranged to follow the sepsis pathway in the trust.

Noted by secretary to the CQRM (RWT).

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

QSC/19/026.5: Infection Prevention Service Update - To provide the catheter pilot data by the end of March 2019.

To chase this item up at CQRM (RWT).

QSC/19/027.1: Quality and Safety Risk Register - Risk Review to now follow the Quality report on the agenda.

April's agenda amended for this action.

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

QSC/19/027.1: Quality and Safety Risk Register - To arrange to review the Cancer Risk early with Mr Parvez and Mrs Thorpe.

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

QSC/19/028.1: Policies for Ratification - To share Data Quality Report with the group.

This item was on the agenda under item 3.3.

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

QSC/19/015.1 and QSC/19/024.2: Quality Report - Mr Barlow from Public Health to submit formal feedback around referral data from Public Health to April's meeting.

It was agreed to receive a verbal update around this.

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

QSC/19/031: Primary Care Report - Report to be more data and dashboard driven. Report to include changes and areas for concern.

April's report has been amended and further changes will be made to future reports.

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

QSC/015.1: Quality Report - To arrange for the RWT Mortality Presentation to be presented to the Governing Body by RWT.

This was on today's Governing Body agenda.

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. Currently there is no national data out for tobacco control indicators. BCP have no submission for quarter 3, however Ms Higgins will chase this data.

There was information regarding this item on the CQUIN report under item 7.6.

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. Meeting taking place soon with the company and the named personnel at the CCG. Health and Safety audits due to be started week commencing 18th March 2019. An audit report for last year's data will be submitted for April's meeting. A Health and Safety audit report will be available for May's Quality and Safety Committee as the Health and Safety audit was completed on 29th March 2019 and the formal report is still awaited. However, the initial feedback didn't identify any immediate concerns. Verbal update on the Health and Safety audit will be provided at the April's Quality and Safety Committee.

A quarterly Health and Safety Performance report will be scheduled on this committee.

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

QSC/19/035.3 Data Quality Policy (Item 3.3)

This policy was circulated for information purposes as it was discussed last month but was not with the papers.

QSC/19/036 Matters Arising

There were no matters arising noted.

QSC/19/037 Performance and Assurance Reports

QSC/19/037.1 Quality Report (Item 5.1)

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

Cancer – The trust was catching up on the backlog of the 62 day wait, however, there has been a significant increase in breast 2 week wait. Some work has been undertaken around breast and the trust is saying that it is down to demand. To validate this, the CCG have asked Public Health to review the data.

Mr Barlow added that there are three sources of data from NHSE, RWT and the Cancer Alliance and they all have conflicting information. There are some increases in figures but need to verify data and look at the gaps. There was a teleconference scheduled with NHSE on Thursday and a meeting with RWT on Monday and then speak with Paul Tulley (STP). On first review it doesn't look like there is a massive increase in referrals, it is not purely demand, but there is something else. They need to understand if other local trusts are having issues. In 2017 there were a potential number of referrals; there might be a system issue.

Mrs Roberts stated that this is a significant piece of work.

Mr Price asked what the trust's understanding of it was.

Mrs Roberts replied that they are saying it is completely demand; IST have been in and have validated the pathway; the staff are working six days a week and they have outsourced what they can. In December last year, other local trusts were better than RWT.

Mr Barlow added that they are going to go into the trust and walk the pathway with them to get a better understanding.

Mrs Roberts stated that the breast 2 week wait is now working to 23 days;. With regards to wider system work; Paul Tulley has shared the breast referral form from Sandwell and West Birmingham and RWT are going to use that. For Primary Care they are following NICE guidance and if a lady presents with a lump they are referring them straight away as they don't want to delay. Mrs Roberts and Mr Tulley through Matt Lewis (Walsall) are writing out to the breast consultants across the STP to get their stance on it; hopefully this will be done in the next 10 days. A letter has been received from NHSE to say that the breast work is on escalation. A trajectory has been set by the trust and have breast activity on top of that they were hoping to achieve by March but has now been updated to October.

Waiting Lists Initiative – The urology pathway is seeing good activity. Dermatology is also being watched with regards to performance.

Mortality – The SHMI is reported at 1.21. With regards to the Mortality Improvement Group (city wide mortality group) Public Health are really helping with it and it reflects the local demographics. They are working to join up care home data as CCG QNA data and the RWT data doesn't correlate.

Mortality Review Group (RWT) –The Bereavement Nurse is now in post and the mortality review process is quite impressive. There are lots of gaps with dementia and

frailty. Significant work is taking place around coding in clinical care and FCE and depth of coding for identification.

Sepsis/Deterioration – NEWS 2 is now live and the trust is using the Sepsis 6 at the front door; they need to take two temperature readings on a regular basis and the respiratory rate is not being reported routinely against the sepsis 6 audit undertaken by the trust, steps are in place to improve this compliance. Further challenge has been given with regards assurance for sepsis pathway across the inpatient areas of the trust, this is awaited. Mrs Roberts and the team are going to walk the pathway for further assurance. Ron Daniels presented at Team W and received really positive feedback. There are a number of CQC alerts (about 10 at the moment) which is a lot. The alerts are predominantly related to coding issues but there are some clinical quality issues also identified the CCG has asked to be copied into returns for further assurance. CQC are being assured with the trusts responses. Mr Steve Field has been appointed as chair and will meet with Mrs Roberts soon. A lot of work is ongoing but it will be about another six months at least until improvement is seen in SHMI outcomes.

Sepsis – The trust has got capacity at the front door; the CCG has challenged the second part of the Sepsis CQUIN and this is unlikely to be supported in CQUIN payment. Monthly ward activity has been received and is really good. Going in to the trust as an invited guest in the first week in May to review the ward audit activity and will feed back. The Sepsis electronic flagging has not yet gone live.

Maternity – The cap remains and will be reviewed in light of Walsall lifting their cap; some patients want to stay at Wolverhampton. Likely to remain with cap for SSAF. With regards to the staffing, there are positive recruitment drives in place, in particular for midwifery. The 10 national CNST steps have to be validated and that will come here. Will look at stepping down next month regarding capping within the risk template for committee.

Ms McKie asked how they were doing with Saving Babies Lives

Mrs Roberts replied that they are doing really well; there is an issue with smoking but have done some work with Sandwell and West Birmingham. There is a support worker helping with smoking but she only works a few days a week so it is difficult to measure the impact. A gap analysis has been supported by the maternity network with regards to compliance and this will be fed back to the trust shortly, looking to standardise practice across the LMS.

Dr Rajcholan asked about post-natal depression.

Mrs Roberts replied that with regards to peri-mental health there is a robust service now in place and has been for about four or five months.

Mrs Corrigan joined the meeting.

BCPT – There are issues around workforce and mental health capacity and a review is underway over a 12 hour breach.

Mr Parvez added that the breach review was an out of hour's escalation; they have asked for assurance from review; they waited until the morning and so have a breach. There was no system in place for the weekend after 8pm on Friday but there is now. There were six 12 hour breaches; mainly around escalation. There wasn't a Director on call.

Mr Parvez commented that there are three elements; mobile transfer delay, escalation from Cygnet and they will do another review in six months' time.

Mrs Roberts informed the Committee that she now chairs the BCPFT CQRM and are currently working on a generic agenda; there is more work to do with clinical ownership and pace as well as community modelling work.

Ms Huckvale joined the meeting.

D2A Arrangements – They have been given a revised costing for staffing.

Probert Court – A decision has been made to not renew the contract; they have asked for three lots of beds for flexibility and have a block contract. Patients are still going in there and the QNA team are in there almost daily.

HCAI – E-coli plan expected next month.

Sandwell and West Birmingham – They have had over a thousand mixed sex accommodation breaches which had not been picked up this has been going on for six years; the trust has worked really hard to get the figures down and have seen a real improvement, they have set a trajectory of zero by May 2019.

West Park – A safeguarding concern has been raised by West Park, mainly attitude of staff, the CCG have asked the trust to provide an action plan and will do an unannounced visit with an update next month.

ACTION: Mr Parvez

Mrs Roberts advised that WMQRS have been in to the trust to review Stroke services; the main issue was around consultant cover; they have only received a verbal report so far.

Mr Price commented on the final column on the report and added that it was really helpful.

Dr Rajcholan referred the Committee to page 11 of the report and particularly Probert Court where it said that they were on track in March and was expected to return to performance in April.

Mrs Roberts replied that from a performance perspective yes they are; however from a quality perspective they are not.

Dr Rajcholan asked about the falls in Probert Court and asked if they were avoidable.

Mr Parvez replied that they are reporting all falls now and are reviewing them.

Mrs Roberts added that there was one serious incident from Probert Court that was with harm.

Dr Rajcholan referred the committee to page 14 of the report 'RWT Endoscopy Surveillance Incident' and asked if there were any further outcomes.

Mr McKenzie joined the meeting.

Mrs Roberts replied that there was an internal process for call back and there were 10/15 patients with a data anomaly, they have now changed the data system, the system didn't call back future follow ups. These are low numbers and the data has been validated and clinically validated. There is a third cohort of about 8500 potential patients who due to a data entry issue were took off the system, they are doing a data return. Mrs Roberts has spoken to the Medical Director and their initial thoughts were that out of 8500 there would probably be about 10 patients. An update is expected at the next CQRM.

Dr Rajcholan asked if there was any particular division this related to.

Mrs Roberts replied that it wasn't a particular division it was across endoscopy call back and there has been nothing flagged.

Mr Barlow stated that it sounded the same as the breast issue.

RWT Neonatal Pressure Injuries Concern - Mrs Roberts referred the Committee to page 15 of the report and advised that there was no national benchmarking with regards to this.

Mr Parvez added that there has been no information from any other CCG and it was thought that it was only RWT that have this issue.

Mrs Roberts stated that she would flag this at the next Maternity Alliance meeting to see if there was anything anywhere else.

Dr Rajcholan commented that there was no February data for the workforce element.

Dr Rajcholan referred to page 31 of the report and the use of the RITS team declining in February.

Mr Barlow commented that there has been a 50% decrease of outbreaks of flu with there being 15 this year.

Mr Parvez advised that NHSE had spent a morning here in March reviewing serious incidents; they reviewed the policy and how the CCG manage them; they have yet to provide a formal response but they were really impressed with the process and good practice was flagged and overall it was a really good visit.

QSC/19/038 Risk Review (Risks from Quality Report)

Mr Strickland stated that this section of the agenda was to ensure that any risks from the quality report were on the risk register.

Cancer (QS06) – This was scoring as a high level and a score of 12 and asked how the committee felt about that.

Mrs Roberts replied that there should be a 16 for the breast activity and advised that they would need to look at the risk assessment. They need to revisit cancer and add another one for breast.

Mortality (QS07) – This was a high level risk with a score of 9.

Mrs Roberts stated that that felt right.

Probert Court (QS08) – This was also a high level risk with a score of 12.

Mrs Roberts asked if this could be reviewed next month.

Maternity (QS05) - Dr Rajcholan asked about this risk.

Mrs Roberts replied that it would need to be reviewed but thought it could be reduced.

QSC/19/039 Performance and Assurance Reports

QSC/19/039.1 Primary Care Report (Item 7.1)

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

Mr Strickland left the meeting.

Mrs Corrigan presented the Primary Care Report and advised that slight changes had been made and as it was year-end there was some data that couldn't be pulled but going forward they will be able to collect more data.

Infection Prevention – Got overall rating of silver for Infection Prevention audits; main areas of concern were physical damage in practices, they are looking at improvements.

Flu Vaccines – They have done really well with Children vaccines and thought it was to do with the marketing book of which parents could have a look at too this was a really good idea.

Mr Barlow advised that Dudley and Walsall also like the book.

Mr Strickland rejoined the meeting.

Mrs Corrigan stated that the programme did have a hit and some patients still have had their vaccines after Christmas, some practices have returned some vaccines that they had not used. Going forward, they will continue with regular meetings. She added that she has been asked to look at numbers and some practices have looked at uptake.

Training Hub – There is a pot of funding of £1,400 for training.

Mr Barlow commented that some GP practices were ordering vaccines for 18% of patients.

Mrs Roberts advised that this needed to be flagged early and get Communications and Team W involved.

Mr Barlow stated that they need some buy in with this, need to negotiate with manufacturers to get an increase for under 65 year olds as they have had increase with children this year.

Mr Price asked if there was an incentive scheme

Mr Barlow replied that yes they get a reward for each vaccine given.

Mrs Roberts added that this was a PHE target.

Ms Danks joined the meeting.

Deterioration and Sepsis – Mrs Roberts advised that the CCG will continue to work with the trust. Ron Daniels was really good at Team W.

Quality Matters – Awaiting response from RWT.

Practice Issues – DocMan; there is a national issue and they are going to upgrade to DocMan 10. The issue with maternity letters has gone quiet.

Complaints – There were six complaints from NHSE between October and December and the themes were clinical treatment including errors and staff attitude; these were similar to quarter 2 issues. Training has been given around staff attitude which took place in quarter 3 so hopefully will see an improvement in quarter 4.

Mrs Roberts asked what the clinical errors were.

Mrs Corrigan replied that a patient death had been picked up off a serious incident.

FFT – There was an error in the spreadsheet (updated version handed around) there had been a 2.3% increase uptake but this was only for people who visit a GP. Ratings are still lower than West Midlands and across England. There was a dip before Christmas and it was felt that this was to do with flu issues. The themes of good practices are text messages and staff giving slips to patients to complete.

Mrs Roberts queried the data and the RAG rating against West Midlands figure and advised that it was helpful to benchmark against West Midlands.

Mr Price commented that they have had excellent response rates but asked if we had got qualitative data.

Mrs Corrigan replied that practices don't collect qualitative data.

Dr Rajcholan added that some practices do collect data, but may not record it.

Mrs Roberts commented that it would be useful to see the top five and bottom five practices.

ACTION: Mrs Corrigan

Dr Rajcholan stated that her practice use the qualitative data at their PDG.

Regulatory Activity – There was nothing to update around CQC.

Mr Price referred to page 16 of the report where it stated that there were 66 'must do actions' actions across the city at the last review of CQC ratings and that most actions had been actioned.

Mrs Corrigan advised that they are reviewed on a three monthly basis and if there are any major activities they are flagged up.

Workforce and Development

Practice Nurse Strategy – This will hopefully be approved at a STP level.

Training Hub – This is HEE funded and are currently running on a contract extension; they should have had re-procurement but there has been a delay in this. HEE are now looking at this as well as benchmarks and KPIs and will be a STP level training hub and Sarah Southall is looking at this element.

Mrs Roberts added that there is a real steer from the CLG to develop a training academy.

Mrs Corrigan left the meeting.

QSC/19/039.2 Information Governance Report (Item 7.2)

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

Ms Huckvale presented the Information Governance Report and advised that it was the overview of activity for the 4th Quarter of 2018-19 and it provided confirmation to the CCG that the Data Security and Protection Toolkit was submitted on 29th March 2019 with all mandatory assertions met, giving an overall score of 'Standards Met' with all 70 mandatory sections attained.

Information Governance Work/Improvement Plan 2018-2019 – This shows the overview of the work undertaken, work that has been completed, policies updated and that the GDPR awareness plan was sent to all staff.

DPIA – This was delivered at the staff briefing on the 15th August 2018 and the Governing Body training was delivered on the 23rd October 2018.

Data Security Awareness (Level 1) – The requirement for 95% of all staff to have completed this training was met by 29th March 2019 with 97% being achieved.

Information Asset Owners/Information Asset Administrators – The annual risk review of the Information Asset and Data Flow Mapping registers have been completed and both documents have been formally approved by the SIRO.

Mandatory Assertions within the Data Security and Protection Toolkit - 70/70 were evidenced and met, giving an overall score of 'Standards Met' for the CCG.

Information Governance Incidents – There has been a ‘near miss’ reported within quarter 4, whereby a laptop was stolen from a contractor; there was no patient data on there so was classified as a near miss. Staff continue to report issues where other organisations send identifiable data when they shouldn’t.

Caldicott Guardian Log Work Remit 2018-2019 – there have been 7 DPIAs that have been submitted to the IG team for review and comment during quarter 4. There were no new issues added to the CCG’s Caldicott Guardian log.

Information Governance Toolkit – CSU are providing support for this.

Mr McKenzie advised that information governance has changed CPIA; provide support for practices, Arden and Gem CSU will be providing the toolkit and training sessions.

Ms Huckvale left the meeting.

QSC/19/039.3 FOI Report (Item 7.3)

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

Freedom of Information Requests (January to April 2019) - Mr McKenzie presented the Freedom of Information (FOI) report for quarter 4 and advised that there were 57 requests. At the time of writing the report the CCG had responded to 49 of the requests within the statutory 20 working days, Mr McKenzie advised that two further requests had been responded to and the remaining requests were expected to be responded to within the timescale which represented 100% performance. This time of year the CCG usually receive a few more from students who are undertaking their dissertations, other requests come from the press, MPs, charities etc. During this quarter requests for information have covered areas including continuing healthcare funding, mental health services, individual funding requests and procedures of limited clinical value, commissioning policies, CCG staffing information and planning for exiting the European Union.

Freedom of Information Requests – Annual Performance – For the 2018/2019 financial year the CCG has received 247 requests for information and have responded to 237 of them which was a few less than last year (8 awaiting response and two requestors failed to respond to requests from the CCG for further clarification). During the year, only two requests had not been responded to within the statutory timescale (less than 1%) due to unavoidable staff absence due to sickness and credit was given to Vijay Patel for working with this.

Mr Price commented that 99% was excellent and asked if there was any expectation to hit 100%.

Mr McKenzie replied that this continued to be the aim since taking FOI requests back from CSU where it was 66% this is really good and added that they have worked really hard to get to this and highlighted the positive work by staff across the organisation to respond to requests.

QSC/19/039.4 DRAFT Committee Annual Report (Item 7.4)

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

Mr McKenzie presented the DRAFT Committee Annual Report and advised that this is an end of year process to ensure that the Committee is undertaking its duty stated in the terms of reference, they were set out in themes. Aims to set out core themes for the committee and will then go to the Governing Body in May.

Mrs Roberts advised that there were a few names in the membership that needed removing and she would give the changes to Mrs Hough to send through.

ACTION: Mrs Hough

Mr McKenzie left the meeting.

QSC/19/039.5 Quality Assurance in CHC Report (Item 7.5)

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

Ms Danks presented the Quality Assurance in CHC Report and advised that the new figures are the newly eligible patients and added that fast tracks have reduced dramatically. The team are reporting to NHSE giving the narrative and want to give assurance to the committee.

The process on discharge from hospital to align with the D2A process has been amended. Individuals will follow one of the three D2A pathways and a checklist, if required, will be completed in either the individual's home or a care home.

Quality Premium – They are meeting the quality premium target and last month was also met. 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.

Personal Health Budgets (PHB) – They are amending the process slightly with a simple leaflet that outlines the basics of PHB and this is provided to all individuals who are eligible for CHC at home.

Team – The team is now fully in place for both administrative and nursing staff. There are dates in the diary in May to move the data from spreadsheet to a web based system.

Children and Young People – The team have learned a lot from this and have tightened up the processes, there is now a check list for the nurses to use to cover all basis.

Mrs Roberts added that a lot of work has been done by the team especially around fast track, there has been a lot of education and support from the team into trust and has been well received. There has been a complaint about a foster carer of a young person with regards to capacity and information perspective the team have had to manage that and they worked really well. However, there is a gap in transitional services for children and young people.

Ms Danks advised that she was at a meeting with NHSE on Friday across the STP and they gave some helpful information.

Mrs Roberts stated that at the regional Director of Nurses meeting they talked about DTOC and stranded patients, work is being done around this.

Mr Price commented about the personal health budget and enquired as it had increased will it continue next year too.

Ms Danks replied that no it won't as it is counted cumulatively and they will encourage them to have a more bespoke package, our numbers have been very static and will hopefully continue and added that they review it regularly. She advised that she is looking to bring patient journey stories to the committee going forward.

Dr Rajcholan asked if the GPs had been informed.

Ms Danks replied that yes they had been informed at staff briefings and feedback from GPs is that this is good news for them.

Dr Rajcholan also asked whether the district nurse team leaders were aware of this as if there is pressure from GPs if a patient dies after discharge and also the GPs are being asked if they can visit the patient to see if they are still end of life.

Ms Danks replied that they have been informed and patients can be referred to her team, they can go out and do a visit to review a patient's care. They are getting feedback from DN team leaders.

Ms Danks left the meeting.

QSC/19/039.6 Quarterly CQUIN Report (Item 7.6)

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

This report was for information purposes it was a quarterly report for quarter 3 and the next report will be the end of year report.

Mrs Roberts advised that RWT wont achieve part b of the sepsis CQUIN and BCPFT have had a 2% increase on the tobacco/smoking CQUIN.

QSC/19/039.7 Review of Formal and Informal Complaints 2018/2019 (Item 7.7)

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

Mrs Roberts presented the Formal and Informal Complaints report for 2018/2019 and advised that it was complaints made about the CCG. There has been a radical transformation since she joined the CCG last year as 60% of activity was complaints, they have since changed the process and either the caller leaves a message on an answer or they write/email and then the team can direct them accordingly. It is now very clear that if the complaint is to do with the provider they direct them to the trust. A lot of letters come here from local MPs and can normally be joined up. The CCG has received 15 formal complaints which was a slight increase on last year (11). Categories are mainly to do with continuing care and the information given initially is the most important. However, there is more work to do there. With regards to POLCV the GPs respond rapidly.

Individual Funding Request Related Complaints – There were 14 complaints received and 12 were not upheld, 1 partly upheld and 1 upheld. This is a good outcome for learning.

Provider Complaints Sent to the CCG in the First Instance – There were 37 'other provider' complaints which are also being dealt with.

Informal Complaints – This is part of the triangulation and a soft process is utilised.

Primary Care Complaints – These are made through NHSE.

The Committee **noted** the report.

Ms McKie asked if there are some complaints sent from Healthwatch and wondered if there was anything from commissioning committee.

Mrs Roberts replied that they get Healthwatch complaints come through on email.

Mr Barlow asked what happens with the soft intelligence.

Mrs Roberts replied that they are discussed at CQRM under Any Other Business; she meets the team regularly to discuss complaints.

Mr Price asked if we also received compliments.

Mrs Roberts replied that CHC do and they are included in the annual report.

QSC/19/040 Risk Review

QSC/19/040.1 Quality and Safety Risk Register (Item 8.1)

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

The risks had been discussed previously in the meeting and there were no others discussed.

QSC/19/040.2 Tolerate or Treat Risk Review (Item 8.2)

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

Mr Strickland advised that this was part of the CCGs management of process and added that they are asking each of the committees to identify any gaps on their risks. They went through each of the risks to identify if they were to be Tolerate or Treat, the outcome was as follows:

Probert Court – Treat
Cancer – Treat
Mortality – Treat
Maternity – Tolerate – The Committee is monitoring this risk.

This will be undertaken on a quarterly basis going forward.

Mr Strickland left the meeting.

QSC/19/041 Feedback from Associated Forums

QSC/19/041.1 Area Prescribing Committee (Item 9.1)

The Area Prescribing Committee minutes from 15th January 2019 were received for information/assurance.

QSC/19/041.2 Commissioning Committee (Item 9.2)

The Commissioning Committee minutes from 28th February 2019 were received for information/assurance.

QSC/19/041.3 Governing Body Minutes (Item 9.3)

The Governing Body minutes from 12th February 2019 were received for information/assurance.

QSC/19/041.4 Health and Wellbeing Together Minutes (Item 9.4)

The Health and Wellbeing Together minutes from 23rd January 2019 were received for information/assurance.

QSC/19/041.5 Primary Care Operational Management Group (Item 8.2)

The Primary Care Operational Management Group minutes from 6th February 2019 were received for information/assurance.

QSC/19/042 Items for Escalation/Feedback to CCG Governing Body

- Red Rags for quality report
- IG final update
- Complaints
- CDOP
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QSC/19/043 Any Other Business

QSC/19/043.1 Secondary Care Consultant

Mrs Roberts commented on the secondary care consultant for this Committee and advised that she had met with somebody yesterday with Mr McKenzie who would hopefully be supporting the CCG.

QSC/19/043.2 Report for Black Country Child Death Review Stakeholder Organisations

There are national requirements around this and Mrs Roberts advised that they have received some monies from NCB for an early adopters scheme and have an independent person to review the deaths. There are options on how this is to be taken forward and it now sits with the CCG and Public Health. The proposal is that the Black Country will be split into two with the Black Country South being Sandwell and Dudley and Black Country North being Walsall and Wolverhampton.

Mr Strickland left the meeting.

E-CDOP Software - They will need additional support so are looking at a co-ordinator as they will need to work on e-CDOP software.

The preferred option is as discussed from April 2019 and is still the case. The financial implications is around £84,800.00 but will split eight ways with each geographical patch and CCG and Public Health. Mrs Roberts stated that they support this in principal and will bring a plan to the Committee in the future.

Dr Rajcholan commented on section 5.5 where is stated:

It is recognised that there are noticeable differences between how the North and South CDOPs operate and are currently resourced.

Ms McKie stated that it is very diverse across the different patches. Number of staff across the Black Country is 1 WTE administrator and a CDOP co-ordinator.

The Committee **agreed** in principal.

QSC/19/044 Date of Next Meeting: Tuesday 14th May 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.25pm

Signed: Date:
Chair