

Quality and Constitutional Standards Committee

Minutes

28th September 2016, 13.00-16.00, King Edward VII Hospital, Windsor

Item No	Item	Action
	Present	
	Fiona Slevin-Brown , Director of Strategy and Commissioning – CHAIR (FSB) William Tong , Clinical Chair B&A CCG (WT) Sue Bowden (partial) , Board Nurse Slough CCG (SB) Huw Thomas , Clinical Lead, WAM CCG (HW) Jo Greengrass , Associate Director of Quality & Safety (JG) Jackie McGlynn , GP & Clinical Director, B&A CCG (JM) Debbie Hartrick (partial) , Associate Director of Safeguarding (DH) Tim Langram (partial) , CCG Lead Prescribing Support Pharmacist Slough (TL) Avagay Sterling-Graham , Quality Administrator, (ASG) Alison Davies , Senior Quality Administrator (AD) Chris Sneller , Head of Performance (CS) Gargi Caur , Healthwatch WAM (GC)	
	In Attendance	
	Chris Allen , Consultant Clinical Psychologist, CA Samantha Godwyn (partial) , Consultant Clinical Psychologist	
	Apologies	
	Sarah Bellars , Director of Nursing and Quality (SB) Nicola Strudley , Healthwatch Slough (NS) Jo Jeffries , Consultant in Public Health Public Health (JJ) Jim O'Donnell , Clinical Chair Slough CCG (JOD) Asif Ali , Clinical Lead Slough CCG (AA) Paul Corcoran , Quality Improvement Manager (PC) Nadia Barakat , Head of Learning Disabilities and Mental Health Commissioning (NB) Ally Green , Associate Director Communications and Engagement (AG) Kirstin Ostle , Clinical Lead WAM CCG (KO) Lalitha Iyer , Medical Director (LI) Adrian Hayter , Clinical Chair WAM CCG (AH)	
	Not present	
	None	
	Introduction	
1	Welcome and Apologies	

	FSB welcomed all to the meeting and apologies had been received as shown above.	
2	<p>Conflicts of interest / Declarations of interest</p> <p>Declarations of interest from sub committees. <i>None declared</i></p> <p>Declarations of interest from today's meeting <i>None declared</i></p>	
3	Notice of Any Other Business	
	FSB advised that Chris Allen and Samantha Godwyn from BHFT would be attending to present the Patient Story.	
4	Minutes of the Last Meeting	
	<p>The minutes were agreed as an accurate record of the meeting.</p> <p>Matters Arising</p> <ol style="list-style-type: none"> 1. This action is ongoing. 2. This action is completed and the report is on the agenda. 3. AD advised that SB had discussed the Confidentiality Agreement with HR and it was agreed that this needed to be reviewed by the IM&T Committee. FSB stated that there needed to be action in the interim. ACTION: JG to review interim arrangements pending formal Confidentiality Agreement 4. FSB stated that she understood this pathway was now rolled out to all three CCGs. 5. FSB advised that CAMHS waiting times are improving. A paper will be brought to the Committee following release of Q2 data. ACTION: FSB to submit paper on CAMHS waiting times ACTION: Louise Noble (BHFT) to attend November meeting re. CAMHS waiting times 6. This action has been completed. JG advised that if a HCP requires an 8 minutes response this will be authorised by calling the designated HCP line. 7. NB was unable to attend the meeting. This will be rolled over to the next meeting ACTION: NB to provide an update on the Mortality Review work 8. This action is ongoing. 9. CS advised the meeting that she produces an RTT breakdown by speciality for SRG; she will share this with the Committee. 10. This action has been completed. JM noted that the most recent data has improved but needs to be sustained. She advised that Committee that she has some concerns following the retirement of the Head of Midwifery that process may not be sustained. There was a discussion around the role of Primary Care and community midwives in promoting vaginal birth; it was proposed that this could 	<p>JG</p> <p>FSB ASG</p> <p>NB</p>

	<p>be considered for the Quality Schedule.</p> <p>11. JG advised that it has been challenging for ASPH A&E in August, the Trust have been working on a version of the 'Spring to Green' initiative. In relation 2 stroke consultants have been recruited and they are looking to extend the unit.</p> <p>12. This action has been completed.</p>	
5	<p>Community & Mental Health (Standing Item)</p> <ul style="list-style-type: none"> • Mortality Review <p>KS and NB were not present at the meeting, an update to be given at next meeting.</p>	
6	<p>Quality Report (Standing Item)</p> <p>CS presented the highlights from Constitutional Standards report and JG presented the Quality report.</p> <p>There was a discussion around high numbers of 104 week cancer treatment waits at FPH. CS and PC review details of all 104 day breaches, generally delays are for clinical reasons.</p> <p>Waiting times for dermatology through e-referrals was discussed with capacity issues are ongoing (national shortage of dermatologists). JM raised concern that patients are unable to get onto the waiting list due to limited appointments being made available by FHFT. FSB discussed the ongoing work with the Trust on improving waiting times.</p> <p>FSB queried whether FHFT's concern around delays in adolescent mental health support has been discussed with NB. JG confirmed it had and that the Trust is collecting data to support these concerns.</p> <p>FSB queried poor compliance for Seven Day Working in Mental Health Inpatient Wards. JG advised that this was a CQUIN last year and has not had sustained input from the Trust into Q1, however is on target for achievement in August.</p> <p>It was noted that SCAS have been rated as 'Good' by the CQC. ACTION: JG to circulate SCAS CQC report</p> <p>It was noted SCAS is still not achieving the target for STEMI care bundles; this is being attributed to the ongoing redesign of the Electronic Patient Record. The Committee requested an update on this at the next meeting. ACTION: JG to provide an update on improvement in SCAS STEMI care bundles</p> <p>The Patient Transport Service was discussed and the Committee requested an update at the next meeting. ACTION: JG to provide an update on PTS at the next meeting</p>	<p>JG</p> <p>JG</p>

	<p>The Out of Hours service for The Sandhurst Group Practice was discussed. JG noted that little data is received from the coordinating commissioner on this service.</p> <p>CS noted that RTT was not achieved in August for FPH and that an action plan has been requested.</p> <p>CS advised that due to technical issues with Open Exeter the cancer data for HWPB needs validating and will be refreshed next month.</p>	
7	<p>Risk Register (Standing Item)</p> <p>JG presented the Risk Register in its new format. The Committee requested JG review the inherent risks and bring back to the next meeting. ACTION: JG to review inherent risks</p> <p>The risks were discussed. FSB queried whether everything is captured on the register (e.g. dermatology, e-referrals, maternity). It was agreed that there should be a conversation outside the meeting to discuss where these risks sit. ACTION: JG to review e-referral/RTT risk with CS</p>	<p>JG</p> <p>JG</p>
8	<p>Provider Risks</p> <p>WT queried the Provider for pregnancy terminations, as he understood it to be Marie Stopes. JG confirmed that it is the British Pregnancy Advisory Service (BPAS). ACTION: AD to circulate details regarding service commissioned from BPAS via Primary Care bulletin</p> <p>WT noted that some of the AWP contracts listed are no longer commissioned. He also raised concerns regarding the quality monitoring of the AWP contracts. ACTION: JG to review AWP contracts included on the Provider Risks</p> <p>JG informed the Committee that the risk rating for BUPA has been increased as they are yet to sign their 16/17 contract.</p> <p>JG advised that the risk rating for Thames Hospice has been increased due to limited quality monitoring due to the service being provided under a grant rather than an NHS standard contract.</p> <p>The amendments were agreed pending receipt of financial data from the CSU.</p>	<p>AD</p> <p>JG</p>
9	<p>Sign Up To Safety</p> <p>JG update on the national campaign launched in 2014 and presented the proposed pledges for the 3 CCGs. It was noted these will need to be reviewed in line with the STP.</p>	

	<p>It was felt that the pledges could be more engaging and patient focused. ACTION: JG to liaise with Comms regarding the Sign Up to Safety pledges and incorporate the STP</p>	JG
10	<p>Clinical Concerns Report Q1</p> <p>AD presented the report. Requirement for photographs with IFR applications was discussed. FSB noted the policy should be reviewed to check if photographs are mandatory. ACTION: FSB and AD to discuss IFR clinical concern</p> <p>Shared Care agreements were discussed. WT recommended it should be made clearer than clinical responsibility for the patient remains with the consultant. AD advised that in this case it appears to be a communication issue. ACTION: AD to liaise with LI re. Shared Care clinical concern</p>	AD AD
11	<p>Performance Against CQUINs Q1</p> <p>JG presented the report; she advised that all CQUINs are on track.</p>	
12	<p>Equality and Diversity Work Plan</p> <p>AD provided an update from the Steering Group, noting the minutes have been circulated.</p> <p>The proposed work plan to support the CCGs' objectives was reviewed. It was noted that this need to be circulated to managers on agreement.</p> <p>WT proposed that the work plan should be presented at the next Joint Governing Body meeting in November. ACTION: ASG to ensure E&D work plan is presented at the Joint Governing Body</p>	ASG
13	<p>Patient Story (Standing Item)</p> <p>Chris Allen and Y from BHFT attended to present the Patient Story on Psychological Interventions in Nursing and Community Services. The projects ran for 6 months (Jan-July 2016).</p> <p>The Committee requested more information on the project to feed into commissioning decisions. ACTION: ASG to circulate the Patient Story presentation to the Committee ACTION: CA to provide further details on the project criteria</p>	ASG CA
14	<p>Healthwatch Update (Standing Item)</p> <ul style="list-style-type: none"> Healthwatch WAM MH feedback 	

	<p>GC presented Healthwatch WAM's report on patient feedback in relation to Mental Health services, key themes were patients felt judged and the lack of communication between services.</p> <p>FSB noted that NB and the Quality team have reviewed and verbally responded to the report. She advised that a formal written response will be submitted.</p> <p>ACTION: FSB to request formal response to Healthwatch MH report</p> <p>GC advised that a survey is being undertaken in relation to discharge which can be shared with the CCG.</p>	FSB
15	<p>Quality Assurance Observational Visit Reports (Standing Item)</p> <p>The reports were noted.</p>	
16	<p>Patient Experience Report Q1</p> <p>The Patient Experience Report was noted. An increase in complaints at FPH and for BHFT CRHTT was noted.</p>	
17	<p>CCG PACT Report Q1</p> <p>The CCG PACT Report for Q1 was noted.</p>	
18	<p>Cases of Concern (Standing Item)</p> <p>DH presented the updates for the serious cases of concern document. She updated the committee on Dormy House, advising that NHS England are involved.</p>	
19	<p>Health Strategic Safeguarding Chair's Report</p> <p>The report was noted.</p>	
20	<p>Safeguarding Scorecard Q1</p> <p>The Safeguarding Scorecard Q1 was noted.</p> <p>DH advised the issues with the FHFT Wired system are ongoing. Manual counts of the training figures are showing improvement.</p> <p>It was noted that Prevent training at FPH is improving.</p> <p>CCG training figures were discussed, it was noted there are still issues capturing data for some governing body members and clinical leads which is affecting figures for B&A and Slough. A new training strategy is being developed for CCG staff.</p>	
21	<p>Policies</p>	

	<p>The policies below were discussed by the Committee:</p> <ul style="list-style-type: none"> a) TVC44 Sequential use of a third or subsequent biologic therapy for psoriasis AGREED b) TVPC 45 Sequential use of biologic therapies in ophthalmology AGREED c) TVPC 46 Use of biologic therapies for Psoriatic Arthritis AGREED d) TVPC 47 Surgery for painful big toe (bunion) <i>The committee raised concerned about the 3 month time frame and require more clarification on the policy. Final copy to the policy should be brought to the next meeting.</i> e) EPPC 15 Buprenorphine Patch <i>The Committee requests further clarification on criteria and for the policy to highlight other options available. With this amendment the policy was agreed.</i> f) EPPC 16 Lidocaine Patches AGREED g) EPPC 17 Oxycodone / Naloxone AGREED h) EPPC 18 Prescribing of topical silver dressings <i>The Committee requested that the policy make clearer that this is not suitable for prescribing. With this amendment the policy was agreed.</i> i) EPPC 19 Thyroid extracts, liothyronine (L-T3) monotherapy, compound thyroid hormones, iodine containing preparations and dietary supplementation in the management of hypothyroidism <i>The Committee requested that the policy make clearer that this is not suitable for prescribing. With this amendment the policy was agreed.</i> <p>ACTION: TL to feedback the Committees decisions and action the agreed amendments.</p>	TL
22	<p>Items Expected At Following Committee (Standing Item)</p> <p>The business plan was noted.</p>	
23	<p>Other Minutes (Standing Item)</p>	

	<p>The following minutes were noted.</p> <ul style="list-style-type: none"> a) EPPC April 2016 b) EPPC July 2016 c) HWPB CQRM June 2016 d) FHFT CQRM July 2016 e) FHFT SI Panel July 2016 f) FHFT SI Panel August 2016 g) BHFT SI Panel June 2016 h) BHFT SI Panel July 2016 i) BHFT CQRM May 2016 j) BUCC CRM June 16 k) BUCC CRM July 16 l) RBFT CQRM June 2016 	
24	Any Other Business	
	There were no other businesses for discussion.	

Next meeting: November 26th 2016, 13.00-16.00, Boardroom KEVII