



Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 29 November 2016	Paper No: 16/87d
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Title of Presentation: Quality Committee Minutes – 27 October 2016

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

The committee received the integrated performance report. The Chief Operating Officer (COO) expressed concern about performance in A&E. OCCG continues to work with the Trust to try to understand the increase in demand. Cancer performance was improving, the Trust has a process in place to review patients on a weekly basis and a remedial action plan is in place.

There had been an increase in the number of patients delayed in hospital. OUHFT is increasing reablement capacity before winter to support safe discharge. The performance in the test result endorsed in 7days had seen a drop in performance. The Trust is undertaking a deep dive to better understand the problem in Specialist Surgery. The Trust is also undertaking a deep dive relating to outpatient (OP) letters. These should be sent to the GP in 14days and performance is still only around 80%. Similarly only around 77% of discharge summaries are been sent within the required 24 hours post discharge. There has been no sustained improvement in the last 10 months and again the Trust agreed to undertake a deep dive in Gastroenterology. All three Deep Dive reports will be reported to the October quality review meeting (QRM).

The committee was pleased to see that the waits for Child and Adolescent Mental Health Services (CAMHS) had improved.

The committee received a verbal update from the Lead Commissioner children’s and maternity on the interim arrangements for the maternity service. The key performance indicators (KPIs) have been agreed with OUHFT, these will be reported monthly. There had been 10 births at the midwifery led unit (MLU) as of the 21st October and 2 transfers to the JR site. No serious incidents have been reported as a result of the interim arrangements. There is an ambulance on standby 24/7 at the Horton. Medical recruitment to Obstetric positions is ongoing at the OUHFT, but to date unsuccessful. A vanguard theatre is sited at the JR to help with the additional gynecology case load. The service will continue to be reviewed at the Quality Committee.

The safeguarding annual reports from the children and adults board were received with an update on progress with the retrospective reviews in Learning Disability deaths.

The serious Incident (SI) report illustrated that whilst the quality of the investigations are good the learning is not always embedded to change clinical practice.

Annual reports were received for the Royal Berkshire NHSFT the committee noted the improvement at the Trust in cancer waits and 18 weeks RTT. Buckinghamshire Healthcare trust annual report identified an apparent higher level of Never Events on one site. This will be followed up with Aylesbury and Chilton CCG the lead commissioner for the Trust.

The patient experience report was presented with a focus on CAMHS the committee welcomed this approach to understanding patient experience

Financial Implications of Paper: None

Action Required:

The 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

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

Author: Sula Wiltshire, Director of Quality/Lead Nurse

Clinical Lead: Sula Wiltshire, Director of Quality/Lead Nurse

MINUTES:

Quality Committee

27 October 2016, 9:00-12:00

Conference Room A, Jubilee House

Present:	Louise Wallace (LW), Lay Member Public and Patient Involvement, Chair	Sula Wiltshire (SW), Director of Quality	Tony Summersgill (TS), Deputy Director of Quality
	Catherine Mountford (CM), Director of Governance	Meenu Paul (MP) Deputy Clinical Director of Quality	Andrew Colling (ACo), Lead for Quality & Contracts in Joint Commissioning
	Diane Hedges (DH), Chief Operating Officer	Val Messenger (VM), Deputy Director of Public Health	Mike Delaney (MD), Lay Member
	Guy Rooney (GR), Specialist Medical Advisor	Julie Dandridge (JD), Deputy Director and Head of Primary Care	
In attendance:	Hannah Tombs (HT), Executive Assistant, Minutes Secretary	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead	Sarah Breton (SaB), Lead Commissioner (Children and Maternity)
	Pauline Burke (PB), Safeguarding Services and CDOP officer		

Apologies	Hilary Seal (HS), Patient and Public Representative	Kiren Collison (KC), West Deputy Locality Clinical Director	Richard Green (RG), Clinical Director of Quality
	David Chapman (DC), Locality Clinical Directors		

	Item order: 1, 2, 3, 4, 5, 8, 9, 7, 6, and then as per the agenda	Action
1.	<p>Welcome, Introduction's and Apologies: The chair welcomed everyone to the committee and apologies were noted.</p> <p>The chair noted that the committee was not quorate and that any decisions made will need to be ratified.</p>	

2.	Declarations of interest There were no new declarations of interest.	
3.	Minutes of the Meeting Held on 25 August 2016 The minutes held from the 25 August Quality Committee were agreed as an accurate record, except for minor amendments. The Director of Governance reminded the committee that the minutes were already in the public domain, amendments and accuracies need to be agreed before the minutes are made public as a final version.	
4.	Action Log The action tracker would be updated.	HT
5.	Forward Planner Paper 3 was noted by the committee and the Oxfordshire Primary Care Commissioning Committee Quality report to be added bi-monthly	HT
Performance		
6.	Integrated Performance Report The Chief Operating Officer (COO) reported there are still concerns around the figures in the Executive Dashboard, the data shows signs of deterioration in A&E performance, as there are still high number of attendances to A&E. OCCG is trying to fully understand what is causing the increase in demand. The data shows a continuing recovery in cancer performance. The OUHFT is reviewing all patients on a weekly basis with cancer trackers and identifies any pathways issues. The 2WW referral forms have had further changes but have been well used by GPs. 2WW bookings are now being made for 10 days rather than 14 days. The Integrated Performance Report was discussed in relation to: Delayed Transfers of Care (DToc): There had been an increase in DToc patients in the last 6 weeks. Oxford University Hospital Foundation Trust (OUHFT) staff are currently trying to recruit to the recently transferred HARTS service with the aim of increasing reablement capacity before winter. The OUHFT and Oxford Health Foundation Trust (OHFT) are to review access to Hub beds. The DToc Key Performance Indicator (KPI) is being refreshed and will be monitored at the A&E Delivery Board. Outpatient (OP) Clinical Communication: OP letters are to be sent in 14 days to GPs, performance data shows continued delays. The Trust are undertaking a deep dive to understand the delays, the data will be provided to the next Quality Review Meeting (QRM) on 17 November and a new remedial action plan will be completed in November. Management of Tests results: The OCCG still has concerns about this important aspect of clinical care. A drop in the number of clinicians endorsing the test results in 7 days has been reported. The trust is currently under taking a deep dive, the findings will be reported in the QRM and a finalised plan will be ready for November. The COOs of	

	<p>OCCG and OUHFT have agreed to this schedule.</p> <p>Child and Adolescent Mental Health Services (CAMHS): The waits for CAMHS have improved substantially in the past two months. The OCCG continue to monitor waiting times and the action plans closely. Recruitment and referrals continue to challenge the service, although there has been some recent success with a reduction in the number of children waiting.</p> <p>The remainder of the Integrated Performance Report was noted by the committee, other items were discussed in more detailed papers.</p>	
Patient Safety		
7.	<p>Maternity Interim Arrangements update Lead Commissioner in Children and Maternity gave a verbal update on the interim maternity arrangements.</p> <p>On the 3rd October the obstetrics unit at the Horton General closed and became a midwife led unit (MLU). OCCG and OUHFT have been meeting to discuss performance frameworks and KPIs. The framework will be circulated with the minutes of this meeting for the committee members to note.</p> <p>ACTION: SBr to send framework to HT for circulation.</p> <p>OCCG and OUHFT are having a contingency meeting at the end of each month before the KPIs are issued. If a serious incident (SI) occurs it is forwarded directly to the Director of Quality at OCCG.</p> <p>As of Friday (21 October) there have been 10 births at the Horton and 2 transfers from the Horton to the JR, to date (27/10/2016) no clinical safety issues have been identified as a result of the change. To date the impact of the closure of the Horton at the JR is slight; there were 13 births from expectant mothers north of the county of which 4 would have been expected to deliver at JR. There is no clear impact on delays of elective or non-elective C-Sections from the closure.</p> <p>There is an ambulance on standby 24/7, which sits outside the Horton ready to transfer to the JR if necessary.</p> <p>There is still an issue with medical recruitment. The trust has offered the positions to 4 doctors, 2 doctors have accepted, 2 have since declined the offer. The trust will be going out for recruitment again. Some of the midwives from the Horton stayed to run the MLU, others transferred to the JR.</p> <p>The trust has currently set up a Vanguard theatre unit for gynaecology service which should provide theatre capacity at the JR. However there has been a delay in opening the new unit due to building issues.</p> <p>OUHFT have an agreement with out of area/catchment practices. If the</p>	SBr

	<p>mother has an Oxfordshire based midwife they can choose to have their baby at the JR, if they do not have an Oxfordshire midwife they cannot choose the JR. However if the mother or baby is at high risk and require tertiary care they will still go to the JR.</p> <p>With regard to how the JR is coping, there are no indicators so far but we will await the KPI. There have been no SIs reported. It is thought there is a wider geographical challenge regarding the Horton maternity services. The Chair would like further updates at the next committee.</p>	HT/SBr
8.	<p>Safeguarding report</p> <p>The Designated Nurse and Safeguarding Lead presented paper 5, along with the Oxfordshire Safeguarding Adults Board (OSAB) annual report and Oxfordshire Safeguarding Children’s Board (OSCB) annual report both for information.</p> <p>The committee noted paper 5, safeguarding report. There is currently no dashboard to date but the statistics are now included in the safeguarding report.</p> <p>The data requested from the retrospective review of Learning Disability (LD) deaths taking place 1 November 2016 will be fed back in the next report for the December Committee.</p> <p>The committee discussed improving safeguarding training numbers at the OUHFT, ACh reported that they were undertaking a survey around self-assessment knowledge. It was reported that there have been no deficits in the last two years around staff knowledge when contributing to Serious Case Reviews (SCR). Because of staff turnover, it is very difficult to get above 80% for annual training; this is a trust target not an OCCG target.</p> <p>The committee noted the contents of the report, the committee asked for accuracy in the report on page 4 for the author to amend.</p> <p>ACTION: ACh to amend paragraph 4 in section 2.1.2.</p> <p>It was agreed by the committee that the OSAB annual report and OSCB annual report should go to the OCCG Board for information. The Chair noted that these were both well written annual reports.</p>	ACh
9.	<p>CQC Report</p> <p>The Lead for Quality and Contracts in Joint Commissioning presented the section on care homes in paper 6. He reported that out of the 114 care homes inspected, there are 2 care homes rated as ‘Outstanding’, 81 care homes are rated as ‘good’, 31 care homes are rated as ‘require improvement’ and there are currently no care homes rated as ‘inadequate’ compared to the 2% national average.</p> <p>The Deputy Director of Quality reported that the SCAS rating is complicated due to there being so many services in that organisation; however they have an overall rating of ‘Good’.</p>	

	<p>The Deputy Director of Quality reported on Primary Care CQC inspections. He reported that a lot of GP practices have been inspected however currently not all the reports are published. OCCG offer their support to the practices before and after a CQC inspection.</p> <p>Deputy Director and Head of Primary Care stated that OCCG now need to help practices maintain their 'good' rating. There are still a lot of issues to be resolved that OCCG can assist with and it would be a good idea to get the practices to work together and to help each other within the localities.</p> <p>The Lay Member commented that the report shows we bench mark well nationally, however 30% of care homes with 'requires improvement' rating is not good. It would be useful to have a conversation in December on transformation strategy of new provision.</p> <p>The chair suggested it might be helpful to have the CQC report twice a year.</p>	TS
10.	<p>SI Report OUHFT and OHFT</p> <p>The Deputy Director of Quality presented paper 7 to the committee. The Committee noted the contents of the report.</p> <p>The chair noted that the quality of the report was good, she however noted that the actions following the SI are not preventing another occurrence of a similar SI, for example pressure ulcers (only an SI if grade 3 or 4). Pressure ulcers is a key area of need for improvement as OCCG have not seen a reduction in pressure ulcers, even though there are plans in place with both Trusts to act on to reduce the numbers.</p> <p>OHFT are currently not completing their investigations in a timely manner, it has been agreed that the WHO checklist is a CQUIN.</p> <p>The Deputy Director of Quality reported that Never Events are now monitored by OCCG and not NHS England, unless it falls under specialised commissioning.</p>	
11.	<p>Infection Control Report</p> <p>The Deputy Director of Quality presented paper 8 to the committee. It was reported that there is work going on in GP practices to educate staff regarding C.Diff. The committee noted the contents of the report and found the report useful.</p> <p>Influenza was discussed in item 15.</p>	
12.	<p>Annual Quality Review- Royal Berkshire Hospitals Foundation Trust</p> <p>Paper 9 provided an overview of performance at RBHFT which is used by people in the South of the County.</p> <p>The committee noted the paper, was a helpful report. There has been a significant improvement in cancer waits, however mixed sex</p>	

	accommodation and maternity were a concern. RBHFT are aware of the capacity issues with regards to the maternity changes in Oxfordshire.	
13.	<p>Annual Quality Review- Buckinghamshire Healthcare Trust</p> <p>Paper 10 provided an overview of performance at BHT which is used by people in the East of the County.</p> <p>The committee noted the paper, and discussed that incident reporting is lower than it should be and that the report suggested there is a high level of Never Events.</p> <p>ACTION: the Director of Quality and the Deputy Director of Quality to pick up implications of the report with Aylesbury and Chiltern CCGs.</p>	SW/TS
Clinical Effectiveness		
14.	<p>Clinical Effectiveness Report</p> <p>The committee noted the contents of paper 11.</p> <p>Committee discussed the areas of concern:</p> <p><i>National Hip Fracture:</i> performance has been discussed at the September QRM, and a joint audit will be undertaken to understand the performance issues.</p> <p><i>National Heart Failure:</i> The committee stated it would be useful to have more data.</p> <p>ACTION: DH and TS to follow up outside the meeting with the trust and to bring back an audit.</p> <p><i>Audit of MDT:</i> There will be a repeat audit in November and the findings will be reported at the December QRM.</p> <p>The Chair commented that this was a useful report.</p>	DH/TS
15.	<p>Influenza Action plan</p> <p>Deputy Director of Quality reported on paper 12, himself and the Chief Operating Office have been working on the influenza plan.</p> <p>GPs are responsible for most of the vaccinations. The housebound patients on the district nurse caseload are vaccinated by the district nurse. Pharmacies can also now give vaccinations.</p> <p>The Chair would like feedback from OHFT to see what the District Nurses are expected to deliver to the different parts of the county, so the GP practices can supply them with lists of at risk patients.</p> <p>ACTION: MP/CW-J to get feedback from Oxford Health once the information is received will be brought back to the committee.</p> <p>Some at risk patients may not be receiving their vaccination, this could be due to struggling to get to the practice. Pregnant mothers are eligible to have their vaccinations at their 12 week and 20 week scan, and the</p>	MP/ CW-J

	trust is administering vaccines at antenatal checks. The Infection Control Lead and Deputy Clinical Director for Quality are encouraging GP practices to follow up at risk patients with a telephone conversation with those practices that have low uptake rate..	
Patient Experience		
16.	Patient Experience Report Director of Quality presented paper 13. The mystery shopper project has now been completed, the results will be in the December Patient Experience Report. The focus was on CAMHS for the report. The chair welcomed the approach of highlighting an aspect of care.	SW/HW
17.	Individual Funding Request (IFR) and Patient Experience Report Deputy Director of Quality presented paper 14, he noted that IFR team have tried different ways to capture patient experience of having to apply for funding. The chair fed back that the report gave a good indication on how the service is run. However there are still areas for improvement on getting feedback from the patients. ACTION: Hilary Seal, Helen Ward and Meenu Paul to meet outside the Committee to discuss patient experience for IFR. The item is now closed and will be taken outside the committee.	HS/HW/ MP
Governance		
18.	Quality Committee Terms of Reference The Quality Committee Terms of Reference were due to be reviewed. It was agreed by the committee to circulate amongst members for comments then to be signed off at next Committee.	
19.	CRG Terms of Reference The amendments to the CRG Terms of Reference were agreed.	
20.	Risk Register The risk register was reviewed by the committee, it was agreed that this would be reviewed outside of the committee as the risk report format was not correct.	
21.	For Noting • CRG Minutes The minutes of the Clinical Ratification Group meeting held on 1 September 2016 were noted.	
Any Other Business		
22.	Any Other Business There being no other business the meeting was closed.	
23.	Date of Next Meeting The next meeting would be held from 09:00-12:00 on 22 December 2016 in Room 3 and 4	