

Minutes of the Quality & Safety Committee
Tuesday 8th October 2019 at 10.30am in the CCG Main Meeting Room

PRESENT:

Dr R Rajcholan – WCCG Board Member (Chair)
Mike Hastings – Director of Operations, WCCG
Yvonne Higgins – Deputy Chief Nurse, 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
Peter McKenzie – Corporate Operations Manager, WCCG
Phil Strickland - Governance & Risk Coordinator, WCCG

APOLOGIES:

Sue McKie – Patient/Public Involvement – Lay Member
Ankush Mittal – Public Health, Wolverhampton Council
Sukhdip Parvez - Patient Quality and Safety Manager, WCCG
Sally Roberts – Chief Nurse, Director of Quality, WCCG

QSC/19/095 Apologies and Introductions

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

QSC/19/096 Declarations of Interest

No declarations of interest.

QSC/19/097 Minutes, Actions and Matters Arising from Previous Meeting

QSC/19/097.1 Minutes from the meeting held on 13th August 2019 (Item 3.1)

Dr Rajcholan commented on the harm reviews (page 3) and commented that she thought that the one incident that had caused harm didn't lead to harm in the end.

Ms Higgins confirmed this.

QSC/19/088.1: Quality Report - Cancer (Red rated) – Mrs Roberts attended the first Cancer Board meeting in August. Harm reviews are continuing and there has still only been one patient where harm has been identified as a result of waits.

Mr Hastings advised that with regards to the section about Digital First (page 7) Babylon in Hand is in fact Babylon GP at Hand.

QSC/19/088.2: Primary Care Report - 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 GP at Hand* is being used in Birmingham; this is capped with how many patients they can register.

With these two amendments the minutes from the last meeting were read and agreed as a true record.

QSC/19/097.2 Action Log from meeting held on 13th August 2019 (Item 3.2)

QSC/19/088.1 - Quality Report: CQC Mortality Outlier Alerts – 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.

Mrs Hough advised that this information was available on the trust’s intranet; therefore the link could not be shared with the Committee.

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

QSC/19/088.2 - Primary Care Report - With regards to Digital First need to consider the access issues and asked if we could get something here and/or Governing Body.

Mr Hastings advised that this was due last Friday but had not been received as yet. As part of the STP review, a meeting had taken place with Clinical Directors of the Primary Care Networks and they need to decide the vision regarding video consultations.

Mr Oatridge asked for more detail with regards to what it was about.

Mr Hastings explained the video consultations in more detail.

Mr Oatridge commented that it was more about patient’s expectations.

Mr Hastings confirmed that that was the key question. The national consultation has now closed and he advised that there was an executive summary which was worth looking at.

Mr Hastings stated that Wolverhampton had installed video links in the practices and there were 16 practices enabled so far. He added that it needs to be a joint venture across the City. There are more practices in Birmingham that have this now.

Mr Hastings stated that a digital solution is ready and available and the IM&T team are ready to support it.

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

QSC/19/091.2 - Public Health Data - 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.

A meeting has taken place regarding the public health dashboard reporting to discuss formatting, data requirements and agreed to provide some data at the November Quality and Safety meeting to present to the group.

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 is being identified around A&E breaches.

Mr Hastings advised that there were some Mental Health actions which went to the A&E Delivery Board.

Ms Higgins advised that Mrs Roberts had chaired a subsequent meeting and Cygnet is cover until 10pm now and that beds can now be sought from them out of hours. There are plans in place to secure more beds.

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.

This was shared with Ms Henriques-Dillon on 24th September 2019.

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.

Dr Rajcholan advised that she hadn't received any feedback as yet.

Mr Hastings added that CSU provide the services for this.

Dr Rajcholan agreed to close this action.

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

QSC/19/098 Matters Arising

There were no matters arising.

QSC/19/099 Performance and Assurance Reports

QSC/19/099.1 Quality Report (Item 5.1)

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

Cancer (Red rated) – With regards to the two week wait breast cancer pathway the trust performance has seen an improvement. Wolverhampton is currently working against 9 days, Walsall was booking at 27 and Dudley was 14. The backlog has gone from 560 to less than 50.

Mr Hastings added that they need to get back to a manageable level with RWT continuing to divert patients to an alternative provider. Walsall has taken the main impact of this. Wolverhampton are looking at reducing the number going to Walsall; this was ratified at the meeting on Thursday with NHSE/I. They have agreed to step down to a two mile radius and then a one mile in November. They will continue to refer to Dudley. This is not taking into account any sick leave or other absence.

Mr Price asked about maintaining the level.

Mr Hastings advised that at the meeting with NHSE/I on Thursday they discussed when they will be at a point where they can maintain as they can't continue to rely on other providers. Sustainability for this is to maintain capacity and they are looking at December for this.

Ms Higgins stated that plans for this are moving forward. With regards to 104 days they are still having late tertiary referrals.

NEW - Referral to treatment time incomplete pathway performance has not achieved the 92% target and is deteriorating (Red rated) – The CCG have received the recovery action plan for the trust and at CQRM the trust identified that there was an action plan for ophthalmology too. They will follow the same harm review process as for the 104 days cancer patients.

Mortality: Standardised Hospital Mortality Index (SHMI) (Amber rated) – This is going in a positive direction; it is currently at 1.16. There is ongoing work taking place with Sepsis and Deteriorating Patient. There have been four Serious Incidents relating to late diagnostics lately and 3 of these were with children, 1 was a Walsall patient; RWT are reviewing this incident. There were no themes and trends identified.

Escalating Concerns Regarding Position of a Nursing Home (Amber rated) – There are two Nursing Homes rated as inadequate by the CQC. One of the homes are having a revisit in November 2019; their issues were more to do with Health and Safety issues rather than quality of care. There was a 'Whose Shoes' event with the other home; there are clear actions. There are less Safeguarding issues now and more GP support is needed for the homes.

Concerns around Sepsis Pathways (Amber rated) – The inpatient pathway has been updated and the team have increased their presence within in patient areas.

Dr Rajcholan asked if there was any update on the pre-mixed anti-biotics.

Ms Higgins replied they are still having discussions in relation to this

BCP Workforce issues including 12 hour breaches and MH capacity (Amber rated). There has been an issue with a patient in the last week.

The CCG have undertaken a deep dive review of suicide and self-harm SIs and referred the Committee to page 49 of the papers. It was noted that the number of suicides have decreased year on year in Wolverhampton and the statistics e.g. age and gender correlate with national picture. Mr Parvez had pulled out some key issues for the trust; training, communication; those accessing drug and alcohol services and risk assessments.

Dr Rajcholan referred to page 53 of the papers and the key points identified that 77% of self-harm or suicide were in patients who had been in contact with mental health services in the previous 10 days and wondered how many had been in Primary Care setting.

Ms Higgins replied that the RCA wouldn't identify this and added that they would need to go to GPs to ask them, but thought that would be difficult. She has looked at some of the RCAs and the added difficulty of how people pass through multiple services as well.

Mr Price asked about the deep dive and wondered why they had concentrated on suicides.

Ms Higgins replied that the team had seen an increase in the suicide numbers and added that they also see Sandwell suicides as well and the figures were increasing; this was from dashboard intelligence. The plan will be to do the same with diagnostics at RWT as well. With regards to staffing at BCP it is static.

Reduced CQC rating of Wolverhampton Nursing Home (Amber rated) – This has been reviewed and there are Wolverhampton residents in the home, there is a robust action plan and hopefully the home will have a revisit in November.

Mortality – This is still on track; hopefully see an improved SHMI in November 2019.

Breast Cancer – Hopefully see an improvement in November 2019; RAP predicted February 2020.

Ms Higgins asked for comments on the rest of the report.

Mr Price commented on the concerns around the sepsis pathway as it was expected to return to performance in June 2019.

Ms Higgins replied that sepsis has been delayed; there had been an IT provider delay to install e-sepsis by six months and advised that the old system for sepsis and deteriorating patient wasn't capturing the real picture. There was an issue with the 15 minute window to repeat observations and if it was repeated within the time then the patient would be removed off the system. She added that she has asked for improvement plan and trajectory in relation to late observations.

Ms Higgins agreed and added that sepsis has been achieved in the Emergency Department but not the inpatient services and stated that she could split the table to show this.

Mr Oatridge commented on Mental Health for the Black Country and the transition stage as they are merging again; it had been mentioned that their boards were sighted on the issues they had got. Their board will now look at other issues and asked how we will look at this going forward.

Ms Higgins replied that Mrs Roberts is now chairing the Joint CQRM and that she has regular meetings with the Deputy Chief Nurse and Mrs Roberts has meetings with the chief nurse; they have improved reporting following CCG challenge. CQC are due to go in and the trusts are asking for a delay to after the merge.

Ms Higgins agreed and advised that one of the attachments with the report is the report from the Duty of Candour review visit that took place at Black Country Partnership Foundation Trust on 17th June 2019 and the synopsis gave some assurance. The team will revisit in the middle of October 2019.

There has been an increase in the *C Diff* numbers for the Royal Wolverhampton Trust and the trust is looking at undertaking a deep dive into this but the rules for reporting has also changed.

The Maternity unit at the Royal Wolverhampton Trust has reduced their booking cap and Walsall has also removed their cap.

Mr Oatridge noted that there had been an increase in bookings in August.

Ms Higgins replied that the staffing is really good now in maternity. With regards to smoking at delivery this has decreased and it is thought that there is a link with Continuity of Care this is a positive with the LMS work and Saving Babies Lives. She added that the trust has also won an award for their work around workforce.

Dr Rajcholan referred the Committee to page 64 of the papers and the Compton Care visit and asked if they had they gone to EMIS and if they are able to see patients' notes from GPs yet.

Mr Hastings replied that Compton Care has gone to EMIS but there is no shared agreement as yet. He added that he had offered his team to help and support them and that he is meeting them very soon.

Ms Higgins advised that there is a new chief nurse at Compton Care. The Committee **received** and **noted** the content of the report for assurance.

Mrs Corrigan joined the meeting.

QSC/19/099.2 Cancer and End of Life Update (Item 5.3)

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

Ms Higgins advised that Mrs Thorpe is doing lots of work with residential homes and especially the roll out of the Swan boxes as well as offering help to families. She will continue to support End of Life and support with the ICS. Mrs Thorpe is also supporting the roll out of the FREED document. With regards to FREED there is some good news that they have received £150k from HEE who had seen the booklet and got in touch to ask about working with this.

The Committee **received** and **noted** the content of the report.

QSC/19/099.3 Primary Care Report (Item 5.2)

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

Serious Incidents – One incident was referred to PPIGG around an Information Governance breach and they are awaiting some further information from the practice.

Quality Matters – Received quite a lot of activity over the last few months but were mainly incidents.

Ms Higgins stated that it is not for incident reporting and advised that they reviewing this process.

Practice Issues – There has been an issue with safeguarding reports, the response had been low; GPs are asked to provide reports. Mrs Corrigan and Ms Janavicius (Contracting) have been going to practices as they are not sending reports and apparently they are not sure they had to and when practices do sent them back they are not acknowledged. Mrs Corrigan and Lorraine Millard are going to practices to see what is happening; it appears that DOCMAN have told practices not to review the inbox.

Dr Rajcholan stated that the response time is a short reporting window.

Infection Prevention – There has been an improvement seen on last year.

Flu Programme – This is now up and running; there has been a delay for the under 65 years vaccines and some of them are ready for delivery a bit earlier than expected, as the delivery schedule was middle to then end of October.

Complaints – No data; expected at the end of the month.

FFT – There is an additional report which will be shared via Mrs Hough. This has been reviewed this month and there has been a good response. There a few practices that have got a low satisfaction rate; this may be due to more people responding, they have looked at low satisfaction and they are the same on the GP satisfactory survey and the triangulated data. There are no surprises from GPs as they are where there are issues. There is no qualitative data from FFT; this is only available at the individual practices, which is usually shared with their PPG.

ACTION: Mrs Corrigan/Mrs Hough

Collaborative Contracting Visits – There is a new cycle due to commence next month in collaboration with Public Health. The team will be taking intelligence from other areas such as FFT, CQC, Healthwatch etc.

Mrs Corrigan replied that they that they are undertaking check to see how they are doing and gets them prepared for CQC visits, which gives them a heads up if there are any concerns.

Dr Rajcholan asked how much notice is given to practices.

Mrs Corrigan replied that it is about one month as the practices need to do some pre-work first e.g. collecting policies, practice leaflets etc.

Mr Oatridge commented that in effect the team have a checklist to review; he asked if he could see a copy of the checklist.

ACTION: Mrs Corrigan

Mr McKenzie joined the meeting.

Ms Higgins stated that recently there had been a launch of the STP GPN strategy and advised that Mrs Corrigan had been instrumental with this from beginning to end.

Mrs Corrigan advised that she would share this document with the Committee and added that good feedback was received from attendees.

Ms Higgins added that there is not another GPN Strategy in the Country.

Mr Hastings enquired if Mrs Corrigan is putting it and herself forward for any awards.

Ms Higgins replied that Mrs Corrigan is having some dedicated time to evaluate the work undertaken.

The Committee **received** and **noted** the content of the report for assurance.

Mrs Corrigan left the meeting.

QSC/19/099.4 Information Governance Report (Item 5.4)

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

Mr McKenzie presented the Information Governance Report on behalf of Ms Huckvale.

Information Governance Work Plan 2019 – 2020 - The work plan that the Committee approved at the beginning of the year is being worked through.

Information Governance Incidents - There have been no IG incidents reported during quarter two. Ms Huckvale continues to support the CCG.

Quality Impact Assessments – These continue to be embedded in the processes.

Subject Access Requests - There was one Subject Access Request for information in quarter one and none in quarter two.

General Practice Information Governance Service: Summary of Uptake - Summary of support from Arden and Gem CSU. They are working through the work to be ready for the toolkit to be in place by the end of the year. The CCG has to submit a baseline assessment for the first time this year and has to be done by next month. This is an indication to say we have started the work and the final assessments are to be submitted at the end of the year.

Dr Rajcholan commented that there are two training sessions for general practices and queried if they were on line.

Mr McKenzie replied that they were face-to-face sessions; he was unsure if Arden and Gem are working with Lancashire or not.

The Committee **received** and **noted** the content of the report.

Mr Strickland joined the meeting.

QSC/19/099.5 FOI Report (Item 5.5)

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

Mr McKenzie presented the FOI report and advised that he pleased to share that they are 100% compliant with responding to FOI requests within the statutory 20 working days. The requests are generally made by the media and health service trade journals as well as private providers of health services, charities and pressure groups and students and researchers; they are usually the same subjects that are in the news.

Ms Higgins left the meeting.

Mr McKenzie stated that there are currently no concerns.

The Committee **received** the report and **noted** the details of requests received and dealt with during the quarter.

Mr McKenzie and Mr Oatridge left the meeting.

QSC/19/099.6 Business Continuity Report (Item 5.6)

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

NHSE Submission – The Core Standards submission requirement was met for Wolverhampton CCG and a rating of ‘substantially compliant’ had been approved by NHSE; Mr Hastings stated that he was happy with that rating. The CCG has worked on preparedness with the local providers too.

Ms Higgins and Ms Danks joined the meeting.

EU Exit – Mr Hastings advised that he had received a link this morning and have to complete daily SIT REPS starting next week; this is about our preparedness (attached in appendices). He stated that he had been to events around this and was due to present at JCC this week. He referred the Committee to Appendix 2 ‘Detailed EU Exit Information’ which identified progress so far. He felt we were as prepared as we could be for the EU Exit on 31st October 2019.

The Committee **received** and **noted** the content of the report for assurance.

QSC/19/099.7 Quality Assurance in CHC Report (Item 5.7)

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

Ms Danks gave an update on NHS Funded Care Provision and advised that it is not too bad at the moment. Information has been received from Future Forums; the web site shows like for like; for eligibility the CCG are not the highest nor the lowest and our spend is low. The team are currently up to date with assessments and reviews. They are meeting with reviews in hospital as necessary and seeing patients within 28 days and there were no breaches in the last quarter. The forecast currently shows a slight underspend with an overspend on funding care and an overspend on CHC. The allocated QIPP of £375,000 has already been delivered.

Fast Track Tool - About a year ago they changed the fast track system with information being shared; the team is still getting fast tracks, there is still ongoing training on a rolling programme.

Mr Oatridge re-joined the meeting.

Fast tracks – Nearly 80% of patients received care at home, the others are placed within a placement.

Dr Rajcholan commented that GPs are not trained in fast track and advised that she was asked last week to sign a fast track form by a nurse.

Ms Danks stated that we don’t normally accept the fast track if it is signed by somebody who has not been trained.

Dr Rajcholan offered to share the information about who this was with Ms Danks.

ACTION: Dr Rajcholan

Ms Danks stated that there is a lot of lack of understanding around the fast track process.

Ms Higgins suggested that maybe they could put some detail in the GP newsletter.

Ms Danks advised that the fast track is only needed if there are complex needs; it is getting more appropriate now. Compton Care are now filling in a lot of forms. The team are happy to provide more training and put a flow-chart with summary for newsletter.

Dr Rajcholan asked if the GP newsletter was also shared with District Nurses.

Ms Higgins replied that it is a GP newsletter and added that she is having 6 weekly meetings with the Community lead nurse.

Personal Health Budget (PHB) – This is slowly increasing; the system is working now with Public Health and there is a comprehensive joint shared plan, which is working well.

Mr Oatridge commented that you continue to transition all care packages and asked if people have to go through that route.

Ms Danks replied that yes they do have to go through that route but they don't have to manage it all; they can have direct payment and do it themselves or shared or manageable budget. We are in the process of moving over to PHB systems; it is working well with team; have shared detail and a good audit tool, we can now see money coming off balance and this is in place now.

Step down – The number of patients in step down is between 25 and 30 per week at the most. If there are issues they are coming through quality matters and if there are themes they can be shared with the provider. The QA system is delayed; the new system should be in place by the end of December 2019. This will be a paper free system and will be live and people can amend it themselves.

Complaints – The team receive very taxing complaints and they are being assessed through the appropriate channels; this has been flagged with NHSE/I with types of defamation of character which becomes personal even though it goes through the Ombudsman; NHSE need to assess them.

Decision Support Tools (DST) – The number of DST assessments has slightly decreased since the change to complete checklists in the community rather than acute care.

Staffing - The team is up to compliment with staff now; although there are currently two members of staff on sick leave.

STP Wide Work – There is a meeting this afternoon. The second market engagement event went very well on 13th September 2019. This was a positive event and the feedback allows concerns to be addressed, prior to the procurement going live in December 2019.

Mr Oatridge commented on the appeals process and asked if there was any independence involved.

Ms Danks replied that yes there is an independent chair involved.

Mr Oatridge asked if the chair was consistent.

Ms Danks replied that yes the chair is consistent. She added that they don't have to have it locally, but they do. If a case goes to an independent review; this takes place in Birmingham and then there are lots of independent reviewers. She stated that she is doing one a month at the moment.

Mr Oatridge asked if Ms Danks was seeing some themes.

Ms Danks replied that yes they are seeing themes as she has been involved in doing it for a long time now. The appeal process is now a half hour meeting.

The Committee **received** and **noted** the content of the report for assurance.

Ms Danks left the meeting.

QSC/19/100 Risk Review

QSC/19/100.1 Risk Register (Item 6.1)

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

Mr Strickland advised that he has received two updates since the distribution of the papers.

Committee Risks:

QS09: Royal Wolverhampton Trust (RWT) are currently not meeting NHS constitutional standards for Breast 2 week wait (2ww) cancer (16) – It was agreed that this could be reduced to 12 and is also picked up on the quality report as well.

The other Committee risks were:

- **QS06:** Royal Wolverhampton Trust (RWT) are currently not meeting NHS constitutional standards for 62 and 104 day cancer pathways (16)
- **QS13:** Supply of quadrivalent influenza vaccine (QIV) for 2019/20 influenza season from Sanofi (12)
- **QS07:** The Royal Wolverhampton Hospital (RWT) has higher than expected Summary Hospital-level Mortality Indicator (SHMI) (9)
- **QS11:** Safeguarding Transition from LSCB to MASA (8)
- **QS10:** Methods of transfer of data between non-GP provider and GP provider needs to be timely in line with the NHS England flu vaccination contractual requirements (6)

The Governing Body risks have been reviewed and have been reflected on the risk register.

Ms Higgins asked if RTT should be a risk.

Mr Hastings replied that we were awaiting the list cleansing at the moment; he was hopeful they would be able to remove around 2000 patients.

The Committee **received** and **noted** the corporate and committee risks.

QSC/19/100.2 Tolerate or Treat Risk Review (Item 6.2)

Mr Strickland advised that this was to be reviewed on a quarterly basis and it was to treat all risks on the committee agenda, to ensure that the Committee are happy with the risks. He stated that the Committee is treating all risks at the moment.

Ms Higgins advised that we will await the SHMI data as it is further decreasing.

Mr Oatridge enquired as to whether there were any items of our work covered by Shropshire and Telford NHS Trust (SaTH).

Mr Hastings replied that the biggest impact to us was ambulances and the modelling they didn't do was consider about the Royal Wolverhampton NHS Trust.

Ms Higgins added that with regards to the maternity capping, the trust might see an influx from SaTH.

Mr Hastings stated that they will also need to keep an eye on A&E.

Mr Strickland left the meeting.

QSC/19/101 Any Other Business

QSC/19/101.1 NOF – NHS Oversight Framework (Formerly IAF) (Item 7.1)

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

Mr Hastings advised that Mrs Moon is pulling this together and added that the detail within the report has moved on slightly; this originally went through the Finance and Performance Committee and some information from NHSE needs to be discussed at this meeting. The original Improvement and Assessment Framework (IAF) has been replaced with this, the NHS Oversight Framework (NOF) which reviews the improvement in performance. This is more about having a balance score card which reviews the balance against what is in our control. He referred the Committee to page 157 of the papers (Appendix 1) and advised that for all areas, we are balancing; the question is will it affect our rating we can look at the performance figures and see what our influence is. It has been back to the Finance and Performance Committee and they were happy to continue to work with us. He added that they have now been able to put a 'Quality' column in. Mrs Moon will meet with Mrs Roberts and Ms Higgins to progress with this. If anything is raised via CQRM or quality premium it will be added to this document. High scores are to be at the top of the document and will be monitored with the Senior Management Team (SMT).

Ms Higgins commented that this was a really good piece of work.

Mr Hastings stated that Mrs Moon has put a lot of work into this. We can look at areas where there is an issue and where we can influence. The report will be presented to the Finance and Performance Committee on a quarterly basis and will also come here on a quarterly basis too and will go to every SMT meeting which is on a fortnightly basis.

The Committee **agreed** this.

Mr Oatridge enquired as to when the STP move to an ICS will it be a scrutiny document.

Mr Hastings replied that yes it would, we have got our eyes on the dashboard information and added that we can look at other areas outside of the dashboard too.

Ms Higgins commented on smoking at delivery and advised that it was on here now which is really good.

Mr Hastings stated that it was a working document and is therefore not static.

Dr Rajcholan commented that there were seven ticks in the 'New' column and referred to number 21 'Evidence-based interventions' and asked what this was.

Mr Hastings replied that he would check this and get back to Dr Rajcholan.

ACTION: Mr Hastings

Dr Rajcholan commented on the score card and asked if that would get updated and come back here with an overall rating.

Mr Hastings replied that yes it would and added that things will change on a near daily basis.

The Committee **received** and **noted** the content of the report for recommendations to impact on performance.

QSC/19/102 Feedback from Associated Forums

QSC/19/102.1 Commissioning Committee (Item 8.1)

The Commissioning Committee minutes from 29th August 2019 were received for information/assurance.

QSC/19/102.2 CCG Governing Body (Item 8.2)

The CCG Governing Body minutes from 9th July 2019 were received for information/assurance.

QSC/19/102.3 NICE Group (Item 8.3)

The NICE Group minutes from 4th September 2019 were received for information/assurance.

QSC/19/102.4 Area Prescribing Committee Virtual Meeting (July 2019)

The Area Prescribing Committee Virtual Meeting minutes from July 2019 were received for information/assurance.

QSC/19/102.5 Quality Surveillance Group Quality Data Pack (Item 7.2)

The Quality Surveillance Group Quality Data Pack from the August 2019 meeting was received for information/assurance.

QSC/19/103 Items for Escalation/Feedback to CCG Governing Body

- EU Exit update

QSC/19/104 Date of Next Meeting: Tuesday 12th November 2019 at 10.30am in the Main Meeting Room, Wolverhampton Clinical Commissioning Group.

Meeting closed at 12.30pm

Apologies received from Dr Rajcholan for the next meeting.

Signed: Date:
Chair