

Minutes of the Quality & Safety Committee
Tuesday 10th September 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Mike Hastings – Director of Operations, WCCG
Matt Leak – Public Health, Wolverhampton Council
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Sally Roberts – Chief Nurse, Director of Quality, WCCG

Lay Members:

Jim Oatridge – Lay Member (Chair)
Peter Price – Independent Member – Lay Member

Patient Members:

Marlene Lambeth – Patient Representative

In attendance:

Liz Corrigan – Primary Care Quality Assurance Coordinator, WCCG
Nicola Hough – PA to Chief Nurse, Director of Quality, WCCG
David King – EIHR Manager, WCCG
Katrina McCormick – Children's SEND Programme Officer, WCCG
Matt Reid – Acting Head of Nursing - Corporate Support Services
Sukvinder Sandhar – Deputy Head of Medicines Optimisations, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Yvonne Higgins – Deputy Chief Nurse, WCCG
Sue McKie – Patient/Public Involvement – Lay Member
Ankush Mittal – Public Health, Wolverhampton Council
Dr R Rajcholan – WCCG Board Member (Chair)

QSC/19/084 Apologies and Introductions

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

QSC/19/085 Declarations of Interest

No declarations of interest.

QSC/19/086 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/086.1 Minutes from the meeting held on 13th August 2019 (Item 3.1)

The minutes from the last meeting were read and agreed as a true record.

QSC/19/086.2 Action Log from meeting held on 13th August 2019 (Item 3.2)

QSC/19/078.2: Safeguarding and Quality Annual Reports - To share the Safeguarding and Quality Annual Reports to staff briefing or Team W and suggested doing a comms piece around the good work that has been done.

Mrs Roberts has spoken to Helen Cook about this.

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

QSC/19/078.3: Quality Report - BCP Workforce: To provide an update at the next meeting regarding issues that are being identified around A&E breaches.

Mr Hastings there was a meeting on 15th August 2019 which Mrs Roberts chaired with actions and a follow up meeting planned for 13th September 2019.

This item is to be kept **open** with feedback being given next month.

QSC/19/078.4: Primary Care Report - Vaccinations – To provide an update on Vaccinations as the MMR uptake is not good across the City.

An update is provided in the Primary Care Report – item 5.2.

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

QSC/19/078.6: Quality Assurance in Care Home Report – To share the residential data from across the city with Ms Henriques-Dillon.

Mr Leak will chase this.

ACTION: Mr Leak

This item is to be kept **open** with feedback being given next month.

QSC/19/081.1: Terms of Reference – To provide an update with regards to the Secondary Care Consultant at the next meeting.

The person who was interested in doing this is no longer able to do so. Going forward the members felt as there may be imminent changes to the CCG arrangements that perhaps the Terms of Reference could indicate an independent clinical representative.

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

QSC/19/068.10: FOI Report - DPO for Practices – To follow up for an update on this for Dr Rajcholan. To follow this up with Mr McKenzie.

Mrs Hough sent Mr McKenzie an e-mail RE: this issue. Awaiting a response.

This item is to be kept **open** with feedback being given next month.

QSC/19/072: Any Other Business: Australian Flu - To share the dates of the next Health Protection Forum to see if someone from Quality could go.

The next two dates for the Health Protection Forum are the 11th September and 18th December at 11am until 1pm at the Civic Centre.

Mr Hastings asked if somebody was able to go to the meeting from the Quality Team.

Mrs Roberts replied that yes there was somebody going to attend the meeting from Quality.

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

QSC/19/087 Matters Arising

There were no matters arising.

QSC/19/088 Performance and Assurance Reports

QSC/19/088.1 Quality Report (Item 5.1)

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

Cancer (Red rated) – This is the trust's biggest significant challenge at the moment, especially with regards to the two week wait for breast; the trust are working on a 50 day wait for symptomatic ladies. A diversion pathway has been put in place whereby patients are offered to attend a different trust for patients who live within a three mile radius of other hospitals. RWT are now looking at referring patients at source as the current arrangement is not having the planned impact expected. There have now been flags set up at GP surgeries telling them what the daily waits are at the other trusts. With regards to the backlog, they are working on a trajectory to about 20-30. They are currently down to 320 with an additional 55 patients per week coming off the backlog. This is based on seven day working and a radiologist starting at the trust in December; improvement should be seen on 62 day wait by December. With improvement expected against the 14 day pathway by Oct. With regards to Urology, this can't be sorted by Wolverhampton alone. Wolverhampton is now part of the BCWB urology workstream where a review of the whole pathway at system level will commence shortly. Mrs Roberts attended the first Cancer Board meeting in August. Harm reviews are continuing and there has still only been one patient harmed with regards to long waits.

Mr Oatridge commented on the 104 days harm reviews and queried as to whether they do 62 day harm reviews.

Mrs Roberts replied that the 104 days harm reviews go to a MDT robust review. With regards to the 62 day harm reviews these go through PTL on a weekly basis and are discussed at a MDT.

Mr Oatridge asked if there was evidence if a patient is waiting more than 62 days.

Mrs Roberts replied that this is the activity discussed at the weekly PTL meeting which the CNS in quality team attends.

Mr Oatridge wondered if this could be showed in the report.

Mrs Roberts replied that she could make sure this was added and also a paragraph on the process. She added that Staffordshire had challenged the current referral at source activity and that this was being worked through.

Mortality: Standardised Hospital Mortality Index (SHMI) (Amber rated) – This is an improving picture; the impact for increases in tariff cost is starting to be looked at by our Finance colleagues, this year we are fine as it is part of the risk/gain share but they are looking at the implications for next year.

CQC Mortality Outlier Alerts – The trust are predicting the alerts before they get to them and are able to respond quickly. Mrs Roberts advised that the trust has recently published a good 'Learning from Deaths' page on their website and asked Mrs Hough to share the link with the Committee.

ACTION: Mrs Hough

Mrs Roberts advised that they had appointed 11 mortality reviewers of which two are nurses and they are now in place. With regards to the backlog for the mortality reviews they are hoping to get on track in December. SJRs are being undertaken; there are two consultants leading on deterioration; they came to CQRM (RWT) for a deep dive review of the pathway in July. Ms Higgins and Mr Parvez have also walked the pathway and are actively engaged in supporting this workstream.

Mr Oatridge commented about the last bullet point on page 19 of the pack and wondered if it was about timeliness.

The CCG is supporting a review of the current response to Deteriorating Patients within the Trust and an improvement plan has been requested to ensure timeliness of observations improves.

Mrs Roberts replied that this is in relation to the timeliness of the 'Sepsis 6' triggers, which the analysis through audit.

Mr Parvez stated that the SHMI is now at 1.17, an improving picture and as predicted.

CQC – Mrs Roberts advised that CQC are currently undertaking the well led inspection at RWT; there is a whole day of interviews around mortality. So far, the work is positive. CQC undertook the unannounced inspection over four weeks (Tuesday, Wednesday and Thursday) and they have looked at three areas per week at the trust, they have visited every clinical area and feedback has been positive so far with no major areas of concern; ICU and ED had really good feedback. With regards to the medical areas, the trust Chief Nurse was concerned about staffing, as this remains a challenge, despite an overall trust improvement on nurse recruitment. MCA/DoLS has come up as an issue, but this is a challenge for lots of trusts. The well-led inspection started this week and they are focussing on Mental Health; ED is being used as a place of safety for children and young people, they are just unpicking this at the moment.

Escalating Concerns Regarding Position of a Nursing Home (Red rated) – Bentley Court had environmental issues with their inspection. The CCG has no concerns around quality. There are 47 Wolverhampton patients in the home.

Mr Price wondered if the home was stepping up to the challenges.

Mrs Roberts replied that the home is part of the Priory Group, there is a new manager in place and the QNA team are in there supporting the staff.

Some Emerging concerns regarding Nursing Home being unable to deliver to the Step Down Contract (Red rated) – Primrose Hill; this is a new home in Wolverhampton, it is a brand new home and they have got a 'Dementia Street' the manager said they wouldn't transcribe, but the trust couldn't discharge patients to their home without them doing this. The CCG have put some medication support in and as a result of that they are transcribing and are receiving step down patients now. Further work is underway with the trust and home, including a planned 'walk in your shoes' event to further support Discharge to Assess pathways for the home to accept patients.

Mr Oatridge enquired as to if this was with regards to transferring medication from hospital to home and asked if it was not electronic.

Mrs Roberts agreed that it was about transferring medication and unfortunately it isn't electronic.

Mrs Corrigan joined the meeting.

Mrs Roberts thought this could be stepped down to amber.

Concerns around Sepsis Pathways (Amber rated) – Discussions around this had already taken place. With regards to the CQUIN for last year, the trust didn't achieve it.

BCP Workforce (Amber rated) – The CCG is picking up 12 hour breaches for Mental Health patients in A&E visits. Mrs Roberts was on call and had two patients who hit the 12 hour indicator in ED; this is not the right place for them to be. However, there have been none in the last two weeks. Mrs Roberts has had a few meetings with the interim Chief Nurse at BCPFT and there are improvements in workforce and breaches. Bed capacity (BCPFT) is currently at 98% which is quite high; questions are being asked around are they risk adverse, do they review their patients regularly etc.

Mr Price referred to page 26 of the pack 'Serious Incidents' and there had been an increase in the number of incidents for both RWT and BCP over the last few months.

Mr Parvez replied that there were no trends identified.

Mr Oatridge referred the Committee to page 33 of the report and especially the '62 day wait – screening' and added that it was elevating a little.

Mrs Roberts replied that screening performance has been challenged this was delivered under the Dudley team and there is some work being undertaken around this. There was a meeting at the beginning of August and they are expecting to see improvements soon.

Mr Oatridge commented that the Urology 104 day wait appeared to be increasing too.

Mrs Roberts replied that they saw a bit of a peak in activity from Worcester; the pathway should be to Coventry and Warwickshire, but more recently some had been referred to Wolverhampton and advised that the late tertiary for urology also links with this.

Mr Oatridge asked about Black Country Partnership and Dudley and Walsall Mental Health Partnership.

Mrs Roberts commented that a lot of work has been done around the workforce at the two Mental Health trusts and their merger.

Mr Oatridge stated that he is having discussions this week about student nurses and commented on the need to link more with the University of Wolverhampton as there is a big intake of student nurses who are usually local and they stay local once they qualify.

Mrs Roberts agreed and discussed the planned event re: workforce with chief nurses from across the patch.

Mrs Roberts advised that she attended an extra-ordinary safeguarding case review yesterday whereby they signed off and completed the review with publication on 4th October 2019. There were 10 recommendations for the victim, the perpetrator was known to Mental Health services and they are doing a table top review for him and this will be included in next month's report. Mrs Roberts has also been appointed as the new chair of adult and children safeguarding boards for the first 12 months.

Mr Oatridge commented that there were four pressure ulcers reported in the last two months.

Mr Price commented that the pressure ulcers that occur within the Nursing Homes say that they happened within the home.

Mrs Roberts replied that these are across the local system and include independent sector. Mrs Roberts advised that full RCAs are always undertaken and in care homes some pressure ulcers are on admission; will provide an update next month as to further analysis of this data and will include origin of PU.

ACTION: Quality Team

Mrs Roberts advised that the SPACE and Best Practice Guidelines appendices were for information and commented that this is excellent work.

QSC/19/088.2 Primary Care Report (Item 5.2)

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

Serious Incidents – There were not many Serious Incidents that come through the CCG from Primary care but there have been a couple recently that had come through NHSE with regards to fitness to practice for nurses; this was closed as there was no

case.

Quality Matters – This has been really busy; there was an IG breach which has been run by Mr McKenzie it clearly was a breach as a member of staff accessed the system for another member of staffs family member.

Mr Price enquired as to if that would be a lesson learned for other areas.

Mrs Corrigan replied that yes it would and added that a lot of work is being done around Datix too.

Mrs Roberts stated that quality matters queries are appropriate and of relevance from primary care with some real improvements to patient care being made as a result.

Ms McCormick joined the meeting.

Infection Prevention – Audits are ongoing and they have already seen an improvement across the practices.

Flu Programme – The flu programme has started up now with deliveries of vaccinations expected the week after next; there has been a delay with the under 65s vaccinations but they should get them through by the end of this month. The CCG is working closely with Public Health.

Mr Oatridge commented that rules are not being relaxed.

Mrs Corrigan replied that some practices were selling them to each other and this year they won't be able to. Monthly teleconferences and face-to-face meetings will be taking place.

Vaccination Programme – They are monitoring the MMR uptake as this has been low and they have an offer to support the trust and NHSE are monitoring it too.

Complaints – NHSE data is shared with the CCG; they are the same issues as quality matters e.g. reception staff being rude, the majority of complaints are not upheld, there is one around prescriptions.

FFT – The uptake is really good, six practices did not submit. However, this is the submissions for July which included a holiday period with some key staff being away.

Collaborative Contracting Visits – There is a new cycle now which will commence from October 2019.

CQC – Three practices have received 'requires improvement' ratings by CQC and they are being supported by Gill Shelley and Jane Worton and Mrs Corrigan.

Mr Price wondered if there were any themes identified.

Mrs Corrigan replied that the themes highlighted were around leadership and estate issues; action plans are in place. Compared to other CCGs we do not have any 'inadequate' rated practices.

Ms Sandhar joined the meeting.

Workforce Activity – There is a Black Country wide initiative with a launch of the Practice Nurse Strategy Launch at Himley Hall. Workstreams have been approved by the STP GP group. Strategy Launch there are lots of people attending with attendance from the University too.

Mrs Roberts stated that Mrs Corrigan had led on a lot of good work both locally and nationally.

Mrs Corrigan added that there is a GPN leads meeting next week. They are working very closely with the University and they are asking practices to send their HCAs on courses too. The retention programme is around care navigation.

Mr Hastings queried as to whether this had taken Digital First into account.

Mrs Corrigan replied that there was nothing about Digital First in the strategy but added that it could be developed.

Mr Hastings stated that he attended a meeting recently with clinical directors and added that it was agreed that we will supply the tools and they need to supply staff or they supply it all and then they will determine the scope.

Mrs Corrigan replied that once they know what is happening they will have to review that document on its own.

Mr Oatridge enquired as to how wide the digital across GP land is in the Black Country.

Mr Hastings advised that acute care will all have different systems but coding is the same for primary use. Primary care also uses two different systems. National stand on IT systems now is don't buy single systems. Talking to PCNs and providers to see what is needed and looking at group-by-group basis. In primary care, coding is the same. With regards to Digital First; 73% of practices are using the system; others haven't got any but have plans and the national stand on this is that all GPs are to have this in place by April next year (2020) but he felt that we will be done by December this year (2019). Babylon in Hand is being used in Birmingham; this is capped with how many patients they can register. Looking to go into the Black Country and West Birmingham. Working with PCN to put this in place. Can get an appointment within 20 minutes.

Mr Reid and Mr King joined the meeting.

Mr Oatridge suggested that with regards to Digital First need to consider the access issues and asked if we could get something here and/or Governing Body.

ACTION: Mr Hastings

Mrs Corrigan stated that the system would need training available to staff too. She added that she had been asked to speak at the Best Practice Conference.

Mrs Corrigan left the meeting.

QSC/19/088.3 SEND Update (Item 5.3)

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

SEND and local offer review is now complete and the SEND local strategy is at review stage. The review commenced in February 2019 and was driven by an increase in numbers of special school places and numbers of SEND health provision. There has been a 10% increase in child numbers and are the most complex children. Much clearer around commissioning arrangements now.

Mr Strickland joined the meeting.

The review covered lots of areas and gave lots of information around the current health provision and provided up-to-date information on the following:

- SEND cohort in Wolverhampton
- SEND school provision
- Current Health provision – their local offer, costs, contracts, activity, team structure, waiting times etc.
- Governance arrangements
- Perspectives of current provision.

Strengths identified by the review:

- Co-location of staff in the GEM centre
- Voice4Parents
- Attendance at Children and Young People in Care – health budgets etc.
- The commissioning of 'Changing our Lives' to work with SEND children and young people
- Production of the new JSNA in collaboration with the Local Authority to ensure there is a shared and complete understanding of the SEND cohort
- Engagement with parents
- Clinics and services provided on site in special schools which is good practice, children not having to leave school.
- Children Development Centre based in the Gem Centre
- Community Paediatric Consultants collaboration with the Acute team
- Children's Community Nursing Service (CCNS)
- Quality and Advice from Occupational Therapy and Physiotherapy for EHC plans
- Portal – Health client data is accessible through the portal for all SEND health services
- Dual job roles.

Recommendations – there were a number of recommendations including producing a three year SEND Health Strategy with strategic priorities and short term objectives. The strategy is currently out for consultation. The strategic priorities were

- Effective organisations
- SEND Workforce Development
- Work together to get the best SEND services
- Fair and equal access to all SEND services and support.

The strategy will link with city wide aims and objectives.

Mrs Roberts advised that there was positive, ongoing work with LA and parents voices on this agenda and the review had been shared with partners.

Further Recommendations included:

- **Commissioned Services** - Some information was out of date so have now got new schedules. Data is already in place and a means of effectively offering and providing choice for Personal Health Budgets should be developed.
- **Health Community Provision/Accessibility** – Consider moving school based surgeries into community provision and open access to all SEND children and young people – need to work on this.
- **Work with schools** – SLA's to be put in place with schools - working on this.
- **Communications** – Establish and implement a health communications plan – bulletin to go out to providers.
- **Signposting/promoting of the local offer** – This is the responsibility of Council we need to work with this.
- **Parents/Carers and Children and Young People – Strategic Engagement and Service Engagement** – SEND workforce. Properly funding Voice4Parents to establish peer support networks.
- **Workforce Development** – big area to look at; looking at road map.
- **Rolling out of SEND passport** – Need to increase the pace of this.
- **Awareness of SEND** – would like to do an online module.
- **SEND agenda** – Improving outcomes.
- **Systems and Processes** – Develop a model to help engage providers.
- **Access to Mental Health Support** – Deliver more widely accessible Health and Well-being services for SEND children and Young people - delivering some of this but it is not all about CAMHS.
- **Data** – around data collection requirements.
- **Waiting lists** – There were three recommendations around this.
- **Pathways** – Provider services need to develop pathways approved by SEND Steering Group in a consistent way and in a way that children understand.
- **Transition 0 to 25** – Continue to work with the council and to improve

governance structure.

- **Public Health, Council** – To engage with Public Health in strategy and planning and to develop integrated systems and processes for sharing information.

Recommendations – An action plan has been pulled together and will be overseen by the SEND steering group.

The Council are going to review the school places; they have now engaged the CCG with this.

Next Steps – The strategy will be discussed tomorrow evening with Children and Young People and will also go to the commissioning committee on 26th September 2019.

Risks – The main risk is not implementing the recommendations in a timely manner and all risks are being monitored by the SEND steering group.

Mr Strickland asked about the risk around SEND.

Ms McCormick confirmed that it could be closed.

Mr Oatridge asked how many children require a plan.

Ms McCormick replied that out of 7,500 there are 1,800 that require a plan.

Mr Oatridge asked if that was normal.

Mrs Roberts replied that yes it was and we are in the middle range.

Mr Oatridge enquired as to if we have enough workforce.

Mrs Roberts replied that ASD is the biggest gap.

Mr Oatridge commented that the strategy was out for consultation and wondered when the consultation period was likely to end.

Ms McCormick replied that the consultation period ends at the end of September.

Mr Price asked if they were going to prioritise the risks.

Ms McCormick replied that she will review the risks and will RAG rate them.

Ms McCormick left the meeting.

QSC/19/088.4 Medicine Optimisation Report (Item 5.4)

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

Ms Sandhar advised that the report was a summary of work that had been undertaken; the team are working heavily with the STP. An Integrated Pharmacy and Medicines Optimisation (IPMO) Regional Engagement STP Event took place on 24th July 2019 which informed stakeholders and interested parties of the work being undertaken. The IPMO are one of seven STPs in a pilot programme trying to get best value for medicines, it has been very successful and are showing prioritising. Work has been taking place around the Transfer of Care around Medicines (TCAM) which has focussed on transferring between secondary and primary care. STOMP has been looking after autism and Learning Disabilities patients. There has been a launch of COPD events which was attended by 400 clinicians. Medicines Optimisation in Care Homes has been up and running since July to help with medicines. Prescribing Incentive Scheme (PIS) and the anti-biotic report shows that Wolverhampton are 'good' in this area. It also showed that there was an inappropriate prescribing of co-loxamov in ED. The CCG

offered a Prescribing Incentive Scheme which was very successful last year.

Mr Oatridge stated that we are doing really well not only in the CCG but as a STP too.

Mrs Roberts advised that Hemant Patel is starting the Elizabeth Garrett Anderson leadership course soon.

Ms Sandhar left the meeting.

QSC/19/088.5 Equality and Diversity Report (Item 5.5)

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

Mr King advised that there were two tables in the report in section 2 for RWT and BCP; there was a red on RWT table with regards to the trust not publishing an EDS2 report; however, things remain better than they were two years ago but the website is not reflective of their position, this is a key focus for NHSE and they have got their own issues with staffing. There are no risks to patients and no concerns from NHSE. We have got a list of when both trusts will present what at their relevant CQRMs. Next year, there will be a big push on EDS.

Mrs Roberts stated that this had been challenged at the CQRM and they said that it would be on the website in August but if not we will follow up in CQRM in September.

Mr King commented that he had not seen anything about Disability workforce (DES/WDES) and added that CQC do not have to publish it for two years.

Mr Oatridge stated that there are some really positive issues in the report around the CCG position; however he disagreed on the overall rating of green as there were some red risks he wouldn't grade them green.

Mrs Roberts agreed with Mr Oatridge.

Mr King agreed to change the overall rating to amber.

Mrs Roberts advised that they have got an internal audit starting in September around Equality and Diversity.

Mr King left the meeting.

QSC/19/088.6 Infection Prevention Report (Item 5.6)

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

Norovirus – There was 3 episodes in care homes (2 in April and 1 in May) and they were managed accordingly. Advice and support was given by the IP Team and treatment prescribed by the RIT team in the care homes and the same will be available for any potential flu cases. There were no GP audits undertaken in Quarter 1; however, they will be picked up for the remainder of the year.

C Diff – There have been changes to the reporting mechanisms; the number of days to apportion hospital-onset HCAs has been reduced from three or more (day 4 onwards) to two or more (day three onwards) days following admission. The trajectory has been set for 2019/2020 and is no more than 48 cases for the CCG and no more than 40 cases for the trust.

MRSA Cases – There is a small reduction in MRSA acquisition, treatment and follow up patients continues to ensure decolonisation is completed.

Gram Negative Bacteraemia – There has been a change in position from the Department of Health around the ambition to reduce the number of Healthcare Associated Gram-Negative Bloodstream Infections (GNBSI) by 50% by March 2021 this

goal has been revised to March 2024 with a 25% reduction by March 2021.

E Coli – The trust has a meeting with the CCG tomorrow to discuss preventions.

Urinary Catheters – There is lots of work being done about urinary catheters and the data is improving.

Mrs Roberts stated that there is a lot to work on with urinary catheters.

Mr Reid advised that he has been working with primary care and there is a newly formed group looking at catheters and they are doing some process mapping

Mrs Roberts commented that the CCG is really keen to work with Mr Reid and the team.

Mr Reid advised that there were some graphs in the report to show E Coli bacteraemia and the graphs show fluctuations throughout the three years.

Mrs Roberts stated that they have identified a SRO for MRO for STP; Dr Odum was identified.

Mr Reid commented that there was a blood infection attributed to June and all care was provided by the family and the patient developed pressure ulcers.

Mr Oatridge commented on the graphs on page 240 of the pack and enquired about the definition of attributable to the CCG.

Mr Reid replied that this was to do with E Coli and patients passing through ED from homes.

Mr Oatridge commented on the gram negative and asked how that was determined.

Mr Reid replied that it was all hospital and acute.

Mr Reid left the meeting.

QSC/19/089 Risk Review

QSC/19/089.1 Risk Register (Item 6.1)

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

Committee Risks:

QS13: Supply of Flu Vaccination 2019/2020 (12) – The practices should have all flu vaccines by December 2019.

QS11: Safeguarding Transition from LSCB to MASA (8) – This continues; a Task and Finish Group has also been set up.

QS12: SEND Inspection and Local Offer (6) – Closed as previously.

Risks to be added/discussed:

Mr Hastings queried if Digital First and/or Babylon first was on a risk register.

Mr Strickland replied that it was on the risk register for the Commissioning Committee.

Mr Price commented that there could be a risk for pharmacy and Brexit.

Mr Hastings advised that there was lots of work being done in NHS looking at warehousing and immunisations.

QSC/19/090 Feedback from Associated Forums

QSC/19/090.1 Commissioning Committee (Item 7.1)

The Commissioning Committee minutes from 25th July 2019 were received for information/assurance.

QSC/19/090.2 Primary Care Operational Management Group (Item 7.2)

The Primary Care Operational Management Group minutes from 3rd July 2019 were received for information/assurance.

QSC/19/091 Any Other Business

QSC/19/091.1 QSG

Health visiting was flagged as an issue for Birmingham; there were 60 vacancies in Birmingham and Solihull CCG; there was quite a lot of learning from that, we are not in that position. With assurance provided by RWT.

Mr Strickland left the meeting.

QSC/19/091.2 Public Health Data

Mr Leak presented the Public Health NHS Functions paper and the dashboard data; this would give the Committee an idea of indicators from providers and TB etc. He added that he was pulling this information together for the report and he needed to see what information was needed and to what depth.

Mrs Roberts advised that she would like some data on school readiness and two and half year checks and suggested having a meeting outside of this meeting with Ms Higgins and Mr Parvez to see what is required.

ACTION: Mr Leak, Ms Higgins and Mr Parvez

Mr Oatridge stated that it would be good to have a monthly report from Public Health going forward.

Mr Leak advised that there had been a couple of successes he wanted to share with the Committee. With regards to flu, they have gone from the bottom 8% in the Country into the top quartile. There were 11,000 invites sent out last year compared to 6,000 the year before. Internal targets are also set. Children's Flu last year – a book was devised and they have done a follow on books this year for children to better understand it; this also helps parents and teachers. Dudley, Walsall and Sandwell have got their own books. With regards to the two and half year checks Public Health are aware of the issues now.

QSC/19/091.3 Scope of Nursing Home Beds (Item 10.1)

Mrs Roberts advised that the report gives the Committee a position of where we are, going into the Winter. This is proposed as a briefing note through the Care Homes.

Mr Oatridge commented on the last but one paragraph (below) which states that we are not engaged with and asked Mrs Roberts to pick this up with the Local Authority.

The LA have three times weekly bed state returns which it would be helpful for them to regularly share with both the CCG and RWT; thus minimising the requirements to contact separate providers on an individual basis.

Mrs Roberts replied that yes she would pick the issue up and asked the Committee to receive the briefing note for information.

Mr Oatridge asked if there were any Nursing homes that we have lost or have concerns about.

Mrs Roberts replied that we lost Oxley which was run by Accord Housing.

QSC/19/092 Items for Consideration

QSC/19/092.1 Terms of Reference (including membership and contract clauses) (Item 8.1)

Secondary Care Consultant – Discussions took place about this and it will be reviewed shortly.

QSC/19/093 Items for Escalation/Feedback to CCG Governing Body

- The four items from last month.

QSC/19/094 Date of Next Meeting: Tuesday 8th October 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.50pm

Signed: **Date:**
Chair