

**MINUTES OF THE QUALITY & SAFETY COMMITTEE HELD ON 8th August 2017,
COMMENCING AT 10.30AM, IN THE MAIN CCG MEETING ROOM, WOLVERHAMPTON
SCIENCE PARK.**

PRESENT:	Dr R Rajcholan	-	WCCG Board Member (Chair)
	Marlene Lambeth	-	Patient Representative
	Pat Roberts	-	Lay Member Patient & Public Involvement
	Manjeet Garcha	-	Executive Director of Nursing & Quality
	Peter Price	-	Independent Member
	Sukhdip Parvez	-	Quality & Patient Safety Manager
	Philip Strickland	-	Quality Assurance Coordinator
	Danielle Cole	-	Administrative Officer

APOLOGIES:

Steven Forsyth	-	Head of Quality & Risk
Jim Oatridge	-	Interim chair WCCG

1. APOLOGIES & INTRODUCTIONS

Introductions were made and the above apologies were noted by members.

2. DECLARATIONS OF INTEREST

No declarations of interest were raised.

3. MINUTES & ACTIONS OF THE LAST MEETING

3.1 Minutes of the 11th July 2017

The minutes of the meeting held on the 11th July 2017 were approved as an accurate record.

PP queried if a GP has been nominated to lead for the Primary Care Mortality Reviews. MG responded RWT have identified a GP from the VI group however following discussions at the previous QSC, it was decided that the CCG should identify a GP from the wider CCG membership. A discussion has been held with RWT re this and JO has agreed to revise the terms of reference of the review team to include a GP from primary care. A job role is being sought from NHSE, following this an advert will go out to all GPs across the City who are not part of the VI and then we can move forward with the planned reviews.

PP asked if there has been any progress on the Probert Court Contract in regards to reimbursement. MG responded the CCG can reclaim some of the monies back, contracts have written to Accord. This action is in progress and sitting with contracts.



PP queried if there has been further discussion in response to the implications of Grenfell as discussed at the last meeting. MG responded NHS England is leading and all organisations were requested to respond. The Heart and Lung Centre at RWT failed the national call for information as the Heart and Lung Centre uses cladding panels which would not pass the combustion test. Helen Hibbs has been in touch with David Loughton to see what plans are in place. The Trust has strengthened their action plan and fire strategy to build in; increased security, control of parking in front of the Centre, increased number of Fire Marshalls and increased training for all staff. The Trusts current Evacuation Plan has been reviewed and strengthened; patient safety remains a top priority. A full report will be presented at Governing Body.

3.2 Action Log from meeting held on the 11th July 2017

Key actions from the action log were discussed as follows and an updated version of the action log would be circulated with the minutes:

4.1 Matters Arising – Complaints Data

SP is still awaiting further correspondence from Olivia Taylor. Action remains on-going.

5.1 Monthly Quality Report – Primary Care Mortality review

MG stated a meeting has been scheduled with the GP to gauge their understanding of the role. A business case is also being prepared in order to bring to SMT to approve a GP from Primary Care who is not linked to VI surgeries who would be interested in undertaking Mortality reviews. A clinical advisor role is being sought from NHSE, following this communication will be shared with LMC and a job advert will go out. Action remains on-going and to be added to September agenda for an update on progress.-

Action:- DC to add to Septembers agenda.

5.1 Monthly Quality Report – Serious Incidents

SP stated verbally there has been no Serious Incidents reported. **Action Closed.**

6.1 Risk register – Vocare

Agreed to close action.

6.1 Risk register – Risk 414

Complete – **Action Closed.**

10 Any other business – Electronic prescriptions



Item to be discussed outside of meeting – **Action Closed.**

4. MATTERS ARISING

No Matters Arising was raised.

5. ASSURANCE REPORTS

5.1 Monthly Quality Report

Report was noted by all present. SP provided a summary of the report.

Urgent Care Provider

SP stated the Urgent Care Provider, Vocare, is shown as extreme on the risk register. Historically there have been issues around delays in care, staff productivity, safeguarding, performance and quality of care. Vocare's performance is monitored through CQRM and several unannounced / announced quality visits. To date there have been no improvements in terms of how Vocare are managing the issues through their own governance processes. The CQC Inspection Report is awaited. WCCG have undertaken a number of unannounced quality visits during the busiest hours, concerns were raised regarding patient information, staff activity, clinical prioritisation, lack of triage, clear pathways and clinical leadership. A positive point is an agency nurse is in place and providing triage. The current situation is WCCG will carry on undertaking quality visits, six weekly Improvement Boards and monthly CQRMs.

MG added Vocare was discussed at the latest Quality Surveillance Group at NHS England. NHS England has escalated the rating to enhance surveillance. This was agreed by NHSI, CQC, Health Watch, NHS England and other CCGs from local Black County areas. NHSE have requested a Stakeholder meeting which they will host to take place on Tuesday 15th August 2017.

SP highlighted that Contract Team have issued a letter of concern and a Contract Performance Notice (CPN) to Vocare. Vocare to date have been fined £80,000 however the decision was to reinvest that money in order for Vocare to improve their services. A comprehensive action plan is in place, Vocare have been asked to risk rate the action plan to condense to health and safety and core clinical actions.

MG noted today's report provided by Vocare highlights interviews are taking place, six nurses today and one nurse tomorrow in a view to fill the gaps in the clinical rotas. There are also four GPs that are coming through recruitment process that will be available to work in the next two weeks. Vocare have short term recruitment but have been asked to provide a short, medium and long term recruitment and retention plan.



Vocare remains as an extremely high risk on the register, NHS England are hosting a stakeholder meeting next week and WCCG will have to make a decision as to whether we continue to commission Vocare and claw back on all KPIs so the CCG focus on a few essentials or do we look at an alternative provider however, that does have other implications.

Maternity Performance Issues

SP stated there have been no significant incidents reported for this month. One incident was reported last month and a full RCA is awaited. KPIs on the maternity dashboard are a concern which could impact on quality and safety.

MG noted she presented a report at the Quality Surveillance Group Meeting. The situation with Birmingham and Black Country maternity is that Good Hope Hospital are shortly going to shift all their elective caesarean section to Heartlands Hospital, there are still concerns with Walsall maternity therefore can only take their capped deliveries, Dudley Hospitals capped their deliveries a year ago and there is also issues in Shropshire. There has been an agreement with the contracts team at RWT to write out to the other units where moms are coming from to encourage those moms to stay within their area.

MG added midwife to birth ratio is still 1:31.5, sickness rate has remained the same and vacancy rate remains high. This remains as a red risk on the register for the fact capacity is saturated. There has been no quality concerns raised but again the Quality Surveillance Group are monitoring closely.

CQRM are maintaining close scrutiny of the maternity dashboard and clinical issues which may come to light.

Non-Emergency patient transport service issues (NEPTS)

SP stated the CCG has actively monitored NEPTS contract from its commencement in October 2016; contractual letters have been issued to WMAS regarding a number of issues, including performance. Performance has not been at the levels expected and has recently impacted adversely upon bed capacity and patient flow. Due to the adverse impact this is having on A&E, patient flow and bed capacity in the hospital, the Wolverhampton A&E Delivery Board have agreed to fund the use of a third party transport provider. Whilst the A&E Delivery Board members have agreed the use of system resilience funds, the chair explicitly stated that this is a short term investment of health economy funds to ease bed pressure and reduce the incidence of poor patient experience, whilst WMAS addresses the performance issues. The provider has also failed to meet reporting requirements on KPIs and Quality Reports. At the recent CQRM no Quality Report was presented. Reporting by the provider has been lacking with inaccuracies and missing information, the CCG continues to work closely with the provider to ensure reporting is complete, accurate and meet SI criteria. A CPN has been issued and a



performance action plan is in place. SP added from a Quality perspective no SIs or incidents have occurred, however, at the same time patient experience is a 1% response rate therefore the provider needs to address the methodology of how it captures patient experience.

MG noted at SMT Vic Middlemiss (VM) has reported that the A&E Delivery Board has agreed to release some funds into the system to source an alternative provider to undertake activity that NEPTs cannot fulfil. This is a short term solution as the resources non recurrent. Discussions have taken place as to how the breach in not being able to fulfil the required activity can be reimburses to the CCG.

Mortality

SP stated RWTs most recent HSMR and SHMI data indicates deterioration in their position. The Trust has commissioned independent coding, diagnostic, palliative and case note reviews.

MG added the CQC have written to RWT stating they have noticed increases in certain conditions, one of which is pneumonia. The Trust is aware hence the three external reviews which are taking place on coding, clinical pathways and case note reviews. All of the reviews are due to come to a conclusion at the end of August. However, having spoken to Jonathan Odum and since the last publication of the SHMI data the mortality rate has improved.

Step Down Care Home Provider

SP stated at the 12th June unannounced quality visit immediate concerns were identified in basic nursing care, health and safety, security of the building and overall management oversight. Since then a monthly Improvement Board, monthly CQRM and weekly visits from the Quality Team have been put in place to look and improvement and sustainability. SP added step down is currently suspended however due to evidenced improvement, WCCG has agreed a further four Step Down patients can be admitted between 1st August 2017 and 7th August 2017, this is not a formal lift suspension. Step Down admissions are restricted to one per day. WCCG have seen a significant improvement out of 88 actions the provider has completed 56. At the last Quality visit two issues were identified; there are still a number of agency nurses on shift, however three qualified nurses have been appointed but still awaiting boarding checks and secondly around drug omissions. The Care Home has been asked to provide a full comprehensive chronology and investigation into the event.

RWT Safeguarding Level 3 training

MG stated this remains as an amber on the risk register as both adults' and children training remain under the required levels. WCCG continue to monitor at the monthly CQRM's.



Increased number of NEs 16/17

MG noted the CCG are aware there have been two Never Events reported to date. There is a national review of Never Events, SP has been nominated to be part of the group. There are weekly telephone conferences which SP participates in.

MG suggested the Primary Care report includes a summary sheet moving forward. All agreed.

Action:- Liz Corrigan to add a summary sheet to the Primary Care report.

Safety, experience and effectiveness

SP stated there's a slight increase in pressure injuries, majority of these incidents are reported by the community and the numbers are on the rise due to increase in the number of end of life patients nursed in the community. In terms of falls, RWT have reduced falls quite significantly. The Trust has been part of the national falls collaborative and has implemented revised falls policy to prevent and manage patient falls incidents.

SP noted there have been two CDiff incidents reported in July (not confirmed), in total 13 year to date which is one above trajectory. SP stated he has been informed by the IP manager one patient who was CDiff positive has deceased and the death certificate specifies CDiff is the cause of death. RWT have raised this as an SI and a full RCA will be undertaken.

SP highlighted the number of CPE is increasing. The Trust has sent a letter to Public Health England about the effectiveness of the toolkit. A local taskforce is being developed to tackle the CPE issue in Wolverhampton. RWT, WCCG and Public Health will work together collaboratively to develop this taskforce.

PR queried on page 5 the Information Governance breach if the member of staff is still working at the Trust. SP responded a stop clock has been applied to this incident due to a police investigation therefore the member of staff will not be working at the Trust. The CCG are awaiting further detail as only received the 48 hour report.

MG noted she is conscience this is a month to month report that highlights those serious incidents of significant concern that have been reported since the last meeting however, the CCG will have not received the RCA. MG suggested in future including a table that outlines the date the serious incident was reported and when the RCA is expected as this can be 45 – 60 days until received at that point more information can be provided. SP agreed to include this in the Quality Report

Action:- SP to add a table to the Quality Report that outlines the date a serious incident has been reported and when the RCA is expected to be received.



5.2 Safeguarding Adults, Children and Looked After Children

Report was noted by all present.

AL highlighted the Safeguarding Team working in conjunction with HR has identified the level of safeguarding training each member of staff requires within the CCG. Level 1 safeguarding training has been rolled out, the progress is being monitored and the last reported stated the completion rate is at 61%. Level 2 E Learning Safeguarding modules and staff groups have been identified. The team has also developed a full training programme for the next 12 months that includes level 3 Safeguarding Adults', Safeguarding Children, Domestic Abuse and Female Genital Mutilation. This training will be for CCG and Primary Care staff. Discussions are on-going with HR regarding the recording of training and update for DBS.

AL added NHSE have developed and piloted a Self-Assessment Tool (SAT) to be used by CCGs to provide assurances to NHSE. This electronic NHSE SAT is currently being completed by WCCG to replace the previous tool used by the Safeguarding Team. The timeframe for initial completion is October 2017 which will be evaluated by NHS England with plans to roll it out to providers next year.

The designated Doctor for Safeguarding Children and Consultant Paediatrician for Unexpected Child Deaths left the organisation in April 2017. Following on-going negotiations with RWT Kath Williams has been identified who will carry out this role on an interim basis. Kath Williams was present at the meeting and provided a brief overview of her previous experience. AL added the job description for the Named GP for Safeguarding Adults is currently being evaluated. The job is expected to be advertised in August 2017.

AL noted members of the CCG Safeguarding Team attend the main providers Joint Safeguarding Group meetings. This enables sharing of information, on-going provision of support and good relationship building with the wider safeguarding team within the organisation.

AL stated the Strategic Group continue to monitor the joint action plan as a result of the CQC Review of Safeguarding Children and Services for LAC. There were a number of recommendations for each of the organisation that's highlighted in the report. MG added the Strategic Group has been enforced for a year. There have been extra-ordinary meetings to look at the CQC action plan, almost all actions are complete, those that are not complete will go over to be managed and monitored through CQRM's. The next Strategic Group will be the final meeting.

AL summarised Safeguarding reviews stating:-

No domestic homicide review were published in Q1 2017. DHR 07 is in progress, the report will be published towards the end of the year.



No Safeguarding Adult Reviews have been published in Q1 2017. Two learning reviews are progressing through the SAR process and almost near completion.

On the 6th April 2017 WSCB published the Overview report of the SCR into the death of a baby boy who suffered a serious head injury and multiple fractures in October 2015.

A further SCR is underway following the death of a child in November 2016, with publication of the report towards the end of 2017. Both designated professionals for Safeguarding Children are members of the SCR panel.

Implementation of action plans resulting from IMRs and recommendations are monitored by the WSCB SCR committee and in addition WCCG when services commissioned by WCCG are involved.

KW stated included in the report is a performance table which demonstrates agency performance alphabetically. The table bands different agencies by number of systems used, ensuring comparisons can be like for like. The table only includes the agencies collocated in the MASH. Administration officers became embedded in the MASH following their induction in April. Performance has improved for health (RWT) from this point. Issues that are raised by CSC regarding 'health' are acted upon as a matter of urgency, with WCCG, RWT and BCPFT working together.

Looked After Children

Report was noted by all present.

Fiona Brennan (FB) emphasised the huge movements made in terms of Looked after Children that the Safeguarding Team have made. Since being in post the two main challenges FB felt were the quality of health services for children placed out of area and secondly the unwanted variation in ways that we work nationally and regionally. Progression has been made in both areas. The proposed commissioning arrangement with RWT to support tackling the health care for children placed out of area was agreed with RWT in June 2017. This will result in RWT extending their geographical coverage of service provision, enabling robust management and oversight of the health needs of children and young people within a 50 mile radius. The implementation of a national database containing exemplars of good practice has been created to address the unwarranted variation for LAC. In order to ensure robust reporting arrangements are in place, KPI targets have been added to the RWT dashboard in line with national standards.

FB noted the DNLAC is a member of the National Group, and in May 2017 agreed to represent the region at a newly developed expert group for LAC, led by NHSE.

MG stated a red on the CQC action plan relates to DNLAC role should be 100% strategic rather than split role of operational and strategic. MG confirmed this role is 100% strategic



therefore can focus on quality assurance.

Committee agreed this was an excellent report.

5.3 Medicines Optimisation Update

Report was noted by all present.

DB highlighted the safety alerts received in the last three months that health care professionals have needed to be aware of. Healthcare professionals have been informed about the alerts via the monthly newsletter and/or Script/Switch information messages. Specific advice has been provided to healthcare professionals on ways and means of reducing risk.

DB stated additional alerts have been issued signposting prescribers to a resource titled “resources to support the safety of girls and women who are being treated with valproate”. Between April and June 2016, the Primary Care Medicines Team (PCMT) had identified 163 patients of childbearing age prescribed valproate; MHRA information cards and/or letters were issued to these patients. This quarter the PCMT raised awareness of the patient safety alert with GPs and other prescribers and have run searches to identify patients who had not previously received MHRA information cards and/or letters. The PCMT brought to clinician’s attention that the possibility of osteonecrosis of the external auditory canal should be considered in patients receiving denosumab who present with ear symptoms including chronic ear infections or in those with suspected cholesteatoma. The MHRA Drug Safety Alert also alerted clinicians to warn patients not to apply brimonidine gel to irritated or damaged skin, including after laser therapy to the skin, to reduce the risk of systemic cardiovascular effects. The PCMT has developed a protocol to run in GP practices to remind clinicians that when prescribing brimonidine gel to provide this advice to patients.

DB noted the team had a total of 207 face to face or telephone patient contacts from April to June 2017. PR queried who the contacts are. DB confirmed the CCG commissioned a service where a pharmacist sits within each practice.

DB highlighted from the report the on-going work of the Primary Care Medicines Team.

DG added the CCG has offered a prescribing Incentive Scheme to GP practices to:

1. Review and if appropriate, revise current prescribing practice and use implementation techniques to ensure prescribing is in line with Public Health England guidance with the aim of achieving the CCG Quality Premium. This includes total Antibiotic Prescribing and Co-amoxiclav, cephalosporins and quinolones as a percent of all antibiotic prescribing.
2. Review and if appropriate, revise prescribing of hypnotics to ensure that it is in line with national guidance. There has been an improvement this year as the national



average is 0.251, the current CCG prescribing rate is 0.232 however over the year the national rate has dropped.

3. Prescribing of blood glucose testing strips (BGTS) should be based on patient's individual needs and patients should receive a product from the preferred list of BGTS and meters to be used locally. BGTS with an acquisition price of £10 are deemed to be cost-effective and a target has been set to reflect this. The target for all practices is to achieve a prescribing rate above 55%; the current CCG prescribing rate is 62%.
4. To encourage the review of the appropriateness of non-steroidal anti-inflammatory drug on a routine basis. Prescribing should be the lowest effective dose for the shortest duration of treatment necessary to control symptoms. Practices at or below 1.382 which is the national average will need to remain below that target. The CCG position to March 2017 is 1.134.

DB noted the reporting issues with RWT. DB added medicine commissioned by the CCG continues to have a prior approval form submitted by RWT which provides the CCG with assurance that the medicine are being subscribed is in line with NICE Guidance. A piece of software called BlueTeq allows the CCG to challenge prescribing and to ensure the drugs are issued appropriately. Successfully challenged and refunded is £56,062.66 return compared to the cost of Blueteq at £6,000.

DB stated as well as the team of pharmacists working within the practices there is also dieticians working on Oral Nutritional Supplements and Prevention of Malnutrition that produce a yearly report. This service has been commissioned for the last three years. The service provides; training to other community teams to increase awareness of referral criteria and community malnutrition guidelines, focuses on training and assessments on the care homes that have not attended a training event in the last two years, the team encourages care homes to use the MUST for nutrition screening and develop further resources for care homes to use standardised food and fluid chart MUST tool.

MG questioned the promotion of food first rather than patients receiving food supplements, is there any evidence which supports that the patients aren't losing weight or deteriorating health as a result of this as it's much easier for care staff to offer supplements rather than dedicating time to feeding patients. Molly Henriques-Dillon (MHD) confirmed this forms part of a project on the SPACE programme.

5.4 Quality Assurance in Care Homes

MHD highlighted the main points to bring to the committees attention is the positive impact the Quality Nurse Advisor Team is having on improving quality, safety and admission avoidance across the care home sector. MHD asked the committee to support the development of a Business Case to enable sustained improvement beyond the SPACE Programme.

MHD gave an overview of the report stating;



Two stage 3 and 4 pressure injuries (PI) were determined avoidable during Q1 compared to same time last year when 14 avoidable PIs were reported. This is an 86% improvement in relation to harm from PIs acquired in the care home. A total of 15 stage 3 & 4 PIs were reported during Q1 2016/2017 compared to five for Q1 2017/2018.

19 safeguarding concerns/MASH referrals were referred to the QNA team during Q1 compared to the last quarter when 31 referrals were received. Of the 19 referrals 17 were related to alleged neglect and acts of omission, two were associated with physical abuse and one organisational abuse. Of the 17 alleged acts of omission or neglect all related to poor care and homes are working to improvement action plans supported by the respective QNA and QI facilitator for the SPACE programme.

There is an upward trend in terms of falls; nine serious incidents were reported on STEIS. RCA investigations are in progress and falls prevention training is underway with respective homes.

In Terms of homes suspended, four homes remain in suspension during Q1 due to poor care and adult safeguarding concerns. Two of the suspended have had partial lifts approved by the LSS. The home which is fully funded by the CCG for step down and step up is partially suspended by the CCG and being managed by the CCG Improvement Board.

The overall number of attendances at A&E/AMU during Q1 was 102, a slight increase compared to the same time last year when 91 was reported. The main reason for attendance at A&E during this quarter was for 20 falls, 11 chest infections and 31 other incidents being the largest number. There needs to be a deeper investigation as to what the other 31 reasons are.

49 hospital admissions were reported in Q1, down on Q4 when 65 were reported and 83 in Q3 was reported giving a decreasing trend of 24.7%. Again falls and chest infections continue to be the main reason for hospital admissions.

Due to the updating of NHS Safety Thermometer platform in April 2017 harm free care data for care homes could not be retrieved. NHS digital are aware of the issues and working on a solution.

The work with the local LA colleagues on developing local standards and an effective electronic solution for care homes is ongoing.

The local LA has agreed to release one of the Quality Assurance and Compliance Officers to support the SPACE programme under a secondment arrangement to facilitate the learning from excellence agenda. A proposal is being worked up to host a SPACE Champion Award event in September 2017 to celebrate and share successes and the learning.



MHD provided a presentation on the SPACE programme stating;

- The SPACE programme baseline evaluation commenced in September 2016 and formal introduction of PROSPER to care homes in November 2016.
- The patient safety collaborative and NHS England recognised there was a need to promote harm free care and to reduce numbers of hospital admissions and improving safety culture from nursing homes.
- There are 11 (691 beds) care homes on programme in Walsall and 18 (1120) homes in Wolverhampton.
- The Patient Safety Collaborative supported funding for two members of staff in Wolverhampton and one member of staff in Walsall.
- The Methodology is to train the care home staff and managers around quality improvement techniques and methods.
- The safety cross tool methodology has been found really useful as the care homes have been able to map out where there concerns are and behavioural patterns.
- Safety Boards methodology has also been introduced again this is about care home staff knowing their residents certain needs and requirements.
- There has been improved communication and handover measured by baseline SBAR survey.
- In terms of hydration and nutrition initiatives a certain care home have begun to use food moulds for residents on a liquidised diet this is a three month evaluation to measure effectiveness.
- Orchard House has seen a 50% reduction in falls since December 2016 due to a culture change.
- Aldergrove Manor Care Home has had zero avoidable acquired pressure injury since January 2017 again due to a culture change.
- There have been a number of Wolverhampton Engagement Events in Quality Improvement activity.
- Birmingham University continue to evaluate the project.

6. RISK REVIEW

6.1 Risk Register

PS highlighted there are the following open risks; 1 extreme, 4 high and 3 moderate risks.

PS stated NHS England Quality Surveillance group have escalated Vocare concerns to enhance surveillance. NHSE have invited Vocare and the CCG to a stakeholder meeting on the 15th August 2017.

Daily staffing rotas are received from Vocare which are being reviewed by MG and Dee Harris. The CQC final report is awaited however, the CQC have shred that overall rating is inadequate unless Vocare can provide any mitigations that would change this by the end of July 2017. MG added Vocare have not provided any assurance therefore the rating will not



change. Committee agreed Vocare to remain as an extreme risk following information shared earlier in the meeting. PP queried if there are agreed timescales in order to track trajectory. MG agreed to look into this in order to demonstrate at next meeting.

Action:- MG & PS to create a timeline against the trajectory of extreme risks to demonstrate progression prior to next meeting.

High Risk

Risk 489:- Inappropriate arrangements for a Named Midwife – RWT. PS noted as at 25th July 2017 the circumstances remains the same. The Head of Safeguarding is in discussion with the Head of Midwifery on how this can be progressed. RWT continue to fail to address this issue. There is a gap in the role delivery as identified in Working Together document 2015.

Risk 312:- Mass Casualty Planning. PS noted the situation remains the same as recent months. On call staff including Directors has had refresher training on Mass casualty planning. The CCG are awaiting a handbook from Regional EPRR Lead. MG added there is a Mass Casualty plan in place however the Trust wanted to revise the training package and that is what's missing from the document.

Risk 492:- Maternity Capacity and Demand. PS noted following the end of July CQRM is was discussed and agreed that RWT contracts manager Laura Morris will write to those organisations from where there is added activity coming to RWT. The head of midwifery attended CQRM to advise on the recent recruitment campaign which was successful and the Trust hope that the eight midwives recruited will join in August.

Risk 493:- Patient Transport Services Poor Performance – PS stated again there has been no change in performance. The issues are currently being managed by CQRM and CRM. MG added this may have changed from this morning's SMT as VM reported they have been able to get some money in order to source additional support.

Action:- PS to speak with VM to update risk.

Moderate

Risk 476:- Named Dr for LAC. PS stated the post is still vacant due to staffing difficulties. Vacant posts have been advertised and RWT are actively looking for locums however, have been let down on several occasions. Clinical duties are being covered by the interim Name Nurse LAC with the support and oversight of clinical Lead for Community Paediatrics.

Risk 321:- Safe Working Practices. PS noted provider organisations have provided assurances that for those who required DBS arrangement are in place to update every three years in line with recommendations. WCCG have now identified those personnel who require DBS. Discussions are on-going with HR to ensure arrangements are in place to update as necessary. The initial concern and risk has now reduced significantly. MG added the closing date to state end of October. PR noted that it may be worth looking at alternative providers of DBS's as she has been informed not all providers charge the same.

Action:- PS to look at costings of DBS's from alternative providers.



MG noted the risk relating to the RWT LAC Nurse arrangement has now been removed as monies have been agreed. PP questioned if the risk should remain on the register until the committee agree it should be removed. MG agreed in future the risk will be moved to green however the closed date will not be added until after the Quality and Safety Committee.

PP queried if the fire safety issue at the Heart and Lung Centre will be added to the register. MG confirmed this will be part of an estates register.

Action:- PS to check with Mike Hastings which register the Heart and Lung Centre Fire Safety risk will sit.

7. ITEMS FOR CONSIDERATION

No items for consideration.

8. FEEDBACK FROM ASSOCIATED FORUMS

8.1 Draft CCG Governing Body Minutes

No minutes were available for the meeting.

8.2 Health & Wellbeing Board Minutes

The minutes were noted by the committee.

8.3 Quality Surveillance Group Minutes

The minutes were noted by the committee.

8.4 Draft Commissioning Committee Minutes

The minutes were noted by the committee.

8.5 Primary Care Operational Management Group Minutes

The minutes were noted by the committee.

8.6 Clinical Mortality Oversight Group Minutes

No minutes were available for the meeting.



9. ITEMS FOR ESCALATION/FEEDBACK TO CCG GOVERNING BODY

MG stated prior to the next Governing Body there is another Quality and Safety committee. All agreed for NEPTS to be escalated.

10. ANY OTHER BUSINESS

PR stressed patients are still complaining about dermatology.

PR alerted the committee that the cancer manager post has been dispensed with at RWT and now this role forms part of another post.

PR met with the Patient Engagement leads at Health Watch who noted that NHS England have issued new guidance on patient engagement which included provider input and how they are engaging patients. This will be monitored and action taken if they are not compliant.

11. DATE AND TIME OF NEXT MEETING

Tuesday 12th September 2017, 10.30am – 12.30pm; CCG Main Meeting Room.

