Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG  
Joint Quality Committee  
28 January 2015, 1:00 – 4:00pm  
Boardroom, King Edward VII Hospital, Windsor SL4 3DP

**FINAL MINUTES**

### Present

Sarah Bellars  
Director of Nursing (CHAIR)  
Jo Greengrass  
Deputy Director of Nursing, Quality & Safety  
Matthew Tait  
Interim Chief Officer  
Eve Baker (partial)  
Deputy Chief Officer  
William Tong  
Clinical Chair, B&A CCG  
Adrian Hayter  
Clinical Chair, WAM CCG  
Huw Thomas  
GP, WAM CCG  
Jackie McGlynn  
Clinical Director for Quality  
Simon Hawkins  
Quality Support Manager (MINUTES)  
Chris Sneller (partial)  
Quality Improvement Manager  
Ally Green  
Head of Strategic Communications and Engagements  
Sabahat Hassan  
Communications and Engagement Manager  
Catriona Khetyar  
Head of Medicines Optimisation  
Mark Sanders (partial)  
Healthwatch Bracknell Forest  
Tim Ho (partial)  
Medical Director, Frimley Health Foundation Trust  
Alison Szewczyk (partial)  
Deputy Director of Nursing, Frimley Health Foundation Trust  
Jane Hogg (partial)  
Integration and Transformation Director, Frimley Health Foundation Trust

### Apologies

Jim O’Donnell  
Clinical Chair, Slough CCG  
Sufian Jabbar  
GP  
Katie Simpson  
Mental Health GP Lead Berkshire East  
Anshu Varma  
Head of QIPP & Performance  
Rachel Wakefield  
Associate Director QIPP & Performance  
Debbie Hartrick (partial)  
Deputy Director of Nursing, Safeguarding & Infection Control  
Peta Birch  
Interim Quality Director, Chiltern CCG  
Annet Gamell  
Chief Clinical Officer, Chiltern CCG  
Christine Skeldon  
Quality & Safety Manager, NHS England (Thames Valley)  
Caris Thomas (partial)  
Healthwatch Slough  
Maha Saeed  
Consultant, Public Health, Bracknell Forest Council  
Mike Copeland  
Chair, Healthwatch WAM

### Absent

Christina Gradowski  
Head of Corporate Affairs  
Mary Purnell  
B&A CCG Head of Operations  
Sangeeta Saran  
Slough CCG Head of Operations  
Viki Wadd  
WAM CCG Head of Operations  
Anant Sachdev  
GP  
Judith Kinder  
GP  
Asif Ali  
Slough CCG GP  
Colin Pill  
Healthwatch Slough
1. **Welcome and Apologies**

SB welcomed all to the meeting. Apologies had been received as shown above.

2. **Area Team Review of Quality Committee**

SB noted that it was unfortunate that she was not present at the committee when this review was undertaken.

The key points raised in the report were that not all papers had front sheets, SB confirmed that this is being addressed.

The report also noted that not all conversations were focused, as Chair SB informed the committee that she will try to ensure that conversations are focused.

It was highlighted that the level of Clinical Engagement was noted as positive.

3. **Declarations Of Interests**

None noted by the Committee

4. **Invited Guest(s)**

SB noted that TH, AS and JH from Frimley Health Foundation Trust would be attending the meeting for an item later on the agenda.

5. **Minutes Of Previous Meeting (BEFQ 26 November 2014)**

The Minutes were approved by the Committee.

**Matters Arising:-**

September 2014
2 – It was noted that this item had been superseded.

October 2014
1 – This item is on the agenda.
2 – AG agreed to pick this item up with Carrol Crowe around the wider Mental Health agenda.
5 – SB noted that this meeting was to be arranged once the new structures were implemented at Wexham Park Hospital and would be arranged for April.
6 – This item is on the agenda.
7 – SB will liaise with AG to complete.
8 – This item is on the agenda.
### 6. Safeguarding Scorecard

The Safeguarding Scorecard was noted.

SB also noted that there had been an appointment to the Named Professional Safeguarding role who has a background in Social Care.

MS highlighted the poor performance around MCA training. SB acknowledged this and informed the meeting that in order to improve monitoring of providers the Safeguarding Committee has moved to East Berkshire. A bid was also made for Train the Trainer courses across Berkshire.

### 7. Mental Health (Standing Item)

SB informed the committee of the changes to the Berkshire Adolescent Unit and changes in commissioning Tier 4 services locally from the Berkshire Adolescent Unit.

MS highlighted that concerns had been received by Healthwatch that patients with autism who are being referred onto an anxiety and depression pathway were not being adequately treated due to also having autism. SB agreed to obtain assurance that patients with autism on an anxiety and depression pathway are included in the same processes as patients without autism.

**ACTION: SB to obtain assurance that patients with autism on an anxiety and depression pathway are included in the same processes as patients without autism.**

### 8. Monthly Highlight Reports

- Monthly Highlight Report - Quality
- Quality & Performance Scorecard – M8
- Small Provider Scorecard – M8
- Friends and Family Test Scorecard

JG presented the Quality Highlight report and Non-Financial Performance Highlight report.

SB noted that the CQRM for Frimley North was postponed in January, this was escalated to the Quality Oversight Group. AH requested that the Chairs have sight of the Frimley North CQRM papers.

**ACTION: SH to include Chairs on Boardpad for Frimley North CQRM papers.**

A discussion was held regarding how the contract and Quality Schedule can be used to drive sustainable improvements in the provider, and the importance of a realistic target.

JG highlighted that some Diagnostic Waits were not being achieved and that although RTT has been achieved, this is still a risk area.
WT noted that it may be more beneficial to see changes on a quarterly basis. SB agreed to discuss with AV with regards to providing a quarterly perspective.

**ACTION: SB to discuss with AV providing a quarterly perspective on RTT.**

The Friends and Family Test scorecard was presented. It was requested that the scales be increased and the response rate thresholds be added to the graphs.

**ACTION: SH to amend graphs on Friends and Family Test scorecard.**

The meeting discussed the small providers and what work would be undertaken with regard to smaller community providers. SB noted that there was work being undertaken with regards to these contracts and that the Quality team would be involved once this work was completed.

<table>
<thead>
<tr>
<th>9. Quarterly Quality Report</th>
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<tbody>
<tr>
<td>CS presented the Quality report.</td>
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<tr>
<td>The committee agreed to propose the report to the three Governing Bodies.</td>
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<tr>
<td><strong>ACTION: SH to send Quality report to the three Governing Bodies.</strong></td>
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<td>MS noted that Healthwatch were receiving more complaints relating to the script used by NHS 111.</td>
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<td>AG highlighted that the Glossary at the back of the report was useful, but that definitions of the phrases would also be useful.</td>
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<td><strong>ACTION: JG to add definitions to Glossary.</strong></td>
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<tr>
<th>10. Clinical Concerns Report</th>
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<tr>
<td>SH presented the Clinical Concerns report.</td>
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<tr>
<td>The future changes were highlighted, including the use of a webform to report Clinical Concerns. It was noted that an email address would remain an option when the webform could not be used.</td>
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<tr>
<th>11. Risk Register</th>
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<tr>
<td>JG presented the Risk Register and highlighted that a number of changes were proposed this month.</td>
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<tr>
<td>Risk 2 – The risk is proposed to downgrade from Extreme to High.</td>
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<tr>
<td>Risk 3 – The risk is proposed to be downgraded to Low and be removed. It is proposed that any individual areas of concern are then included separately.</td>
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<tr>
<td>Risk 4 – The risk is proposed to be reworded to include wider organisational risks. The risk is proposed to be increased to Extreme.</td>
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<tr>
<td>Risk 7 – The risk is proposed to be amended to only include Frimley South falls, and for the risk to be reduced to 8.</td>
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<tr>
<td>Risk 8 – The risk is proposed to be downgraded and removed as Ascot Nursing Home has been closed.</td>
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</tbody>
</table>
Risk 9 – A new risk is proposed in relation to a number of safeguarding concerns at Vista Homes.
Risk 10 – A new risk item is proposed relating to the ongoing concerns in the Urology department at Frimley North. It was noted that this supersedes Risk 3.

The risks were all agreed by the committee.

12. **Healthwatch**

MS highlighted a number of challenges in relation to both Frimley North and Frimley South. SB agreed to assist MS in working with both Frimley Health sites.

13. **CCG Forward Plan**

It was agreed to defer this item to the February committee.

14. **15 Steps Report – Rose Ward, Prospect Park Hospital**

The report was noted.

15. **Policies For Approval**

There were no policies for approval.

16. **Other Minutes**

- *HWPFT CQRM Nov 14*
- *FPFT CQRM Nov 14*

The minutes were noted.

17. **Frimley Health NHS Foundation Trust Action Plan**

EB tabled a revised cover sheet in relation to Frimley Health Recovery Plan and Trajectories.

EB noted that the recovery plans relate to the ambition to hit targets on the timeline agreed with NHS England, while recognising that sustainable delivery may take longer.

JH highlighted that the Quality Improvement Plan has been refreshed to give a clearer indication of what has been progressed and closed, and to also respond to feedback previously received. It was confirmed that this was reviewed in detail at the Quality Oversight Group.

The committee discussed the new staffing model and the increase in Consultant numbers. Work has been required around staff engagement to implement changes.

The new governance arrangements are in place, however further work is required to embed these and as such Frimley Health won’t report these as green until they are embedded.
A discussion was held regarding how Frimley Health can also work with the CCGs in relation to future developments, as well as the current transformation work. JH noted that this had been discussed at the Transformation Board, and that there were other areas of change that can be co-developed.

SB noted that an email had been received from PB raising a concern that a number of patients were removed from the ‘No Capacity’ list without clinical validation. TH assured the committee that patients were validated by departments and that this work is ongoing.

TH advised the meeting that work was being undertaken in relation to cancer pathways to avoid patients breaching the RTT targets, this includes making use of both sites to provide the required capacity.

TH also noted that Frimley Health is investigating a number of transformations, including IT systems and a reduction in outsourcing.

SB requested that TH arrange a meeting for the Chairs to meet the ten Chiefs of Service. TH agreed to this and will provide a suggested date.

**ACTION: TH to provide date for Chairs to meet Chiefs of Service.**

TH

The plans were agreed by Bracknell & Ascot CCG and Windsor, Ascot and Maidenhead CCG. The plans were agreed in principle for Slough CCG, however as JOD was not present it was agreed that agreement from Slough CCG would be sought outside the meeting, with a deadline for agreement of one week.

**ACTION: SB to seek agreement from Slough CCG for the Frimley Health plans.**

**Post Meeting Note:** The plans were agreed by Slough CCG.

**18. AOB**

There was no AOB.

**19. DATE OF NEXT MEETING**

Wednesday 25 February 2015
2:00 – 4:00pm, Board Room, KEVII Hospital, Windsor, SL4 3DP
### Action Log

**October 2014**

<table>
<thead>
<tr>
<th>Action Number</th>
<th>Topic</th>
<th>Description</th>
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</tr>
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<tbody>
<tr>
<td>2</td>
<td>Mental Health (Standing Item)</td>
<td>ACTION: AW to ask Peter Finn, CSCSU Mental Health Lead, to liaise with AG to produce a statement on the Dementia Enhanced DES.</td>
<td>AW</td>
</tr>
<tr>
<td>5</td>
<td>Monthly Highlight Reports</td>
<td>ACTION: SB to arrange meeting with FPH Lead Consultant and three Clinical Chairs.</td>
<td>SB</td>
</tr>
<tr>
<td>7</td>
<td>Quarterly Quality Report</td>
<td>ACTION: SB to speak to AG to produce a letter congratulating BHFT on the work around pressure areas.</td>
<td>SB</td>
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**January 2015**

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