



# Quality and Constitutional Standards Committee Meeting

## Minutes

Tuesday 7<sup>th</sup> May 2019

09:15 – 12:15

Boardroom, King Edward VII Hospital

Chair – Sarah Bellars

### ATTENDANCE

ATTENDANCE	
<b>Present</b>	
<b>Sarah Bellars</b> , Director of Nursing and Quality, East Berkshire CCG (Chair)	<b>SB</b>
<b>Jo Greengrass</b> , Associate Director of Nursing – Quality and Safety, East Berkshire CCG	<b>JG</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>Nuzhet A-Ali</b> , GP, Dedworth Medical Centre	<b>NAA</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>Tracey Burrows</b> , Senior Information Governance Manager, SCWCSU ( <i>partial attendance</i> )	<b>TB</b>
<b>Dawn Best</b> , CCG Lead Prescribing Support Pharmacist, East Berkshire CCG ( <i>partial attendance</i> )	<b>DB</b>
<b>Alison Davies</b> , Quality Support Manager, East Berkshire CCG ( <i>partial attendance</i> )	<b>AD</b>
<b>Rose Elhamamy</b> , Senior Quality and Safeguarding Administrator, East Berkshire CCG	<b>RE</b>
<b>Apologies</b>	
<b>Fiona Slevin-Brown</b> , Director of Strategy and Commissioning, East Berkshire CCG	<b>FSB</b>
<b>Anshu Varma</b> , Head of Corporate Affairs, East Berkshire CCG	<b>AV</b>
<b>Catriona Khetyar</b> , Head of Medicine Optimisation, East Berkshire CCG	<b>CK</b>
<b>Jo Jefferies</b> , Consultant in Public Health, Berkshire Shared Public Health Team	<b>JJ</b>
<b>Mark Sanders</b> , Healthwatch (representing the 3 Healthwatches in East Berkshire)	<b>MS</b>
<b>Debbie Hartrick</b> , Associate Director of Safeguarding, East Berkshire CCG	<b>DH</b>
<b>Jo Barnett</b> , Named Professional – Safeguarding Adults, Children and Children in Care, East Berkshire CCG	<b>JB</b>
<b>Tim Langran</b> , CCG Lead Prescribing Support Pharmacist, East Berkshire CCG	<b>TL</b>
<b>Huw Thomas</b> , GP Clinical Lead, East Berkshire CCG	<b>HT</b>
<b>Katie Simpson</b> , GP & Clinical Lead, East Berkshire CCG	<b>KS</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>



Item No	Item	Action
	<b>Introduction</b>	
<b>1</b>	<b>Welcome and Apologies</b>	
	SB welcomed everyone and accepted apologies as above.	
<b>2</b>	<b>Conflicts of interest / Declarations of interest</b>	
	No new conflicts to note.	
<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>6</b>	<b>Terms of Reference May 2019</b>	
	The Committee discussed the changes proposed and agreed for further amendments to be made. <b>The Committee accepted and agreed to the proposed amendments.</b>  <b>Action: RE to update the Terms of Reference with the proposed amendments.</b>	RE
<b>7</b>	<b>QC Business Plan 2019/20</b>	
	The Committee discussed the changes proposed and agreed for further amendments to be made. <b>The Committee accepted and agreed to the proposed amendments.</b>  <b>Action: RE to update the Business Plan 2019/20 with the proposed amendments.</b>	RE
	<b>Quality &amp; Safety</b>	
<b>8</b>	<b>Information Governance</b>	
	<u>IG (Information Governance) &amp; GDPR (General Data Protection Regulation) Report</u>  TB informed the Committee that there have been 5 incidents of which one was reportable to the ICO (Information Commissioner Office). An action plan was put in place within 24 hours and was reported to the ICO within 72 hours. There have been updates to the action plan and the amended version has been sent to the ICO. The ICO have confirmed that they will not be taking any further action. The CCG has a process to ensure that actions are put into place for lead managers to take forward to prevent further incidents. This incident has been discussed with AV who has decided to put an action plan in place for all PA's to follow and to understand what is commercially sensitive information and how to send all papers securely. There are a few outstanding members of the Committee who need to provide written confirmation that they have	



<p>followed the deletion actions in order for this incident to be closed. Also TB will be incorporating the guidance regarding emailing sensitive information into the staff induction for new members of staff.</p> <p><b>Action: Outstanding member of the Committee need to provide written confirmation that they have followed the deletion actions for the IG incident.</b></p> <p><b>Action: TB to incorporate the guidance regarding emailing sensitive information into the staff induction for new members of staff.</b></p>	<p>All</p> <p>TB</p>
<p>The CCG has achieved 95% compliance for IG Training for this financial year. The IG Toolkit with the training figures has been submitted to the Department of Health. The CCG has also completed and submitted 70 out of 70 mandatory evidence items and 38 out of 38 assertions were confirmed. The assessment status has come back with Standards Exceeded for the requirements for this financial year.</p> <p>The CCG has a GDPR action plan to ensure compliance. TB confirmed that there are two outstanding actions which she would like to propose that they are closed and any outstanding actions are carried forward as business as usual activities. <b>The Committee agreed to close the GDPR Action Plan.</b></p> <p><u>IT Services Policies</u></p> <p>The changes to these policies have been updated below:</p> <p><u>Registration Authority</u></p> <p>This policy has been updated with the SCW corporate policy template and the corporate branding. An update to the term PIA with DPIA as part of GDPR and included Appendix B the Equality Impact Assessment. WT commented on the review date being July 2019 which should read 2020. <b>Subject to this change the Committee approved this policy.</b></p> <p><b>Action: RE to inform AV that the review date on the Registration Authority Policy needs to be changed from July 2019 to July 2020.</b></p> <p><u>System Level Security</u></p> <p>This policy has been updated with the SCW corporate policy template and the corporate branding. There are some minor changes aligned with DSPT (Data Security and Protection Toolkit) requirements and GDPR. An updated Appendix A with some minor changes and included Appendix B the Equality Impact Assessment. <b>The Committee approved this policy.</b></p> <p><u>Subject Access Request Q3 Report</u></p> <p>The Committee noted this report.</p>	<p>RE</p>



	<p><u>Subject Access Request Q4 Report</u></p> <p>The Committee noted this report.</p> <p><u>Freedom of Information Q3 Report</u></p> <p>The Committee was asked to disregard this report as it was sent in error.</p> <p><u>Freedom of Information Q4 Report</u></p> <p>The Committee was asked to disregard this report as it was sent in error.</p> <p>The correct Freedom of Information Annual Report will be circulated to the Committee for noting.</p> <p><b>Action: RE to circulate the correct Freedom of Information Annual Report to the Committee for noting.</b></p>	<p>RE</p>
<p>9</p>	<p><b>Quality Report, Performance Report and Scorecard</b></p>	
	<p><u>Quality Report</u></p> <p>SB proposed to the Committee that we not receive the specific Quality Scorecard as the information in provided in the Quality Report. The Safeguarding Scorecard will be updated every 6 months. <b>The Committee agreed to the proposal to not receive the Quality Scorecard.</b></p> <p><u>BHFT (Berkshire Healthcare NHS Foundation Trust)</u></p> <p>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 Q4 the achievement was 75% which is still short of the target but this has slightly improved. This will be addressed at the next CQRM with the Trust. The Trust has confirmed that they are working on reducing falls as a QI (Quality Improvement) project. The Trust has also suggested that the CCG could take part in some of the QI huddles on various wards.</p> <p>The Hearing Service had been provided by BHFT; however, they have recently withdrawn from the contract. Communications for this change have been inadequate and have led to a number of complaints. Primarily this is due to the letter sent from the Trust requesting the patient to choose their new preferred provider was sent out late and therefore did not give enough time for patients to respond which would have resulted in the patient being discharged from the service. The Trust have requested that if patients are coming directly to the CCG with their complaint then they should be referred to BHFT. They will honour the patient’s choice of an alternative service and will not be discharged back to their own GP, even if this is past the deadline date to respond. The Committee discussed this issue and wanted assurance that patients will</p>	



<p>continue to receive treatment from the service. SL to contact the Trust to ask for assurance. The normal process for when a provider cancels a service is to have a transition plan in place and to inform patients with a reasonable time for patients to respond. The referring GPs are aware of where they can refer patient to and the list is available on DXS GP IT system.</p> <p><b>Action: SL to contact BHFT to ask for assurance that all patients will continue to receive treatment from the Hearing Service.</b></p> <p><u>SCAS (South Central Ambulance Service)</u>      The ambulance response times for category 1 (in which calls should be attended within 7 minutes); category 2 (in which calls should be attended within 18 minutes); category 3 (in which calls should be attended within 120 minutes); and category 4 (in which calls should be attended within 180minutes). In January all targets were achieved across all 4 of the categories. In February the targets were breached for all the categories and in March the target was breached for categories 1, 2 and 3. The reason for the drop in achieving the targets and actions taken to improve results will be discussed at the CQRM.</p> <p>For Workforce the vacancy rate for frontline staff and for the emergency operating centre have both declined very slightly. The long term sickness rates have reduced for both areas but the short term sickness in the emergency operating centre has considerably increased in particular. This continues to be reviewed and monitored in line with HR processes. There is a rolling recruitment programme in place and a number of on-going initiatives being used in order to attract more staff.</p> <p>The conveyance of Section 136 patients target at the beginning of 2018/19 was changed. Previously 90% of patients with a section 136 would be required to be conveyed within 30 minutes. This has now changed to 65% of patient with a section 136 are required to be conveyed within 30 minutes and 90% of section 136 patients are conveyed within 90 minutes. The Trust usually achieves these new indicators although there have been some months which they have not been achieved. There was some additional funding to assist with this supplied in February. The outcome of the dedicated winter vehicles trial has not yet been fed back to the CCG but should it prove successful then a business case will be put forward to continue this.</p> <p><u>FHFT (Frimley Health NHS Foundation Trust)</u>      PC provided the Committee with an overview. The CQC (Care Quality Commission) undertook an announced inspection of the Trust in November and December 2018, with a focus on Maternity, Surgery and Community Services. The final report was published in March 2019. The Trust received an overall rating of 'Good'. FPH (Frimley Park Hospital) retained its 'Outstanding' rating. All services within the Trust received a 'Good' or 'Outstanding' rating except for Maternity across both sites which received a 'Requires Improvement' rating in Safety and Services for Children and Young People at FPH also received a 'Requires Improvement' rating in Safety. The action plan will be discussed at the next CQRM.</p>	<p><b>SL</b></p>
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	<p>For cancer the acute oncology services in the Trust received improvement notifications following an NHS England Quality Surveillance Team (QST) peer review visit which had been requested by the CCG. One of the notices was for immediate action regarding out of hours MRI / Metastatic Spinal Cancer Pathway efficiency at Wexham Park Hospital (WPH). There are delays to MRI scans being performed and reported for patients on the Metastatic Spinal Cord Compression (MSCC) pathway which are outside of the 24 hour period set out in the NICE Guidance. Furthermore not all patients with MSCC received dexamethasone therapy within the first 24 hours of being admitted to the hospital. Both significant delays in imaging and timely implementation of steroid therapy carried a significant risk to patients that could result in long term disability, seriously compromising the quality of clinical outcomes and patient care. The actions in response to the improvement notices are being formulated. The Trust will provide an action plan to show how it will address the improvement notices. The ICS Cancer Steering Group will undertake on-going monitoring and scrutiny of the Trust’s performance against the QST standards. The Committee discussed a clinical concern that was raised regarding oncology which has not been reported as a serious incident. In this case processes were not followed correctly. The Committee wanted to know how many patients were not seen within the timeframe in order to find out if there was any harm to patients.</p> <p><b>Action: PC to ask FHFT for how many patients had a delayed MRI scan performed and reported on the MSCC pathway which is outside of the 24 hour period set out in the NICE Guidance.</b></p> <p>For dermatology the service reports increasing pressure and a growing list of Appointment Slot Issues (ASIs). The CCG and the Trust are exploring the extent of the impact of RBFT’s service suspension. An analysis of referrals made by East Berkshire GPs to dermatology between April and September 2018 shows that only 50 out of a total of 1,388 referrals went to RBFT. The impact of the diversion of East Berkshire CCG referrals from RBFT and FHFT is therefore likely to be relatively small. The Committee wanted to know the flow on the ASI list for dermatology. PC to check with the Trust. Also the committee wanted this issue to be raised at the Planned Care meeting. PC to take this forward. The Committee also wanted the information about RBFT not taking on referrals to be circulated to GPs in the East Berkshire area and it was decided that each locality lead would share this with at the locality meetings.</p> <p><b>Action: PC to check with FHFT what is the flow on the Appointment Slot Issues list for Dermatology.</b></p> <p><b>Action: PC to raise the Dermatology issue at the Planned Care Meeting.</b></p> <p><b>Action: Each Locality Lead to share with East Berkshire GPs at the locality meetings that RBFT is not accepting any Dermatology referrals.</b></p> <p>An IT process lapse caused 573 Emergency Department summaries and 473 Outpatient letters to GPs from the WPH site to become ‘stuck’ in DocMan. These were for patients with a different GP listed on the hospital system from that listed on the national spine. The FHFT IT Team has been instructed to reconcile all of these documents with the GP</p>	<p>PC</p> <p>PC</p> <p>PC        JM, JoD,        NAA</p>
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details on the national spine and ensure that they are sent. The IT process for reconciliation has also been put back in place. The Head of Quality is checking all letters for any urgent clinical follow-ups and where urgent issues are identified GPs will be telephoned. The CCG has also asked for a communication to be prepared for circulation to GPs about the issue. No patient harm has been identified at this stage.

For gastroenterology following on from clinical concerns raised by GPs about the efficiency and effectiveness of the service at HWPH (Heatherwood & Wexham Park Hospitals), PC met with the FHFT Head of Quality, the lead GI Consultant and the Service Manager for a discussion. Positive developments are recruitment to administration posts, cross-site consultant cover, extra clinics and integration of governance cross-site. The challenges remain in recruiting to consultant posts at HWPH. Waiting time performance on follow-ups is a continuing challenge, with additional clinics and external support being put in place to mitigate. Planned care pathways reforms are aiming to reduce pressures on the service.

For maternity there is a need to ensure appropriate on-going monitoring of maternity quality performance where this falls outside the scope of the ICS-level maternity group. There is a plan for a CCG clinical lead to attend the quarterly internal FHFT maternity governance meeting. LI is involved in discussions with FHFT maternity about this representation.

For pathology services there is an action plan that has been developed by the CCG, BSPPS (Berkshire and Surrey Pathology Services) and FHFT to address issues raised via clinical concerns.

The echocardiogram results with electronic notification from HWPH to GPs there is a new process which has been agreed. The CCG is awaiting confirmation of the go-live date for the new process by which these results will be uploaded to DocMan so that they are actively 'pushed' to GPs.

The Committee discussed the nursing vacancy rate. There is a problem with turnover of staff which affects the quality at WPH. PC to find out further information on the turnover number of nursing staff. There was a drive last year but this was not followed through. Workforce report from FHFT is due soon. This affects quality at WPH.

**Action: PC to find out further information on the turnover number of nursing staff at FHFT.**

**PC**

RBFT (Royal Berkshire NHS Foundation Trust)

The deep dive report into Ophthalmology following a number of SI's was received and discussed at the April ICS Berkshire West Quality Committee. The report has been reviewed and a series of follow-up questions have been formally asked by East Berkshire CCG Quality team. These include requests for further clarification on list cleansing, more details on the audit work, progress with full implementation of electronic systems for follow-up, and sight of the overarching action plan. Responses



are pending. On receipt of these will be reviewed and shared for discussion with the Planned Care Board, which has already had sight of the deep dive report.

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

There is underperformance against the target for patients admitted directly to an acute stroke unit within 4 hours of hospital arrival. A direct access pathway was put in place in January 2019. The Stroke unit access improved between December and February with 4 hour admission increasing from 41% to 67%, and patients spending 90% of their stay on a stroke ward rose from 63% to 82%.

#### Performance Report

#### CHC (Continuing HealthCare)

There have been some improvements in the CHC 28 day assessment indicator by reducing the backlog. The CHC DST (Discharge to Assess) Location indicator is also improving.

#### Mental Health

The Dementia Diagnosis Rate (DDR) has dropped and although is still marginally above the threshold but is at risk of failing. The Slough performance remains low and Bracknell & Ascot locality is now reporting a drop in performance at 65.7%. Performance has now increased in the March data.

Children and Young People Mental Health Access performance is still below standard and service continues to be under pressure. Under reporting continues due to the inability of third sector organisations to flow data to the national database (MHSDS). Digital solutions are now available and the Providers concerned are registering for access during April.

The Out of Area Placements (OAPs) reduction has been evident for many months with significant contribution to achievement by BHFT. This is a result of experiencing extreme pressure.

#### Urgent Care

For Mixed Sex Accommodation FHFT had a plan to eliminate breaches via estates modifications scheduled for March 2019. Increased breach numbers reported for March at Frimley Park was due to issues with bathroom modifications.

Ambulance performance for SCAS has deteriorated in February due to increased demand and high levels of staff absences / sickness. There have been assurances that the March data looks better.

#### Planned Care

The 18 weeks RTT (Referral To Treatment) performance has dropped to below the 92% standard in M12. FHFT also reported a dip in performance to 90.6%. This is due to a reduction of total wait list size following a validation exercise.



Performance in diagnostic waits for East Berkshire CCG remains a concern due to lower than expected performance at FHFT and coupled to lower performance at RBFT. All breaches are in the main due to endoscopy (Gastro).

There is a proposed new elective care access standard for 1920/21.

### Cancer

East Berkshire CCG has achieved all the cancer indicators. RBFT and OUH (Oxford University Hospital) have not achieved the standards. These breaches were cited as patient choice and the impact of the Christmas break reduced the number of patient seen / treated.

### Infection Prevention & Control Annual Report 2018/19

There have been 6 MRSA cases this year and no lapses of care were identified. There has been learning in all cases and working with local drug and alcohol services in Slough.

Public Health England set a goal to achieve a total of one case below the set yearly objective. East Berkshire CCG exceeded this with a final total 5 cases below the set target. The Bracknell & Ascot locality have exceeded the allocated target for the year however this was lower than the other two localities. Both Slough and Windsor, Ascot & Maidenhead achieved lower than the allocated target for the year.

All E. coli bacteraemia infections are reviewed by the IPCN (Infection Protection & Control Nurse) to identify any themes and learning is disseminated back to the practices and through the Quality Bulletin. There has been a very small reduction in the count of E. coli within East Berkshire CCG. An action plan to reduce gram-negative bacteraemias was agreed across the ICS and work on this will continue in the coming year. The main focus during the year has been on the reduction in urinary tract infections with patients with or without a catheter across the ICS.

The IPCN has visited 22 practices within the CCG to undertake IPC audits.

East Berkshire CCG did not meet the Flu target for Adults however had good results for school age children. A flu planning meeting has been scheduled across all agencies.

The CCG has continued to build upon its collaborative working with Frimley Health, Slough Borough Council and the local voluntary and community sector to raise awareness of latent tuberculosis infection and screening. The ambition was to increase the number of people screened for latent tuberculosis by delivering screening services that were local and accessible and this has been achieved. This was supported by a successful funding opportunity from NHSE with the objective for increasing the number of people screened.



	<p><b><u>CHC (Continuing Healthcare) Report</u></b></p> <p>There was no report shared with the Committee.</p> <p><b><u>CHC Turnaround Programme Update</u></b></p> <p>There was no update to be shared with the Committee.</p>	
<b>10</b>	<b>Inclusion Annual Report</b>	
	<p>This report covered the period April 2018 to March 2019 and contains information regarding how the CCG is meeting statutory duties in relation to the Public Sector Equality Duty (PSED). The PSED requires public authorities in carrying out their functions to demonstrate due regard to eliminating discrimination, harassment, victimisation; advancing equality and improving relations between different groups. The report covers an overview of the information available about the CCG’s patient population and workforce.</p> <p>The highlighted achievements were to ensure accessible information shared as part of the engagement for the Big Conversation on urgent care services. Documents were translated and sessions delivered in alternative languages. Also there are on-going adaptations of the staff induction to cover and incorporate emerging EDI (Equality, Diversity &amp; Inclusion) areas of interest.</p> <p>The areas of focus that have been identified are to improve the quality of data relating to the CCG’s workforce held on ESR (Electronic Staff Record). Also to improve processes around EIA (Equality Impact Assessment) to ensure that considerations of quality issues are robustly evidenced in all decision making documents.</p> <p>The CCG’s Equality Objectives were reviewed in 2016 and will be due to be refreshed in 2020.</p> <p>The Committee discussed the Housing and Homelessness figures particularly the Bracknell figure have increased compared to previous years. These are due to homeless people being moved from Slough to Bracknell and are being housed in offices as temporary accommodation before they are moved on to permanent accommodation. The Housing and Homelessness data was obtained from a Government estimated service. These figures are particularly different to Local Authorities homelessness figure.</p> <p><b>The Committee agreed with the Annual Report for publication on the CCG’s website.</b></p> <p><b>Action: AD to ensure that the Inclusion Annual Report is published on the CCG’s website.</b></p>	<p><b>AD</b></p>



	<b>Patient Experience</b>	
<b>11</b>	<b>Patient Story</b>	
	<p><u>Patient Feedback from a Clinical Concern</u></p> <p>The Committee decided to move the Patient Story to the next meeting due to time constraints.</p>	
<b>12</b>	<b>Healthwatch Update</b>	
	<p>There was no Healthwatch representative present at the committee.</p>	
<b>13</b>	<b>Patient Advice &amp; Complaint Team (PACT) Q4 Report</b>	
	<p>JG informed the Committee that there was an increase in enquiries this quarter compared to the previous quarter. The largest proportion of enquiries was related to General Practice. These included a number of enquiries from patients seeking assurance that their access to healthcare will not be affected following notification of the Health Hill Surgery and Ringmead Medical Centre merger in Bracknell.</p> <p>For enquiries relating to Medicines Management were regarding the availability of the Freestyle Libre blood glucose monitoring system. Also an enquirer asked why patients cannot receive intravenous (IV) medication at home on a short term basis in East Berkshire. There was a risk assessment undertaken and it was deemed to be unsafe for the patient. This enquiry has now been raised as a formal complaint with BHFT.</p> <p>There have been 25 complaints; one was upheld regarding the district nursing service and equipment supplier of an air mattress. There has been learning outcomes that have been passed onto JG to ensure they are completed and the process is tightened to prevent reoccurrences of this incident. There have been two partially upheld complaints; one was regarding Continuing Healthcare (CHC); and one was regarding Bracknell Urgent Care Centre.</p>	
	<b>Safeguarding</b>	
<b>14</b>	<b>Cases of Concern</b>	
	<p>This paper was not circulated prior to the Committee; however this was available as a hardcopy to Committee members and once read it was returned to be confidentially disposed.</p>	
	<b>Policies</b>	
<b>15</b>	<b>Policies</b>	
	<p>TVPC (Thames Valley Priorities Committee)</p>	



TVPC Ethical Framework

There is an update to this framework. **The Committee approved this policy.**

TVPC 5 Anti-VEGF Treatments

This policy has been updated based on NICE guidelines. **The Committee approved this policy.**

TVPC 26 Withdrawal of Pectus Anomaly Surgery

This surgery is now commissioned by NHS England therefore TVPC recommends the withdrawal of this policy. **The Committee approved this policy.**

TVPC 35 Managing Boundaries of NHS & Privately Funded Healthcare

There is a minor update to this policy which has not affected the wording of the policy. **The Committee approved this policy.**

TVPC 36 NHS Prescribing following private consultation

There is a minor update to this policy which has not affected the wording of the policy. **The Committee approved this policy.**

TVPC 37 Excess Treatment Costs for non-commercial clinical trials

There is a minor update to this policy which has not affected the wording of the policy. **The Committee approved this policy.**

TVPC 38 Research Trials & NHS Funding

There is a minor update to this policy which has not affected the wording of the policy. **The Committee approved this policy.**

TVPC 40 Penile Rehabilitation

There is a minor update to this policy which has not affected the wording of the policy. **The Committee approved this policy.**

TVPC 41 Implementation of NICE IPGs, MTGs & DTGs

There is a minor update to this policy which has not affected the wording of the policy. **The Committee approved this policy.**



<p><u>TVPC 44 Biologics for Psoriasis</u></p> <p>There is a minor update to this policy which has not affected the wording of the policy.  <b>The Committee approved this policy.</b></p> <p><u>TVPC 45 Sequential use of Biologics in Ophthalmology</u></p> <p>There is a minor update to this policy which has not affected the wording of the policy.  <b>The Committee approved this policy.</b></p> <p><u>TVPC 46 Psoriatic Arthritis</u></p> <p>There is a minor update to this policy which has not affected the wording of the policy.  <b>The Committee approved this policy.</b></p> <p><u>TVPC 47 Bunions</u></p> <p>There is a minor update to this policy which has not affected the wording of the policy.  <b>The Committee approved this policy.</b></p> <p><u>TVPC 48 Hernia</u></p> <p>There is a minor update to this policy which has not affected the wording of the policy.  <b>The Committee approved this policy.</b></p> <p><u>TVPC 49 Osteoarthritis</u></p> <p>There is a minor update to this policy which has not affected the wording of the policy.  <b>The Committee approved this policy.</b></p> <p><u>TVPC 55 Hip &amp; Knee Revision Surgery</u></p> <p>This policy has been updated to clarify the criteria that need to be met. <b>The Committee approved this policy.</b></p> <p><u>TVPC 86 Hearing Aids for Adults</u></p> <p>This policy has been updated to a smaller hearing loss in line with NICE guidance which needs to be communicated with East Berkshire GP practices. <b>The Committee approved this policy.</b></p> <p><b>Action: Locality leads to share at locality meetings the updated TVPC 86 Hearing Aids for Adults policy with GPs in East Berkshire.</b>  <b>Action: PC to ask SS that secondary care consultants are giving patient added advice when providing them with Hearing Aids.</b></p>	<p>JM/JoD/          NAA          PC</p>
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	<p><u>TVPC 87 Negative Pressure Wound Therapy (NPWT) for Wound Healing</u></p> <p>When this policy was circulated it was incorrect and the correct policy was circulated to the Committee. If there is no response within two weeks then this will be taken as approved. <b>Following the Committee meeting this policy has now been approved.</b></p> <p><u>TVPC 88 Management of Earwax</u></p> <p>This policy has been updated with advice for self-care; primary and community care and when to refer to ENT (Ear, Nose &amp; Throat) speciality. The Committee discussed that this policy should be going to Community ENT Departments rather than Acute ENT departments. <b>The Committee approved this policy pending the above amendments.</b></p> <p><b>Action: To inform the Clinical Effectiveness Team that the TVPC 88 Management of Earwax policy should go to Community ENT Departments rather than Acute ENT Departments.</b></p> <p><b>Action: PC to make SS aware of the TVPC 88 Management of Earwax policy that should go to Community ENT Departments.</b></p> <p><u>TVPC 89 Real-time Continuous Glucose Monitors for Paediatric Patients</u></p> <p>This policy has been updated as per NICE guidance. <b>The Committee approved this policy.</b></p> <p><u>TVPC 90 Intravenous Lidocaine Infusions for chronic pain</u></p> <p>There was a clinic that was carrying out this procedure without any guidance or regulations which is not normally funded. <b>The Committee approved this policy.</b></p> <p><b>Action: The Committee questioned why the Priorities Committee have removed the patient decision aids as they are no longer available in some of these policies.</b></p>	<p>CK</p> <p>PC</p> <p>CK</p>
<b>Quality Committee Governance</b>		
<b>16</b>	<b>Items expected at following Committee</b>	
	As per Business Plan. Also a Care Home Update and the Non-Medical Prescribers policy.	
<b>17</b>	<b>Other Minutes</b>	
	<p>Minutes from the following meetings were noted:</p> <ul style="list-style-type: none"> <li>• FHFT SI Panel Feb 19</li> <li>• FHFT SI Panel Mar 19</li> <li>• FHFT CQRM Nov 18</li> <li>• BHFT CQRM Nov 18</li> <li>• ASPHFT CQRM Jan 18</li> <li>• ASPHFT CQRM Mar 18</li> <li>• Berkshire West ICS SI Panel Feb 19</li> </ul>	



	<ul style="list-style-type: none"> <li>• Berkshire West ICS Quality Dec 18</li> <li>• Berkshire West ICS Quality Feb 19</li> <li>• BUCC CRM Jan 19</li> <li>• EBCOOH &amp; SWiC CRM Dec 18</li> <li>• SCAS 999 CQRM Dec 18</li> <li>• LeDeR Steering Group Feb 19</li> <li>• ICS+ Mortality Review Group Nov 18</li> <li>• TVPC Mar 19</li> </ul>	
<b>18</b>	<b>Risk Register</b>	
	<p>JG updated the Committee that Never Events risk has been added to the risk register. All risks have been updated except QC15 Continuing HealthCare Placements.</p> <p>The Committee discussed the risk regarding consultant recruitment issues. There is a workforce risk on the register QC17. Workforce is also on the Assurance Framework which is being monitored by the Governing Body.</p> <p>The ICS System Quality Risk Register will come to the next Committee meeting.</p> <p><b>The Committee agreed and approved the proposed changes.</b></p> <p><b>Action: RE to add the ICS System Quality Risk Register to the July agenda.</b></p>	RE
<b>19</b>	<b>AOB</b>	
	None raised.	

**Next meeting:**

**02/07/2019 09:15 – 12:15**

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