

**Oxfordshire Clinical Commissioning Group  
Board Meeting**

<b>Date of Meeting:</b> 31 March 2016	<b>Paper No:</b> 16/29c
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<b>Title of Presentation:</b> Quality Committee Minutes 25 February 2016
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<b>Is this paper for</b> (delete as appropriate)	<b>Discussion</b>	✓	<b>Decision</b>		<b>Information</b>	✓
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**Executive Summary**  
The committee reviewed a range of quality and performance information and assessed all clinical risks detailed in the CCG risk register to ensure appropriate mitigation is in place.

**Quality & Performance**  
The committee received an update on the Delayed Transfer of care (DTC) work which is ongoing it was agreed that the health economy working together was positive. The figure for the 4 February was 154.

Performance proving challenging such as A&E which was reported as 88.8% for OUHFT 4 hour wait and SCAS performance were highlighted and noted the action taken by the CCG to try to rectify these issues.

Two first exception reports have been issued because OUHFT failed to meet agreed trajectory for the management of test result and sending discharge summaries within 24 hours. A contract performance notice was issued to the SCAS 111 service due to low “warm transfer” rates which is referral from a call handler to a clinician. The committee were supportive that the CCG had escalated these issues through the contract.

The outcome of the CQC inspection of Oxford Health Foundation Trust was requires improvement. The Trust has developed an action plan which has been shared with OCCG who will work with the Trust on this.

**Safety**  
The safeguarding report focused on the ongoing work following the Mazars report.

An interactive map showing all CQC outcomes for localities encompassing all NHS and social care inspections was demonstrated. The purpose of this map is to focus localities on the total health picture so that people can clearly see the quality of care

being delivered. It is hoped to make this available on the public website.

The OUHFT response to the Never events. Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The committee supported the OUHFT action plan.

**Clinical Effectiveness**

The committee discussed proposed key performance indicators for the 16/17 for the OUHFT and OHFT contracts and potential topics for commissioning for quality & innovation (CQUIN) in 16/17.

The revised Individual Funding Request Policy was approved.

The minutes were approved

**Financial Implications of Paper:**

None

**Action Required:**

The OCCG Board is asked to note the minutes.

**NHS Outcomes Framework Domains Supported** (please delete tick as appropriate)

✓	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

<b>Equality Analysis completed</b> (please delete tick and attach as appropriate)	Yes	No	Not applicable ✓
<b>Outcome of Equality Analysis</b>			

<b>Author:</b> Louise Wallace, Quality Committee Chair (including title)	<b>Clinical Lead:</b>
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**MINUTES:**

**Quality Committee**

**9:00 - 12:00, 25 February 2016**

**Conference Room A, Jubilee House**

<b>Present:</b>	Louise Wallace (LW)- Chair	Sula Wiltshire (SW)	Diane Hedges (DH)
	Mike Delaney (MD)	Hilary Seal (HS)	Dr Richard Green (RG)
	Andrew Colling (ACo)	Kate Holburn (KH) for Val Messenger	Kiren Collison (KC)
	David Chapman (DC)	Tony Summersgill (TS)	Julie Dandridge (JD)
	Catherine Mountford (CM)		
<b>In attendance:</b>	Helen Gandy (HG)	Tom Stocker (TSt)	Linda Collins (LC)
	Claire Critchley (CC)	Hannah Tombs (HT)(Minutes)	Alison Chapman (AC)

<b>Apologies</b>	Val Messenger (VM)	Meenu Paul (MP)	Helen Ward (HW)
	Liz Wragg (LWr)		

		<b>Action</b>
2.	<b>Declarations of Interest</b> RG and DC had informed the Committee of their interest in item 17- Prescribing Incentive due to practices taking part in the Prescribing Incentive.	
3.	<b>Minutes of the Meeting Held on 17 December 2015 – Paper 1</b> The minutes of the meeting held on 17 December 2015 were reviewed and agreed as an accurate record, subject to an amendment on item 20: Date and time of next meeting is to be corrected to 25 February 2016, 9:00-12:00.  <b>Matters arising not covered elsewhere on the agenda</b> CM, Director of Governance, raised an action from Audit Committee held on 23 February: request for all Committee minutes to be signed off electronically, allowing more up to date approved minutes to be presented to the OCCG Board. The minutes should be signed off by mid-March. The Chair of the Committees would have final decision on amendments from the attendees of the Committee. <b>This was approved by the Committee.</b>  <b>111 A&amp;E:</b> TS Apologised to the Committee that the report was not yet	<b>HT</b>

	<p>ready.</p> <p><b>Nurse Revalidation:</b> SW, Director of Quality, had brought a paper to a previous Quality Committee meeting. The work on Nurse Revalidation hadn't progressed as expected. Resource to support Practice Nurses had now been identified and once further work was completed a paper would come back to the Committee.</p> <p><b>Skin Lesions:</b> TS, Deputy Director of Quality presented Paper 1a on behalf of MP, Assistant Clinical Director Quality. OCCG had received an alert from Royal Berkshire regarding GPs in the South of the county operating outside NICE guidance. Julie Anderson, LCD Locality Clinical Director, was working with practices to increase the number of GPs permitted to remove Basal Cell Carcinomas (BCCs). TS responded to a query by advising there had been no harm to any patient but the excision of Squamous Cell Carcinomas (SCCs) and melanomas should only be undertaken in an acute setting. <b>The action was closed.</b></p>	
4.	<p><b>Action Log</b> Paper 2, the Action Log, was discussed in detail and updates would be added.</p>	HT
5.	<p><b>Forward Planner</b> Paper 3, the Forward Planner, was discussed at length.</p> <p>LW requested regular updates on the Sentinel Stroke National Audit Programme (SSNAP), as current data in the public domain is showing deterioration at The Horton, and asked that a paper be brought to the next meeting outlining the CCG's plans to review data from National Clinical Audits and an agreed process for reporting to the Committee on actions taken in the basis of any national audit findings where there are concerns.</p>	TS
<b>Performance</b>		
6.	<p><b>Integrated Performance Report</b> Some items of the report were covered elsewhere on the agenda. The Committee discussed highlighted areas of the report.</p> <p>The Deputy Director, Delivery and Localities, and Head of Primary Care and Medicines Optimisation presented the Quality Committee version of Paper 4, the Integrated Performance Report. Committee members discussed the report with regard to:</p> <p><b>Executive Summary:</b> the committee noted the financial pressures from providers, but there were no major changes from last year's report.</p> <p><b>Outpatients Clinical Communication:</b> was back on trajectory.</p> <p><b>Management of test results:</b> the Committee noted the letter received from Dr Bruno Holthof to Gareth Kenworthy (Director of Finance) regarding the first exception report. The Committee felt the letter did not have the assurance needed to get this work back on trajectory. The Committee agreed a letter would be sent to seek further clarity to</p>	GK

<p>address the lack of progress. Emphasis would be given to the fact the clinicians from OCCG and OUHFT were agreed on the importance of the test results confirmation.</p> <p><b>C.Difficile:</b> Remained above the agreed limit. An action plan was in place.</p> <p><b>MRSA:</b> No new cases had been identified since the last Quality Committee meeting.</p> <p><b>Mixed Sex accommodation:</b> OCCG had not received any information yet from OUHFT about the breaches which had occurred. TS awaiting a response from the Divisional Head of Nursing at OUHFT</p> <p><b>Quality Premium:</b> The Committee discussed the A&amp;E waits which had moved from amber to red, this was also being picked up at System Resilience Group (SRG).</p> <p><b>Mental Health Dashboard:</b> Low performance of psychological therapy from Principle Medical Ltd (PML) had an impact on the overall performance of the IAPT contract. A number of patients were being referred inappropriately for counselling and the Committee requested further explanation.</p> <p><b>Care Quality Commission (CQC):</b> OCCG was working with practices rated as requiring improvement to improve their rating to good. Andrew Colling, The Lead for Quality &amp; Contracts at OCC had been working with the CQC regarding care homes and would share information with the Committee. The Committee agreed it would be useful to have a map of all localities showing care homes, practices and their ratings as this might provide useful information. (See item 12)</p> <p><b>CQC inspection OHFT:</b> The outcome of the CQC inspections for OHFT was required improvement. OCCG would work through the action plan with OHFT on any changes necessary.</p> <p><b>Datix:</b> OCCG was working with GPs and OUHFT regarding duplicate letters to minimise this problem.</p> <p><b>Dementia Awareness Training:</b> Data on staff training was presented to the committee showing OUH and OHFT performance compared to other local providers. The committee noted that performance could be improved. It was agreed that the regular reports be included in the integrated performance report.</p> <p><b>Provider summary:</b> RG and TS had met with Neurology to discuss GP feedback relating to delays in appointments and feeding back test results to patients. Neurology had previously been commissioned by specialised commissioning. OCCG was commissioning outpatient neurology. <b>RG would pick up this information with Sharon</b></p>	<p>JD</p> <p>TS/SW</p> <p>RG</p>
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	<p><b>Barrington and Dr Richard Wood.</b></p> <p><b>The Schedule 4 Exception report Oxford University hospitals Foundation Trust (OUHFT):</b> This was an exception report showing only red rated areas. Some explanations had been received from OUHFT which were included in the report.</p> <p><b>South Central Ambulance Service (SCAS):</b> Due to staff shortages and a rise in patient numbers ambulance handovers times were high. This had been discussed at SRG. Despite this OUHFT handovers were better than most other hospitals. SCAS was not currently pushing for improvement as they were focussing on other areas but had raised this issue with OUHFT.</p> <p><b>Independent acute providers:</b> All independent providers of MSK Surgery were over performing on contract plan and others underperforming. New processes were in place to monitor but consideration around how to manage these situations would be required in the future.</p> <p>JD and CM left the meeting at this point.</p>	
7.	<p><b>Risk Register for assurance and action)- Paper 5</b>  TS, Deputy Director of Quality presented paper 5 on behalf of CM, Director of Governance.  Most items in the Risk Register had been discussed in item 6.</p> <p>Risk 458 relating to access of appointment at OUHFT was complete and closed.</p> <p>Risk 772: relating to the SCAS 999 service. The risk had been considered at Audit Committee, and it was queried whether it should come to both Committees.</p> <p>Risk 783: Relating to provision of chaperones in local ultrasounds services was discussed, TS advised that the new contract planned to commence in April 2016, will have funding for the chaperones, once this is in place the risk may be closed. Discussion took place around the lack of chaperones until contract commences it was agreed in emergency situations receptionists could act as chaperones.</p> <p>Risk 769: there was a high level of risk associated with pressure on primary care. The risk would be reviewed at the next meeting as OCCG was currently in a transition stage.</p>	
8.	<p><b>Delayed Transfers of Care (DTC) Update- Paper 6</b>  Paper 8 was presented by DH, Director of Delivery and Localities and consisted of the Key Performance Indicators (KPI) paper and the Health Overview and Scrutiny Committee (HOSC) paper.</p> <p>DH asked the Committee to note numbers at both OUHFT and OHFT had reduced since the report had been written. Historically numbers</p>	

	<p>were high in January. The numbers were now declining but not to the level that OCCG require.</p> <p>The HOSC paper provided an update on the information from the Hub relating to any deaths and readmissions.</p> <p>TS had reviewed the information received and sought clarification with OUHFT as required.</p> <p>The Committee would like the report to map against numbers from last year to indicate how much has improved.</p> <p>DH explained the initiative had been introduced in a more staggered manner than originally envisaged, so there was not a set start date at 150 patients moving similarly the discharge is more staggered.</p> <p>There had been positive feedback from patients and families about the new pathways.</p> <p>HG and TSt joined the meeting at this point.</p>	DH
9.	<p><b>South Central Ambulance Service (SCAS)</b>  TS, Deputy Director of Quality presented paper 7 on behalf of LWr, Quality Improvement Manager.</p> <p>OCCG currently had three contracts with SCAS. The general 111 service was working well. OCCG had issued a contract letter regarding warm transfer rates. The 999 service was struggling to meet response targets and the CCG had issued a contract performance notice (CPN).</p> <p>The Committee was informed that Sharon Barrington was now leading this work. The SCAS 999 action plan was mainly green although from the contract meeting SB was not convinced. DH could not provide full assurance this was the case to the Committee and OCCG would need to progress this further through the contract route.</p> <p>RG advised in the North of Oxford had expressed concern of GPs, particularly in regard to the non-prioritisation of patients in a primary care setting by SCAS. It was reported a patient suffering chest pains who happened to be in a health centre had waited 90 minutes for an ambulance to arrive.</p> <p><b>A summary of the issues to be brought to the next meeting.</b></p> <p>CM and JD joined the meeting at this point.</p>	DH
10	<p><b>Contract Notices</b>  Discussed during Item 6, Integrated Performance Report.</p>	
<b>Patient Safety</b>		
11	<p><b>Safeguarding Update</b></p> <ul style="list-style-type: none"> <li>The Mazars Update was a verbal item</li> </ul>	

	<ul style="list-style-type: none"> <li>Paper 8, the Safeguarding Update, was presented by AC, Designated Nurse and Safeguarding Lead.</li> </ul> <p>SCAS had been asked to pull together data, but had advised they felt unable to be active at all safeguarding boards. Support from OCCG had been requested but as SCAS was a provider organisation OCCG would not be able to act as their representative.</p> <p>CQC had informed OCCG a joint inspection themed on sexual exploitation and missing children would be undertaken across the whole Oxfordshire system. The visit would take place on 7 March 2016.</p> <p><b>Item to be brought back to the next Committee meeting.</b></p> <p><b>Mazars</b> OCCG had undertaken an initial review of all reported learning disability deaths as well as writing to all our providers to request reports on any learning disability deaths. OCCG would now move to Stage 2 of the review. Terms of Reference were currently being drafted. <b>Stage 2 would be brought back to next Committee meeting.</b></p> <p>DH left the meeting at this point.</p>	<p>AC</p> <p>SW</p>
12	<p><b>Care Quality Commission (CQC) Update</b> <i>Map</i> Presentation by HG, Quality Improvement Manager.</p> <p>The information on the map had been pulled together from CQC reports across the localities. The map was updated weekly. This was work in progress. The map showed the correlation between practices, hospitals and care homes on their outcomes after CQC inspections.</p> <p>The committee would like the link to be in the public domain if possible. The map is currently accessible on the OCCG intranet (accessible by anyone with an N3 connection) and a link would be circulated outside the meeting and included in the minutes. There may be technical aspects which might prevent the map being loaded to the public domain (OCCG website). <b>HG would discuss the potential for this with Will Tighe and ascertain if it was technically possible.</b></p> <p>The Committee would like to see the map at future meetings to see progress.</p> <p><a href="http://occg.oxnet.nhs.uk/GeneralPractice/Docs/Urgent%20Care/County%20Plan%205.8.5%20HG%20CQC.htm">http://occg.oxnet.nhs.uk/GeneralPractice/Docs/Urgent%20Care/County%20Plan%205.8.5%20HG%20CQC.htm</a> (Please open the link in internet explorer.)</p> <p>HG left the meeting at this point.</p>	<p>HG</p>
13	<p><b>Never Events</b></p> <ul style="list-style-type: none"> <li>Paper 9a, Professor Toft's Report was for information only.</li> <li>Paper 9b was the OUHT Paper</li> </ul>	

	Both papers were presented by SW, Director of Quality.  The Quality Committee noted Paper 9a and 9b, and wants assurance by an update to this Committee that the action plans are implemented	<b>TS</b>
<b>National Clinical Audits</b>		
14	<b>Key Audits as Published</b> <i>None to report since January</i> There had been a focus on contracts for the next financial year. Item to be brought back in May.	
<b>Contract Issues</b>		
15	<b>Schedule 4 and CQUIN Update</b> Paper 10 was presented by TSt, Quality Improvement Manager.  <b>TSt requested feedback from the Committee, on the paper via Hannah Tombs.</b>  TSt had arranged a meeting with Pauline Scully to discuss Commissioning for Quality and Innovation ( <b>CQUINs</b> ) and Key Performance Indicators (KPIs). <b>TS or SW to provide feedback from the meeting to the Committee.</b>  There were a number of other forums in which the KPIs were picked up. JD advised the DToC equilibrium had to work together with either the KPIs or CQUIN. <b>TSt to talk to DH or IB before meeting with Pauline Scully.</b>  LW stated going forward the Committee required updates on the CQUINS and how they were measured.  CC and LC joined the meeting at this point.	<b>All</b>  <b>TS/SW</b>  <b>TSt</b>
<b>Clinical Effectiveness</b>		
16	<b>Update on Nurse Revalidation</b> See Item 3, Matters Arising	
17	<b>Prescribing Incentive</b> Interests stated by RG and DC had been noted for this item.  CC, Lead Pharmacist for Medicines Optimisation, presented Paper 11 and advised this was an Annual update as last year's incentive scheme was coming to a close. For this upcoming year there was very little change. CC asked the Committee to approve the paper for presentation to the Finance Committee on 24 March 2016.  The intention was to retain the current format. Each practice would meet with a prescribing adviser to discuss the options of whether to retain a practice budget or go as a locality.  ScriptSwitch was staying in the new incentive; it had worked well in all	

	<p>practices. Out of Hours also used Script Switch, but it was not used within the Prime Ministers Challenge Fund (PMCF) hubs.</p> <p><b>The Committee approved the Prescribing Incentive Scheme.</b></p>	
18	<p><b>Individual Funding Requests (IFR) Policy</b>  LC, NICE Lead, presented Paper 12 and outlined how the CCG manages individual funding requests (IFR). LC advised the committee that equality assessment has not been completed; she advised the committee it would be completed week commencing the 29 February. This was accepted by the chair and the policy approved.</p> <p>Jeremy Servian and LC had started training sessions with GPs and Pharmacists, to provide information around the way the IFRs process worked and how to help patients through the system giving them the information they would need.</p> <p>There were already several policies on the OCCG website under 'Will the NHS pay for my treatment?' but the Committee felt a schematic map would assist the public in understanding this process and LC agreed to review the website.</p> <p><b>The Committee approved the policy.</b></p>	
<b>Patient Experience</b>		
19	<p><b>Patient Experience Report</b>  Paper 13 was presented by the Director of Quality. OCCG had not received relevant feedback from OHFT in time for the report; the data would be presented at the next Quality Committee in April.</p> <p>The Committee felt a more in depth report was needed to provide greater assurance. <b>SW agreed to ask the Patient Experience lead to convene a small group to review.</b></p>	<b>SW</b>
20	<p><b>For Noting</b>  The Committee noted Paper 14, the Clinical Ratification Group (CRG) Minutes.</p>	
21	<p><b>Any Other Business</b>  <i>CQC report</i>  The Lead for Quality &amp; Contracts advised an Abingdon care home had received an outstanding rating from the CQC.</p> <p>There being no other business the meeting closed.</p>	
22	<p><b>Date of Next Meeting</b>  28 April 2016, 9:00-12:00, Conference Room A.</p>	