

**Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG
Joint Quality Committee
22 April 2015, 1:00 – 4:00pm
Boardroom, King Edward VII Hospital, Windsor SL4 3DP**

DRAFT MINUTES

Present

Sarah Bellars	Director of Nursing (CHAIR)	SB
William Tong	Clinical Chair, B&A CCG	WT
Asif Ali (partial)	Slough CCG GP	AA
Huw Thomas	GP, WAM CCG	HT
Katie Simpson (partial)	Mental Health GP Lead Berkshire East	KS
Jackie McGlynn	Clinical Director for Quality	JM
Matthew Tait (partial)	Interim Chief Officer	MT
Debbie Hartrick	Deputy Director of Nursing, Safeguarding & Infection Control	DH
Andrew Ellery	Named Professional Safeguarding	AE
Jo Greengrass	Deputy Director of Nursing, Quality & Safety	JG
Chris Sneller	Quality Improvement Manager	CS
Simon Hawkins	Quality Improvement Support Manager (MINUTES)	SH
Alison Davies	Quality Administrator	AD
Rachel Wakefield	Associate Director QIPP & Performance	RW
Ally Green	Head of Strategic Communications and Engagements	AG
Mick Salami	Quality Improvement Lead, Chiltern CCG	MSa
Mark Sanders (partial)	Healthwatch Bracknell Forest	MS
Matt Gould (partial)	Internal Audit, PWC	MG

Apologies

Jim O'Donnell	Clinical Chair, Slough CCG	JOD
Adrian Hayter	Clinical Chair, WAM CCG	AH
Christine Skeldon	Quality & Safety Manager, NHS England (Thames Valley)	CSk
Anshu Varma	Head of QIPP & Performance	AV
Lisa MacLean	Director of Quality and Nursing, Chiltern CCG	LM
Jo Jefferies	Specialist Registrar, Public Health, Bracknell Forest Council	JJ

Absent

Christina Gradowski	Head of Corporate Affairs	CG
Sufian Jabbar	GP	SJ
Judith Kinder	GP	JK
Anant Sachdev	GP	ASa
Colin Pill	Healthwatch Slough	CP
Mike Copeland	Chair, Healthwatch WAM	MC

		<u>ACTION</u>
1.	<p>Welcome and Apologies</p> <p>SB welcomed all to the meeting. Apologies had been received as shown above.</p> <p>It was noted that the meeting was not quorate as there was not a clinician from Slough CCG.</p>	
2.	<p>Declarations Of Interests</p> <p>WT declared a potential conflict in relation to the response to the report on Quality Aspects of the Community ENT service delivered by Dr Koefman, who is a partner at the same GP Practice.</p>	
3.	<p>Invited Guest(s)</p> <p>There are no invited guests.</p>	
4.	<p>Minutes Of Previous Meeting (BEFQ 25 March 2015)</p> <p>The Minutes were approved by the Committee.</p> <p><u>Matters Arising:-</u></p> <p>October 2014 2 – It was agreed that this action would be removed from the action log and followed up by SB and MT.</p> <p>AA joined the meeting, it was noted the committee is now quorate for the remainder of meeting</p> <p>March 15 1 – JG confirmed she had responded to the consultation. SB advised the meeting that she had spoken with the Governing Body member who raised the concern to confirm this. 2 – It was confirmed that the website is being updated, in liaison with CG. 3 – SH confirmed he was waiting for a response from Providers to this item. 4 – This item is on the agenda. 5 – JG and MS have met and there is a plan on including concerns from Healthwatch in the next report. 6 – SB advised the meeting that this action was already undertaken via the Berkshire West CCGs Director of Nursing. A response has been received and will be circulated following the meeting. 7 – This item is on the agenda.</p>	
5.	<p>Terms of Reference</p> <ul style="list-style-type: none"> • Updated Audit Committee Report • Discussion on Chairing of Quality Committee <p>MG presented the Internal Audit report and noted that the audit process included observing the Joint Quality Committee in October and a review of the wider operation and structure of the committee.</p>	

<p>MG highlighted some concerns regarding areas of operation of the committee which affect how the meeting effectively uses it's time, and also highlight concerns around quoracy at the meeting. MG also raised concerns regarding the Director of Nursing holding the Chair of the meeting, as it was felt the purpose of the committee was to challenge the Quality team and the Director of Nursing as Chair may affect this ability.</p> <p>It was also noted that there was a discrepancy regarding the Terms of Reference and whether or not Joint Quality Committee could make a decision, or if a decision needed to be ratified by the Governing Bodies.</p> <p>SB confirmed that she felt the report was a fair representation given the time period of the audit.</p> <p>The committee discussed the findings of the report and JG updated the committee on the actions that have been taken. The committee agreed with the change of the highlight reports into a single Chair's report.</p> <p>SB presented a brief history of who has filled the Chair of the committee and advised the committee that the option of having a Lay Member as Chair was discussed with CG who advised that this role would need to rotate across the three Lay Members. CG advised SB that having the Director of Nursing as Chair avoids having one specific CCG view.</p> <p>MT accepted that it was unusual for Quality Committee to not be chaired by a Non-Executive Director, and noted that it must have been the view of the CCGs that in a clinically led organisation, having a clinical Executive Director as Chair is appropriate. MT queried the committee if they felt it was possible to challenge SB while she undertook the role of Chair.</p> <p>The committee discussed the ability to challenge SB as the Chair, and it was agreed that being Chair was not a hinderance in providing challenge. It was also noted that with JG now in post, the direct line management of the Quality team no longer sat with SB.</p> <p>WT noted that general feedback was that Joint Quality Committee was felt by the Governing Bodies to be one of the more effective Federated Committees.</p> <p>The committee agreed to continue with the Director of Nursing holding the Chair.</p> <p>The committee discussed the issue of quoracy at the committee. It was agreed that quoracy would be defined as a clinical member of each of the three CCGs, and the Director of Nursing or a nominated deputy.</p> <p>The role of Healthwatch providing a healthy challenge to the committee was discussed and it was agreed that MS would have a discussion with other Healthwatch colleagues, and if it was agreed that Healthwatch could continue to provide representation then 'a member of Healthwatch' would be added to the quoracy requirements.</p> <p>ACTION: MS to advise if a Healthwatch would be able to provide representation to Joint Quality Committee to form a part of the quoracy requirement.</p>	<p>MS</p>
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	The committee agreed that if a meeting was not quorate then the meeting would continue, but no decisions could be made at that meeting.	
6.	<p>Quality Committee Business Plan 2015/16</p> <p>SB presented an updated Business Plan for Joint Quality Committee advising this had been produced to provide a forward plan for the committee's business.</p> <p>The Quality Committee Business Plan was agreed.</p>	
7.	<p>Safeguarding (Standing Item)</p> <p>DH presented the Cases of Concern for East Berkshire.</p> <p>The committee discussed the case of Birdsgrove Nursing Home. DH advised that the CCG is now involved in the Local Authority Serious Concerns process. The provider is producing an action plan in response to a recent CQC visit.</p>	
8.	<p>Mental Health (Standing Item)</p> <p>KS presented her review of Mental Health Need and Provision.</p> <p>It was agreed that KS would work with Medicines Optimisation to produce a briefing for localities. ACTION: KS to work with Medicines Optimisation to produce a briefing for localities.</p> <p>KS agreed to ask NB to produce a review of what sporting and other services were available to reduce mortality. ACTION: KS to ask NB to produce a review of what sporting and other services were available to reduce mortality.</p> <p>KS noted that there was a difference noted in the prescribing of medication in Slough CCG. It was agreed that KS would liaise with Medicines Optimisation to review the medication prescribing in Slough for Mental Health patients. ACTION: KS to liaise with Medicines Optimisation to review the medication prescribing in Slough for Mental Health patients.</p> <p>SB advised the committee that the Parity of Esteem bids were reviewed and agreed last week which will result in an approximate uplift of 10% in funding. The areas the bids were approved for were: CAMHS, CRHTT, Psychiatric Liaison and Early Intervention in Psychosis.</p>	<p>KS</p> <p>KS</p> <p>KS</p>
9.	<p>Monthly Highlight Reports</p> <ul style="list-style-type: none"> • Chair's Report • Monthly Highlight Report - Non-Financial Report • Quality & Performance Scorecard – M11 <p>CS presented the Chair's report.</p>	

	<p>RW noted that there was an expected impact on RTT performance in relation to RBFT and Frimley North undertaking work on long waiters. Initial data shows that long waiters have been reduced by a considerable percentage.</p> <p>CS highlighted that Frimley North cancer performance was not achieved in February, but that the Trust have advised that performance was achieved in March.</p> <p>It was noted that the C-Section performance had improved from 37% to 30%. SB noted that the CCG's drive to reduce this level has been reinforced by the WHO publication that the target should be 15%.</p> <p>CS raised that ASPHFT and FPH have both reported a case of MRSA in February.</p> <p>The committee noted that all three CCGs were overperforming against plan.</p> <p>JM highlighted that there were ongoing issues with Choose & Book at FPH that needed to be raised with the committee.</p>	
<p>10.</p>	<p>Annual Scorecard Review</p> <p>SB advised the meeting that the scorecard was being reviewed and requested any feedback from the committee on indicators to include, or that can be removed.</p> <p>HT noted that a large number of Stroke patients go to BHT, including data for Stroke at BHT would be beneficial to review.</p> <p>RW noted that there was an increasing awareness of Transfers of Care in the coming year.</p> <p>JG noted that some Mental Health indicators will also be added.</p>	
<p>11.</p>	<p>Patient Experience</p> <ul style="list-style-type: none"> • FFT Scorecard <p>CS presented the FFT Scorecard noting an increase in response rates.</p> <p>SB noted that there was an issue with the roll out of FFT in Primary Care with 20 practices not reporting in February. This has been followed up and appears to be due to technical issues, this is being worked through with the NHS England sub-region.</p>	
<p>12.</p>	<p>Serious Incident Report</p> <p>SH presented the Serious Incident report, noting that as of the 1st April the Serious Incident framework has been revised by NHS England.</p> <p>SH highlighted the Never Events reported by both Frimley North and Frimley South.</p>	

13.	<p>Deep Dive</p> <ul style="list-style-type: none"> Diagnostic Waits at HWPH <p>JM noted that the report provided hasn't included how clinical risk will be addressed as was requested. RW also raised that the recovery trajectory appears likely to be breached in April.</p> <p>SB noted that the Trust had priorities inpatients to improve patient flow, which was a positive move. There were continuing issues regarding the age of the equipment, and staffing. The team has moved to seven day working and have opened up same day radiology for Primary Care access.</p> <p>AA raised that the Trust advised at S&PF that the same day access was a 'soft launch' and that practices had not yet been informed of this change.</p> <p>It was agreed that CS would liaise with Contracts to get a view as to what actions can be taken.</p> <p>ACTION: CS to liaise with Contracts to get a view as to what actions can be taken with regards to continues diagnostic underperformance.</p>	CS
14.	<p>HCAI Report</p> <p>The HCAI report was noted.</p>	
15.	<p>CCG Priorities Tool from NHS England</p> <p>The CCG Priorities Tool was noted.</p>	
16.	<p>Risk Register</p> <p>JG noted that the risk register had been revised as discussed at the previous meeting and presented the changes.</p> <p>The committee agreed the changes to the risk register.</p>	
17.	<p>Francis Action Plan</p> <p>The updated Francis Action Plan was noted.</p>	
18.	<p>Healthwatch</p> <p>No items were raised.</p>	
19.	<p>Policies For Approval</p> <p>There were no policies for approval.</p>	

20.	<p>Other Minutes</p> <ul style="list-style-type: none"> • <i>HWPFT CQRM Feb 15</i> • <i>HWPFT SI Panel Feb 15</i> • <i>FPFT CQRM Feb 15</i> • <i>SI Panel Feb 15</i> • <i>BHFT SI Panel Feb 15</i> • <i>Dressings Formulary Meeting Jul 14</i> • <i>EPPC Jun 14</i> • <i>EPPC Sep 14</i> • <i>EPPC Nov 14</i> <p>The minutes were noted.</p>	
21.	<p>Items Expected At Following Quality Committee (Standing Item)</p> <p>This was noted as per the Quality Committee Business Plan.</p>	
22.	<p>AOB</p> <p>There was no AOB.</p>	
23.	<p>DATE OF NEXT MEETING</p> <p>Wednesday 27 May 2015 2:00 – 4:00pm, Board Room, KEVII Hospital, Windsor, SL4 3DP</p>	

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Action Log

	<i>March 2015</i>	
	<u>Safeguarding (Standing Item)</u>	
3	ACTION: SH to contact providers to clarify if zero DoLS applications is a data issue, or the reason for zero applications.	SH
	<i>April 2015</i>	
	<u>Terms of Reference</u>	
1	ACTION: MS to advise if a Healthwatch would be able to provide representation to Joint Quality Committee to form a part of the quoracy requirement.	MS
	<u>Mental Health (Standing Item)</u>	
2	ACTION: KS to work with Medicines Optimisation to produce a briefing for localities.	KS
3	ACTION: KS to ask NB to produce a review of what sporting and other services were available to reduce mortality.	KS
4	ACTION: KS to liaise with Medicines Optimisation to review the medication prescribing in Slough for Mental Health patients.	KS
	<u>Deep Dive</u>	
5	ACTION: CS to liaise with Contracts to get a view as to what actions can be taken with regards to continues diagnostic underperformance.	CS