

Quality and Constitutional Standards Committee Meeting

Minutes

6th November 2018, 09:15 – 12:15

Boardroom, King Edward VII

ATTENDANCE

| ATTENDANCE | |
|--|------------|
| Present | |
| Sarah Bellars , Director of Nursing and Quality, East Berkshire CCG (Chair) | SB |
| Jo Greengrass , Associate Director of Nursing – Quality and Safety, East Berkshire CCG | JG |
| Fiona Slevin-Brown , Director of Strategy and Commissioning, East Berkshire CCG | FSB |
| Jackie McGlynn , Clinical Director, East Berkshire CCG (<i>partial attendance</i>) | JM |
| William Tong , GP Clinical Lead, Clinical Chair, East Berkshire CCG | WT |
| Huw Thomas , GP Clinical Lead, East Berkshire CCG | HT |
| Jo Jefferies , Consultant in Public Health, Berkshire Shared Public Health Team | JJ |
| Chris Taylor , Healthwatch (representing the 3 Healthwatches in East Berkshire) | CT |
| In Attendance | |
| Paul Corcoran , Quality Improvement Manager, East Berkshire CCG | PC |
| Catriona Khetyar , Head of Medicine Optimisation, East Berkshire CCG | CK |
| Chris Sneller , Head of Performance, East Berkshire CCG | CS |
| Jennie Green , Named Professional – Safeguarding Adults, Children and Children in Care, East Berkshire CCG | JGr |
| Nadia Barakat , Associate Director of Mental Health, Learning Disabilities, Children & Families, East Berkshire CCG (<i>partial attendance</i>) | NB |
| Wendy Baylis , Operational Manager Continuing Healthcare, East Berkshire CCG (<i>partial attendance</i>) | WB |
| Tracey Burrows , Senior Information Governance Manager, SCWCSU (<i>partial attendance</i>) | TB |
| Anna Constantinou , GP Student 2, Claremont Surgery, Maidenhead (<i>Observing</i>) | AC |
| Sharon Ballantyne , Senior Quality & Safeguarding Administrator, Risk & FOI Officer (<i>Observing</i>) | SB |
| Rose Elhamamy , Senior Quality and Safeguarding Administrator, East Berkshire CCG | RE |
| Apologies | |
| Anshu Varma , Head of Corporate Affairs, East Berkshire CCG | AV |
| Sarah Locke , Quality Improvement Support Manager, East Berkshire CCG | SL |
| Jim O'Donnell , Clinical Chair, East Berkshire CCG | JoD |
| Katie Simpson , GP & Clinical Lead, East Berkshire CCG | KS |
| Adrian Hayter , GP Clinical Lead, East Berkshire CCG | AH |
| Lalitha Iyer , Medical Director, East Berkshire CCG | LI |
| Viki Wadd , Associate Director – Communications, Engagement & OD, East Berkshire CCG | VW |
| Alison Davies , Quality Support Manager, East Berkshire CCG | AD |
| Mark Sanders , Healthwatch (representing the 3 Healthwatches in East Berkshire) | MS |

| Item No | Item | Action |
|----------|--|--------|
| | Introduction | |
| 1 | Welcome and Apologies | |
| | SB welcomed everyone and accepted apologies as above. | |
| 2 | Conflicts of interest / Declarations of interest | |
| | No new conflicts to note. | |
| 3 | Notice of Any Other Business | |
| | SB advised she had an item relating to Special Educational Needs & Disability (SEND). | |
| 4 | Minutes of the Last Meeting | |
| | It was noted that there was reference to the three former CCGs in the attendance list. With these changes the minutes were agreed. ACTION: Remove references to the 3 CCGs from the attendance list | RE |
| 5 | Action Log | |
| | The action log was reviewed and updated; please see Paper 5 – QCSC Action Log. | |
| | Quality & Safety | |
| 6 | CAMHS | |
| | <p>NB described the increasing pressure across the CAMHS service with increasing referrals across all service lines. Has been added to the Risk Register.</p> <p>Performance and output from Task and Finish Groups (T&FG) is being reported to the CCG Mental Health Programme Board:</p> <ul style="list-style-type: none"> • A case has been approved for a formal review of the ASD service. Berkshire Healthcare has undertaken an internal review and note there is some impact from current vacancies. • ADHD waits over 12 months – T&FG to develop action plan. This service prescribes so need to consider capacity should there be an increase in diagnosis. • Eating Disorder Service – reviewed across Berkshire, Trust feels the original investment for the service was not sufficient. • CAMHS Rapid Response at Frimley Park – wasn't provided for East Berks patients, business case has been agreed and Berkshire Healthcare are providing an interim (cost per case) service while this is set up. <p>WT noted that this is very high risk area and Members and Local Authority are concerned, given the investment into transformation there has not been a positive impact on waiting times. FSB emphasised the national challenge regarding growing demand for CAMHS. She noted further national funding coming into Education for earlier intervention. She stated that the CCG could not expect to see outcomes yet as a result of the funding as these have been invested in longer term goals. SB stated that</p> | |

| | | |
|----------|---|--------------------------------|
| | <p>additional funding is being used to manage immediate risks of harm during the transformation work.</p> <p>Quality and Constitutional Standards Committee (QCSC) /Governing Body needs to be assured that the Children’s Transformation Board has the right membership as this is the forum for oversight of this work. WT requested that these reports go to this Board.</p> <p>CT noted that patient feedback is positive of the treatment provided by the service – families report struggling once the treatment is finished – Committee agreed that the ongoing day-to-day support needs focus.</p> | |
| 7 | Risk Register | |
| | <p>CAMHS risk added. No changes in rating to other risks. The Committee did not raise any new risks.</p> <p>It was requested that the wording is updated on QC15 (CHC) to remove reference to eligibility reviews and reflect the framework (review that the care plan is up to date and that the care package is appropriate). ACTION: Update wording to QC15 (CHC) re. eligibility reviews ACTION: JG and FSB to review risks relating to CHC</p> <p>Committee discussed risks where progress is recorded as ‘static’. The Committee felt that stating ‘despite mitigation the risk rating remains unchanged’ would be more accurate. ACTION: Move the Risk Register to end of the agenda</p> | <p>JG JG/FSB</p> <p>RE</p> |
| 8 | Information Governance | |
| | <p><u>Clinical Audit & Research Governance Guidelines</u> JG advised that the QCSC has responsibility for oversight of internal Clinical Audit and Research and presented the proposed guidelines.</p> <p>The Committee requested some clarity regarding accountability/responsibility (p.10) and reporting to the Governing Body (p.13). ACTION: Audit & Research Guidance to clarify that SB has director level accountability; Head of Corporate Services has responsibility for delivery. Flow chart to be reviewed in relation to reporting to Governing Body</p> <p>WT queried how this fits with ICS – SB noted that there may changes however the CCG needs to agree an interim process, as for example there have been some requests from local universities to support research.</p> <p>It was queried where ethics would be recorded – dependent on patient involvement it would either go through NHS Ethics or the University Ethics committees. Subject to the changes above the Committee approved the document.</p> | JG/AV |

| | | |
|----|--|-------------------------------|
| | <p><u>IG & GDPR Report September 2018</u> Work is focused on data flow mapping and risk assessment under GDPR. Heads of Departments have been provided with guidance and deadlines for completion. The IG team have advised that the current spot purchases for CHC contracts should be updated with an addendum to ensure they are GDPR compliant.</p> <p>IG training whilst is annual for individuals, there is cut off for CCG reporting as part of the IG Toolkit – as most staff completed the training in February the overall organisational compliance for 2018/19 is currently only at 12%. It was raised that there are delays in getting certificates uploaded to ConsultOD – TB is following this up. SB suggested that it may be necessary to ask staff to bring forward their training in order to allow greater assurance of financial year compliance.</p> <p>3 incidents reported August-September all involving patient data. 1 was reportable to Information Commissioner. A lot of spoof emails circulating – NHS Digital looking at this.</p> | |
| 9 | <p>Equality, Diversity & Inclusion (EDI)</p> | |
| | <p>Progress against the annual work plan presented. Noted error in Exec summary (should state ESR rather than ERS).</p> | |
| 10 | <p>Quality Report, Performance Report and Scorecard</p> | |
| | <p><u>Quality Report</u> Frimley Health (FHFT) is currently being inspected by the CQC (maternity, surgery and community service focus).</p> <p>PC advised that the Trust is concerned about CHC delays impacting discharges. FSB stated that current CHC performance does not support this narrative. CHC is working to assess more people in the community; DSTs should only been undertaken in a hospital setting in exceptional circumstances. ACTION: PC to work with CHC and FHFT to validate narrative about DTOC and CHC</p> <p>An ongoing delay implementing an interface to support notification of echo-cardiogram results into GP Clinical Systems has been escalated to the Chief of Service. PC requested Executive support in escalating this. ACTION: SB to escalate concerns re. ECHOS to FHFT DON</p> <p>Following concerns regarding turnaround time of consultant interpretation of these reports Trust have stated this is averaging 7 days – if GPs have any further concerns these should be flagged through Clinical Concerns.</p> <p>JM raised concern about how ongoing issues (e.g. long waits for cardiology) will be managed with changes to the structure of CQRMs. SB advised that specific concerns will be raised via specific Quality Summits, to be discussed further at CQRM workshop. ACTION: SB to feedback from CQRM workshop</p> <p>JM concerned about Stroke performance across local Trusts. SB requested PC to bring a comparison to the next Committee and concerns can then be escalated to the clinical</p> | <p>PC</p> <p>SB</p> <p>SB</p> |

| | | |
|--|--|---|
| | <p>networks and QSG.</p> <p>ACTION: Comparison of performance of local stroke services in next Quality Report</p> <p>There have been concerns raised regarding issues with stool samples (not formally through Clinical Concerns) and GP Extended Hours have raised that they are not receiving smear results. SB reiterated the Governance structure as CCG does not hold a contract directly with Berkshire and Surrey Pathology Services (BSPS).</p> <p>ACTION: Collation of concerns/issues re. BSPS – include governance structure and issues log</p> <p>Berkshire Healthcare rated Good by CQC (Outstanding in Well-Led), commended for quality improvement programmes and governance, areas for improvement supporting patients with learning disabilities (following a number of incidents) and ensuring robust clinical supervision for staff.</p> <p>Three Serious Incidents related to men over the age of 70 taking their life – although small numbers this is unusual and will be flagged to the Suicide Prevention Group.</p> <p>ACTION: Incidents of suicide in men over the age of 70 to be raised at the Suicide Prevention Group</p> <p>WT queried presentation of data for SCAS response times at locality level; CS will include this in the Performance report if there is concern. CS advised that SCAS are performing well compared to other Trusts, there have been audits regarding long waits and this has not identified any harm – resources had to be deployed to more urgent cases.</p> <p>Primary Care – Heath Hill Surgery had follow up CQC breach inspection, positive verbal feedback but awaiting formal report.</p> <p>Infection, Prevention and Control, CDIFF figures have breached year to date trajectory. Local ECOLI action plan has been discussed with the National Team; they are going to provide further support. MRSA cases, there hasn't been lapses in healthcare identified.</p> <p>London Contracts – noted CDIFF higher. Due to specialist services and complexity of patients being treated likely to have higher antibiotic use etc.</p> <p>ACTION: Compare London Trust vs Community CDIFF rates</p> <p><u>Performance</u> CS highlighted:</p> <ul style="list-style-type: none"> • IAPT access has improved. • Increase in Delayed Transfers of Care (DTC) – A&E Delivery Board has oversight of this. • Ambulance calls answered – above 40 seconds, staffing difficulties in call centres, expected to be recovered for November. • Ambulance handovers – NHS Improvement has visited Wexham to review as an outlier. | <p>PC</p> <p>PC</p> <p>SL</p> <p>SL</p> |
|--|--|---|

| | | |
|-----------|--|--|
| | <ul style="list-style-type: none"> Overall Referral to Treatment (RTT) is performing, long waits for Trauma and Orthopaedics the major strain on this. New MSK Triage service commissioned to support this. Cancer 62 day waits at RBH not being met – delays in histopathology and urology. <p>WT queried how the Urgent Care Centres (UCC) impact the A&E 4 hour target. In the report the target is presented for A&E and then also including tier three UCC services.</p> <p>SB noted that in relation to ongoing concerns regarding loss to follow up in ophthalmology at Royal Berkshire – she had been made aware this is reflected nationally and NHS Improvement at looking at it.</p> | |
| 11 | CHC Q2 18-19 Report November 2018 | |
| | <p>WB presented the data for Q2. For Quality Premium (80% of decisions to be reached in 28 days) CCG is only achieving 21% - this includes a backlog of cases.</p> <p>In relation to the earlier conversation about DTOC, WB added that the team has reduced the number of assessments being carried out in hospital to 33% (15% target) and is working with the Local Authorities to iron out delays from social care perspective.</p> <p>Team have set a local target for End of Life referrals and are working to get fast track referrals agreed for these patients. FSB stated that some patients deteriorate and are not able to be moved – look at using a ‘Stop the Clock’ style of reporting to reflect where patient choice or clinical condition delays agreement of funding.</p> | |
| | Patient Experience | |
| 12 | Patient Story | |
| | There was no patient story scheduled for this meeting. | |
| 13 | Healthwatch Update | |
| | <p>CT advised that Healthwatch have recently visited a care home in Crowthorne, findings did not reflect the positive CQC report – Healthwatch report due to be published.</p> <p>Following recent national press local Healthwatch are going to review experience of patients at Learning Disability Assessment and Treatment Units – CCG has no current intelligence regarding quality concerns.</p> <p>At a recent carers event there were some concerns raised regarding domiciliary care staff and Infection Control (e.g. use of gloves/aprons) – more information to be collected and shared with the Local Authorities.</p> | |
| 14 | Patient Advice & Complaint Team (PACT) Quarter 2 Report | |
| | <p>JG highlighted:</p> <ul style="list-style-type: none"> Largest number of PALS enquiries is about Primary Care. | |

| | | |
|-----------|--|----|
| | <ul style="list-style-type: none"> • 5 PALS and 2 complaints regarding FreeStyleLibre (electronic glucose monitoring). CK is looking at what would be considered exceptional for Individual Funding Requests (IFR) to support patients and GPs. • 10 complaints closed, 1 upheld around waiting times for Occupational Health services. • Update from Q1 there was an upheld complaint regarding CHC and payment of invoices. | |
| 15 | Quality Assurance Observational Visit Reports | |
| | <p><u>Out of Hours Herschel Medical Centre</u> During this visit there were a number of issues raised for attention of the General Practice (Herschel Medical Centre) about Information Governance and security. The General Practice has been asked to put into an action plan. JG plans to revisit Herschel to review if issues have been actioned.</p> <p><u>BMI Princess Margaret Hospital</u> Report noted.</p> | |
| | Policies | |
| 16 | Other Policies | |
| | <p><u>Application for Research Ethics approval</u> The request relates to research around General Practice Nursing and supports the GPN 10 Point Plan. There has been some initial work done in Bracknell and Ascot, this proposal is to extend this across East Berkshire. Has been reviewed by the University Ethics Committee.</p> <p>Committee noted that if the research raises concern regarding a member practice (as per Appendix C) – to be explicit with the researcher that this must be raised with the practice.</p> <p>The Committee approved the application.</p> | |
| 17 | Policies | |
| | <p><u>EPPC Policy 23 ActiPatch</u> New policy. There is a lack of clinical and financial evidence; this has been discussed locally with the GP Prescribing Leads. Committee queried how this has been added to the national drug tariff with no solid evidence basis. This will be shared with secondary care via the Area Prescribing Committee. The Committee agreed the policy which states NOT routinely offer this ACTION: CK to ensure information on the Procedures of Limited Clinical Value (PLCV) website is linked to the policy</p> <p><u>Care Home Prescribing Medication Advice/Information</u> For information.</p> | CK |

| | | |
|-----------|--|-----------------------------------|
| | Quality Committee Governance | |
| 18 | Items Expected At Following Committee | |
| | As per the Business Plan. | |
| 19 | Other Minutes | |
| | <p>Minutes from the following meetings were noted:</p> <ul style="list-style-type: none"> • FHFT SI Panel Aug 18 • FHFT SI Panel Sep 18 • ASPHFT CQRM Jul 18 • ASPHFT CQRM Aug 18 • ASPHFT CQRM Sep 18 • ICS SI Panel Part A May 18 • ICS SI Panel Part B May 18 • ICS SI Panel Part C May 18 • ICS SI Panel Part A Aug 18 • ICS SI Panel Part B Aug 18 • ICS SI Panel Part C Aug 18 • ICS SI Panel Part A Sep 18 • ICS SI Panel Part B Sep 18 • ICS SI Panel Part C Sep 18 • ICS Quality Jun 18 • SCAS 999 CQRM Jun 18 • BUCC CRM Jul 18 • EBPC CRM Jun 18 • ICS+ Mortality Review Group May 18 • LeDeR Steering Group May 18 | |
| 22 | AOB | |
| | <p>It was agreed that the next meeting would start at 8:30am. JM raised that the new timeslot clashes with the ICS Reducing Variation Group.</p> <p>ACTION: SB to review dates for the Committee</p> <p>SB advised that there has been a written statement of action meeting in the RBWM with the DoFE and NHSE where issues were raised by the patient group that required further work from the CCG and Local Authority to ensure agreed position. This will include a review of the action plan.</p> <p>WT requested an update on direction for Quality across the ICS</p> <p>ACTION: Item for the January Committee – Quality & the ICS</p> | <p>SB</p> <p>SB</p> |

Next meeting:

08/01/2019 08:30 – 11:00

Boardroom, King Edward VII Hospital, Windsor