Oxfordshire
Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 28 September 2017	**Paper No: 17/68d**

Title of Paper: Quality Committee Minutes – 29 June 2017

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

Purpose and Executive Summary:
The Committee reviewed a range of topics relating to patient safety, clinical effectiveness and patient experience.

The Committee received an update on the interim maternity arrangements following the emergency closure of the obstetric service at the Horton Hospital.

Oxfordshire County Council's Director for Children, Education and Families attended to provide an update on Children's Social Care and the Multi-Agency Safeguarding Hub.

The Committee received the IFR and Prior Approval Annual report, along with the NICE annual Report.

The committee received the report on the review of learning disability mortality.

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: 29 June 2017

MINUTES:
Quality Committee
Thursday 29 June 2017, 9:00-12:00
Jubilee House, Conference Room A

Present:	Louise Wallace (LW), Lay Member Public and Patient Involvement, *Chair*
	Sula Wiltshire (SW), Director of Quality
	Helen Ward (HW), Deputy Director of Quality
	Jane Bell (JB) Senior Quality Manager
	Mike Delaney (MD), Lay Member
	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
In attendance:	Hannah Tombs (HT), Executive Assistant, Minutes Secretary
Item 4	Sharon Barrington (SBa) Head of Planned Care and Long Term Conditions
Item 7&11	Liam Oliver (LO), Quality Improvement Manager for Clinical Effectiveness
Item 8&9	Sarah Breton (SBr), lead Commissioner Children and Maternity
Item 8&9	Jemma Graham (JG), Senior Commissioning Manager Maternity and Children
Item 12	Victoria Harte (VH), Senior Quality Improvement Manager for Patient Safety
Item 14	Lucy Butler (LB), Director for Children, Education and Families
Item 14	Maria Godfrey (MG), Early Intervention Manager Children's Services
Item 15	Jeremy Servian, (JS), IFR Manager
Item 15	Jenn Sula-Minns, (JS-M), Prior Approval Manager
Item 16	Linda Collins, (LC), Clinical Effectiveness Manager

Apologies	Diane Hedges (DH), Chief Operating Officer, OCCG
	Catherine Mountford (CM), Director of Governance, OCCG
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality, OCCG

		Action
1.	**Welcome Introductions and Apologies** The Chair welcomed everyone to the committee. Apologies are noted above.	
2.	**Declarations of interest** There were no new declarations of interest.	
3.	**Minutes of the Meeting Held on 27 April 2017** The minutes held from the 27 April 2017 were agreed as an accurate record electronically on 16 May 2017.	
4.	**Action Log** The action log, paper 2 was discussed and will be updated.	
5.	**Forward Planner** Paper 3 was noted by the Committee.	
	Performance	
6.	**Integrated Performance Report** The Head of Planned Care and Long Term Conditions presented paper 4, the Quality Committee version of the Integrated Performance Report (IPR) on behalf of the Chief Operating Officer. The Committee members discussed the report; The Director of Quality asked whether the 10 patients who are 52 + week wait incompletes are being monitored and have had a clinical review. The Head of Planned Care and Long Term Conditions reported that the patients who are waiting are having a clinical review and are being phoned by the Clinical Lead for Planned Care. A number of the patients who were phoned have reported that they did not know why they were on the list and/or did not want surgery. The Head of Planned Care and Long Term Conditions reported that the long waits in cancer are mainly due to vacancies and sickness. OCCG is working with Oxford University Foundation Trust (OUHFT) on a process to recruit consultants in a timely manner. There are also pathway issues which have caused the backlog. Improvements resulting from changes to the pathway will take some time to materialise. The Quality Committee would like to have been sighted earlier on the issues within referral to treatment (RTT). The Committee requested that future IPR reports have more detail on RTT to enable monitoring of the position. **ACTION:** The Head of Planned Care and Long Term Conditions to provide an additional report in the IPR to enable closer monitoring of the position. The Head of Planned Care and Long Term Conditions raised the issues around patients delayed in hospital and the ongoing work with care homes to smooth the pathway. There will be pathway mapping over the next couple of weeks	**SBa**

	There are still issues with domiciliary care. The delayed transfer of care (DToC) strategy has been in place since May 2016. The joint strategy brings together key providers to reshape the service. Recruitment is still an issue **ACTION:** Lead for Quality & Contracts in Joint Commissioning to provide a report for the next Quality Committee on work being undertaken by the local authority to address delays. It was reported that the Improvement and Assessment Framework on page 5 of the IPR is reported quarterly and therefore reflects the position in January 2017. The June data for outpatient clinical communication, discharge summaries and management of test results will be reported at the July OUHFT Quality Review Meeting (QRM). OUHFT is unlikely to hit the targets for June. OUHFT has made this a priority and performance is reported throughout the hospital clinical governance committee and on screens. These areas are included in the Service Development and Improvement Plan (SDIP), which is with the Trust for agreement. Ambulance response performance against target continues to be an issue but Oxfordshire's performance is better than elsewhere in the country. An update on infection control was given; C.Difficle is currently below the limit, and there is currently one case of MRSA for Oxfordshire but no lapses in care have been identified. It was reported that there have been some difficulties in getting hold of certain antibiotics and this may have a knock-on effect on C.Difficle rates in the future. There will be a deep dive into Oxford Health Foundation Trust (OHFT) as there are concerns and underperformance on out of hours. OCCG has sent a letter to OHFT regarding the performance on Out of Hours (OOHs) the Chief Operating Officer has asked for a report from OHFT. This work is ongoing and an update will be provided to the next quality committee.	**ACo**
7.	**Quality Premium** The Deputy Director of Quality and The Quality Improvement Manager of Clinical Effectiveness gave a verbal update on the agreed option for the Quality Premium, which is early supported discharge for stroke patients. The Quality Premium update is provided on the IPR.	
	Patient Safety	
8.	**Mazars report** The Deputy Director of Quality presented the paper on the retrospective review into deaths of people with learning disabilities in Oxfordshire	

	between 1 April 2011 and 31 March 2015 following publication of 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 commonly known as the Mazars report. The Deputy Director of Quality stated that the retrospective review into deaths in Oxfordshire was a result of the Mazars report published in December 2015. The review was a response to Mazars recommendation 9, which set out that there should be a retrospective review of deaths with particular attention paid to a number of areas. The review was designed as a two stage process. Stage 1 looked at all 106 deaths and made a decision as to whether they required further review. There were 40 patients who were reviewed in stage 2 of the process. Stage 2 was a multidisciplinary learning event. The themes identified were: 1. Care coordination 2. Working with families 3. Late, or lack of, detection of deterioration 4. Issues with patients placed out of area 5. Decision making, capacity and advocacy 6. Management of epilepsy, use of assistive technology and training of people to use technology 7. Commissioning 8. Workforce There were 13 cases which required further information. These have now been reviewed and the cases have been closed. The Deputy Director of Quality reported that from1 July 2017 the Learning Disability services will be provided by OHFT. Patient and Public Representative noted that it was sad to see the issues identified by the review were not new and were present 20 years ago. The Deputy Director of Quality reported that OCCG had written to all families/next of kin who could be located. Real People Real Voices were involved in the review and have been involved in shaping the new services with OHFT. The Clinical Director of Quality stated that it is important to have care coordination and to have patient advocates. In the new contract with OHFT it would be useful to have a named care coordinator. The Designated Nurse and Safeguarding Lead described the ongoing process for mortality review which has been established in Oxfordshire. This is overseen by the Vulnerable Adults Mortality Group (VAM) Which is a subgroup of the Oxfordshire Adult Safeguarding Board.	

	The Committee welcomed the report, and thanked the Deputy Director of Quality. The Lay Member stated that there are learning points from specific recommendations and a rich insight on what needs to completed going forward. The Committee also felt that when the report is released a statement should accompany it. The report will be presented at the OCCG Board meeting on 27 July 2017.	
9.	**CQC Place based inspections** Quality Improvement Manager for Clinical Effectiveness presented the CQC "Care in a place" inspection report. The paper presents an indication of the focus of CQC place based inspection and how OCCG and its services are performing in relation to the expected focus of inspections. The Committee welcomed this paper, and felt that this is the key to helping tackle issues, but also felt that the impact of the inspections would be challenging. The Committee felt that it would be useful for OCCG to liaise with areas that have already received a CQC "Care in place" inspection. The Lead for Quality & Contracts in Joint Commissioning reported that Oxfordshire County Council had had a meeting regarding this and went through some of the questions that could be asked by the CQC. **ACTION:** Lead for Quality & Contracts in Joint Commissioning to share the questions and information from the meeting on the CQC	**ACo**
10.	**Serious Incident 6 month update report (OUHFT/OHFT) and assurance of Serious Incident actions** The Senior Quality Improvement Manager for Patient Safety presented the Serious Incidents (SI) report. There has been a decrease in the number of SIs reported compared to previous years. Themes of SI's include Pressure Ulcers by OH and managing test results by OUH. The Senior Quality Improvement Manager for Patient Safety stated that the OHFT has a monthly steering group meeting for pressure ulcers, which she attends. Regarding the problem of managing test results, there is ongoing work to improve endorsement of test results in the OUH. The committee noted the reported.	
11.	**Refreshing the Trust's Quality Strategy.** The Director of Quality presented the Refreshing the Trust's Quality Strategy to the Committee. The Quality Committee was asked by OUHFT to discuss and offer suggested areas for inclusion. The Committee discussed the paper and suggested the following areas: • The role of the trust in a whole pathway approach leading to an integrated & seamless patient experience. • How does the Trust learn from previous experiences for example on DTOC and failure to recruit obstetricians in maternity • Internal processes for adherence to NICE guidance.	

	• Accessibility for hard to reach groups in the strategy to services • The Trust's role in empowerment /self-management – patient centred approaches. The Quality Committee thanked OUHFT for asking OCCG to provide feedback.	
12.	**Maternity Interim Arrangements Update** The Senior Commissioning Manager Maternity and Children updated the Committee on the Quarter 4 Performance (April 2017) of the interim arrangements for maternity at the Horton. The Senior Commissioning Manager Maternity and Children reported that the number of consultant hours on the maternity ward at the John Radcliffe has remained below the agreed target, at 92 hours. The Senior Commissioning Manager Maternity and Children gave an update on the activity at the Horton Midwifery Led Unit (MLU) for April 2017, 19 out of the 21 women who planned to give birth at the Horton MLU successfully did so. There were 9 transfers during April 2017, two women were in first stage of labour, 3 in the third stages of labour, one was for maternal postnatal care and three were babies who required a neonatal review. Four of the transfers were classified as time critical. Six transfers were non-time critical. To date no babies have been born during transfer. An update was also given on maternal and neonatal outcomes, in April 2017 no babies were admitted to Special Care Baby Unit (SCBU) and there were no maternal or neonatal deaths at the Horton MLU. OUHFT have reported that the number of births at Chipping Norton MLU was down by 12 births between October 2016 and April 2017, compared to the same period in 2015/16. OCCG will continue to monitor this and the impact of the new MLU at Warwick when it opens. OCCG will be meeting with South Warwickshire NHS FT (SWFT) on 22 August 2017 to address issues arising from the CQC inspection. In October 2016 the OUHFT decided to stop accepting women from outside of Oxfordshire to have their babies at the John Radcliffe. This did not include tertiary referrals. Capacity has not proved to be an issue so this restriction was removed on 15 May 2017. Work is ongoing between OUHFT and OCCG to reduce gynaecology RTT issues and the waiting list continue to reduce. The committee felt it would be useful to have a graph with all data from Q1-Q4 to see if there is a trend. **ACTION:** The Senior Commissioning Manager Maternity and Children to add the KPI data for Q1-Q4 in the next report.	**JG**

13.	**Report on transfer data base for Oxfordshire's Free Standing Midwife Led Units (MLUs)** The Lead Commissioner for Maternity and Children updated the committee on the transfers from Oxfordshire's four freestanding MLUs to compare activity across the three permanent units and the temporary unit at the Horton General Hospital. The three permanent units consist of Chipping Norton MLU (Cotswold Unit), Wallingford and Wantage. The Senior Commissioning Manager Maternity and Children reported that the numbers of mothers in the report provided are too small for statistical analysis, as this is only data from a 6 month period. **ACTION:** The Senior Commissioning Manager Maternity and Children to look at the data provided for all MLUs in Oxfordshire, for a 12month period. Between October 2016 and March 2017, 288 women attended one of Oxfordshire's freestanding MLUs, 47 of the women were transferred prior to delivery, and 36 women were transferred following the birth for either maternal or neonatal reasons. The paper was written to compare the Horton to the permanent units but there needs to be a defocus from the Horton as the paper raised questions in terms of transfer rates and times about all of the MLUs across Oxfordshire. It was acknowledged that the dedicated ambulance at the Horton General Hospital reduces the length of time a women wait for an ambulance and therefore reduces the overall transfer time. If the dedicated ambulance was not present then the overall transfer time will increase. The committee felt that the criteria needed to be redefined when offering the choice of an MLU to a pregnant woman, as assessing women under redefined criteria at the beginning of pregnancy and throughout would be more beneficial. There was a discussion on transfer times from Oxfordshire's MLUs, how this relates to access to ambulance and other transport options, and what constitutes too long for a transfer and access to consultant maternity and neonatal services of a woman in labour. Further analysis and discussion with OUHFT is required to understand the risks of longer transfer times. **ACTION:** The Senior Commissioning Manager Maternity and Children to discuss with OUHFT how the risk to mothers and babies who experience longer transfer times in managed. It was felt that confidence intervals could be applied to the comparison of Oxfordshire's transfer rates to the Birthplace study to give a more accurate picture. The RAG rating was unhelpful and could be unnecessarily alarming.	**JG** **JG**

	ACTION: The Senior Commissioning Manager Maternity and Children to use confidence intervals when presenting transfer data in future. Concerns have been raised over the staffing at the MLUs, as when a transfer takes place, a midwife will accompany the ambulance and an on call community midwife will be called to cover. The Lead Commissioner for Maternity and Children reported that this is organised centrally through a rota and the system had been in operation and working well in the permanent MLUs for many years. Would be useful to look at qualitative data and feedback from women who had been transferred from any of the four MLUs during or after birth. The Committee noted the contents of the report.	**JG**
14.	**Children's Social Care and Multi Agency Safeguarding Hub** (MASH) **Performance** The Director for Children, Education and Families and the Early Intervention Manager for Children's Services from Oxfordshire County Council (OCC) attended for the Children's Social Care and Multi-Agency Safeguarding Hub performance item following the Committee's request at 23 February 2017 Quality Committee. The request was for an update on: • The changes to children's social care. • The activity on what is being done to address rising child protection and Looked after Children numbers. • What is being done to provide assurance about the quality and nature of feedback to referrers and to ensure GPs are aware of updates and changes in situations for vulnerable children in the children's social care system. The Director for Children, Education and Families reported that Oxfordshire is not unusual for the number of child protection and safeguarding children cases. The case of Baby P is one of the factors that have triggered the increase in child protection. Nationally there has been a 94% increase of children on a child protection plan. There is a 46% rise in social care assessments in Oxfordshire, most of the referrals that go through the MASH go into Social Care. There was also a 62% rise in looked after children in the last year; this has had a big impact. The Director for Children, Education and Families stated that OCC have been working with an external company, Impower, to help with a deep dive into cases, to look at referral rates, looked after children and early help assessment processes. A key finding was poor communication and feedback through the different services and a lack of shared understanding.	

	As result, four 'obsessions' have been agreed by OCC • Increase school attendance • Reduce looked after children • Intervening earlier • Improving confidence of whole workforce. The Early Intervention Manager for Children's Services gave an update on the pathway through the Children's services. The front door into the services was MASH, there has been a large amount of work to change this and ensure only urgent child protection work goes directly into the MASH. All concerns and less urgent referrals are to be directed to a new locality community support service. This service will be the main front door for professionals raising concerns at an early stage, and staff within this service will work more directly with their local schools, health visitors and GP practices. The locality community support service will be able to work out in the locality and assess the needs of the child in partnership. The GP, HV or school will be able to phone the locality community support service to raise their concerns. The aim will be that the needs and risks can be shared and plans agreed early, reducing the need for formal child protection level assessments and improving outcomes for children requiring support. The locality community support team has workers in the MASH to ensure that where necessary they can pass a case directly to the children and families assessment team. The Committee heard from the Designated Nurse and Safeguarding Lead that an email and a message had been shared in the GP bulletin and a list of practices had been shared with the locality community support service so that their managers can link with their local GP practices and schools. Members of the committee also felt that Youtube videos and flow charts would be a good aid to have for information regarding the change in pathway. The links to the information about the new service have been added to the OCCG webpages in the safeguarding resources section. The Clinical Director of Quality fed back to The Early Intervention Manager of Children's Services that it would be useful to have one number to talk to someone or to refer a child. There is currently a system issue in coordinating a response between the locality community support service and CAMHS which will be addresses within the CAMHS service remodelling. The Chair thanked The Director for Children, Education and Families and The Early Intervention Manager of Children's Services for their update.	
Clinical Effectiveness		
15.	**Individual Funding Requests (IFR) and Prior Approval Report**	

	The IFR Manager and the Prior Approval Manager presented the IFR and Prior Approval Annual Report for 2016/2017. The IFR Manager reported that there had been an increase in IFR and prior approvals over the year. The IFR process is going paperless and will be using a web based system, Blue Teq. Prior approvals are already using the system and to date there have been no complaints. The Committee raised a query relating to feedback to patients who have gone through the IFR process, this was originally raised at the 27 October 2016 Quality Committee. The IFR Manager reported that this would be difficult to achieve and OCCG would not like to distress patients further. The application is completed by the clinician and all correspondence is with the clinician and not the patient. The committee would like to know how many appeals and complaints have been raised. The IFR Manager stated, that on page 4 of the report "there were no formal complaints during 2016/17 concerning IFRs. However the Patient Services team provided specific advice to five patients during 2016/17 regarding the process and how it works." Regarding appeals, the report states on page 7 "In 2016/17, the DRC considered one case in respect of an IFR received the previous year". The DRC (Decision Review Committee) is the body which considers appeals. The Chair thanked the IFR Manager and the Prior Approval Manager for the report.	
16.	**NICE Annual Report** The Clinical Effectiveness Manager presented the 2016/2017 NICE Annual Report to the committee. The traffic light system for drugs is kept up to date in secondary care. NICE is also now integrated with prior approvals. OUHFT and OHFT will be asked for more regular updates on their approach to audit on quality standards.	
	Patient Experience	
17.	**Patient Experience Report** The Senior Quality Manager updated the Quality Committee on the overview of patient experience, the Committee members discussed the report The Senior Quality Manager reported that performance on the mental health Friends and Family Test (FFT) has improved, and OHFT had reported that there was an IT problem which caused the drop in performance. The Senior Quality Manager raised a concern surrounding the OUHFT PALS service. OCCG has identified that the phone line has been	

	partially staffed through the working day (11am-3pm) this is due to staffing issues within the PALS team. OCCG will continue to monitor this service and liaise with the lead for patient experience at the Trust **ACTION:** The Senior Quality Manager to provide an update on the concerns surrounding the OUHFT PALS service. The committee noted the report.	**JB**
18.	**Mystery Shopper Findings** Due to time constraints the paper is to be brought back to the August meeting.	
	Patient Experience	
19.	**Risk Register (for assurance and action)** The Risk Register was noted by the committee, all the clinical risk identified have been discussed through the meeting. The 111 and urgent theatre risk will be reviewed outside the committee.	
20.	**For noting/Ratification of decisions** • The HART report was noted a further update will be available at the August Quality Committee. • The CRG Minutes from 6 April 2017 meeting were noted and the decisions ratified. • The CRG Minutes from 4 May 2017 meeting were noted and the decisions ratified.	
21.	**Confirmation of meeting Quorum** The 29 June Quality Committee was quorate, therefore no decisions requiring ratification.	
22.	**Any other business** None	
	Date of Next Meeting 31 August 2017, 9:00-12:00, Conference Room A	