
Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG
Joint Quality Committee
25 November 2015, 13:00 – 16:00
Boardroom, King Edward VII Hospital, Windsor SL4 3DP

DRAFT MINUTES

Present

Sarah Bellars	Director of Nursing (CHAIR)	SB
Jim O'Donnell	Clinical Chair, Slough CCG	JOD
Adrian Hayter	Clinical Chair, WAM CCG	AH
William Tong	Clinical Chair, B&A CCG	WT
Paul Sly	Interim Accountable Officer	PS
Jackie McGlynn	Clinical Director for Quality	JM
Huw Thomas	GP, WAM CCG	HT
Katie Simpson (partial)	Mental Health GP Lead Berkshire East	KS
Niki Cartwright	Director of Strategy & Commissioning	NC
Ally Green	Head of Communications and Engagement	AG
Jo Greengrass	Deputy Director of Nursing, Quality & Safety	JG
Paul Corcoran	Quality Improvement Manager	PC
Alison Davies	Senior Quality Administrator (MINUTES)	AD

Apologies

Asif Ali	GP, Slough CCG	AA
Tianne Thompson	Interim Head of Corporate Affairs	TT
Chris Sneller	Head of Performance and QUIPP	CS
Mary Purnell	Commissioning Manger, B&A CCG	MP
Catriona Khetyar	Head of Medicines Optimisation	CK
Lisa Maclean	Director of Nursing, Chiltern CCG	LM
Jo Jefferies	Specialist Registrar, Public Health, Bracknell Forest Council	JJ
Mark Sanders	Healthwatch Bracknell Forest	MS
Mike Copeland	Healthwatch WAM	MC

Absent

Colin Pill	Healthwatch Slough	CP
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		ACTION
1.	<p>Welcome and Apologies</p> <p>SB welcomed all to the meeting and apologies had been received as shown above.</p>	
2.	<p>Declarations Of Interests</p> <p>There were no declarations of interest.</p>	
3.	<p>Invited Guest(s)</p> <p>There were no invited guests.</p>	
4.	<p>Minutes Of Previous Meeting (28 October 2015)</p> <p>The minutes were agreed as an accurate record of the meeting.</p> <p><u>Matters Arising</u></p> <p><u>September 2015:</u></p> <ol style="list-style-type: none"> 1. This action has been completed. 2. This action has been completed. Issues with ambulance delays are being addressed via CQRM and Service and Performance. <p><u>October 2015:</u></p> <ol style="list-style-type: none"> 3. This action has been completed. 4. This action has been completed. JG noted that a CPN was issued in 2014 and is part of an SDIP this year. 5. This action has been completed. 6. This action has been completed. <p>PS queried why the BHFT CIP meeting took place so late in the year and SB stated that it was because the Trust did not believe that they had capacity for any cost reductions as they were going into overspend. She noted that there are further meetings planned to review the proposals.</p>	
5.	<p>Safeguarding (Standing Item)</p> <ul style="list-style-type: none"> • Health Strategic Safeguarding Chair's Report <p>SB informed the Committee that this meeting allows the CCGs to manage their statutory responsibilities in relation to Safeguarding. PS queried if there is a link with the Local Authorities. SB clarified that this meeting is just Health but DH and herself also attend all of the Adults' and Children's Local Safeguarding Boards.</p> <p>SB noted that the highlight from the meeting was the review and sign off of the Provider Savile action plans.</p>	
6.	<p>Mental Health & Community</p> <p>KS updated the Committee on the BHFT Complex Needs Service review including the move towards consistent evidence bases interventions, appropriate access criteria and enhanced community support for patients with personality disorders. It was discussed how this information will be disseminated to Primary Care (including clear indication of the criteria for Personality Disorder); KS noted that a</p>	

	<p>service spec is being developed.</p> <p>Waiting times for CAMHS was discussed. It was noted that BHFT have recruited 20 of 28 roles that funding was provided for. The ability for the Trust to achieve the proposed trajectory was discussed. SB noted that there are no contractual levers from a Quality perspective due to the transformation being wrapped up in an SDIP.</p>	
7.	<p>Monthly Highlight Reports (Standing Item)</p> <ul style="list-style-type: none"> • Quality Committee Chair's Report • Quality & Performance Scorecard – M07 • Small Provider Scorecard <p>PC noted that HWPH have submitted a robust antimicrobial stewardship action plan.</p> <p>JOD queried when diagnostics waits would improve at FPH. PC stated that the Trust is on track for the trajectory and are anticipating being compliant by December 2015.</p> <p>JOD asked why cancer performance is worse in Slough and WAM than B&A considering the underperformance at Frimley South. JM suggested that to her knowledge a considerable proportion of cancer referrals from B&A go via WPH. It was agreed to submit this query to CS for feedback.</p> <p>ACTION: CS to update the Committee on reasons for underperformance on cancer indicators in WAM and Slough</p> <p>There was a discussion around RTT and the new reporting requirements. The Committee agreed that it would be helpful for CS to provide further clarification on the changes and how the CCGs will continue to monitor RTT.</p> <p>ACTION: CS to update the Committee on changes to RTT reporting and how the CCGs will ensure that there is a continued robust overview of performance</p> <p>JM noted the significant clinical risk around dermatology and advised that she has raised concerns with HWPH about query basal cell carcinomas (BCCs) going through as routine referrals. SB stated that HWPH have a consultant triaging all referrals to help mitigate this risk, but voiced concern around the governance of a single responsible consultant. The Committee noted the national shortage of dermatologists. PC stated that the Trust is looking at utilising the plastics team to manage some of the referrals, but needs to clarify if this meets NICE guidelines.</p> <p>PC noted that the dip in performance for HWPH on operations cancelled on the day has been attributed to the failure of one piece of equipment at Heatherwood which resulted in the day's list being cancelled.</p> <p>Cancer performance at RBFT was discussed. JG noted that the Trust is not expecting to meet performance targets until March 2016.</p> <p>Mixed Sex Accommodation breaches continue to be high at the RBH. SB informed the Committee that FHFT's policy was reviewed and appeared robust.</p> <p>There was a discussion around ambulance response times. SB noted that a CPN has been issued and that performance continues to be heavily scrutinised. JG noted that following a remodel from NHS England the Trust are now triaging in 3</p>	<p>CS</p> <p>CS</p>

	<p>minutes (as opposed to 1) and this is seeing improvement. It was noted that there are ongoing issues with staffing and vehicle availability. JOD observed that it is difficult to analyse the numbers at a local level.</p> <p>ACTION: PC to determine whether SCAS data can be broken down by locality/acute Trust for local benchmarking</p> <p>SB noted that there continues to be scrutiny of stroke performance at HWPB and that it remains a challenge until the commissioning plans are ratified. JM informed the Committee that the plans are now going to Governing Bodies for approval. WT noted that going forward it would be useful to have Wycombe's stroke performance included on the Scorecard, as one of the local HASUs.</p> <p>ACTION: PC to include Wycombe's stroke performance on 2016/17 scorecard</p> <p>C-Section rate at HWPB continues to be stable below the trajectory. SB stated that the next challenge will be the handover of the labour ward from the FPH staff.</p> <p>PC highlighted the Never Event reported by HWPB and stated that the issue occurred prior to the completion of the WHO checklist.</p> <p>The Small Provider scorecard was noted.</p>	<p>PC</p> <p>PC</p>
<p>8.</p>	<p>Serious Incident Report</p> <p>The Serious Incident Report was noted. JG stated that the number of incidents has decreased compared to the same period in 2014. SB advised that there had been in a change in the SI framework, that focused on harm and that this will be contributing to the reduction.</p> <p>PC noted that HWPB are continuing to identify historic diagnostic incidents.</p>	
<p>9.</p>	<p>Quality Report</p> <p>LAC Health Assessments were discussed and it was noted that this is a national issue. SB stated that she is in discussion with the other CCGs in the Thames Valley regarding a joint approach to charges for assessments for children placed out of area.</p> <p>Concern was raised around the performance of SCAS in responding to stroke patients (STROKE60). It was agreed that this should be raised at Service and Performance.</p> <p>ACTION: NC to raise concern around performance on STROKE60 at SCAS Service and Performance</p> <p>There was a discussion around the levers the CCGs can utilise to influence improvement for performance indicators and transformation around the service; SB suggested the use of an SDIP. NC was actioned to liaise with Nigel Foster regarding the financial implications.</p> <p>ACTION: NC to liaise with Nigel Foster on the scope for improving SCAS performance</p> <p>JG updated the Committee on the CQC visit to the BUCC.</p> <p>WT raised issues around Choose and Book/E-Referrals at FPH. He stated that GPs are unable to view clinic waiting times on the new system.</p> <p>ACTION: NC to raise concerns regarding GPs being unable to view clinic</p>	<p>NC</p> <p>NC</p> <p>NC</p>

	waiting times on new E-Referrals system at FPH Service and Performance	
10. Patient Experience	<ul style="list-style-type: none"> • Patient Story • Observational Visit Reports • CCG Complaints/Compliments/PALs Report <p>It was noted that there was no patient story.</p> <p>The Spire Thames Valley visit report was noted. JG indicated there were no significant issues to highlight to the Committee. JOD noted that the organisation is not JAG compliant, JG stated that they are working towards compliance however the CCGs do not commission endoscopy services and therefore this comes under the remit of the CQC.</p> <p>The CCG Complaints/Compliments/PALSs report was noted.</p>	
11. CQUIN Update	<ul style="list-style-type: none"> • Workshops Feedback • In Year Progress <p>JG provided an update on the work around the CQUINs for 2016/17. There was a discussion around the 2 FHFT contracts. There was a discussion around ambulatory care and end of life care.</p> <p>JG informed the Committee that the Q2 CQUIN report has not been completed as there was insufficient information provided in the submissions and the CCGs have requested further evidence from Providers.</p> <p>Sb stated that HWPB have raised concern over two of their CQUINs (Trusted Assessors and AKI) and it has been agreed to renegotiate in years targets. PC noted that the Trust had did not have engagement from the local Care Homes to advance the Trusted Assessor CQUIN.</p>	
12. HCAI Report	<p>The report was noted.</p>	
13. Quality Impact Assessment of CCG Projects	<p>There were none to review.</p>	
14. Research Governance Systems	<p>The Committee felt unsure of its responsibilities and SB agreed to review this and advise at the next meeting.</p> <p>ACTION: SB to confirm the responsibilities of the Quality Committee in relation to Research Governance Systems</p>	SB
15. Risk Register	<p>JG presented the updated Risk Register. The following amendments were agreed:</p> <ol style="list-style-type: none"> 1. HWPB Maternity, risk to be reduced 	

	<p>3. FPH falls, risk to be removed</p> <p>9. HWPB Diagnostics, specific risk to be removed and replaced with a cross acute Provider risk</p> <p>11. BCG vaccinations, risk to be reduced</p> <p>12. CHC Patient, risk to be removed</p> <p>- SCAS, new risk to be added around service and performance. It was agreed that NC would lead on this risk and the grading would be reconsidered when further evidence is available</p>	
16.	<p>Healthwatch (Standing Item)</p> <ul style="list-style-type: none"> WAM Healthwatch Report – ‘Patient’s Love Evening and Weekend Access to GPs’ <p>It was noted that the paper provided is not a Healthwatch report; it is a WAM CCG report.</p>	
17.	<p>Other Minutes:- (Standing Item)</p> <ul style="list-style-type: none"> FPH CQRM September FPH SI September HWPB CQRM September HWPB SI September BHFT SI September <p>The minutes were noted.</p>	
18.	<p>Items Expected At Following Quality Committee (Standing Item)</p> <p>This was noted as per the Quality Committee Business Plan.</p>	
19.	<p>AOB</p> <p>It was noted that there is no meeting in December.</p>	
	<p>DATE OF NEXT MEETING 27 January 2016, 13:00, KEVII Boardroom</p>	

Action Log

November 2015			
1.	<p><u>Monthly Highlights Report</u></p> <p>ACTION: CS to update the Committee on reasons for underperformance on cancer indicators in WAM and Slough</p>	January CQRM	CS
2.	<p>ACTION: CS to update the Committee on changes to RTT reporting and how the CCGs will ensure that there is a continued robust overview of performance</p>	January CQRM	CS
3.	<p>ACTION: PC to determine whether SCAS data can be broken down by locality/acute Trust for local benchmarking</p>	January CQRM	PC
4.	<p>ACTION: PC to include Wycombe’s stroke performance on 2016/17 scorecard</p>	April 2016	PC

	<u>Quality Report</u> ACTION: NC to raise concern around performance on STROKE60 at SCAS Service and Performance ACTION: NC to liaise with Nigel Foster on the scope for improving SCAS performance ACTION: NC to raise concerns regarding GPs being unable to view clinic waiting times on new E-Referrals system at FPH Service and Performance	 January CQRM January CQRM	NC NC NC
	<u>Research Governance Systems</u> ACTION: SB to confirm the responsibilities of the Quality Committee in relation to Research Governance Systems	January CQRM	SB

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