Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 25 May 2017	**Paper No: 17/40d**

Title of Paper: Annual Report of the Quality Committee

Paper is for:	**Discussion**		**Decision**		**Information**	✓

Purpose and Executive Summary:
The Quality Committee reviewed the draft annual report for 2016/17 at its April meeting. The updated report presented here 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:
None

Action Required:
To provide assurance that the Quality Committee is operating effectively and in accordance with its terms of reference.

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
The Quality Committee has oversight of the Quality Risks.

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Date of Paper: May 2017

Annual Report from the Quality Committee 16/17

As a formal sub-committee of the Board and in accordance with best practice, this is the Quality Committee's 2016/17 annual report to the Board.

This report was reviewed at the meeting of the Quality Committee on 27th April 2017 and, with revisions, is now submitted to the Board to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.

1. Introduction

The role of the Quality Committee is to provide assurance of the quality and performance of commissioned services. It is also to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. The Committee oversees the arrangements for safeguarding, in partnership with the local authority in the operation of the Safeguarding Children and Safeguarding Adults Boards.

The Quality Committee is chaired by the Governing Body lay member with responsibility for patient and public involvement, the Director of Quality is deputy Chair. The committee voting membership also includes: two locality clinical representatives, the CCG Chief Operating Officer, the Director of Governance, a Lay Member and a Specialist Medical Advisor. Non-voting ex-officio attendees of the committee comprise Clinical Director of Quality (acute and community services), Assistant Clinical Director (Primary Care), Deputy Director of Quality, Deputy Director Joint Commissioning (OCC), Deputy Director Public Health (OCC) and a Patient and Public Representative.

During 16/17 the committee took on responsibility for aspects of quality in primary medical services. This work will continue for 17/18. The committee was also involved at the request of the Board in reviewing the impact on quality of the savings taskforce work.

2. Membership and Meetings

To be quorate, a minimum of five Quality Committee Members must attend, including:

- Quality Committee Chair or Quality Committee Vice Chair;
- Two Board members, ex-officio Board attendees or their deputies;
- At least one locality representative;
- At least one practicing clinician.

There were six meetings in the period covered by this report. All but the June Quality Committee were quorate.

The membership of the Committee has been as follows:

Name	Role	
Voting members		
Louise Wallace	Lay member with a lead for Patient and Public involvement (Chair)	6/6
Sula Wiltshire	Director of Quality (Vice Chair)	6/6
Dr David Chapman	OCCG Locality clinical representative(s)	4/6
Dr Kiren Collinson	OCCG Locality clinical representative(s)	3/6
Catherine Mountford	Director of Governance	6/6
Diane Hedges	Chief Operating Officer	4/6
Mike Delaney	Lay Member	6/6
Dr Guy Rooney	Specialist Medical Advisor*	4/6
Non-Voting members		
Dr Richard Green	Clinical Director of Quality**	4/6
Dr Andy Valentine	Clinical Director of Quality ***	1/6
Dr Meenu Paul	Assistant Clinical Director of Quality (Primary Care)	4/6
Tony Summersgill	Deputy Director of Quality	4/6
Andrew Colling or nominated deputy	Deputy Director, Joint Commissioning, Oxfordshire County Council	3/6
Val Messenger or nominated deputy	Deputy Director Public Health	6/6
Hillary Seal	Patient & Public Representative	3/6

*   Appointed on 1June 2016
** Retired on 22 December 2016
*** Appointed after 2 February 2017

The Director of Delivery and Localities, and a Lay member are also members of the Finance and Investment Committee. The Director of Governance and a lay member also attend the Audit committee to ensure a link between all committees.

3. Duties within the Terms of Reference

The key duties of the committee are to oversee:

- Quality and performance of service
- Patient safety
- Patient experience
- Clinical effectiveness
- Innovation

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

3.1 Duty 1 – Quality and Performance of services

The Committee has ensured there are close links between the Directorates of Quality and Directorate of Delivery and Localities to ensure the CCG commissioning intentions and operational planning include all relevant clinical standards and key performance indicators.

The CCG works with its major providers and some smaller independent providers to agree quality objectives for the forthcoming year. These objectives are then included in their quality accounts, which are reviewed by the Committee prior to the documents been publically available. The CCG reviews and comments on the accounts and evaluates how successful organisations are at meeting their objectives.

3.1.1 Quality schedules
The committee reviewed proposed quality schedules for both OUHFT and OHFT in April 2016 to ensure the CC commissions in line with evidence and current best practice standards and to meet the needs of the population.

3.1.2 Quality premium
NHS England offers all CCGs a Quality Premium. This aims to reward them for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. The Quality Premium consists of national targets related to the NHS constitution and local targets agreed between the CCG and NHS England. The CCG's quality premium is set nationally. Local elements are reviewed and agreed by the Quality Committee and is scrutinised at each meeting to ensure the CCG is taking all reasonable steps to achieve this payment.

3.1.3 GP feedback As a part of ensuring the quality of commissioned services, primary care staff in Oxfordshire provides feedback directly to the CCG using the Datix system. Between April 2016 and March 2017, 2004 pieces of feedback were reported via Datix. This information is used with information from serious incidents, patient experience and performance data to identify where services and care could be improved.

ALL GP FEEDBACK

Top 5 by adverse event 1 Jan 17 - 31 Mar 17	GP Feedback
Delay in GP receiving clinical docs (i.e. OPD/Discharge letters)	47
Communication failure between GP and Hospital / CCG	28
Request from secondary care for GP to follow up tests/scans/investigations initiated in secondary care	25
Delay / difficulty in obtaining clinical assistance	23
Failure in referral process	19

OUH GP FEEDBACK

Top 5 by adverse event 1 Jan 17 - 31 Mar 17	GP Feedback
Delay in GP receiving clinical docs (i.e. OPD/Discharge letters)	31
Communication failure between GP and Hospital / CCG	20
Request from secondary care for GP to follow up tests/scans/investigations initiated in secondary care	20
Failure in referral process	16
Failure in referral process due to pathway issue	15

OHFT GP FEEDBACK

Top 5 by adverse event 1 Jan 17 - 31 Mar 17	GP Feedback
Communication failure with patient, parent or carer	6
Communication failure between GP and deputising service	5
Delay / difficulty in obtaining clinical assistance	5
Communication failure - outside of immediate team	4
Failure to note relevant information in patient's record	3

OCCG's Quality Team addresses issues identified. Regular progress reports are then prepared and shared with GPs, providers and the Local Medical Committee (LMC) to show that change is taking place as a result of the feedback received, or utilising contractual levers where the change is too slow.

3.1.4 CQC Inspections All 72 GP practices have now been inspected by the CQC. Four are rated as outstanding, 58 are rated good and 10 are rated as requires improvement. No practice has received an inadequate rating. We are working with the 10 practices that require improvement to ensure they receive a good rating when re-inspected later in the year.

3.1.5 Care Homes
People who use care homes will be funded by the NHS, NHS and social care, solely social care or privately funded. All care homes are registered with the CQC. The approach to the management of quality in Oxfordshire Care Homes was presented in February 2017. There are 181 registered care homes in Oxfordshire, within which there is wide variation in quality. There is also variation in support and monitoring. The Committee was informed of the changes being made by the Local Authority and CCG to address this variation. This is an area for further development and will become part of the 17/18 programme of work.

3.2 Duty 2 - Patient safety

The committee reviews many aspects of patient safety including safeguarding, serious incidents, infection control and service reviews.

3.2.1 Clinical risks
The clinical risks are detailed on the CCG clinical risk register and at each meeting, the committee scrutinises the action taken by the CCG to mitigate these risks.

Exception reports are provided through the Integrated Performance report, which is a standing item on the agenda. The report also includes updates on performance; the quality schedules and CQC inspections for NHS trusts, independent providers, GP services and nursing homes.

3.2.2 Serious Incidents
Serious incidents (SI) are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to produce a comprehensive response. Serious incidents may affect patients directly and include incidents which may indirectly affect patient safety or an organisation's ability to deliver ongoing healthcare. The CCG reviews all serious incidents to try to ensure action is taken to prevent recurrence. Detailed reports were

provided to the committee in June 2016 and December 2016. 2016/17 saw an increase in the reporting of SIs. This was considered to be as a result of better reporting, following a revised national framework.

In 2016/17 222 serious incidents were reported to OCCG. As a result of a small number of serious incidents, the CCG has worked closely with the OUHFT to improve processes for managing clinical test results. Part of this work was to ensure clinicians use the electronic patient records to endorse the result.

SI reports were presented to the committee in June and December. A continued theme of SIs across the system has been pressure ulcers. The CCG has coordinated work across the system, including partnership with the Oxford Academic Health Sciences Network, to identify and address the causes of avoidable pressure ulcers. It is proposed that a system wide approach will be used in pressure ulcer management for 17/18.

3.2.3 Never Events
There were 4 Never Events during 2016/2017. The providers where these incidents occurred were OUHFT, Ramsay and British Pregnancy Advice Service (BPAS).

The agreed approach for Never Events is that they are all reviewed in line with the serious incident framework and the incident is not closed until all actions are completed and this is followed by an assurance visit.

Table of Never Events 16/17

Serious Incident	Trust	Location	Closed	Assurance Visit carried out
2016/23310	OUH	Theatres	NOT CLOSED	
2016/18934	Ramsay		CLOSED	Yes
2016/18989	BPAS		NOT CLOSED	
2016/16652	OUH	Horton Theatres	CLOSED	No (due in May 2017)

3.2.4 Safeguarding The quality committee receives a regular report on safeguarding. This incorporates both adults and children's safeguarding. A peer review was undertaken of adult safeguarding and the active involvement of the CCG was recognised. The annual safeguarding self-assessment assurance audit against Children Act (1989) section 11 and the Care Act (2014) demonstrated good compliance levels by providers. This has been validated by both the Safeguarding Adults Board and the Safeguarding Children's Board.

In May 2016 Ofsted published their Joint Targeted Area Inspection (JTAI) of multi-agency response to abuse and neglect in Oxfordshire. The headline judgement that Oxfordshire now has 'a highly developed and well-functioning approach to tackling exploitation' provides an important external judgement on an area of work that has been a key priority in recent years. This builds on Ofsted's judgement in their last major inspection of children's safeguarding services in 2014 that the OSCB was 'Good'. Health services were commended in the report for the strong collaboration between health providers

During 2016-2017 health teams have actively participated in a range of partnership reviews, including 3 published serious case reviews. Learning from these reviews have contributed to service redesign and practice developments. An example is the development of a new strategy to support practitioners' work with families to identify neglect, and an updated

procedure to support and protect women and girls identified as at risk of female genital mutilation.

The Safeguarding Adults Board has established a multi-agency group to review the deaths of vulnerable adults. [1]Oxfordshire's has developed its own approach, ensuring that the process that matches the 2017 *NHS National Guidance on Learning form Deaths*.

3.2.5 Maternity Services

As a result of the emergency closure of consultant led obstetric services at the Horton Hospital in October 2016 the Quality Committee has received reports at each meeting. The reports describe the enhanced level of monitoring by OCCG to ensure the quality and safety of the alternative service provision, a midwifery led service. OCCG has a monthly meeting with the OUHFT to discuss the agreed metrics and any quality and safety issues. This work will continue until a conclusion is reached following consultation where revised process may need to be considered.

3.2.6 Mazars

The Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015 was commissioned by NHS in July 2013. This report is commonly referred to as 'Mazars'. The report looked at all deaths of people in receipt of mental health and learning disability services in Southern Health NHS Foundation Trust between April 2011 and March 2015. Southern Health was the provider for learning disability services for Oxfordshire patients during this time. The report reviewed the reporting and investigation of unexpected deaths for people with learning disabilities and or mental health problems. It found wide variation. In learning disability the rate of investigation was particularly low. The report also found that the engagement with families in the event of unexpected deaths was poor.

As a result of the Mazars report, Oxfordshire CCG undertook a review of all the Oxfordshire patients with learning disabilities who died between April 2011 and March 2015. The approach was agreed by the Committee in April 2016. The review was a two stage process, during which every patient was reviewed. The review process included 2 multi-disciplinary events which representatives from user led organisations. The results of the review will be presented to the Committee in 2017/18.

As a result of the issues identified through Mazars, and national guidance produced in response to this, Oxfordshire has established a Vulnerable Adults Mortality sub-committee of the Adult Safeguarding Board. The panel will review the deaths of vulnerable adults in Oxfordshire.

The learning from this report was shared at a regional event and it will inform the future quality standards for the learning disability service.

3.2.7 Infection Prevention and Control

The Infection Control annual report was submitted in October 2016. Providers of health care found the MRSA limit difficult to achieve in 2016/17, with a total of 8 cases of MRSA identified in Oxfordshire patients. All cases assigned bacteraemia have undergone full case reviews and in the case of 5 avoidable bacteraemia, action plans have been put in place to improve patient care. It is noted that the 3 community cases of MRSA bacteraemia have all undergone Public Health England (PHE) arbitration and have subsequently been assigned as

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[1] **The national guidance states that all deaths of people with learning disabilities must be investigated. In Oxfordshire we have agreed a wider definition to include adults with care and support needs, whether or not they have a learning disability.**

third party. OCCG finished 2016/17 with a total of 137 of *C.difficile* cases against a limit of 145 cases, therefore finishing under the limit.

Flu prevention
During the 2016/17 influenza season, the OCCG infection control team took a proactive approach of working with the 10 practices which had the lowest uptake of flu vaccination in 2015/16. The approach was to encourage the following: active invitation of patients for immunisation, a range of clinics including evening and Saturday clinics and the monitoring of uptake progress within the practice. Work was also completed to improve access to immunisation for pregnant women using OUHFT services. Initial end of winter season data indicates that Oxfordshire has performed better than Thames Valley average (awaiting confirmation of performance against national average) and performance has improved across all risk groups compared to the 2015/16 season. This data is currently provisional as NHSE are yet to publish the final data figures.

Latent TB
Work continues to implement the Public Health England (PHE) latent TB screening programme. The PHE pathway was revised by OCCG infection control with a view to primary care identifying eligible patients and referring on to secondary care. Despite ongoing discussions, OCCG infection control has not received engagement from the practices identified to commence the screening programme. Alternative community engagement methods of inviting the eligible population to attend for latent TB testing are being considered.

Infection prevention and control is ongoing work, with active management of health care acquired infections and in identifying new infection threats to health and wellbeing.

3.2.8 Child and Adolescent Mental Health Services (CAMHS)
The experience of children and families of CAMHS formed the focus of the patient experience report in October 2016.

The long waiting times for CAMHS provision in Oxfordshire was an ongoing focus of the Committee in 2016/17.As a result of patient experience feedback and the long waiting list a revised pathway was developed. Growing demand for this service and the inability to recruit staff were a concern for the pathway. The new pathway is a collaborative with a NHS and a private sector provider. There is a target for this service for 75% of patients to be seen within 12 weeks for 2017/18. The revised pathway should deliver this standard.

3.2.9 Acute Kidney Injury
During 2016-17 the pathway for Acute Kidney Injury (AKI) has been re-designed. The pathology labs are now routinely alerting GPs when AKI is detected in blood tests. Guidelines for GPs on the management of AKI have been produced in collaboration with secondary care colleagues. For 2017/18 we are looking to produce a template for GP information system so that adherence with guidelines can be audited.

3.3 Duty 3 – Patient Experience

The CCG views patient experience, alongside clinical effectiveness and patient safety, as one of the three components of quality. Data and intelligence of patient experience is reviewed by the CCG. This includes national and local patient surveys, feedback from the CCG's localities and feedback from patient groups such as Healthwatch. The CCG also reviews how commissioned services collect and act upon patient experience data and how services perform overall. The CCG receives and acts on patient experience information directly through the patient services team.

The Friends and Family Test (FFT) is the nationally mandated test established in order to have a single score for patient experience, which can be compared to similar services. FFT updates are included in the integrated performance report presented at all six meetings. Oxfordshire providers score well when compared to national average scores. This means that, for example, a large majority of patients (around 95% for inpatients and 80% for A&E) would recommend the services they use to a friend or member of the family with a similar need. The patient experience report summarises patient experience data for commissioned services and highlights issues.

In 2015 OCCG commissioned the Patients Association to undertake a mystery shopping project. The project took place between February and September 2016. The findings of the project were presented to the Quality Committee in December 2016. The project recruited patients of the four sites of OUHFT to provide feedback on their experiences. All those who provided feedback were genuine patients using services. We were particularly interested to find out about administration of appointments and admissions and to see whether staff introduced themselves to patients. The results showed 20% (of 24) of patients had their outpatient appointments changed and over 40% (of 14) had their inpatient admission date changed. This is also apparent in OUHFT's own patient feedback. Overall, patients reported very positive experiences of care.

The issues identified by the report have been raised with the Trust and the Committee will keep an oversight of progress.

3.4 Duty 4 - Clinical effectiveness

Clinical effectiveness is defined (Department of Health, 1996) as "the application of the best knowledge, derived from research, clinical experience including audit and patient preferences to achieve optimum processes and outcomes of care for patients. The CCG commissions services to meet NICE Quality Standards and monitors clinical effectiveness processes within its provider organisations.

In 2016 a Clinical Effectiveness Group was established to receive and assess clinical audits, clinical outcome reports, patient reported outcome measures, relevant committee minutes and reports of providers and relevant national reports. The Group is intended to use this to monitor and improve the effectiveness of the clinical services it commissions and will make recommendations to the CCG and its providers. It reports to the Quality Committee three times a year. This provides a formal route for the CCG to be assured that published sources of information on clinical effectiveness and outcomes are captured and interrogated.

The committee routinely reviewed the minutes of the Clinical Ratification Group (CRG) which was established to assess and approve all treatment and referral clinical guidelines, clinical policies and proformas. The CRG receives the recommendations and actions arising from the Area Prescribing Committee (APCO), Thames Valley Priorities Committee (TVPC) and NICE.

The Quality Committee received the NICE annual report in June 2016. The report set out compliance with NICE guidance throughout Oxfordshire. The committee was assured that major providers in Oxfordshire complied with NICE quality standards where appropriate.

The Individual Funding Request (IFR) annual report was presented to the committee in June 2016. Individual funding requests is the system by which individual patients may be considered for treatments not routinely funded by the CCG. There are also a number of procedures which are commissioned by the CCG when a set of criteria are met. In these cases the requester needs to demonstrate that the criteria have been met - this is known as a 'prior approval'. It is essential that the CCG can demonstrate how decisions are made, that

they are made fairly and that there is a route available to challenge the decisions. The Committee was assured that the IFR function meets these requirements.

3.4.1 Medicines Optimisation
The Annual Prescribing report was presented in June 2016. A new on-line prescribing formulary was approved for use by all prescribers in primary care across OCCG. This will go live on the new CCG website early in April 2017 and should lead to greater adherence to the CCG recommended choice of medicines. This should improve both the quality and cost-effectiveness of prescribing. The continued use of ScriptSwitch, an IT prescribing decision support tool which provides information such as patient safety, drug switch recommendations and dosage optimisation at the point of prescribing, has generated savings for OCCG throughout the year by recommending cost effective switches which can be accepted by prescribers. The local profile is managed by the CCG Medicines Optimisation Team and, as such, the team can respond quickly to potential savings opportunities and to feedback received from practices. The tool is available to all the practices.

Significant work was done to ensure that prescribing of antimicrobials was appropriate leading to a reduction of high risk antibiotics. The prescribing of antibiotics in OCCG (per weighted patient) is considerably lower than national average although our prescribing of high risk antibiotics is above national average. However, being low prescribers of antibiotics generally makes it harder to achieve a low percentage of high risk antibiotic prescribing. Work also continued to review the prescribing of sip feeds (oral nutritional supplements). This is starting with a food first approach and then using sip feeds where food cannot provide sufficient nutrition.
In 2016-17 OCCG spent circa £85 million on medicines prescribed by family doctors for the population in Oxfordshire. As in previous years, there were significant cost pressures on prescribing, but the CCG Medicines Optimisation Team continued to work closely with the GP practices and other clinicians to promote good quality, cost-effective prescribing across the county. Each practice had a prescribing meeting with a Prescribing Adviser where priorities were discussed and a plan made for the year. As a result, many excellent pieces of work were completed in practices leading to improved care and efficiencies.

3.5 Duty 5- Innovation
During 2016-17 the Quality Committee has reviewed a number of innovations in care in Oxfordshire, including the relevant research evidence and national guidance.

3.5.1 Minor Ailment Scheme
A Minor Ailment Scheme (MAS) continued to be provided at some pharmacies in the CCG resulting in a reduction in waiting times and GP workload. In addition, in July 2016, a small pilot was initiated whereby 14 community pharmacies in Oxfordshire are able to provide advice and treatment to appropriate patients with uncomplicated urinary tract infections (UTIs) using a Patient Group Direction (PGD). The aim of the service is to reduce pressure on GP practices and Out of Hours services by redirecting some patients to a pharmacy. The scheme has now been extended until March 2018.

3.5.2 Therapeutic Pathway for Sexual Abuse and Exploitation
Following the serious case review of child sexual exploitation in Oxfordshire a therapeutic pathway was developed. This was presented to the Committee in December and February. This is a new pathway which took into account evidence from the past review and recognised gaps in service. The new pathway drew on research and on the evaluation of services elsewhere. The pathway will be reviewed once it becomes fully operational.

3.5.3 E- CDOP (Child Death Overview Panel)
OCCG is one of the first CCGs to adopt a new electronic system for managing the Child Death Overview Process, which in Oxfordshire is managed by the CCG. The electronic system will enable easier interrogation of the data so will be better placed to establish themes and lessons.

4. Contractual action

In 2016/17 the Quality committee supported formal contractual action on a number of occasions. As detailed in 3.2.2, action taken relates to failure to manage test results, and speed of clinical communication by the OUH to GPs. After considerable discussion agreement was reached on a trajectory for improvement to be achieved by June 2017. Should this milestone be met OCCG wishes the OUHFT to build on success and achieve further improvement, however this has not yet been agreed. These issues are reported at every meeting and reported to Board in the Integrated Performance Report. The potential risk posed is reflected in the risk register.

5. Future plans for 17/18

- Support all GP practices to achieve good in CQC inspections
- Develop a process for primary care for Significant Events Analysis (SEA) reporting and share good practice.
- Develop a quality improvement process for primary care.
- Continue with the clinical visits following Never Events.
- Develop a risk framework using a range of information to inform clinical visits for 17/18
- Undertake clinical assurance visits.
- Continue to seek improvements in the management of test results, speed and accuracy of clinical communication and outpatient communication to GPs.
- Work with providers to develop a system wide quality improvement focus.
- Develop the capability of the CCG to use research and audit to inform decision-making.
- Establish the new clinical governance processes for the new 111 pathway.
- Continue to be a key stakeholder in the delivery of the Oxfordshire Safeguarding Boards
- To scrutinise Oxfordshire's response to the NHS Guidance Learning from Deaths in the NHS.

6. Conclusion

OCCG's Quality Committee is responsible for overseeing the quality and safety of services in Oxfordshire. The five duties of the Committee are: quality and performance of service; patient safety; patient experience; clinical effectiveness and innovation. The Quality Committee fulfilled its duties in 2016-27.
The Committee believes its plans for 2017/18 will enhance scrutiny and improve the quality of care for patients in Oxfordshire. The Committee are informed by the views of many clinicians and managers in our commissioned services, and the views of patients. We would like to thank them for their contribution to our work to ensure the services provided in Oxfordshire are safe, accessible and clinically effective.