

**Oxfordshire Clinical Commissioning Group
Governing Body**

Date of Meeting: 28 May 2015	Paper No: 15/53b
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Title of Presentation: Annual Report of Quality and Performance Subcommittee

Is this paper for	Discussion		Decision		Information	✓
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Purpose and Executive Summary (if paper longer than 3 pages)::

The Governing Body is asked to review the annual report for the Quality and Performance Sub-committee. The report summarises the key activities undertaken by the Committee over the last year, in order to discharge its duties under its approved terms of reference.

Financial Implications of Paper:

**Action Required:
For Information**

NHS Outcomes Framework Domains Supported (please tick ✓)	
✓	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (please tick and attach)	Yes	No	Not applicable ✓
Outcome of Equality Analysis			

Author: Dr. Louise Wallace (Chair Quality & Performance Committee)	Clinical Lead: Sula Wiltshire
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Annual Report from the Quality and Performance Sub-Committee 14/15

As a formal sub-committee of the Governing Body and in accordance with best practice, the Quality and Performance Committee presents an Annual Report to the Governing Body.

This report was considered at the meeting of the Quality and Performance Sub-Committee on April 2015 and is now submitted to the Governing Body to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.

Introduction

The CCG aims to commission high quality care that is as safe and effective as possible, with patients treated with compassion, dignity and respect. This should be provided in the most efficient and cost effective way. The Quality and Performance Sub-committee is established in order to ensure these objectives are achieved.

The Sub-committee has reviewed its functions to ensure it complies with the Mid Staffordshire NHS Foundation Trust Public Inquiry, February 2013, The Keogh Mortality Review outcome reports, February 6 2013 and the Berwick review into patient safety, Department of Health, August 2013.

Overview

The Quality and Performance Sub-committee is a formal Sub-committee of the Governing Body with defined terms of reference (see constitution). The terms of reference were approved at Governing Body in January 2015. They are attached as appendix A.

Membership and meetings

There were six meetings in the period covered by this report all of which were quorate.

The membership of the Committee has been as follows:

Name	Title	Attendance
Voting members		
Louise Wallace	Lay member with a lead for Patient and Public involvement (Chair)	5/6
Sula Wiltshire	Director of Quality (Vice Chair)	5/6
David Chapman	OCCG Locality clinical representative(s)	5/6
Mike Delaney	Lay member (appointed from February 2015)	1/1
Nick Elwig	OCCG Locality clinical representative(s) (new appointment made from April 2015)	1/1
Richard Green	Clinical Director of Quality (RG)	4/6
Gina Shakespeare / Diane Hedges	Director of Delivery & Localities	4/6
Non-Voting members		
Catherine Mountford	Director of Governance	6/6
Tony Summersgill	Assistant Director of Quality	5/6
Diana Roberts / Hillary Seal	Patient & Public Involvement member (new appointment made)	4/6
*Kate Gale	Commissioning Support Unit representative	1/6
Val Messenger	Deputy Director of Public Health	5/6
*Cecile Coignet	Head of Business Intelligence	1/6
Julie Dandridge	Programme Manager Primary Care & Medicines Management	5/6
Deputy Director, Joint Commissioning or Andrew Colling	Deputy Director, Joint Commissioning, Oxfordshire County Council	5/6

* It should be noted that following the review of the terms of reference in January these roles have been removed from the subcommittee.

Duties within the terms of reference

The duties of the Committee are:

1. To ensure quality, clinical standards and national and local performance indicators are integrated into the organisational objectives, strategy and business plans;
2. To ensure systems are in place to monitor the safety and quality of healthcare commissioned by OCCG and that areas of concern are addressed;
3. To consider applying sanctions under the NHS national contract if providers fail to take effective remedial actions to address poor performance;
4. To ensure that the quality of services is maintained and /or improved as QIPP plans are implemented;
5. To use evidence, both qualitative and quantitative, to prioritise areas for quality improvement within Oxfordshire;
6. To advise the Governing Body of the accuracy of major providers' Quality Accounts;
7. To ensure appropriate systems are in place for localities to monitor and improve the quality of primary care services.

The work of the Committee in discharging its duties was as follows:

Duty 1

To ensure quality, clinical standards and national and local performance indicators are integrated into the organisational objectives, strategy and business plans.

The Sub-committee has developed close links between the Directorate of Quality and the Directorate of Delivery and Localities to ensure the CCG commissioning intentions and operational planning include all relevant clinical standards and key performance indicators. The Sub-committee reviewed proposed quality schedules for all its major providers in April 2014. Exception reports are provided through the Quality and Performance report which is a standing item on the agenda. The CCG commissioning intentions were presented to the Sub-committee in October 2014. The Quality Premium was agreed in April 14 and updates provided to the Sub-committee during the year. The CQUIN strategy 15/16 (presented in December 2014) and CQUIN updates are also provided to the Sub-committee.

Duty 2

To ensure systems are in place to monitor the safety and quality of healthcare commissioned by OCCG, and that areas of concern are addressed.

To give some context, the Quality and Performance Sub-committee approved the CCG Clinical Assurance Framework in January 2014 and has worked with this model for 2014/15. This document details the CCG quality assurance mechanisms including the review of information relating to patient experience, patient safety and clinical effectiveness. Serious issues are recorded on the CCG's Clinical Risk Register to demonstrate that the CCG is taking action to improve quality where required. The Risk Register and Quality at a Glance

(a detailed overview of the main issues and actions) are standing items on the agenda to ensure members of the committee are aware of issues and actions taken. The Sub-committee reviewed inspection reports undertaken by the CCG (such as learning disabilities - June 14) and those undertaken by external agencies such as the Care Quality Commission. CQC inspections are a standing item on the agenda. The planned inspection of Oxford University Hospital NHS Trust was discussed in detail in June 14 as was the unannounced inspection at Slade House operated by Southern Health NHSFT in December 14. In April 14 very positive CQC inspections reports were received for the Foscoote Hospital, Ramsay Treatment Centre and Nuffield Manor.

The Sub-committee look at quality in three ways, patient safety, patient experience and clinical effectiveness. Key areas are reviewed annually to ensure appropriate action is taken:

Patient safety

The Safeguarding Report for children and vulnerable adults was presented in October 14 followed by regular updates. The Serious Incident Requiring Investigation (SIRI) reports relating to serious incidents reported by our main providers were reviewed in June and December 2014 and action taken as appropriate. The Sub-committee reviewed specific concerns in more detail where more assurance was required. Drug and alcohol services were reviewed in April 2014, Safer Staffing levels and 111 services were reviewed in June 2014. The Infection Control Report was presented in February 2015; MRSA and C.difficile 2015/16 limits have been reviewed and plans put in place to ensure that these are not breached.

Clinical effectiveness

In April 2014 the Sub-committee approved the proposal for a Clinical Ratification Group which was established to assess, develop and approve on behalf of OCCG Governing Body all clinical guidelines – both treatment and referral; clinical policies and proformas and to maintain an oversight of all clinical guidelines to ensure they are up to date and clinically relevant.

In June 2014 the NICE Annual Report was presented. The report explains how well NICE guidance is complied with throughout Oxfordshire. The Individual Funding Request Report was presented to the committee as assurance to the operation of this function within the CCG.

Stroke services and compliance with the Sentinel Stroke National Audit Programme (SSNAP) were reviewed in October 2014 and planned care performance in December 2014.

Patient Experience

Friends and Family updates for Oxford Universities Hospitals NHS Trust were presented in December 2014 and February 2015 and no areas of concern have been identified. The GP survey was reviewed in October 2014. In general most practices perform well, however access to timely appointments was a concern. This report has been shared with member practices and the primary care team work with practices where improvements could be made.

Duty 3

To consider applying sanctions under the NHS national contract if providers fail to take effective remedial actions to address poor performance.

In 2014/15 the Quality and Performance Sub-committee recommended formal contractual action on a number of occasions or supported action taken between meetings. Action taken relates to failure to manage test results, cancer waiting times, administration failings and speed of clinical communication at the OUH and 111 performance with South Central

Ambulance Service. Oxfordshire County Council issued a contractual notice against Southern Health FT regarding restraint, which was supported by the committee. These issues and closure of notices are reported to Governing Body in the Quality and Performance Report.

Duty 4

To ensure that the quality of services are maintained and or improved as QIPP plans are implemented.

In April 2014 the Sub-committee signed off the CCG Quality Impact Tool to ensure all business cases consider the quality and safety issues. Procurement documentation is jointly signed off by the Directorate of Quality and Directorate of Delivery and Localities to ensure appropriate KPIs, NICE guidance and safety standards are included where applicable.

Duty 5

To use evidence, both qualitative and quantitative, to prioritise areas for quality improvement within Oxfordshire.

The Sub-committee used both qualitative information (feedback from patients (e.g. Friends and Family Test, and GPs) and quantitative information (contract performance indicators and audits), to prioritise areas for quality improvement including drug and alcohol services, musculoskeletal (MSK) services, Ophthalmology, stroke pathway and learning disabilities. Audits have been considered covering the following topics: medicines waste, diabetic foot ulcer, National Stroke Audit and suicides in primary care.

Duty 6

To advise the Governing Body of the accuracy of major providers' Quality Accounts.

In June 2014, the Sub-committee reviewed the OUHT, Oxford Health NHSFT and Southern Health NHSFT Quality accounts for accuracy and provided a statement outlining how well the provider, in the opinion of the CCG, had complied with their quality priorities. It delegated responsibility to the Quality Team to review and comment on the accounts of Ramsay Horton Treatment centre, Nuffield Manor Hospital and St Katharine's House Hospice. The CCG provided a response to the Quality Accounts and these are available on the providers' websites.

Duty 7

To ensure appropriate systems are in place for localities to monitor and improve the quality of primary care services.

A proposal for monitoring quality and improvement in primary care was agreed at the June 14 meeting. The Sub-committee reviewed high level GP primary care performance data, relating to clinical effectiveness, disease prevalence and access, in August 14 and February 15 and the GP patient survey in October 14 to ascertain the quality of GP services. This information was shared with the localities to promote quality improvement in individual practices. One practice that performed poorly in the August report has now closed.

Conclusion

The Sub-committee quality assurance processes have proved to be effective in detecting sub optimal care. As a result the Sub-committee has mandated CCG officers to take remedial action where required. The Sub-committee can demonstrate a range of improvements in 2014/15 including improved Radiology performance at the OUH, improved clinical

communication from OHFT to GPs, and improved performance and clinical governance system in the 111 service. The Sub-committee has struggled to bring about change in some areas including the management of clinical test results and some of the NHS Constitution targets. These issues have been escalated to the highest level and it is expected to see sustainable improvements in 2015/16.

Dr. Louise Wallace (Chair Quality & Performance Committee)
Appendix A

Attached Terms of Reference for Sub-Committee.

<http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/01/Paper-15.09-OCCG-Revised-Constitution.pdf>