

# Quality and Constitutional Standards Committee Meeting

## Minutes

26<sup>th</sup> September 2018, 14:00 – 17:00

Boardroom, King Edward VII

Attendance		
	<b>Present</b>	
	<b>Sarah Bellars</b> , Director of Nursing and Quality, East Berkshire CCG (Chair)	<b>SB</b>
	<b>Huw Thomas</b> , GP Clinical Lead, East Berkshire CCG	<b>HT</b>
	<b>Helen Single</b> , Interim Associate Director of Strategy, Planning & Operational Development, East Berkshire CCG ( <i>partial attendance</i> )	<b>HS</b>
	<b>Mark Sanders</b> , Healthwatch (representing the 3 Healthwatches in East Berkshire) ( <i>partial attendance</i> )	<b>MS</b>
	<b>In Attendance</b>	
	<b>Paul Corcoran</b> , Quality Improvement Manager, East Berkshire CCG	<b>PC</b>
	<b>Sarah Locke</b> , Quality Improvement Support Manager, East Berkshire CCG	<b>SL</b>
	<b>Chris Sneller</b> , Head of Performance, East Berkshire CCG	<b>CS</b>
	<b>Jennie Green</b> , Named Professional – Safeguarding Adults, Children and Children in Care, East Berkshire CCG	<b>JGr</b>
	<b>Mike Hoskin</b> , GP, Crosby House Surgery, Slough	<b>MH</b>
	<b>Anshu Varma</b> , Head of Corporate Affairs, East Berkshire CCG ( <i>partial attendance</i> )	<b>AV</b>
	<b>Tracey Burrows</b> , Senior Information Governance Manager, SCWCSU ( <i>partial attendance</i> )	<b>TB</b>
	<b>Arif Gulzar</b> , Cyber Security Manager, SCWCSU ( <i>partial attendance</i> )	<b>AG</b>
	<b>Nadia Barakat</b> , Associate Director of Mental Health, Learning Disabilities, Children & Families, East Berkshire CCG ( <i>partial attendance</i> )	<b>NB</b>
	<b>Shirley Joseph</b> , Care Homes Quality Lead, East Berkshire CCG ( <i>partial attendance</i> )	<b>SJ</b>
	<b>Wendy Baylis</b> , Operational Manager Continuing Healthcare, East Berkshire CCG ( <i>partial attendance</i> )	<b>WB</b>
	<b>Tim Langran</b> , Prescribing Support Pharmacist, East Berkshire CCG ( <i>partial attendance</i> )	<b>TL</b>
	<b>Rose Elhamamy</b> , Senior Quality and Safeguarding Administrator, East Berkshire CCG	<b>RE</b>
	<b>Apologies</b>	
	<b>Jo Greengrass</b> , Associate Director of Nursing – Quality and Safety, East Berkshire CCG	<b>JG</b>
	<b>Fiona Slevin-Brown</b> , Director of Strategy and Commissioning, East Berkshire CCG	<b>FSB</b>
	<b>Debbie Hartrick</b> , Associate Director of Nursing & Designated Nurse, East Berkshire CCG	<b>DH</b>

<b>William Tong</b> , GP Clinical Lead, Clinical Chair, East Berkshire CCG	<b>WT</b>
<b>Jackie McGlynn</b> , Clinical Director, East Berkshire CCG	<b>JM</b>
<b>Jim O'Donnell</b> , Clinical Chair, East Berkshire CCG	<b>JoD</b>
<b>Catriona Khetyar</b> , Head of Medicine Optimisation, East Berkshire CCG	<b>CK</b>
<b>Katie Simpson</b> , GP & Clinical Lead, East Berkshire CCG	<b>KS</b>
<b>Adrian Hayter</b> , GP Clinical Lead, East Berkshire CCG	<b>AH</b>
<b>Lalitha Iyer</b> , Medical Director, East Berkshire CCG	<b>LI</b>
<b>Viki Wadd</b> , Associate Director – Communications, Engagement & OD, East Berkshire CCG	<b>VW</b>
<b>Jo Jefferies</b> , Consultant in Public Health, Berkshire Shared Public Health Team	<b>JJ</b>
<b>Alison Davies</b> , Quality Support Manager, East Berkshire CCG	<b>AD</b>

Item No	Item	Action
	<b>Introduction</b>	
<b>1</b>	<b>Welcome and Apologies</b>	
	The interim Chair SB welcomed everyone and accepted apologies as above.	
<b>2</b>	<b>Conflicts of interest / Declarations of interest</b>	
	There were none declared.	
<b>3</b>	<b>Notice of Any Other Business</b>	
	None noted.	
<b>4</b>	<b>Minutes of the Last Meeting</b>	
	The minutes of the last meeting were accepted as an accurate record for the discussion held.	
<b>5</b>	<b>Action Log</b>	
	The action log was reviewed and updated; please see Paper 5 – QCSC Action Log.	
	<b>Quality &amp; Safety</b>	
<b>6</b>	<b>Risk Register</b>	
	PC provided the Committee with an update that all risks except for QC 18 National target for Eating Disorders and QC 19 Waiting time for assessment	

<p>and treatment of children with ADHD (Attention Deficit Hyperactivity Disorder) have been reviewed.</p> <p>Also there is the Primary Care Quality Improvement meeting highest risk which is PCIM 7. This risk concerns Heath Hill Surgery which has been rated as inadequate by the CQC (Care Quality Commission) and had already been issued with a contract breach notice previously by the CCG (Clinical Commissioning Group). This is now in the public domain that the report has been published. There is a sustainable plan being generated. The surgery is in special measures and needs to be compliant by 12<sup>th</sup> October 2018.</p> <p>4 Risk have made some changes to the risk management system which has affected the CCG risk registers. For example the actions are not being added on to the report and there are three boxes on assurance. The CCG is working with CSU (Commissioning Support Unit) to ensure that the changes made are appropriate for the needs of the CCG and that the CCG is informed of changes in the future before they are made.</p> <p>The Committee agreed the proposed changes to the risk register.</p> <p>SB asked that NB provide the Committee with a current briefing on the CAMHS (Child and Adolescent Mental Health Services) risks that will be updated in the risk register. A further update will be provided in the next Quality Committee meeting. NB informed the Committee that there has been an increasing pressure on the CAMHS service with a combination of internal and external pressures. They will be looking at the specialist pathways separately for ADHD by having a task and finish group; the Autism pathway for all ages; and the Eating Disorders service are the three key areas to focus on for the service review. The volume of referrals that are coming into the services is the main risk. The local transformation plan will address this which is being redrafted. The first draft will be submitted next week and the final draft will be submitted in early October to NHSE (NHS England). This will also include having further discussions with local authorities. The higher priorities have been identified jointly.</p> <p>MS asked if this is tied into the education services as parents have said that school will do nothing until there is a diagnosis which could take approximately 6-9 months. The disruption to the child and the school is detrimental. SB informed the Committee that through the SEND (Special Educational Needs and Disability) groups they are working with local authorities regarding children being on the pathway with no diagnosis. This message is being communicated to schools as the help for the child is needed regardless of the diagnosis. NB also informed the Committee that there is early support for families with children with ADHD. The CCG has commissioned different support group to provide this early support to the families by having early intervention. This will not be a specialist CAMHS issue but would need to be addressed.</p> <p>HT asked about the EHC (Education, Health &amp; Care) Plan being a 20 weeks</p>	
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	<p>process and whether the funding will be backdated as schools are not funding the early intervention. SB responded that now this plan focuses on the support that is needed for the child and not the funding. RBWM (the Royal Borough of Windsor &amp; Maidenhead) are working differently where all the schools are working together to commission support services within the schools. Rather than looking at the specific diagnosis to look at the need of the child and how this can be addressed early on. NB also stated that the schools are supporting this agenda and looking at what support can be offered in the schools. There has been a transformation funding for teachers to identify various mental health models and supporting the understanding. SB asked NB to share the inclusion videos that schools use. NB also stated that the IAPT (Improving Access to Psychological Therapies) teams are doing work with schools across East Berkshire for access from 16 years onwards.</p> <p><b>Action:</b> <b>NB to share the inclusion video that schools use.</b></p>	<p><b>NB</b></p>
<b>7</b>	<b>Information Governance</b>	
	<ul style="list-style-type: none"> <li>• IG &amp; GDPR Report September 2018 TB provided the Committee with the highlights of the work that she is doing following the new GDPR (General Data Protection Regulation) regulations and the new action plan that is in place. The main part of the action plan is carrying out the data flow mapping and the asset management which is a large piece of work. An email will be sent out to all departmental heads and asset administrators informing them of what work is involved, what changes in the law, and the timelines for the work to be completed in order for the CCG to submit the information via the IG (Information Governance) Toolkit. TB will be offering 1:1 training to any asset administrators to assist in the completion of this work. AV informed the Committee that out of the 14 department areas 60% were rated green last year so the other areas are priority areas for TB to be working with to make sure that they are rated green this year. There will be an update in the next Committee meeting. AV also informed the Committee that there have been no ICO (Information Commissioner’s Office) reportable incidents in this report; and all incidents have action plans in place.</li> <li>• IT Policies AV highlighted to the Committee that most of these policies have already been in place but have been updated following the new GDPR regulations as these are needed as part of the IG toolkit. AG informed the Committee that these policies have been updated by GDPR specialists and recommendations have been included following audits from NHS England which is all part of the assurance framework. <ul style="list-style-type: none"> <li>○ Acceptable Use</li> </ul> </li> </ul>	

	<p>SB asked for a briefing to provide staff with a summary of the changes for this policy. AG informed the Committee that the key change is the legal compliance guide based on the new legislation. <b>The Committee approved this policy.</b></p> <ul style="list-style-type: none"> <li>○ Access Control AG informed the Committee that the key changes are around the roles and responsibilities which the inclusion of the GDPR regulations. <b>The Committee approved this policy.</b></li> <li>○ Anti-Virus AG informed the Committee that this policy has been aligned with the data security protection toolkit. <b>The Committee approved this policy.</b></li> <li>○ Asset Management AG informed the Committee that this policy is a new policy to make sure that staff are aware of what is required. <b>The Committee approved this policy.</b></li> <li>○ Change Control AG informed the Committee that this policy is an internal IT specific policy around the change control process within CSU. <b>The Committee approved this policy.</b></li> <li>○ Clear Screen &amp; Desk AG informed the Committee that this policy is based on the legal compliance and has been updated following GDPR regulations. The new update is the timeout of the screensaver which is now 10-15 minutes. <b>The Committee approved this policy.</b></li> <li>○ Information Security AG informed the Committee that this policy is a requirement of data security toolkits with the roles and responsibilities. There are new links to the documents and new legislation following recommendations from the auditors. <b>The Committee approved this policy.</b></li> <li>○ IT Disposal AG informed the Committee that this is a core IT infrastructure policy following new guidelines from NHS Digital. <b>The Committee approved this policy.</b></li> <li>○ IT Continuity Management AG informed the Committee that this is a new policy replacing the previous back-up policy. <b>The Committee approved this policy.</b></li> <li>○ Network Security AG informed the Committee that this policy had some minor changes with the legal compliance. <b>The Committee approved this policy.</b></li> <li>○ Password AG informed the Committee that this policy has no major changes but has been reviewed as part of the review cycle. <b>The Committee approved this policy.</b></li> <li>○ Patch management</li> </ul>	
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	<p>AG informed the Committee that this is a new policy based on new legal requirements and being compliant with the data security toolkit. <b>The Committee approved this policy.</b></p> <p><b>Action: AV to provide staff with a briefing on what changes have been made and the key points to these policies.</b></p> <ul style="list-style-type: none"> <li>• <b>Subject Access Request Report</b> PC informed the Committee that there is little activity to report however there has been one case that took over 40 days from November 2017 but this was agreed with requester. SB updated that this has now turned into a court order and all requested documents have been located.</li> <li>• <b>Freedom of Information Report</b> PC informed the Committee that there are no exceptions to report however the risks of breaching still rests on the departmental responses within the timescale. SB asked PC to write a one-liner for her to put out in the weekly updates.</li> </ul> <p><b>Action: SB asked PC to write a one-liner for her to put out in the weekly updates informing departments on the importance of informing the FOI team that they cannot answer the request in good time in order for the FOI not to breach.</b></p>	<p>AV</p> <p>PC/SB</p>
<b>8</b>	<b>Quality Report, Performance Report and Scorecard</b>	
	<ul style="list-style-type: none"> <li>• <b>Care Home Report</b> SJ provided the Committee with an overview to the care home report presentation. She has been working with all care homes in all the localities in East Berkshire. Non-elective admissions have decreased and the dashboard data reflects this work. The hydration project which was supported by the medicine optimisation team has been received well in the care homes. This has been reflected with hydration stations in each care home keeping residents hydrated. There have been good stories in a care home in Slough which had no UTI (Urinary Tract Infections) admissions and no UTI diagnoses in that care home following the hydration project. This project will be extended with Train a Trainer programme across all three localities so that care home staff are fully trained. Across England there are six enhanced health in care homes (EHCH) vanguards working to improve the quality of life, healthcare and health planning for people living in care homes. There are seven elements that are being looked at with the EHCH care model:             <ol style="list-style-type: none"> <li>1. Enhanced primary care support                 <ol style="list-style-type: none"> <li>a. Access to consistent, named GP and wider primary care service</li> <li>b. Medicine reviews</li> <li>c. Hydration and nutrition support</li> </ol> </li> </ol> </li> </ul>	

	<ul style="list-style-type: none"> <li>d. Access to out-of-hours and urgent care when needed</li> <li>2. Multi-disciplinary team (MDT) support including coordinated health and social care <ul style="list-style-type: none"> <li>a. Expert advice and care for those with the most complex needs</li> <li>b. Helping professionals, carers and individuals with needs navigate the health and care system</li> </ul> </li> <li>3. Reablement and rehabilitation <ul style="list-style-type: none"> <li>a. Rehabilitation and Reablement services</li> <li>b. Developing community assets to support resilience and independence</li> </ul> </li> <li>4. High quality end-of-life care and dementia care <ul style="list-style-type: none"> <li>a. End-of-life care</li> <li>b. Dementia care</li> </ul> </li> <li>5. Joined-up commissioning and collaboration between health and social care <ul style="list-style-type: none"> <li>a. Co-production with providers and networked care homes</li> <li>b. Shared contractual mechanisms to promote integration (including Continuing Healthcare)</li> <li>c. Access to appropriate housing options</li> </ul> </li> <li>6. Workforce development <ul style="list-style-type: none"> <li>a. Training and development for social care provider staff</li> <li>b. Joint workforce planning across all sectors</li> </ul> </li> <li>7. Data, IT and technology. <ul style="list-style-type: none"> <li>a. Linked health and social care data sets</li> <li>b. Access to the care record and secure email</li> <li>c. Better use of technology in care homes.</li> </ul> </li> </ul> <p>SJ informed the Committee of the achievements which are:</p> <ul style="list-style-type: none"> <li>1. The award winning Hydration / UTI prevention project</li> <li>2. The launch of Red Bags scheme and the roll out across the ICS (Integrated Care System)</li> <li>3. Having impartial / trusted assessors commenced and implemented</li> <li>4. The success of the Care Home Forum event</li> <li>5. The CQC have rated a care home in Windsor as outstanding</li> <li>6. Having a training co-ordinator in post</li> <li>7. The coaching courses have been concluded</li> <li>8. The implementation plan of NEWS (National Early Warning System) in care homes.</li> </ul> <p>The challenges have been:</p> <ul style="list-style-type: none"> <li>1. The varied support of GPs to care homes</li> <li>2. The catheter passport and training matrix</li> <li>3. CQC</li> <li>4. Getting the engagement right</li> <li>5. Engagement with hospitals and GPs</li> <li>6. The need to have good leaders as care providers.</li> </ul> <p>The emerging transformations themes are:</p>	
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	<ol style="list-style-type: none"> <li>1. To build into a local commissioned service</li> <li>2. Using multiple routes to contact people by talking and emailing</li> <li>3. Thinking about engagement and communication</li> <li>4. Keep doing, keep talking, keep trying</li> <li>5. Identify how funding sources can be re-routed to GPs that are committed to helping care homes</li> <li>6. Know how to access services.</li> </ol> <p>SJ will be providing the Committee with an update to the Care Home programme.</p> <ul style="list-style-type: none"> <li>• <b>Quality Report</b></li> </ul> <p>SL provided the Committee with an update to BHFT (Berkshire Healthcare NHS Foundation Trust) that the falls assessment has been achieved at 100%. The CAMHS outcome reporting for patient experience measures and goal based outcome measures for the CAMHS service are both below the threshold and for both aspects it is the ADHD service that has lower results. The workforce vacancy rate is down to 9.3% for Q1 and with the inclusion of agency staff reduces to 1.8%.The sickness rate is also down very slightly on Q4 but does still exceed the Trusts annual target. BHFT are looking into sickness rates that are attributed to anxiety/stress/depression and are looking at ways on how to reduce this. There have been nine serious incidents (SI) reported in the months of June and July. Seven of these incidents relate to ‘apparent/actual/suspected self-inflicted harm’ and these have all taken place either in the patient’s home or in a public place. These SI’s are relating to East and West Berkshire patients. SB asked SL to separate these SI’s out to the East and West Berkshire patients to gain more of an understanding to the analysis of the incidents.</p> <p><b>Action: SL to separate out the BHFT SIs relating to East and West Berkshire patients to gain more of an understanding to the analysis of these incidents.</b></p> <p>SL stated that for SCAS (South Central Ambulance Service) it is really positive that they have achieved all of their targets across all of the 4 categories.</p> <p>PC provided the Committee with an overview of FHFT (Frimley Health NHS Foundation Trust) focusing on the CQC theatres inspection of the Trust which was triggered by the surgical Never Events. The findings were broadly positive but with improvements required at Wexham Park in relation to medicines management, blood storage and control of hazardous substances. The Echocardiogram Results issue is still awaiting an estimated timescale for the implementation of the technical fix to push results from HWPB (Heatherwood and Wexham Park Hospital) ICE (Integrated Clinical Environment) into the GP systems. The Committee discussed this issue and HT highlighted that the ‘raw’ Echo results are not easy to interpret and GPs need timely interpretive reports rather than just the raw results. These</p>	<p>SL</p>
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	<p>interpretive reports are sometimes taking 4-6 weeks to get to GPs. PC to find out what is the delay in getting the interpretive reports for Echo results to the GPs.</p> <p><b>Action: PC to find out what is the delay in getting the interpretive reports for Echo results to the GPs.</b></p> <p>SB asked if there have been any concerns around the pathology reporting and particularly the delay in histology reports as this was raised at the Business and Planning meeting. This Committee has regularly seen issues about BSPS (Berkshire and Surrey Pathology Services) the governance routes and the concerns which have been formally raised and escalated with the organisations involved. PC added that there is a shortage of histopathologists which appears to be a national issue. BSPS report that this issue is being resolved locally and we have not seen recent concerns relating to histology; further assurance is being sought by the CCG from BSPS. Another issue that is being raised is the downgrade of urgent requests to routine not being communicated back to the GP. HT commented that most things GPs send should be routine however cancer results should be urgent only.</p> <p>PC updated the Committee that for RBFT (Royal Berkshire NHS Foundation Trust) Ophthalmology there has been another serious incident and a deep dive into this service will be available. The co-ordinating commissioners have been asked for assurance that RBFT are undertaking a retrospective review to ensure that follow-ups are happening.</p> <ul style="list-style-type: none"> <li> <b>Performance report</b>            CS provided the Committee with an overview to the performance report highlighting the A&amp;E waits are around 90%. MSA (Mixed Sex Accommodation) has increased as a direct result of the introduction of revised NHSE guidelines for reporting MSA breaches where previously locally agreed exemptions from reporting have now been discontinued. Delayed Transfers of Care (DToC) data has included the LA's (Local Authority) have revised the targets from September which differ from the 3.5% rate blanket target applied to acute Trusts. RTT (Referral To Treatment) waiting 18 weeks has failed for month 4. Pressures predominantly exist at FHFT in T&amp;O (Trauma and Orthopaedics) particularly at Wexham Park. The backlog in T&amp;O has been growing in recent months and is recognised as an issue by the Trust. The Trust has taken actions to recover the position by holding additional lists for T&amp;O scheduled for the summer and autumn months. East Berkshire CCG met both Cancer 2WW (2 Week Wait) standards. For the mental health targets East Berkshire CCG has achieved the DDR (Dementia Diagnosis Rate) standard but performance in Slough remains lower than the 67% threshold. The IAPT access for East Berkshire CCG remains below the trajectory. For CYP (Children &amp; Young People) Eating Disorders performance remains         </li> </ul>	<p>PC</p>
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	below the standard. The OAPs (Out of Area Placements) has seen a reduction in appropriate Acute overspill.	
<b>9</b>	<b>CHC Report September 2018</b>	
	WB provided the Committee with an update highlighting the drop in the quality premium for the CHC referrals concluded within 28 days. NHSE are aware of this drop and an assurance meeting was held in August to look at plans which are now underway to meet the target. Staff have been employed to clear the backlog which is now starting to clear. Each week the team look at the reason why the assessment is on the waiting list. The DST (Decision Support Tool) target where 15% of the assessments should take place in an Acute setting has been met. There have been a lot more referrals received from Acute Trusts. The team are looking at getting a robust discharge-to-assess process in place.	
<b>10</b>	<b>Clinical Concerns Q1 Report</b>	
	The Committee noted this report and no questions or concerns were raised.	
<b>11</b>	<b>Mortality Reviews Report (including LeDeR update)</b>	
	<p>PC provided the Committee with a summary of learning, which is also being circulated to 14 different Academic Health Science Networks (AHSN) via colleagues at the Oxford AHSN. The Committee was asked to approve the proposed process for local quality assurance for the LeDeR reviews. SB suggested that the GP Clinical Lead needs to be involved in approving the reviews. The Committee approved the proposed process pending the amendment of the GP Clinical Lead being involved. The Committee discussed the anonymised reports and SB asked if LD (Learning Disability) cases are exempt. PC responded that he has looked at this with TB regarding whether personal identifiable data (PID) information needs to be seen and by whom. The Steering Group do not need to see the PID information. The reports can be anonymised in-house by the administrative support. Three cases have been submitted and closed recently. Updated stats on notifications / completions are being compiled. There will be a full days training delivered by PC and Louise Foster on Friday to train more reviewers.</p> <p>HT asked about the learning from the reviews and whether it is fed back to the care homes involved in the review. PC responded that the completed reviews go to the Steering Group which has local authority representation and any learning is then fed back to the care home involved in that review. SB also responded that the learning would need to be discussed with SJ the care home quality lead to provide the care home with direct feedback from the review. SB also suggested that we mirror the SI process as it is a robust process and monitoring of action plans. PC stated that currently every action from every review goes into an implementation action plan which is discussed at the Steering Group and a decision is made how to action this. SB said that it would be a good idea to expedite actions for individual organisations (rather</p>	

	<p>than system-wide actions) directly with those organisations as soon as possible, rather than waiting for the quarterly steering group to meet; this was agreed by all.</p> <p><b>Action: PC to refine the proposed process chart for the local quality assurance of completed LeDeR Reviews by including the GP Clinical Lead in the process.</b></p>	PC
<b>12</b>	<b>Quality Accounts</b>	
	<ul style="list-style-type: none"> <li>Thames Hospice (CCG Comments Page 14) The Committee noted that the CCG comments were positive.</li> </ul>	
<b>13</b>	<b>Performance against CQUINs Quarter 1 Report</b>	
	<p>PC informed the Committee of the exceptional issues in the CQUIN Q1 report which are the FHFT Sepsis partial achievement, and the agreement to pay BHFT on the CPA care plan work notwithstanding the limitations on BHFT due to reliance on the collaboration of primary care clinicians. Most CQUINs have been achieved in the Acute Trusts.</p>	
	<b>Patient Experience</b>	
<b>14</b>	<b>Patient Story</b>	
	<p>There was no patient story available for this meeting.</p>	
<b>15</b>	<b>Healthwatch Update</b>	
	<p>MS provided the Committee with a Healthwatch update highlighting the care home visits in Crowthorne and in Windsor. There have been some queries around DFG (Disabled Facilities Grants) and means testing. He has had three concerns in the last two weeks regarding these grants which are to help people remain in their home as adaptations need to be made. There are continued discussions with local authorities to resolve these concerns. Both health and wellbeing board are working on hidden carers which was picked up following a safeguarding alert. Hidden carers need to be identified and to nominate an organisation that will record this information.</p>	
<b>16</b>	<b>Patient Advice &amp; Complaint Team (PACT) Quarter 1 Report</b>	
	<p>PC provided the Committee with a brief summary. There has been a drop in PALS (Patient Advice and Liaison Service) contacts since the merger to East Berkshire CCG. There were several calls from people wishing to speak to CCG members of staff as there is no general enquiry telephone number advertised on the 'Contact us' page of the East Berkshire CCG website. PC will pick this up with Associate Director of Communications and Engagement. There have been more complaints regarding CHC (Continuing Health Care) and relating to</p>	

	<p>the availability of the Freestyle Libre blood glucose monitoring system.</p> <p><b>Action: PC to inform the Associate Director of Communications and Engagement that there is no general enquiry telephone number advertised on the 'Contact us' page of the East Berkshire CCG website.</b></p>	PC
<b>17</b>	<b>Quality Assurance Observational Visit Reports</b>	
	<p>Latest reports are being finalised and will be available at the next meeting.</p>	
	<b>Safeguarding</b>	
<b>18</b>	<b>Cases of Concern</b>	
	<p>JGr provided the Committee with an update to the Cases of Concern highlighting most of the reviews are on-going with a few reports due to be published.</p> <p>There is a new case in Slough involving a pregnant woman with learning disabilities. This woman had severe learning disabilities and it was her first pregnancy. Social services involvement and support from community maternity services due to late presentation. There were also plans to remove the baby at birth which the woman was not aware of which changed when the woman needed to be induced and then have an elective c-section. The community services were communicating well but problems started when she went into hospital and the shared care was not explored fully. SB asked if this woman had capacity. JGr responded that information is still being gathered and a decision was made to remove the baby as she was not able to care for the baby. The baby has been placed into foster care. The ability of this woman being able to make decisions will be looked and her care could have been handled better.</p> <p>MS commented that this has happened in the Bracknell area over the years with learning disability individuals having their babies taken away from them. They are deemed as not being able to cope or care for the baby and not looking at the resources being made available to support the individual in caring for the baby.</p> <p>JGr also informed the Committee that there is a learning conference in Bracknell discussing a particular review of the care and support for a man with learning disabilities prior to his death in hospital. Tickets are still available for this conference.</p>	
<b>19</b>	<b>Health Strategic Safeguarding Group Chairs Report</b>	
	<p>JGr informed the Committee that there are two Berkshire-wide campaigns going on at the moment. The Safer Sleeping campaign has been set up following the deaths of babies co-sleeping with fathers. A task and finish</p>	

	group has been set up to see what can be done to get fathers involved. The Hidden Carers campaign also has a task and finish group to understand how people can recognise that they are a carer and raise the profile of support.	
	<b>Policies</b>	
<b>20</b>	<b>Policies</b>	
	<p>Policies:</p> <ul style="list-style-type: none"> <li>• Thames Valley Priorities Committee (TVPC) Clinical Policy Review <ul style="list-style-type: none"> <li>○ The TVPC has listed policies that are already in place with no changes and policies that have been updated with links and new guidance where appropriate.</li> <li>○ The policies that have ‘no change’ are: <ul style="list-style-type: none"> <li>▪ TVPC1: Interventional Procedures for Varicose Veins</li> <li>▪ TVPC2: Treatments for Gender Dysphoria (on hold pending publication of the NHS England consultation)</li> <li>▪ TVPC6: Arthroscopic lavage and debridement for patient with osteoarthritis of the knee</li> <li>▪ TVPC15: Ganglion Cysts</li> <li>▪ TVPC20: Surgical management of otitis media (OME) with effusion in children (under the age of 12 years)</li> <li>▪ TVPC25: Hyperhidrosis (excessive sweating) – Botulinum Toxin A and Endoscopic Thoracic Sympathectomy</li> <li>▪ TVPC29: Dilatation and curettage for abnormal uterine bleeding</li> <li>▪ TVPC33: Surgical treatment of femoro acetabular hip impingement (FAI) (open or arthroscopic)</li> </ul> </li> <li>○ <b>The Committee approved the above Policies except the TVPC2: Treatments for Gender Dysphoria policy.</b></li> <li>○ The policies updated with links and new guidance are: <ul style="list-style-type: none"> <li>▪ TVPC3: Anal Irrigation Systems for the Management of Faecal Incontinence/Constipation</li> <li>▪ TVPC19: Carpal Tunnel Syndrome</li> <li>▪ TVPC21: Rhinosinusitis</li> <li>▪ TVPC32: Ultrasound guided injections for hip pain (trochanteric bursitis and osteoarthritis of the hip)</li> </ul> </li> <li>○ <b>The Committee approved the above Policies.</b></li> </ul> </li> <li>• TVPC 16 Aesthetic Treatment for Adults &amp; Children <ul style="list-style-type: none"> <li>○ This policy has had an amendment as the current policy does not allow for removal of breast prostheses except as part of the breast cancer pathway. However now the policy should include the removal of breast prostheses in other situations being routinely funded. <b>The Committee approved this policy.</b></li> </ul> </li> <li>• TVPC 51 Use of Biological &amp; Immunodulatory Therapies in</li> </ul>	

	<p>Rheumatoid Arthritis</p> <ul style="list-style-type: none"> <li>○ This policy has been updated following a significant review and clear national guidance to make these available summarising locally and when to use the options. Highlighting whenever possible the most cost effective option should be used and to fund up to three biological items before a patient would need to apply for an IFR (Individual Funding Request). <b>The Committee approved this policy.</b></li> <li>● TVPC 66 NICE ‘do not do’ policy <ul style="list-style-type: none"> <li>○ This is a withdrawal as the policy is considered to be unnecessary. <b>The Committee approved the withdrawal of this policy.</b></li> </ul> </li> </ul> <p>All the above policies were discussed by the Committee and specific decisions are shown above.</p>	
	<b>Quality Committee Governance</b>	
<b>21</b>	<b>Items Expected At Following Committee</b>	
	As per the Business Plan.	
<b>22</b>	<b>Other Minutes</b>	
	<p>Other Minutes</p> <ul style="list-style-type: none"> <li>● FHFT CQRM Jun 18</li> <li>● FHFT SI Panel Jul 18</li> <li>● BHFT CQRM Jun 18</li> <li>● ASPHFT CQRM May 18</li> <li>● BUCC CRM Jul 18</li> <li>● LeDeR Steering Group May 18</li> <li>● STP+ Mortality Review Group May 18</li> </ul> <p>The above minutes were noted by the committee.</p>	
<b>22</b>	<b>AOB</b>	
	<ul style="list-style-type: none"> <li>● The DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) SOP (Standard Operating Procedure) was circulated to the Committee for approval. This document has been produced to make sure that all providers and community are aware of the different DNACPR forms. <b>The Committee approved this SOP.</b></li> <li>● MS informed the Committee of an issue that was raised by a Bracknell patient via Facebook regarding dental treatment. SB asked MS to put this through via clinical concerns and the Quality Team will take this further for a resolution.</li> </ul>	

	<b>Action: MS to raise the issue of the Bracknell patient regarding dental treatment via the clinical concerns route for the Quality Team to take further for a resolution.</b>	<b>MS</b>
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**Next meeting:**

**06/11/2018**

**09:15 – 12:15**

**Boardroom, King Edward VII Hospital, Windsor**