

Quality and Constitutional Standards Committee

27 July 2016, 13:00 – 16:00

Boardroom, King Edward VII Hospital, Windsor SL4 3DP

FINAL MINUTES

Present:

Sarah Bellars	Director of Nursing and Quality (CHAIR)	SB
Adrian Hayter	Clinical Chair, WAM CCG	AH
William Tong	Clinical Chair, B&A CCG	WT
Jim O'Donnell	Clinical Chair, Slough CCG	JOD
Huw Thomas	GP & Clinical Lead, WAM CCG	HT
Jackie McGlynn	GP & Clinical Director, B&A CCG	JM
Fiona Slevin-Brown	Director of Strategy and Commissioning	FSB
Annette Wilcox	Associate Director of Contracting and Performance	AW
Debbie Hartrick	Associate Director of Safeguarding	DH
Paul Corcoran	Quality Improvement Manager	PC
Nadia Barakat (partial)	Head of Learning Disabilities and Mental Health Commissioning	NB
Tim Langram (partial)	CCG Lead Prescribing Support Pharmacist Slough	TL
Karen Shukla	Communications and Engagement Manager (Slough)	KSh
Louise Foster (partial)	Infection Prevention and Control Nurse	LF
Alison Davies	Senior Quality Administrator (MINUTES)	AD
Jo Jeffries	Public Health	JJ
Mark Sanders	Healthwatch Bracknell Forest	MS
Nicola Strudley	Healthwatch Slough	NS

Apologies:

Katie Simpson	GP & Clinical Lead, WAM CCG	KS
John Lise	Accountable Officer	PS
Nigel Foster	Director of Finance and Performance	NF
Jo Greengrass	Associate Director of Quality & Safety	JG
Chris Sneller	Head of Performance	CS
Gargi Caur (partial)	Healthwatch WAM	GC

Absent

None

	Item	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>Conflicts/Declarations Of Interests</p> <ul style="list-style-type: none"> Confidentiality agreement <p>There were no declarations of interests.</p>	

	<p>The Confidentiality agreement was discussed. WT raised that some members of the Committee do not have access to CCG laptops or the network drives. SB agreed that this needs to be reviewed by HR.</p> <p>ACTION: SB to request HR review Confidentiality Agreement</p>	<p>SB</p>
<p>3.</p>	<p>Invited Guest(s)</p> <p>There were no invited guests.</p>	
<p>4.</p>	<p>Minutes Of Previous Meeting (25 May 2016)</p> <p>The minutes were agreed as an accurate record of the meeting.</p> <p><u>Matters Arising</u></p> <ol style="list-style-type: none"> 1. It was agreed that this action can be closed. The inaugural meeting of the East Berkshire Joint Infection Control Group has been held and the new sepsis guidelines have been discussed. 2. This action was completed previously. 3. This action has been completed. AD to circulate data after the meeting. 4. This action is to be reassigned to FSB ACTION: FSB to follow up on roll out of renal stone pathway in WAM and B&A 5. This action has been completed. 6. FSB provided an update on what has been discussed at the contract meeting and CAMHS Transformation Board. It was agreed that performance and the trajectory for improvement will be brought back to the next meeting. ACTION: FSB to provide an update on CAMHS waiting times 7. Access to de-fibs for home visits was discussed. SB indicated that if it is not feasible to provide them then the pathway for HCP access to SCAS 8 minute responses needs to be reviewed. ACTION: SB and FSB to discuss pathway for HCP access to SCAS 8 minute responses during home visits 8. This action has been completed. 9. This action has been completed. JOD advised that support had been provided via the QIPP and Performance meeting. 10. This action is ongoing. FBS advised that this has been raised via the contract meeting and has been attributed to workforce issues (admin). 11. This action has been completed. An update has been requested via the CQRM, and it has been proposed to the co-ordinating commissioners as a place to undertake an observational visit. 12. This action is ongoing. 13. This action has been completed. 14. This action has been completed. 	<p>FSB</p> <p>FSB</p> <p>SB/FSB</p>
<p>5.</p>	<p>Community & Mental Health (Standing Item)</p> <ul style="list-style-type: none"> • Mortality Review <p>NB discussed the national focus on mortality review in light of Southern Health, with a focus on LD and MH. Locally considerable excess mortality was identified</p>	

	<p>for with people with mental illness (particularly in WAM). A piece of work was commissioned through Mazars and NB provided a summary of the content.</p> <p>SB advised that while each organisation has internal morality review processes the CCGs are looking to establish a system wide Mortality Review Group chaired by the MD.</p> <p>JOD noted that there is a generally a higher level of mortality for under 75s in Slough and that self-harm is also a concern.</p> <p>JJ queried if comparisons have been made to similar CCG demographics. NB advised that the data provides a national view predominately.</p> <p>There was a discussion around WAM's demographic, it was noted that patients are being moved nationally into the area (e.g. Huntercombe Manor).</p> <p>It was requested that NB attend the next meeting to discuss what is being actioned following the report and to provide a wider update six months</p> <p>ACTION: NB to provide update on actions in response to the mortality review</p> <p>ACTION: Update on the mortality review work in 6 months</p>	<p>NB</p> <p>AD</p>
<p>6.</p>	<p>Quality Report (Standing Item)</p> <p>PC presented the highlights from the Quality and Constitutional Standards Report.</p> <p>The CCGs have been rated as good, striving for outstanding with achievements across RRT, diagnostics and cancer. Issues of concern: FPH 12 hour trolley waits, reported a batch at back end of 15/16 and a further 3 this year. PC explained that under the new framework trolley waits have to be declared as an SI. Ongoing pressures on the system were discussed and it was noted that these breaches indicate FPH were not prepared (it was noted that FPH has been the fourth busiest A&E in the country). It was noted that a CPN was issued, FSB explained that the process was not followed properly by commissioners and there has been learning. JM stated that if B&A patients require diverting to HWPB this needs to be discussed with commissioners.</p> <p>PC noted that two week waits for cancer is improving at RBH. There were breaches for 31 days for B&A and Slough, these relate to very low numbers of patients. There was a discussion around patient choice.</p> <p>In relation to MSA issues with MAU are now resolved. DH noted that there are different interpretations nationally on what constitutes a breach, and advised that a review is planned for the south of England.</p> <p>PC noted that Slough CCG is under target for dementia diagnosis. JOD discussed the differences in the demographic (a younger population in Slough) which is not factored into the baseline.</p>	

	<p>FSB queried RTT figures for HWPB, whom she understood to be failing in some specialities. AW advised that overall HWPB are achieving. It was requested that the speciality breakdown be included on this report.</p> <p>ACTION: RTT to be broken down by speciality for QCSC report</p> <p>PC advised that following the presentation of Mary's Story a deep dive has been undertaken in this report. It was found that there are no systemic problems in the service.</p> <p>PC noted that FHFT recently won the Best Organisation at the Patient Safety Awards.</p> <p>There are ongoing issues with uptake of the unlicensed BCG vaccination, HWPB are currently exploring the numbers of parents refusing the vaccine and whether the risks are being made clear</p> <p>PC advised that the KEVII chemotherapy unit had been closed without formal notification to commissioners. It was noted that from a quality perspective there are strong arguments for centralising the service at WPB. SB advised that she would not support reopening the unit relying on bank staff.</p> <p>JM noted an upward trend in the C-section rate, querying whether this is linked to change in the Labour Ward lead.</p> <p>ACTION: Upward trend in the C-section rate to be discussed at the FHFT CQRM</p> <p>JM raised concern around ASPHFT stroke performance. PC noted that there are ongoing issues with performance in A&E.</p> <p>ACTION: PC to liaise with North West Surrey CCG on A&E/Stroke performance at ASPHFT</p>	<p>AD</p> <p>PC</p> <p>PC</p>
<p>7.</p>	<p>Risk Register (Standing Item)</p> <p>SB noted that a new risk management system is being implemented.</p> <p>All risks were reviewed and agreed. There were no new risks to be added.</p>	
<p>8.</p>	<p>CQUIN Performance Report Q4</p> <p>PC presented the highlights from the report. It was noted that the HWPB Trusted Assessors was disbanded due to a lack of engagement from the Care Homes; the money from this CQUIN was reassigned to Safe Transfers of Care. There was a discussion around the Frailty CQUIN, which was partially achieved.</p> <p>It was confirmed that SCAS did not provide enough evidence to secure any payment. SB noted that CQUINs have not been a priority for the Trust during the period that they have been in turnaround.</p> <p>It was noted that 15/16 CQUINs have been transferred into the Quality Schedule</p>	

	<p>for ongoing monitoring. It was requested that someone attend the Strategy and Ops team meeting to present this year's CQUINs.</p> <p>ACTION: Quality to attend the Strategy and Ops team meeting re. CQUINs</p>	AD
9.	<p>Infection Prevention & Control Annual Report</p> <p>LF presented the IPC annual report. SB advised that a Joint Health Strategic Infection Control Group has been set up, and it is proposed that going forward IPC annual reports will be presented there rather than at CQRM.</p> <p>LF noted that <i>CDIFF</i> rates were below the thresholds for each CCG. The 1 case of MRSA was attributed to a third party. Work has been undertaken around sharps bins – the process is not clear across the patch. An IPC Leads meeting has been established in each locality, with a supporting newsletter.</p> <p>SB noted that LF is leaving in August, and thanked her for her hard work. SB noted that value in having an IPC nurse in the CCG.</p>	
10.	<p>Clinical Concerns Report</p> <p>AD presented the highlights from the report. Engagement with Practices was discussed with interactive GP council sessions and practice visits being suggested. It was discussed that the new Medical Director should be engaged.</p> <p>DH emphasised that Clinical Concerns should not be used in lieu of the formal safeguarding process.</p>	
11.	<p>Serious Incident and Never Event Report</p> <ul style="list-style-type: none"> FHFT SI Falls Review 15/16 <p>PC presented the highlights of the report. For FHFT themes are falls with harm and issues around MCA and DOLs, PC advised the Committee on learning and actions taken. A thematic review of Never Events was presented at the SI Panel, looking particularly at surgical site errors.</p>	
12.	<p>Provider Quality Accounts</p> <p>The Provider Quality Accounts were noted.</p>	
13.	<p>Patient Experience Report Q4</p> <ul style="list-style-type: none"> CCG PACT Annual Report 2015/16 (for noting) <p>The Patient Experience Report was noted.</p> <p>The CCG PALS and Complaints annual report was noted.</p>	
14.	<p>Patient Story (Standing Item)</p> <p>A Patient Story from FHFT was presented. A trip home was organised for a patient on ITU, demonstrating staff going above and beyond and excellent MDT</p>	

	working.	
15.	Heathwatch Update (Standing Item) There was nothing to note.	
16.	Quality Assurance Observational Visit Reports (Standing Item) There were no new reports.	
17.	Cases of Concern (Standing Item) The Cases of Concern document was noted with updated in red.	
18.	Safeguarding Annual Report DH presented the Safeguarding Annual Report, advising on activity and statutory changes in the last year. The work around FGM, DOLs and changes in culture towards adult safeguarding were highlighted DH provided on update on the Safeguarding team, noting the Named Professional is now in post and there has been a move to 2 Named GPs working across the patch.	
19.	Safeguarding Scorecard The Safeguarding Scorecard was noted. It was noted that currently HealthWrap Prevent Training is only required by specific federated teams (hence the allocation to WAM CCG), and this is being reviewed.	
20.	Policies a) Patella resurfacing as part of total knee replacement (TKR) b) Use of biologic therapies for ulcerative colitis in adults (18 years and over) c) Verteporfin and photodynamic therapy in Chronic Central Serous Chorioretinopathy and Idiopathic Polypoidal Choroidal Vasculopathy The above policies were discussed and agreed by the Committee.	
21.	Items Expected At Following Committee (Standing Item) The business plan was noted.	
22.	Other Minutes (Standing Item) a) EPPC March 2016 b) Dressings Formulary April 16 c) HWPB CQRM May 16	

	<p>d) HWPB SI Panel April 16 e) HWPB SI Panel May 16 f) HWPB SI Panel June 16 g) FPH CQRM April 16 h) FPH CQRM May 16 i) FPH SI Panel April 16 j) FPH SI Panel May 16 k) FPH SI Panel June 16 l) BHFT SI Panel April 16 m) BHFT SI Panel May 16 n) BHFT CQRM February 16 o) BUCC CRM April 16 p) BUCC CRM May 16 q) SCAS CQRM March 2016 r) RBFT CQRM April 2016 s) E&D Steering Group April 16 t) E&D Steering Group June 16</p> <p>The minutes were noted.</p>	
23. AOB	There was no other business for discussion.	
24. DATE OF NEXT MEETING	28 September 2016, 13.00-16.00, Boardroom KEVII	

Action Log

	March 2016		
1.	<u>Clinical Concerns Report</u> ACTION: MS to provide data around waiting times for elective appointments	July QCSC	MS
2.	<u>Heathwatch Update (Standing Item)</u> ACTION: GC to share report summarising feedback on mental health services	July QCSC	GC
	July 2016		
	<u>Conflicts/Declarations Of Interests</u> ACTION: SB to request HR review Confidentiality Agreement	September QCSC	SB
	<u>Minutes Of Previous Meeting (25 May 2016)</u> ACTION: FSB to follow up on roll out of renal stone pathway in WAM and B&A	September QCSC	FSB
	ACTION: FSB to provide an update on CAMHS waiting times	September QCSC	FSB

	ACTION: SB and FSB to discuss pathway for HCP access to SCAS 8 minute responses during home visits	September QCSC	FSB
	<u>Community & Mental Health (Standing Item)</u> ACTION: NB to provide update on actions in response to the mortality review	September QCSC	NB
	ACTION: Update on the mortality review work in 6 months	January QCSC	AD
	<u>Quality Report (Standing Item)</u> ACTION: RTT to be broken down by speciality for QCSC report	September QCSC	AD
	ACTION: Upward trend in the C-section rate to be discussed at the FHFT CQRM	August FHFT CQRM	PC
	ACTION: PC to liaise with North West Surrey CCG on A&E/Stroke performance at ASPHFT	September QCSC	PC
	<u>CQUIN Performance Report Q4</u> ACTION: FSB to arrange for Quality to attend the Strategy and Ops team meeting re. CQUINs	August 2016	FSB