MINUTES

Present
Adrian Hayter WAM Chair and Quality Committee Chair
Jim O’Donnell Slough CCG Chair
Jackie McGlynn Clinical Director Quality
Anshu Varma Manager, QIPP & Performance
Debbie Hartrick Berkshire East Safeguarding Lead
Katie Simpson Mental Health GP Lead Berkshire East
Peta Birch Interim Quality Director, Chiltern CCGs
Huw Thomas WAM CCG GP
Asif Ali Slough CCG GP
Sarah Bellars Director of Nursing
Simon Hawkins Quality Support Manager, CSU
Brian Huggett Healthwatch Windsor Ascot & Maidenhead
William Tong B&A CCG Chair
Jane Robb Berkshire East Federation - minutes

Apologies
Alan Webb Accountable Officer
Chris Sneller Quality Improvement Lead, CSU
Christine Skeldon Thames Valley Area Team, Quality & Safety
Colin Pill Healthwatch Slough
Mark Sanders Healthwatch Bracknell Forest
Jan Fowler TV Area Team Director of Nursing
Ally Green CSU Communications
Sangeeta Saran Slough CCG Head of Operations
Rachel Wakefield Associate Director QIPP & Performance

Absent
TBA Bracknell Forest Public Health
Eve Baker BE CCGs Deputy AO & CFO
Christina Gradowski Head of Corporate Affairs
Mary Purnell B&A CCG Head of Operations
Viki Wadd WAM CCG Head of Operations
Sufian Jabbar, GP
Anant Sachdev GP
Judith Kinder GP

**ACTION**

1. WELCOME AND APOLOGIES

<table>
<thead>
<tr>
<th>ACTION</th>
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<tr>
<td>AH welcomed all to the meeting.</td>
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Approved BEFQ14-07-04 BECCG Quality Committee Mins - 25 Jun 2014 v3
<table>
<thead>
<tr>
<th>2. DECLARATIONS OF INTERESTS</th>
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<tbody>
<tr>
<td>None noted by the Committee</td>
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<tr>
<th>3. INVITED GUEST(S)</th>
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<td>N/A</td>
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<tr>
<th>4. MINUTES OF PREVIOUS MEETING (BEFQ 9 April 2014)</th>
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<td>AH asked the Committee to review the minutes page by page and then to review the Actions.</td>
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**Matters Arising:**

**Previous Actions**

- Update to Quality Committee members/delegates list – carried forward

- Suicides national comparison data – a CSU paper was on the agenda for information as requested by WAM Healthwatch

- All other items were closed.

The Minutes were approved by the Committee.

<table>
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<th>5. MENTAL HEALTH (Standing Item)</th>
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<td>No further update on Mental Health.</td>
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<tr>
<th>6. QUALITY AND PERFORMANCE SCORECARD and MONTHLY HIGHLIGHT REPORT and MONTHLY NON-FINANCIAL HIGHLIGHT REPORT</th>
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<tr>
<td>SH presented the Scorecard to members and explained that there was no HSMR data available yet; he went on to give the following highlights:-</td>
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- Cancer 62 days – Ashford and St Peter’s urgent referral figure was down due to their urology pathway and this would be reviewed.  

- Cancelled Operations – HWWP had slight decrease due to new-in-post appointee (Clinical Lead). JOD remarked on the quality of many referrals resulting in delays and there appeared to be appointment capacity issues. AA remarked on the Out-patient... |
capacity and BH felt cancellations for post-admitted patients was alarming. SB said that since this was discussed at HWWP CQRG cancelling on the day had reduced. JOD questioned Slough’s radiotherapy colour – it was agreed it should show as green. AV agreed to look at the numbers. WT asked if no figure meant ‘no data’ but AV said this can be a very low figure. SH/AV said they would add a column to explain if no data was because the number was very low. CQC had identified that Booking Management needed improvement.

- C Sections – these were stable at HWPFT and SB added that their Obstetrics & Gynaecology Steering Group now had a better structure.

- MRSA – FPH had 1 case in April resulting in a drafted action plan going to SIRI the previous week, although SB felt this to be the wrong focus.

- HWPFT Serious falls were down but other falls with no or moderate harm were up

Anshu Varma relayed the following points from the Highlight reports:

**18 week** The main reason for this underperformance is due to HWPFT having a backlog of patients on the admitted & non-admitted pathway. There is a remedial action plan to bring performance back in line with national standards and/ or contracted targets.

**Diagnostic waits** required performance of <=1% diagnostic waits was not achieved by B & A CCGs in M1, the reason for underperformance is that there have been significant breeches at RBH for MRI, CT and ultrasound scans. Remedial action plan is in place to bring performance in line with national standards and contracted targets.

**CDiff** – AV highlighted that CDiff needed to be checked and SH agreed that they would investigate the figures and Simon said he would correct and re-issue the data.

AV said there was over-performance across all activity indicators but AA questioned that of Slough’s A&E reduction. PB remarked that Grant MacDonald had stated that A&E attendance figures were increasing and AV said she would correlate the figures outside the meeting. AA pointed out that the Emergency Care Board which was held by HWPFT used to help in clarifying the data.

**7. CQN HWPT**

- A&E Performance – Unscheduled Care Remedial Action Plan
SB presented the plan document which outlined issues affecting unscheduled care service provision, and had previous action plans incorporated giving milestones and consequences with objectives. She mentioned the Consultant led model being ambitious with the low number of consultants but will need to improve to deliver the plan for October 2014.

- Stroke Performance CQN – CCG Stroke Remedial Action Plan
  This paper was presented and discussion around issues preventing the achievement of objectives (i) patients being scanned within 1 hour, and (ii) ASU patients receiving a daily MDT discharge round weekdays, as well as (iii) suspected stroke patients being admitted directly to ASU, included CT Scanning capacity and the recruitment of radiologists as well as the need for a skilled RATing nurse and the failure of staff to prioritise suspect stroke patients sufficiently. WT expressed concern on sending patients to WPH and JOD felt strongly that the use of beds general was inappropriate. WT asked about facility for thrombolysis at HWPFT and it was explained this procedure was available at Wycombe.

AA left the meeting

The Powerpoint presentation made by Dr Burn on Strokes in Thames Valley was brought to the attention of the Committee for discussion. JMcG felt its contents were out of date and not sufficiently comprehensive. It was noted that the whole Thames Valley area were dissatisfied with Stroke care. It was therefore agreed that the best way forward for the Committee was to hold a meeting with BE CCGs, Annette Gamell, Derek Hilton, Dr M Burn and relevant clinicians.

**Action:** Meeting to be arranged with BE CCGs, Annette Gamell, Derek Hilton, Dr M Burn and relevant clinicians

### 8. CQC Oversight Committee – HWPFT Action Plan

SB gave the Committee a verbal update explaining that HWPFT had 6 key areas to focus on and address:

- Governance
- Culture
- Patient Flow
- Elective Access
- Patient Experience
- Patient Safety
They now had a FPH ‘buddy’ system as well as a ‘Turnaround’ Director on board. She added that the Plan was signed-off and will be published shortly. Overall SB felt it was the correct plan but shared her concern regarding the delayed transaction and interim management strains and possible staff leaving. JMcG pointed out that there was no formal financial commitment yet and completion by August looked less likely. BH enquired about the public’s perception of the Transaction and SB explained that there were limited alternatives if standards are to improve.

**Action:** SB to put Transaction Delay impact to Action Plan onto the Risk Register

**Action:** This item to be carried forward.

### HEALTH CARE ASSOCIATED INFECTION (HCAI)

No representative from Public Health attended and no report had been submitted.

### QUALITY ACCOUNT 13/14 SUMMARIES FOR ACUTE AND COMMUNITY PROVIDERS

The Committee were presented with the 4 summaries which had been reviewed against proposals and a Commissioner statement written; SB said that FPH and BHFT were good but that HWWP and RBH were poorer. WT asked who had authored them and SB stated that the Trust had but the Commissioner was required to respond which was authored by the CSU. He asked that a correction be made to “BE Fed. CCG Group to read CCGs in Berkshire East”. SB and WT agreed to discuss details outside of the meeting.

### CIP REPORTS

SB reviewed Provider CIPs and had met the team to be assured of risks.

JMcG was very concerned re any cut to front-line staffing and the impact on services but SB explained that we had no jurisdiction over their CIP and if we did not agree we must state where the funds could otherwise be found and overall there was very little room for manoeuvre as other savings had already been made.

### CQUIN Q4 13/14 POSITION REPORTS

The reports submitted for HWWP and BHFT were noted by the Committee

### POLICIES FOR APPROVAL

None
14. **OTHER MINUTES**

The Committee noted the Dressings Formulary Meeting minutes of 28 May 2014

15. **RISK REGISTER**

SB tabled a summary paper giving key changes:

- **CQ01** – Maternity C-Sections - maintain risk rating
- **CQ02** – Stroke Performance – action plan agreed but retain same rating until implementation
- **CQ03** – CQC Overview - Monitor had arranged an Improvement Director and Buddy from FPH – rating to remain static
- **QC04** – await NHS England T4 review feedback – remain static
- **QC05** – Henley Suite – action plan completed – reduce risk to 3

16. **MONTHLY ON-CALL INCIDENT REPORT**

None reported

17. **SAFEGUARDING**

This item was carried forward to the next Committee meeting

18. **RBFT CQC REPORT**

SB explained that the Trust was very disappointed at the outcome and grading given. She went on to say there were 2 areas of good care but others required improvement, including leadership, patient safety, midwifery and staffing. She was encouraged she said that the problems were ‘systematic’ rather than people related, and relayed that the ‘inadequate’ leadership was maintained despite the Trust actions to close of 2 unsuitable bathrooms on inspection, which was thought to be a harsh decision. They have a new CEO starting in August who it is felt will be able to drive the necessary changes for improvement.

19. **HEALTHWATCH**

**Report from Healthwatch WAM on WPH Patient Experience**

BH presented the May 2014 report giving an overview and invited feedback.
JOD felt the report was good and may assist with better cooperation between other Healthwatch areas. He was curious about the number of ‘skipped’ questions and also felt that the satisfactory ratio of 80/20% was from a Commissioning standpoint unacceptable. He also noted a USA report on national healthcare rated the NHS very highly amongst developed countries at lowest cost.

WT congratulated Healthwatch WAM on the report reiterating that it will no doubt assist further improvements in quality. BH added that although he was unaware of the response rate as a proportion of the populations total user figure, he felt it to be in line with other comparable surveys. Future surveys were discussed and it was thought they could improve the ‘hit-rate’ by working together with other Healthwatch organisations.

20. AOB

None

21. DATE OF NEXT MEETING

Wednesday 23 July 2014
1.00 – 4.00pm, Board Rm at KEVII Hosp., Windsor SL4 3DP

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<td>1) CQN HWPT – Stroke Performance</td>
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<td>SB/JR</td>
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<td>3) CQC Oversight Committee – HWPFT Action Plan</td>
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<td>Action: This item to be carried forward to the next Committee meeting</td>
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<td>JR</td>
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<td>4) Safeguarding Report</td>
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<td>Action: This item to be carried forward to the next Committee meeting and put to the front of the meeting</td>
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<tr>
<td>JR</td>
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<td>ACTIONS carried forward</td>
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<tr>
<td>1 Minutes &amp; Matters Arising</td>
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<td>Action: To review and update Quality Committee members/delegates listing</td>
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