



Quality and Constitutional Standards Committee Meeting

Minutes

Tuesday 5th March 2019

09:15 – 12:15

Boardroom, King Edward VII Hospital

Chair – Sarah Bellars

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	JM
Huw Thomas , GP Clinical Lead, East Berkshire CCG	HT
William Tong , GP Clinical Lead, Clinical Chair, East Berkshire CCG	WT
Nuzhet A-Ali , GP, Dedworth Medical Centre	NAA
Chris Taylor , Healthwatch (representing the 3 Healthwatches in East Berkshire)	CT
In Attendance	
Paul Corcoran , Quality Improvement Manager, East Berkshire CCG	PC
Sarah Locke , Quality Improvement Support Manager, East Berkshire CCG	SL
Chris Sneller , Head of Performance, East Berkshire CCG	CS
Anshu Varma , Head of Corporate Affairs, East Berkshire CCG (<i>partial attendance</i>)	AV
Tracey Burrows , Senior Information Governance Manager, SCWCSU (<i>partial attendance</i>)	TB
Catriona Khetyar , Head of Medicine Optimisation, East Berkshire CCG	CK
Rose Elhamamy , Senior Quality and Safeguarding Administrator, East Berkshire CCG	RE
Daniela Bolton , Senior Administrator for Quality & FOI Officer (<i>observing</i>)	DB
Linda Venters , Senior Administrator for Quality & Medicines Optimisation (<i>observing</i>)	LV
Apologies	
Jo Jefferies , Consultant in Public Health, Berkshire Shared Public Health Team	JJ
Mark Sanders , Healthwatch (representing the 3 Healthwatches in East Berkshire)	MS
Jo Barnett , Named Professional – Safeguarding Adults, Children and Children in Care, East Berkshire CCG	JB
Tim Langran , CCG Lead Prescribing Support Pharmacist, East Berkshire CCG	TL
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



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	
	None noted.	
4	Minutes of the Last Meeting	
	The minutes of the last meeting were accepted as an accurate record for the discussion held.	
5	Action Log	
	The action log was reviewed and updated; please see Paper 5 – QCSC Action Log.	
	Quality & Safety	
6	Information Governance	
	<p><u>IG & GDPR Report</u></p> <p>TB informed the Committee that there are 7 incidents in this report with no concerns and none being reportable to the Information Commissioner Office (ICO).</p> <p>The CCG is at 82% compliant for IG (Information Governance) Training at the moment. There needs to be another 11 members of staff to complete the training in order for the CCG to meet the 95% compliance target for the year. AV to send this list to SB who will then circulate to all members of staff.</p> <p>The Information Governance Toolkit has been completed and has been audited by PwC (PrincewaterhouseCoopers) with a report to follow.</p> <p>The GDPR (General Data Protection Regulation) action plan has also been audited. The only issues are the sharing agreements which are in National Variation s for East Berkshire CCG Contract Portfolio. A case has been made to the executives to commission this extra resource so that work is done in a timely manner and a decision is yet to be made.</p>	



	<p>SB asked TB regarding providing feedback and supporting staff who have made an IG error. TB will look at how to feedback to staff members regarding IG errors.</p> <p>Action: TB to look at how to feedback and support staff members regarding IG errors.</p> <p><u>IG Staff Handbook</u></p> <p>TB informed the Committee that there has been an amendment to the handbook regarding sexual orientation.</p> <p>WT asked about the safe haven processes regarding the use of faxes. SB confirmed that all faxes will be removed by the year 2020 which is part of a national campaign.</p> <p>The Committee approved the IG Staff Handbook.</p> <p><u>Freedom of Information (FOI) Act Policy</u></p> <p>JG informed the Committee that this policy was updated following GDPR.</p> <p>The Committee approved the FOI Act Policy.</p>	<p>TB</p>
<p>7</p>	<p>Quality Report, Performance Report and Scorecard</p>	
	<p><u>Quality Report</u></p> <p><u>FHFT (Frimley Health NHS Foundation Trust)</u></p> <p>PC provided the Committee with an overview. An update was provided for the committee on progress of the Echocardiogram results from HWPH (Heatherwood & Wexham Park Hospital) not allowing for these results to be actively ‘pushed’ to GPs, although they can be viewed on ICE. PC had a meeting with the Cardiology Chief of Service and the Service Manager where a technical fix using DocMan was proposed. The implementation of the technical fix will happen once staff are trained to use it.</p> <p>There have been problems with the Cardiology booking system which has now been resolved and it has stopped using faxes to request follow-up appointments. The service still has considerable pressure for diagnostics and ICS work is underway to look at pathway revisions to address this.</p> <p>There has been a concern raised on Cervical Screening for both Slough Extended Hours Service (SEHS) and WAM (Windsor, Ascot & Maidenhead) Extended Hours Service. They have stated that they are not getting results back from the lab into EMIS and that some patients have not received a results letter from Primary Care Service England (PCSE). The problem with SEHS not getting results on EMIS was a problem with SEHS code not being set up properly on the lab system and ICE. Also that BSPS (Berkshire Surrey Pathology Service) was not set up properly as a ‘trading partner’. This is all being is</p>	



investigated. As a result of the on-going issues both Slough and WAM Extended Hours have temporarily suspended the cervical screening services until the solution is assured.

SB informed the Committee again of the governance of BPS in that wherever the service has a lab in that Trust then it is the responsibility of that Trust to raise issues to the Clinical Governance meetings. Also through BPS issues are raised to the Senior Executives with the organisation. The ultimate responsibility lies with FHFT. During the FHFT CQRM it was asked if they were sited on the cervical screening problems which they were not. However it was suggested that an assurance piece of work would be done jointly to look at all the issues that have been raised with this service. They will also be benchmarking incident nationally to identify the problem. PC confirmed that there is a meeting scheduled with BPS to discuss the clinical concerns that have been raised.

For Gastroenterology at Wexham Park Hospital; there have been concerns raised by GPs about the efficiency and effectiveness of the service. PC will be meeting with the Head of Service to discuss these issues and progress made by the new cross-site consultant to integrate governance of the speciality Trust-wide.

The NHS Numbers misallocation that was reported as an SI (Serious Incident) that was raised by Langley Health Centre in 2017. The incident was with a patient having undergone an unnecessary clinical procedure having been allocated an NHS number already assigned to another person with the same name and similar demographic details. PC has worked with FHFT, NHSE and the GP involved over the past year to understand the risks and this has resulted in a change to the national system algorithms. A look-back exercise has been conducted which has ruled out any other cases of patient harm. SB asked PC to work with the GP and the Trust to write a one-page case study. This is an example of local working changing national working.

Action: PC to work with the GP and the Trust to write a one-page case study regarding the investigation and the outcome of the NHS Numbers misallocation incident. 2017/2341.

PC

PC flagged an improvement for Sepsis but the Trust has not met all the CQUIN indicators for screening and treatment in emergency departments and inpatient wards. The Trust is aiming to meet the 90% target across all four indicators by the end of Q4.

Also FPH (Frimley Park Hospital) reported a 'wrong site surgery' never event. The patient misidentification in theatre led to needles being inserted into the wrong part of the body prior to the planned administration of a nerve block. This case is currently under investigation.

WT asked about the nursing vacancies for FHFT as it seems to be double in HWPH compared to FPH. SB responded stating that this data is only until December 2018. The Trust has been able to recruit to all vacancies at HWPH for the new A&E department and other nurses are being recruited from the military, therefore the Committee should



see a change in the next report. PC also informed the Committee that the Trust has started a 'Step into Health' programme which helps military nurses transition into the acute hospital setting. However FPH will benefit from this military drive as they are in the catchment area. Also at HWPH there is a high turnover of nurses.

RBFT (Royal Berkshire NHS Foundation Trust)

The Ophthalmology deep dive report has now been deferred until March 2019. It would need to be established if there are any risks/impact on patients.

There has been a third infection control serious incident relating to dialysis in which a patient was given haemodialysis on a machine that was isolated for another patient. The Trust is revising the segregation arrangements to minimise the risk of future errors.

WT questioned if this incident should be classed as a Never Event. PC responded with agreement that this should not have happened however this is not on the national list for never events; therefore would not be classed as one from the national framework. SB informed the Committee of a Never Event in which the wrong patient was taken to theatre and had the wrong procedure. SB asked PC to check if incident has been raised as a safeguarding concern.

Action: PC to check if the RBFT Never Event in which the wrong patient was taken to theatre and had the wrong procedure has been raised as a safeguarding concern.

PC

ASPH (Ashford and St Peter's NHS Foundation Trust)

For stroke admissions the Trust has continued to underperformance against the target for patients admitted directly to an acute stroke unit with 4 hours of hospital arrival. The data has not yet been provided but will be looked at once this has been received.

BHFT (Berkshire Healthcare NHS Foundation Trust)

SL provided the Committee with an overview. The falls assessment within 24 hours has a 95% target on the older adult mental health wards. In Q3 the Trust achieved 55% of the 95% target. All staff have been reminded that it is the responsibility of all staff to complete the falls assessments as this has been an issue that has been highlighted in Q3 following the audit results.

For 7 Day Working the on-call consultant needs to be contacted when a new patient is admitted out of hours. On a couple of occasions the on-call consultant was not contacted. There have been individual staff members identified that have not documented whether the discussions have taken place. There was one incident when the on-call consultant did not answer the phone but a message was left.

Workforce is identified still as a risk for the Trust. The sickness and turnover rates have been increasing each quarter. The Trust has a new occupational health provider who is looking to reduce the sickness and staff turnover rates.

For serious incident there have been 5 reported in November and 5 in December. There



were 4 incidents closed in November and 1 incident downgraded. There were 7 incidents closed in December.

SCAS (South Central Ambulance Service)

The ambulance response times has been achieved for category 1 (in which calls should be attended within 7 minutes) and category 2 (in which calls should be attended with 18 minutes). In November and December the category 3 (in which calls should be attended within 120 minutes) the target has breached. In December the category 4 (in which calls should be attended within 180 minutes) has also breached.

The measure for the Falls Referral to an Appropriate Service previously shows the data capturing referrals to a falls service. This indicator has now changed to referrals to an appropriate service but results have not improved.

FSB asked SL to link in with Mike Wooldridge with the ICDM programme who looks at Falls Services across the ICS as he may not be aware of the SCAS issues.

Action: SL to link in with Mike Wooldridge with the ICDM programme who looks at Falls Services across the ICS as he may not be aware of the SCAS issues with Falls Referral to an Appropriate Service.

SL

Primary Care

JG gave an update to the Committee.. Gainsborough Practice was CQC inspected with a 'Good' rating overall but requires improvement for effective. The Waterfield Practice was inspected by CQC with a 'Requires Improvement' overall rating. 240 Wexham Road was also CQC inspected with a 'Good' overall rating. Chapel Medical Centre has been inspected but the outcome report has not yet been published by CQC. Forest Health Group is still awaiting completion of their registration with CQC; there are issues around the partners DBS checks. Health Hill surgery has merged with Ringmead Practice on 1st February 2019; however there are some Health & Safety issues identified at Heath Hill which are being addressed. CQC are being updated every 3 weeks with progress on the action plan.

Infection Control

There has been a case for MRSA (Methicillin-resistant Staphylococcus aureus) for the Slough locality. The initial findings are that the patient is a known drug user. This case is currently waiting for a Post Infection Review. .

C. diff (Clostridium difficile) the year to date actual case number is 50 which is higher than 2017/18 but is still within the target objective of 70 for 2018/19. The target objective for 2019/20 will be 60.

E. coli (Escherichia coli) reviews are on-going. A NHSI representative will be attending the Infection Control Meeting to look further at Gram Negative bacteraemia work. The catheter passport is completed. The target for all patients with district nursing to have a catheter passport by May 2019.



JM asked if there was any work being done with Quality linking in with the Primary Care team to look at vulnerable practices. JG stated that two teams are working closely together looking at audits and processes.

Info Sheet about Healios Autism Assessments

This for information and that was noted by the Committee.

Performance Report

SCAS

CS provided the Committee with an update. SCAS have been performing quite well and out of all the ambulance Trust's in the country SCAS are ranked in the top 3-4 consistently. There is a weekly performance update on all the indicators for SCAS. There has been some pressure in category 3 as there have been upgrades from category 2. SCAS suspended a private provider at the beginning of December due to an 'inadequate' CQC rating. This private provider operates 4 or 5 crews out of Beaconsfield and this has impacted on South Bucks and East Berkshire, mainly in Slough. Also an issue is workforce for Paramedics where most vacancies exist in East Berkshire.

CHC (Continuing HealthCare)

The performance indicators for CHC 28 Day assessment and DST (Decision Support Tool) location have both not been achieved for Q3. This may go up slightly in Q4 but still will not fit the target.

Mental Health - Dementia

For Dementia the CCG is achieving the performance indicator but performance in the Slough locality remains lower. There are now Dementia Clinical Leads in post in all 3 localities and the refreshed action plan is under development with an oversight at the local PRG (Patient Reference Group) & CCG Mental Health Programme Board.

IAPT Access

The performance indicator that previously failed in Q2 has now been achieved and it is well above the planned trajectory.

CYP (Children & Young People) Eating Disorders

There is a further deterioration of performance against this standard in Q3. This is due to continued demand. There is short term funding now in place to assist with additional recruitment of staff to ease the waiting times and ensure that patient can access treatment in a timely way. There are cross Berkshire initiatives between the CCGs and BHFT to review the Eating Disorder service with consideration of the recommendations will be on-going at the CCG Mental Health Programme Board.

FSB informed the Committee that a set amount of money was provided to carry out this service which was a national mandate. However the demand on the service has now



exceeded what was originally expected. This is a critical service as it prevents children from being admitted into a Tier 4 residential care.

CYP Mental Health Access

The current data only represents up to November 2018. Achievement continues to be under reported due to inability of the organisations to flow data to the national database. All CCGs are not achieving this performance indicator. The recently published local refreshed CYP Transformation Plan outlines how the CCG and partners will address increased access.

Out of Area Placements (OAPs)

The ICS (Integrated Care System) trajectory is set with NHSE to achieve zero OAPs by 2020/21. OAPs reduction is evident for consecutive months with significant contribution made to achievement of the ICS trajectory by BHFT.

Urgent Care – A&E

Performance in M09 & M10 has remained below 90%. The attendances are not increasing however there have been staff shortages at Wexham over Christmas and where possible filled by Agency staff.

MSA (Mixed Sex Accommodation)

The Trust plan to eliminate MSA breaches via estates modifications scheduled.

DToC (Delayed Transfer of Care)

There is an improving position reported for FHFT at both sites.

Planned Care – 18 Weeks RTT (Referral To Treatment)

This has started to improve however pressure remains at Wexham Park specifically in T&O (Trauma & Orthopaedic) with the overall backlog increasing.

Diagnostics Wait 6 Weeks

Performance in diagnostic waits for East Berkshire CCG is fluctuating in recent months with marginal failures attributable to endoscopy at FHFT, endoscopy/MRI at RBFT and endoscopy & neurophysiology at ASPH.

Cancer

Overall the performance indicator for Cancer 2WW (Week Wait) Breast & Cancer 62 Day Waits are improving. There have been small numbers and breach reasons involving patient choice. Recovery is evident following implementation of additional MRI capacity, prioritisation of cancer patients & utilisation of the independent sector for non-cancer diagnostic workload.

CHC (Continuing Healthcare) Performance Report Q3

PC provided the group with an overview. The quality premium of 80% decisions to be reached within 28 days (non-fast track Adults) in Q3 the achievement was 27%. For the



	<p>DST location the quality premium is 85% of full (non-fast track) CHC assessments for adults to take place in the community. Therefore only 15% of full CHC assessments should take place in hospital. However in Q3, 27% of full CHC assessments took place in hospital. Of all cases assessed in Q3, 25% of non-fast track and 935 of fast-track cases were found to be eligible for funding. There were three appeals completed in Q3 were unsuccessful.</p> <p><u>CHC Turnaround Programme Update</u></p> <p>There have been some improvements to the overview of progress on Work Streams 1-8 reported on 23rd February 2019 compared to the progress reported on 2nd February 2019. This is evident for Work Stream 1: Recovery of Referrals for FAs (Full Assessments); for Work Stream 4: Fast Track Reviews and for Work Stream 7: Closedown of Retrospective (Post Closedown). There is a concern with the high risk Work Streams. Work Stream 2: Recovery of overdue High Risk Cases and Work Stream 8: Court of Protection as these work streams involves a lengthy process.</p> <p>The Committee discussed the vacancy rate for CHC currently running at 43% however these are currently being filled by interim staff. The impact of vacant roles has been that new referrals are converting to breach. Previous reports have highlighted that there is a disparity between the quality and output of substantive and interim nurses. This was reflected in the back log that the service was experiencing. Whilst the service is running with a reduced number of nurses, there is improved efficiency in workflow, largely attributable to the interim nurses within the service. Performance issues are currently being managed.</p> <p>The data looks not completely accurate as it does not represent what is actually happening. As of 25th February 2018, the service had 15 cases which have not been completed within 28 days. It is expected that 8 cases will be closed by week ending 1st March 2019, at which time 2 cases from the original backlog will remain open and the remaining cases are newly converted breaches. The service projects an achievement of 75% against the 80% target by the end of Q4.</p> <p>SB suggested removing the nurse’s names in the next report for the purpose of this meeting.</p> <p>Action: PC to ensure that the nurse’s names are removed from the next CHC Turnaround Programme Update.</p>	<p>PC</p>
<p>8</p>	<p>Clinical Concerns Q3 Report</p>	
	<p>JG provided the Committee with an overview on clinical concerns as the Quality Team are making sure that if any unsatisfactory responses are received these are being chased for further assurances.</p>	



<p>There have been issues raised regarding the protocol around primary and secondary care interfaces; particularly regarding consultant to consultant referrals. The Clinical Interface Committee has agreed a protocol following these clinical concerns issues.</p> <p>The Bracknell & Ascot locality are still the highest reporters of clinical concerns. The Quality Team will be visiting the other two localities Slough and Windsor, Ascot & Maidenhead.</p> <p>There have also been 10 clinical concerns raised by Providers concerning General Practices. Responses are coming back and have been received well.</p> <p>WT asked whether there is a way that Acute Consultants are able to raise clinical concerns. PC confirmed that this can be done by the Consultant emailing the clinical concerns inbox at baswamccgs.clinicalconcerns@nhs.net.</p> <p>JM asked about the Catheter Passport being in electronic form for all health professionals to be able to access. JG stated that at the moment the Catheter Passport is in paper form but this is the next step to look at how this can be in electronic format in the future.</p> <p>JM also asked for an update regarding the practice not receiving a discharge summary from the Continence Advisory Service. On investigation there was a technical error which rejected the document when transferring from RiO to Docman which was not picked up by the completing clinician. JG confirmed that there have been no other concerns from any other provider; however the Quality Team have asked BHFT to review the technical error further to ensure there is no on-going risk.</p> <p>Action: SL to ask BHFT to review the technical error which rejected documents when transferring from RiO to Docman which was not picked up by the completing clinician further to ensure that there is no on-going risk.</p> <p>WT suggested that there needs to be more work on the clinical concern regarding Hampshire Doctors on Call Service (HDOCS) who would not take the case from EBPCOOH (East Berkshire Primary Care Out of Hours) as they only accept cases via NHS 111. JG confirmed that the Quality Team are investigating this concern further with the Urgent Care Team and will provide an update in the next report.</p> <p>Action: RE to investigate the clinical concern regarding Hampshire Doctors on Call Service (HDOCS) who would not take the case from EBPCOOH (East Berkshire Primary Care Out of Hours) as they only accept cases via NHS 111 further with the Urgent Care Team and will provide an update in the next report.</p> <p>WT also asked about the Care and Treatment clinical concern where a patient was referred to Gynaecology. The patient received a call from the consultant who advised there would a long wait and recommended private treatment. The Committee agreed that this was an inappropriate recommendation by the consultant.</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>SL</p> <p></p> <p>RE</p> <p></p>
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	Patient Experience	
9	Patient Story	
	<p><u>Patient Story from SCAS</u></p> <p>SL informed the Committee that this was a positive patient story in which a patient had a cardiac arrest outside a leisure centre. The leisure centre staff started CPR. Paramedic crew were dispatched immediately and arrived within 7 minutes which is as per category 1. Following resuscitation attempts and one shock the patient has a return of spontaneous circulation (ROSC) and was transferred to hospital. The patient has since been discharged home and is doing well. This is an example of a very good outcome.</p>	
10	Healthwatch Update	
	<p>CT informed the Committee that there have been more regular concerns being raised around GPs in the WAM locality. This is where Healthwatch have contacted a GP surgery for information and the GP surgery has asked for written proof of patient consent before disclosing this information. HT stated that this is a difficult situation as even though he knows the Healthwatch caller he would not be able to disclose any patient information without the patients consent first. The Committee discussed this as it was concluded that Healthwatch are able to inform the GP of a concern but the GP would not be providing any patient information or details without written consent.</p>	
11	Patient Advice & Complaint Team (PACT) Q3 Report	
	<p>JG informed the Committee that there have been 64 PALS enquiries during the Q3 period. The main category was around communication but with no trends being identified. There were a total of 36 complaints and MP letter raised in Q3; which is a significant increase of 21 complaints from the previous quarter. The majority of these have now been closed. Of the remaining 6 open complaints, 5 cases concern the Continuing Health (CHC) Service who have had difficulties in progressing complaint investigations this quarter due to team capacity. Of the 27 complaints closed; 8 have been partially upheld or fully upheld and 11 have been referred to another organisation.</p>	
	Safeguarding	
12	Health Strategic Safeguarding Group Chairs Report	
	<p>SB highlighted to the Committee the JTAI (Joint Targeted Area Inspections) feedback for Bracknell Forest LA (Local Authority) and ILAC (Inspecting Local Authority Children) for Slough this report is pending however there has been verbal feedback received. There are actions for all agencies but on the whole it was very positive.</p> <p>The Working Together document that was published in Autumn 2018 advised that the Children Safeguarding Boards structure would need to be changed. There are further discussions to be had with the different local authorities to be able to work together.</p>	



	<p>The LSCB (Local Safeguarding Children Board) planning for East Berkshire. Slough met as an executive group and made a decision that the LSCB and SAB (Safeguarding Adults Board) will work closer together with an overlapping agenda and are aligning the board meetings to reduce overlap. Bracknell has a strong local focus and is looking at the family safeguarding model. A workshop has been held to find a forward model. RBWM (The Royal Borough of Windsor & Maidenhead) is exploring various models of leadership. The model will be presented to the Board. There are overlaps of areas in East Berkshire and we should be looking at learning and working together and supporting practitioners to make changes.</p> <p>The final draft report for the lady who died after being hit by a train is out for factual checking. SB will be arranging a multiagency action group to oversee the recommendations and putting the learning into practice.</p> <p>There has been a review of Public Health Nursing S4H (Solutions4Health) in Slough. Good progress has been noted in the report alongside good partnership working.</p> <p>The Committee discussed private fostering as not all GPs are aware of this. SB stated that she will bring this up with the Safeguarding team to include Private Fostering training to GPs. The profile would need to be raised among GPs.</p> <p>Action: SB to bring up to DH to include Private Fostering Training to GPs.</p>	<p>SB</p>
<p>Policies</p>		
<p>13</p>	<p>Policies</p>	
	<p>TVPC (Thames Valley Priorities Committee)</p> <p><u>TVPC 8 Follow-up appointments after primary hip and knee joint replacement surgery</u> CK informed the Committee that this policy is an update to the original one. The current policy states that funding will be available for one routine follow up appointment which is expected to take place 6 to 8 weeks after surgery. The updated policy recommends to include an amendment that patient can have an additional follow up appointment within a year, if they have symptoms that directly relate to their hip or knee joint. It is recommended that there is a minor change to the title of the policy to remove the reference to 'routine'. The Committee approved this policy.</p> <p><u>TVPC 49 Patients with Osteoarthritis: (OA) Primary hip and knee replacement</u> CK informed the Committee that this policy is an update to the original policy to include patients who suffer from UKR (unicompartmental knee replacement). The TVCCGs (Thames Valley Clinical Commissioning Groups) requested a review of UKR to consider the clinical and cost-effectiveness of UKR versus total knee replacement (TKR) and to understand whether conversions from UKR to TKR are performed earlier than revision of TKR. The Thames Valley CCGs do not currently have a policy for UKR. The Committee</p>	



approved this policy.

TVPC 80 Primary Care Pathway for Subfertility

CK informed the Committee that this policy is around fertility in primary care and to ensure that there is a consistent approach. The Thames Valley Priorities Committee has reviewed the current local primary care pathways for people who experience fertility problems and proposes a Thames Valley (TV) wide joint pathway, based on East Berkshire update, for CCG adoption. The Thames Valley Commissioning Groups requested a review of current care pathways that address, in particular, the diagnostic tests and treatments that should be offered to patients and the timing and care setting for their delivery. The aim for the proposed pathway is to unify and streamline the local guidelines for primary care management of sub fertility across the CCGs. The aim is to make sure that in primary care patients are adequately investigated, referred appropriately and in a timely manner to secondary care, as well as to avoid duplication of tests carried out. The Committee discussed the care pathways for fertility as there are some investigations can only be carried out in secondary care and not primary care. The Committee also wanted to know whether this policy will be adopted across the ICS and across both sites of the Frimley trust. **The Committee did not approve this policy.**

Action: JM to have a discussion with Lalitha Iyer regarding her concerns with TVPC 80 Primary Care Pathway for Subfertility policy.

JM

Action: CK to find out whether TVPC 80 Primary Care Pathway for Subfertility policy will be adopted across the ICS and across both sites of the Frimley Trust.

CK

TVPC 81 Prescribing of cannabis-based products for medical use

CK informed the Committee that this policy is in line with national guidelines. This policy will be directed to only a few selected restricted prescribers. From the 1st November the government has rescheduled some of these products from schedule 1 (mainly drugs that have no therapeutic use and a licence is generally required for their production, possession or supply) to schedule 2 which allows them to be legally prescribed. Interim guidance has been published by the Royal College of Physicians (RCP) around prescribing of cannabis based products for medicinal use in chemotherapy induced nausea and vomiting, chronic pain and pain in palliative care patients. **The Committee approved this policy to not prescribe any cannabis-based products under further national guidance.**

TVPC 83 Anterior Cruciate Ligament (ACL) Reconstruction

CK informed the Committee that this policy outlines the outcome of the review and proposed adoption of a new policy that addresses criteria for reconstruction surgery for ACL rupture. Currently only Oxfordshire CCG holds a threshold policy for ACL reconstruction. ACL injuries are one of the most common types of knee injuries, accounting for around 40% of all sports injuries. The goal of treatment of the injured knee is to return the patient to their desired level of activity without risk of further injury to the joint either by conservative intervention usually via a progressive rehabilitation programme or by surgery which involves reconstruction of the ACL. **The Committee approved this policy.**



	<p><u>TVPC 84 Corticosteroid infections for Patella, Elbow and Achilles Tendinopathy</u> CK informed the Committee that currently there is no collective TVPC policy for use of corticosteroid injections in patella, elbow and Achilles tendinopathy. For the use of steroid injections in patellar tendinopathy, Buckinghamshire, East Berkshire and Berkshire West CCGs have individual ‘not normally funded’ policies dating from 2012 and Oxfordshire CCG’s ‘not normally funded’ policy was updated in 2016. For the use of steroid injections in elbow tendinopathy, None of the CCGs in the Thames Valley currently have a policy for the use of steroid injections in Achilles tendinopathy. TVPC has reviewed the evidence for the use of corticosteroid injections in patella, elbow and Achilles tendinopathy. This policy outlines the outcome of the review and proposes a joint ‘not normally funded’ policy. The Committee approved this ‘not normally funded’ policy.</p> <p><u>TVPC 85 Corticosteroid injections for Pre-Patellar (in the front of the kneecap) and Olecranon (Elbow) Bursitis</u> CK informed the Committee that there is a lack of high quality evidence supporting the use of steroid injections in the treatment of olecranon and pre patellar bursitis.. There is a CKS (Clinical Knowledge Summary) for both indications and one relevant literature review and treatment algorithm was identified. The CKS ‘Olecranon Bursitis’ (2016) states that corticosteroid injections are not routinely recommended in primary care for the treatment of non-septic or septic olecranon bursitis because of the difficulty in differentiating between the conditions, the risks of exacerbating infection, and concerns about adverse effects such as skin atrophy. CKS ‘Pre Patellar Bursitis’ (2016) states that corticosteroid injection is not recommended routinely for the treatment of aseptic bursitis due to a lack of supporting evidence and risk of adverse effects such as infection, skin atrophy and chronic pain. This policy outlines the outcome of the review and proposes a new ‘not normally funded’ policy. The Committee approved this ‘not normally funded’ policy.</p> <p>The Committee discussed that there are a large number of different policies and how would GPs know that there is an update to a policy that has been approved for adoption. CK confirmed that these policies are uploaded onto DXS and she is working with Providers to make them aware of updates. CK agreed to speak to Sangeeta Saran and the Training Hub Team around the referral management training for clinicians and non-clinicians.</p> <p>Action: CK to speak to Sangeeta Saran and the Training Hub Team around referral management training for clinicians and non-clinicians.</p>	<p>CK</p>
Quality Committee Governance		
14	Items expected at following Committee	
	As per Business Plan. The new Business Plan and a Care Home Update.	



15	Other Minutes	
	<p>Minutes from the following meetings were noted:</p> <ul style="list-style-type: none"> • FHFT SI Panel Dec 18 • FHFT SI Panel Jan 19 • FHFT CQRM Nov 18 • ASPHFT CQRM Dec 18 • Berkshire West ICS SI Panel Part A RBFT Dec 18 • Berkshire West ICS SI Panel Part B RBFT & BHFT Dec 18 • Berkshire West ICS SI Panel Part C BHFT Dec 18 • BUCC CRM Nov 18 • LeDeR Steering Group Nov 18 	
16	Risk Register	
	<p>JG asked if there was anything that they wanted to add to the risk register. The Committee discussed adding Never Events and repeated serious incidents to the risk register.</p> <p>QC2 – NHS Outcomes 1 Constitutional Standard – The CCG fails to ensure that all Acute Trusts achieve their contractual obligations with the 62 day cancer target. There may be a risk of delays and problems impacting patients on the cancer pathways resulting in poor patient experience and may have an adverse effect upon the patients’ health. The proposal is to close this risk as it is now business as usual and if there is any significant changes to open the risk again.</p> <p>Not all risks have been reviewed this includes the CAMHS risks. FSB to ensure that the CAMHS risk is updated on the register.</p> <p>Action: JG to add Never Events and repeat serious incidents to the risk register. Action: FSB to ensure that the CAMHS risk is updated on the register.</p> <p>The Committee approved the proposed changes.</p>	<p>JG FSB</p>
21	AOB	
	None raised.	

Next meeting:

02/07/2019 09:15 – 12:15

Boardroom, King Edward VII Hospital, Windsor