

## Oxfordshire Clinical Commissioning Group Board Meeting

**Date of Meeting:** 25 May 2017

**Paper No:** 17/39d

**Title of Paper:** Quality Committee Minutes 27 April 2017

**Paper is for:**

(please delete tick as appropriate)

**Discussion**

**Decision**

**Information**

✓

### **Purpose and Executive Summary:**

The Committee reviewed a range of topics relating to patient safety, clinical effectiveness and patient experience

### **Patient safety**

The Committee received an update on the interim maternity arrangements following the emergency closure of the obstetric service at the Horton Hospital. The current number of women choosing to give birth at the midwifery led unit is slightly below the expected number. Consultant hours on the labour ward have dropped.

The committee requested further detail on the quality issues that have been picked up through the Datix system from GPs of women who have given birth at Warwick's Maternity unit. Warwick hospital has received a 'requires improvement' rating from the CQC, including for the maternity service. The Quality Team will link with the South Warwickshire CCG for details of the improvement action plans.

The Committee received an update on the quality of care in care homes. A dashboard is used by OCC to collate all the information on quality they hold. The Committee requested further information on the number of staff who holds a care certificate.

The Oxfordshire Strategic review of Domestic Abuse was presented to the Committee.

The Committee received a report on Harm arising from >52 week waits. This issue will be picked up in detail at the OUH Quality Review Meeting.

### **Clinical effectiveness**

The Committee received a report on the uptake of influenza vaccinations across Oxfordshire. It was noted that performance in Oxfordshire is good and that GP practices have improved uptake levels from last year.

**Patient experience**

The Committee received a report on Oxfordshire patient experience intelligence. Information on the friends and family test for mental health was presented for the first time.

**Financial Implications of Paper:**

None

**Action Required:**

The board is asked to note the minutes.

**OCCG Priorities Supported** (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

**Equality Analysis Outcome:**

Ensuring equality of both access and outcome is a key part of commissioning quality services. There are no specific equality implications of this report.

**Link to Risk:**

Quality Committee is responsible to the Board for reviewing the risks relating to the quality.

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**Date of Paper:** 27 April 2017

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**MINUTES:**

**Quality Committee**

**Thursday 27 April 2017, 9:00-12:00**

**Jubilee House, Conference Room A**

<b>Present:</b>	Louise Wallace (LW), Lay Member Public and Patient Involvement, Chair	Sula Wiltshire (SW), Director of Quality	Helen Ward (HW), Deputy Director of Quality
	Catherine Mountford (CM), Director of Governance	Jane Bell (JB) Senior Quality Manager	Mike Delaney (MD), Lay Member
	Diane Hedges (DH), Chief Operating Officer	Val Messenger (VM), Deputy Director of Public Health	Andy Valentine (AV), Clinical Director of Quality
	Guy Rooney (GR), Specialist Medical Advisor	Hilary Seal (HS), Patient and Public Representative	Andrew Colling (ACo), Lead for Quality & Contracts in Joint Commissioning
	David Chapman (DC), Locality Clinical Director	Kiren Collison (KC), West Deputy Locality Clinical Director	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead
<b>In attendance:</b>	Hannah Tombs (HT), Executive Assistant, Minutes Secretary	Sarah Breton (SaB), Lead Commissioner (Children and Maternity), OCC <i>Item 10 and 11</i>	Jemma Graham (JG) Senior Commissioning Manager Maternity and Children <i>Item 10</i>
	Sarah Carter (SC), Strategic Lead of Domestic Abuse, OCC <i>Item 11</i>	Claire Ward-Jackson (CW-J) Infection Control Lead Nurse <i>Item 16</i>	
<b>Apologies</b>	Meenu Paul (MP) Assistant Clinical Director of Quality		

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	Item 7 was discussed at the end of the agenda.	<b>Action</b>
1.	<b>Welcome, Introductions and Apologies:</b> The chair welcomed everyone to the committee and apologies are noted above.	
2.	<b>Declarations of interest</b> There were no new declarations of interest.	
3.	<b>Minutes of the Meeting Held on 23 February 2017</b> The minutes held from the 23 February 2017 were agreed as an accurate record electronically on 17 March 2017.	
4.	<b>Action Log-</b> The action log, paper 2 was discussed and will be updated.	
5.	<b>Forward Planner-</b> Paper 3 was noted by the committee.	
<b>Performance</b>		
6.	<p><b>Integrated Performance Report</b> The Chief Operating Officer discussed paper 4, The Quality Committee version of the Integrated Performance Report (IPR). The Committee members discussed the report with regard to:</p> <p>The IPR showed that cancer performance is looking good and is predominantly green, 62 day cancer performance is still problematic.</p> <p>The Chief Operating Officer informed the committee that RTT performance is still low. OCCG have a round table meeting with NHSE, NHS Improvement and Oxford University Hospital Foundation Trust (OUHFT) to discuss next steps. OCCG and OUHFT do not have the capacity or the funds to deliver this in one year. It has been suggested that the top 4 breaching specialties will be focused on first.</p> <p>The Chief Operating Officer reported that A&amp;E performance has not improved, following the winter pressures in December. There was early indication that the performance will improve in December. Figures in February show performance at 82% for 4 hour waits, but the Committee heard, OUHFT have been hitting 95% of their target on occasion this week. There currently is a fluctuation in performance compared to the day of the week and number of people attending A&amp;E. OCCG is currently looking into the variance.</p> <p>The Committee asked how the Acute Admissions unit (AAU) fits into the A&amp;E performance. The service is liked by GPs, the unit has helped with performance over the winter period, but has not improved overall performance as hoped, and it also counts to additional NELs (admission data) as no other way of recording it currently.</p> <p>Although ambulance figures in February showed better performance than previously on Cat 1 performance, the Committee heard that for all indicators, ambulance performance has dropped, however Oxfordshire has the highest performance rates in the UK. There is still staffing issues within South Central Ambulance Service (SCAS), which is being addressed. The</p>	

	<p>Committee have asked that the ambulance performance to be added to the 'key issues and mitigation' on the Quality and Performance Dashboard part of the IPR.</p> <p><b>ACTION:</b> The Chief Operating Officer to add ambulance performance to the 'key issues and mitigation' on the Quality and Performance Dashboard part of the IPR.</p> <p>The Clinical Director of Quality raised that GPs have received the feedback forms from patients who have used the ambulance service, the feedback paperwork is not always completed, it would be useful to have these completed to assess patient experience.</p> <p>The paperwork was originally from a CQUIN, which was first piloted in West Berkshire. There will be an audit completed by front line staff.</p> <p><b>ACTION:</b> The committee would like the audit on patient feedback forms to come to the August Committee.</p> <p>The IPR indicated that there have been good results on family and friends test.</p> <p>The Committee was asked to note that the Quality Premium data was not available for this IPR but will be available for the June Committee.</p> <p>The Director of Quality reported that there are still performance issues with management of test results, outpatient clinical communication and discharge summaries. The trajectory of 90% has been agreed between OUHFT and OCCG for the end of June. Performance is improving but is not where it needs to be. The complete dashboard is reported at OUHFT QRM.</p> <p>The Director of Quality informed the Committee that Oxford Health Foundation Trust (OHFT) Out of Hours (OOH) CQC inspection report has been received, and has a rating of 'requires improvement' this will be published this week. The rating does not affect OHFT's overall rating.</p> <p>The Chief Operating Officer reported that significant pressures on and staffing issues are having an impact on DToC performance.</p> <p>There has been an external review on the Home Assessment Reablement Team (HART). HART continues to recruit to vacancies with a plan to achieve capacity by the end of May. The 'Reablement Outreach Team' (ROT) reviews packages to ensure that people are being allocated the correct amount of care. 30 extra beds were to have been commissioned by Oxfordshire County Council (OCC) and paid for by CCG through until the end of May.</p> <p>OCCG and OCC are working to review funding. This will include proposals to increase the capacity of intermediate care pathway, increasing funding</p>	<p><b>DH</b></p> <p><b>SW</b></p>
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	<p>to support domiciliary care and nursing home providers.</p> <p>The Chief Operating Officer informed the committee that a peer-review around DTOC will be taking place. The OCCG Clinical Lead for Urgent Care and OCC Deputy Director of Adult Social Care are looking at what other areas are doing.</p> <p>The Chair asked for a report on performance of DToC and HART to come to the June Committee.</p> <p><b>ACTION:</b> The Chief Operating Officer to provide a report on performance of DToC and HART to the June Committee.</p> <p>The committee noted the contents of the IPR.</p>	DH
7.	<p><b>Quality Committee Annual Report</b></p> <p>The Deputy Director of Quality asked the Quality Committee to review and approve the draft Quality Committee Annual Report. The report will be presented at the May OCCG Board.</p> <p>The Chair raised that the Quality Committee Annual Report is usually seen ahead of the Quality Committee by The Chair. The Chair has made comments outside of the meeting and has sent these to the Deputy Director of Quality.</p> <p>It was agreed that the report would be amended to reflect all the duties of the Committee.</p> <p>The Lay Member raised that it would be useful to include what the committee will be looking at in the future, i.e. RTT, the quality implications from phase 1 and 2 of the consultation. It would also be useful to add what the Quality Committee has spent time on, on a regular basis. The Lay Member also asked to add innovation and engagement with research evidence.</p> <p><b>ACTION:</b> The Deputy Director of Quality to make amendments to the Quality Committee Annual Report and send to the Chair for sign off electronically before OCCG Board in May.</p>	HW/LW
8.	<p><b>Quality Premium</b></p> <p>The Director of Quality presented the proposed Quality Premium and asked the Quality Committee to either make a decision or to delegate to the Director of Quality to action and agree with NHSE. The Quality Premium will be reported back through the IPR.</p> <p>The Lay Member raised that depending on how much choice and what we do in these areas listed, there is a lot of time and effort that goes into this, putting pressure on scarce resources. He requested assurance that the costs should be weighted up against the benefits.</p> <p>The committee asked the Quality team to look through the Quality Premium outside the meeting and to bring it back to June Committee.</p>	

	<b>ACTION:</b> The Quality Team to decide on the Quality Premium and bring back to the June Committee.	<b>SW</b>
9.	<p><b>Care Homes (Joint Working and the Quality of Services.</b></p> <p>The Lead for Quality and Contracts in Joint Commissioning updated the Committee on the quality of care in homes. The presentation made to the Oxfordshire Health Overview and Scrutiny Committee on 6 April 2017 was shared. This outlined local arrangements for monitoring the quality of care provided.</p> <p>The Lead for Quality and Contracts in Joint Commissioning shared with the Committee a dashboard on all care homes in Oxfordshire. The dashboard contains 10 metrics monitored by Oxfordshire County Council (OCC) for each home.</p> <p>The Lead for Quality and Contracts in Joint Commissioning reported that the CQC rating and inspection results generally mirror OCC's rating. CQC and OCC also share their findings with each other. It was also reported that OCC and CQC have a close working relationship. OCC has a monthly care governance meeting.</p> <p>Next year there will be a joint OCC/OCCG report and approach.</p> <p>The Committee raised that there needs to be more information on the future demand for care homes.</p> <p><b>ACTION:</b> The Chief Operating Officer and the Lead for Quality and Contracts in Joint Commissioning to meet and look into the capacity gap and the planning process of Council land in the development of care homes.</p> <p>The Director of Quality asked the Lead for Quality and Contracts in Joint Commissioning for clarity on the number of staff who currently have the care certificate.</p> <p><b>ACTION:</b> The Lead for Quality and Contracts in Joint Commissioning to give clarity at the next meeting on the number of staff who currently have the care certificate to the Director of Quality</p> <p>The Chair thanked The Lead for Quality and Contracts in Joint Commissioning for bringing the dashboard but would like to see a refined dashboard in future to include OCCG monitored targets. The committee noted the paper and dashboard.</p>	<p><b>ACo/ DH</b></p> <p><b>ACo</b></p>
<b>Patient Safety</b>		
10.	<p><b>Maternity Interim Arrangements Update</b></p> <p>The Senior Commissioning Manager Maternity and Children updated the committee on the Quarter 2 Performance (January-March 2017) of the interim arrangements for maternity at the Horton General Hospital (HGH).</p> <p>The Senior Commissioning Manager Maternity and Children reported that</p>	

	<p>where indicated in the paper the KPI data for March data had not been validated. The March data will be able to go out with the minutes.</p> <p><b>ACTION:</b> The Senior Commissioning Manager Maternity and Children to send through the March Maternity KPI data to the Minutes Secretary for circulation.</p> <p>Of the 56 women who planned to give birth at the Horton Midwifery-Led Unit (MLU) in the period between January- March, 43 mothers delivered at the Horton MLU. There have been 19 transfers, 15 of which the woman was in labour. 14 of the transfers were classed as time critical. To date, no babies have been born in transit.</p> <p>In the 6 months that the Horton MLU has been operating there have been 90 births. This is significantly below the planning assumption and expectation in the OUH contingency plan (500 births), and that predicted by OUHFT, when factoring in women's choice, of 200-250 births per year.</p> <p>The committee noted that consultant hours on the labour ward have dropped from 98-92. Consultant cover at the John Radcliffe Maternity Unit was at 106 hours 6 months ago prior to the emergency closure. OUHFT have appointed 3 consultants to start as soon as possible.</p> <p>The Senior Commissioning Manager Maternity and Children reported that since October 2016, an average of 17 Oxfordshire women per month have chosen to give birth at Warwick Hospital.</p> <p>The Senior Commissioning Manager for Maternity and Children informed the committee that there was an announced inspection of Warwick Hospital by CQC in March 2016. Overall, Warwick Hospital received a 'Requires Improvement' rating, maternity and gynaecology have also received a 'Requires Improvement' rating, Children and Young People (including SCBU) has received a 'good' rating. The full report was published on 28 March 2017. In response to the inspection OCCG's Director of Quality has received a copy of South Warwickshire NHSFT's action plan. The Lead Commissioner for Maternity and Children and the Senior Commissioning Manager Maternity and Children have arranged a visit to see Warwick Hospital's Maternity unit.</p> <p>Quality issues with the pathway for women choosing to give birth at Warwick have been picked up through the Datix process and will also be discussed when OCCG meet with South Warwickshire colleagues. An update will be given at the June Committee.</p> <p><b>ACTION:</b> The Deputy Director of Quality to follow up the quality issues surrounding discharge summaries with South Warwickshire CCG.</p> <p>The Committee asked how the OUHFT are marketing the Horton MLU, so far OUHFT have not done any marketing.</p>	<p><b>JG/HT</b></p> <p><b>HW</b></p>
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	<p><b>ACTION:</b> At the next contingency meeting The Lead Commissioner for Maternity to follow up with OUHFT on marketing and supporting the promotion of the MLU through the purdah period.</p> <p>The Committee expressed concern that Consultant cover set by the Royal College of Gynaecology (RCOG) quality standard was not being met and requested assurance that safety for the John Radcliffe Obstetric unit is being monitored by the Quality Team.</p> <p><b>ACTION:</b> The Lead Commissioner for Maternity to raise the quality of service at the next contingency meeting.</p> <p>OCCG are still waiting to receive the MLU's comparative data and the review of the Four Eyes report. The committee asked for The Director of Quality to escalate with OUHFT.</p> <p><b>ACTION:</b> The Director of Quality to escalate to OUHFT to receive the review of the Four Eyes report and comparative data.</p>	<p><b>SBr</b></p> <p><b>SBr</b></p> <p><b>SW</b></p>
11.	<p><b>Strategic Review of Domestic Abuse</b></p> <p>The Strategic Lead for Domestic Abuse and the Commissioning Lead for Children and Maternity Services gave a presentation on the Strategic Review of Domestic Abuse. The review was completed in October 2016.</p> <p>Currently, Oxfordshire County Council (OCC) is looking into the demand for the service and are identifying the gaps. OCC are also looking into the services which victims, families and perpetrators use.</p> <p>The Committee felt it would be useful to link the work with the domestic abuse services and the sexual abuse pathway. There is an opportunity to link with the work that has already been completed on the sexual abuse and exploitation pathway.</p> <p>The Committee noted that men are also victims of domestic abuse. The Strategic Lead stated that a service has been developed to help male victims come forward.</p> <p>The Strategic Lead for Domestic Abuse that there is lots of work ongoing to bring all the services together.</p> <p>The Chair thanked the Strategic Lead for Domestic Abuse and the Commissioning Lead for Children and Maternity Services for their work and asked if an update can come back to the August Committee together with the Sexual Abuse and Exploitation pathway report so the interfaces can be reviewed.</p> <p><b>ACTION:</b> The Strategic Lead for Domestic Abuse to bring an update on the domestic abuse work to the August Committee.</p>	<p><b>SC</b></p>
12.	<p><b>Safeguarding Report</b></p> <p>The Designated Nurse and Safeguarding Lead gave an update on the safeguarding report.</p>	

	<p>The Designated Nurse and Safeguarding Lead reported that the data from the audit and from the protection plan were not available in time for the Quality Committee, but will be ready for the June Safeguarding report.</p> <p>The committee felt that the mortality review was good.</p> <p>The Quality Committee noted the contents of the report.</p>	
13.	<p><b>Children's Trust: Refreshed Oxfordshire Children and Young People Plan</b></p> <p>The Designated Nurse and Safeguarding Lead updated the committee on the Refreshed Oxfordshire Children and Young People Plan. This is the 2<sup>nd</sup> year of the plan in action; the report is an update on the plan identifying the progress to date.</p> <p><b>ACTION:</b> The Director of Quality, The Director of Governance and the Chief Operating Officer to have a meeting to establish how the plan fits together with other services.</p> <p>The Patient and Public Representative raised that this will be hard to achieve, as some of the items listed have made no progress. It is crucial that in times of limited budgets and increased demands on services, that OCCG and the Trusts continue a joint working.</p> <p>The Quality Committee noted the report.</p>	SW/CM/DH
14.	<p><b>52 Week wait clinical harm reviews</b></p> <p>The Director of Quality updated the Committee on the recent NHS Improvement investigation at OUHFT. OUHFT has been asked to share their plans to assess potential harm to patients waiting 52 weeks for treatment. The paper sets out OUHFT's process for harm review. This item will be discussed further at the OUHFT Quality Review Meeting (QRM).</p> <p>The Committee would like assurance about the independent oversight of harm review as the current process appeared to rely on the treating clinician judgement alone.</p> <p>The Committee noted that there was no discussion of the impact on patients in the report. Neither did the paper include mention of complaints. The Committee would also like to see The OUHFT audit the impact on patients, as well as the number of patients affected.</p> <p>The Committee noted the report and would like a report back from the discussion held at OUHFT QRM.</p> <p><b>ACTION:</b> The Director of Quality to report back from the discussion held at OUHFT QRM regarding the 52 week wait clinical harm review.</p>	SW
<b>Clinical Effectiveness</b>		
15.	<p><b>Contract Review- BPAS</b></p> <p>The Designated Nurse and Safeguarding Lead provided assurance to the</p>	

	<p>Quality Committee on the clinical quality of care delivered through the British Pregnancy Advisory Service (BPAS) contracts for terminations and vasectomies. This is an update on the report which was presented at the committee last year.</p> <p>The committee noted the contents of the report and were happy with the content.</p>	
16.	<p><b>Influenza report</b></p> <p>The Infection Control and Nursing Standards Lead updated the Quality Committee on the actions taken by OCCG to promote the uptake of influenza vaccination across Oxfordshire during the 2016/2017 influenza season.</p> <p>The Infection Control and Nursing Standards Lead and the Assistant Clinical Director of Quality have looked at practices which are struggling with the uptake.</p> <p>The Infection Control and Nursing Standards Lead reported that Wallingford Medical Practice has improved since last year. The practice achieved this by starting planning early, large Saturday morning clinics, advertising in-house and in local businesses and staff competitions. The practice is happy to share their planning with other practices.</p> <p>The Infection Control and Nursing Standards Lead informed the Committee that, overall, practices have improved on their influenza uptake. There are, however, still more improvement to be made.</p> <p>The Infection Control and Nursing Standards Lead, the Chief Operating officer and Senior Commissioning manager have liaised with the maternity services at OUHFT to provide a midwife led delivery of influenza vaccination during routine midwifery appointments. OUHFT did not wish to proceed with this service, but has commenced a drop-in service at the Horton and is also providing vaccinations during booking time.</p> <p>The Locality Clinical Director raised an issue with trying to get children in school immunised and asked whether the public health message is being conveyed to parents.</p> <p><b>ACTION:</b> The Deputy Director of Public Health to find out and pick up with NHSE if the public health message is being passed to parents.</p> <p>West Deputy Locality Clinical Director raised a concern for children who turn 2 years old after 31 August, as GP practices do not get a notification if the child turns 2 after this point. The Infection Control and Nursing Standards Lead stated that this is a fixed point and the child will not receive a vaccination that year but will the following year, this is per the NHSE GP Service Specification for influenza vaccinations.</p>	VM
<b>Patient Experience</b>		
17.	<b>Patient Experience</b>	

	<p>The Senior Quality Manager updated the Quality Committee on the overview of patient experience , The Committee members discussed the report with regard to:</p> <p>The Senior Quality Manager reported that the National Survey is not just for patients but all members of the public; the survey records the public's views and feelings towards the NHS and Health &amp; care issues. The survey found the top three main reasons people were satisfied with the NHS was: quality of care, the fact that the NHS is free at the point of use and the range of services and treatments available. The survey also found the top three main reasons people were dissatisfied: long waiting times, staff shortages and lack of funding.</p> <p>The Royal Berkshire Foundation Trust (RBFT) has consistently scored highly in their friends and family test. The RBFT uses volunteers to call patients to request a score.</p> <p>The Senior Quality Manager reported that the mental health friends and family test is now included in the report and noted that the dip in performance for Oxford Health Foundation Trust relates to the number of response received and the software being used. The Senior Quality Manager is pursuing this and if improvements are not being reported then questions will be raised surrounding the low satisfaction rates.</p> <p>The Senior Quality Manager informed OCCG that OH has received feedback from families who have been involved with Serious Incident investigations. There will be a themed review and the findings will be brought back to the Quality Committee once completed.</p> <p>The committee noted the report.</p>	
<b>Governance</b>		
18.	<p><b>Risk Register (For assurance and action)</b></p> <p>The Risk Register was noted by the committee, the risks were discussed elsewhere on the agenda.</p>	
19.	<p><b>For noting</b></p> <ul style="list-style-type: none"> <li>• The CRG Minutes from 2 February 2017 meeting were noted.</li> <li>• The CRG Minutes from 2 March 2017 meeting were noted.</li> <li>• The OPCCC Quality report from the 28 February meeting was noted.</li> </ul>	
20.	<p><b>Confirmation of meeting quoracy and note of any decisions requiring ratification.</b></p> <p>The Committee was quorate and no decisions are requiring ratification.</p>	
21.	<p><b>Any other business</b></p> <p>There was no other business.</p>	
22.	<p><b>Date of Next Meeting</b></p> <p>29 June 2017, 9:00-12:00 Conference Room A</p>	