

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 30 November 2017

Paper No: 17/85e

Title of Paper: Quality Committee Minutes – 26 October 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.

Matters arising were addressed.

The Integrated performance report RTT meetings have been held with 10 specialities to date with input from NHSE and NHSI. Ambulance response times were below target however it was noted that the revised national standards come into effect in November 2017.

Accident and Emergency Delivery Board (AEDB) are overseeing the winter plan. It was noted that the highest attendance figures for 16/17 was 420 day however in 17/18 this figure had been exceeded on a number of occasions attendance.

The Committee received a report on Delayed Transfers of Care (DToC) and Home Assessment Reablement Team (HART) performance, the report describes the work underway to reduce Oxfordshire's delayed transfers of care. The update report identified capacity, process and criteria as areas to focus on. The DTOC working Group identified 3 distinct groups of patients:

- Patient is ready to go home with help or no help
- Patient needs more rehab, either Community Hospital or in an intermediate Care bed
- Patient is more complex not able to go home

Identifying and supporting the individual needs of each group should achieve results. A further update is expected at the December Quality Committee.

The Committee received an update on the interim maternity arrangements following the emergency closure of the obstetric service at the Horton Hospital. The committee welcomed the additional consultant hours on the labour ward.

The Committee received further updates on the progress of the Therapeutic Pathway for Sexual Abuse and Exploitation and the ongoing work around Strategic Review of Domestic Abuse.

The Committee also received an update on the SEND inspection, a formal letter is expected. A further update will be given at the February Committee.

The Committee noted the content of the Oxfordshire Safeguarding Children Board Annual Report 2016/17, along with the refreshed version of the Children and Young People Plan.

The Committee received annual reports on Infection Control and Annual Prescribing.

A further update was given on OUHFT's response to the Mystery Shopper Findings.

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.

Author: Sula Wiltshire, Director of Quality and Lead Nurse:

sula.wiltshire@oxfordshireccg.nhs.uk

Clinical / Executive Lead: Dr Andy Valentine, Clinical Director of Quality:

Andy.Valentine@oxfordshireccg.nhs.uk

Date of Paper: 26 October 2017

MINUTES:

Quality Committee

31 October 2017, 9:00-12:00

Jubilee House, Conference Room B

Present:	Louise Wallace (LW), Lay Member Public and Patient Involvement, <i>Chair</i>
	Sula Wiltshire (SW), Director of Quality
	Catherine Mountford (CM), Director of Governance,
	Jane Bell (JB) Senior Quality Manager
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality,
	Val Messenger (VM), Deputy Director of Public Health (OCC)
	Andrew Colling (ACo), Lead for Quality & Contracts in Joint Commissioning (OCC)
	Hilary Seal (HS), Patient and Public Representative
	Julie Dandridge (JD), Deputy Director and Head of Primary Care and Localities,
	Linda Collins, (LC), Clinical Effectiveness Manager
In attendance:	Hannah Tombs (HT), Executive Assistant, Minutes Secretary
<i>Item 6</i>	Alan Dodge (AD), Performance Manager (OCCG)
<i>Item 7</i>	Sonia Janeva (SJ), Senior Commissioning Manager Joint Commissioning (OCCG)
<i>Item 8, 9, 10, 11</i>	Sarah Breton (SBr), Lead Commissioner Children and Maternity (OCC)
<i>Item 10</i>	Sarah Carter (SC), Strategic Lead for Domestic Abuse (OCC)
<i>Item 13</i>	Chris Walkling (CW), Senior Commissioning Manager Joint Commissioning – Mental Health (OCCG)
<i>Item 15</i>	Claire Critchley (CC), Lead Pharmacist for Medicines Optimisation (OCCG)

Apologies	Diane Hedges (DH), Chief Operating Officer,
	Helen Ward (HW), Deputy Director of Quality
	Mike Delaney (MD), Lay Member
	Dr Andy Valentine (AV), Clinical Director of Quality
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Dr David Chapman (DC), Locality Clinical Director
	Dr Kiren Collison (KC), West Deputy Locality Clinical Director
	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead

	Item 7, then per agenda	Action
1.	<p>Welcome Introductions and Apologies The Chair welcomed everyone to the committee and the apologies are noted above. The Committee was not quorate therefore any decisions that need to be ratified will be listed at the end of the meeting and voting members will be asked for ratification via e-mail.</p>	
2.	<p>Declarations of interest There were no new declarations of interest.</p>	
3.	<p>Minutes of the Meeting Held on 31 August 2017 The minutes held from the 31 August 2017 were agreed as an accurate record.</p> <p>Matters arising.</p> <ul style="list-style-type: none"> • The Lead for Quality & Contracts in Joint Commissioning provided an update on social care workforce, a workshop for Oxfordshire focused on the unregistered workforce was held in August 2017 this was in recognition of the challenges faced across the system. The slides and notes from the workshop will be circulated. <p>The workshop was attended by senior people from a range of organisations; there was also care association and local enterprise representatives present. The workshop concluded on 6 key areas.</p> <ol style="list-style-type: none"> 1. Development of a joint brand for health and social care 2. Development of a joint recruitment campaign 3. Development of joint recruitment processes 4. Recognition of the economic challenges 5. Development of skills of leadership 6. Development of a career pathway <p>There was agreement of a funding for a Project Manager across Oxford University Hospital Foundation Trust (OUHFT), Oxford Health Foundation Trust (OHFT), Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG). A Project Manager has also been appointed to report into the overall System Flow Board. The 6 areas listed above will each have a lead. A major workforce survey has taken place and is currently in a draft report and will be shared once developed.</p> <p>The Chair highlighted that this is a major risk for all health and social care organisations and would like this to be considered as an agenda item at an OCCG Board Workshop, on the approaches OCCG are taking increase regulated workforce.</p> <ul style="list-style-type: none"> • The Clinical Effectiveness Manager provided an update on Clinical Effectiveness meeting with OHFT including compliance with NICE guidance. OHFT are improving reporting and ensuring they have data to demonstrate compliance, this has caused the drop in compliance with NICE guidance. The Clinical Effectiveness Manager is hopeful that this would continue to improve and OHFT are compliant. 	<p>ACo</p> <p>CM</p>

4.	<p>Action Log The action log, paper 2 was discussed and will be updated.</p>	
5.	<p>Forward Planner Paper 3 was noted by the committee.</p>	
Performance		
6.	<p>Integrated Performance Report The Deputy Director and Head of Primary Care and Localities and the Performance Manager presented paper 4, the Quality Committee version of the Integrated Performance Report (IPR) on behalf of the Chief Operating Officer.</p> <p>The Director of Quality reported that the IPR links to:</p> <ul style="list-style-type: none"> • Assurance Framework 19- Demand and Performance challenges • Assurance Framework 22- Quality • Risk 758- Delayed Transfers of Care (DToC) Reduction • Risk 735- OUHFT Tests Results • Risk 771- Inpatient Discharge Summaries • Risk 798- Performance in Referral To Treatment (RTT) and Cancer NHS Constitution Standards • Risk 770- Outpatient Communication Between Primary and Secondary Care • Risk 797- A&E 4 Hour Wait • Risk 800- Learning Disability Service in Transition <p>The Director of Quality asked that in future this is included on the front sheet of the paper, so the Committee can be assured that the risks are being covered.</p> <p>The Deputy Director and Head of Primary Care and Localities reported on the Quality and Performance Dashboard, the dashboard provides a high level summary of overall performance, RTT continues to be a concern.</p> <p>Two week wait breast symptoms performance was below trajectory for August, this is reported by the provider as due to patient choice (e.g. . choosing to delay appointment due to scheduled holiday). OUHFT are looking at closing the gap, and ensuring that the patient understands the nature of the appointment.</p> <p>The Assistant Clinical Director of Quality stated that GPs have been told that they must inform their patients that they are being referred for a two week cancer referral and say it is for ruling out cancer. Patients are also given patient leaflets for information.</p> <p>The Chair raised a query on mixed sex accommodation performance which is red and has peaks in poor performance. The Director of Quality reported that this is very complex area, as if there is 1 man placed in a bay with 4 women that will equal to 5 breaches. NHS England is currently looking into this area for national consistency, however this remains an area of concern.</p>	AD

	<p>The Deputy Director and Head of Primary Care and Localities reported on the key provider issues. At the last Quality Committee, OUHFT was submitting a medium term plan for RTT. 10 individual specialty workshops have been held, in which there has been clinical and commissioner engagement, along with NHS Improvement and NHS England Specialised Commissioning. OCCG are working with OUHFT to maximise the work that can be completed within the 18 months to end of 2018/19.</p> <p>NHS England, NHS Improvement and OCCG have responded with amendments to the RTT recovery plan. OCCG are working closely with the Trust to develop this in to an operational implementation plan. The breakdown of the data in the IPR appendix shows trend and backlog in the specialities that are affected.</p> <p>The Deputy Director and Head of Primary Care and Localities reported that ambulance services have remained below target (red) for the last 12 months. From 1 November 2017 as part of the Ambulance Response Programme new constitutional ambulance response standards shall be implemented nationally. NHS England has asked that commissioners are provided with sufficient time to allow for implementation of the new targets. The change is likely to impact on the quality premium, OCCG are awaiting national guidance to ascertain how this shall be managed. OCCG Board is sighted on this.</p> <p>The A&E Delivery Board is overseeing the Accident and Emergency four hour waits performance. Winter plans have been submitted and achievements against them are currently being assured by the A&E Delivery Board. The Deputy Director and Head of Primary Care and Localities noted a continuation in increased demand on accident and emergency at OUHFT, noting the busiest period that in autumn last year was averaging 420 patients per a day. This has been exceeded a number of times already in autumn 2017. There is work ongoing to improve targets but this is in the early stages.</p> <p>The Director of Quality reported on Clostridium Difficile (C.diff) cases in Oxfordshire, the C.diff cases are reviewed monthly, in month 5 there was a peak in cases, unfortunately these were all unavoidable. This is similar with MRSA. There is a focus on infection control in Primary Care.</p> <p>The Director of Quality also reported on performance against local standards for outpatient communication, inpatient communication and management of test results. OUHFT are coming to the end of the outpatient communication pilot of voice recognition software. OUHFT have advised that the pilot has been positive, but OCCG has yet to receive data on this. The Director of Quality will provide an update once received.</p> <p>There has also been communication between OCCG and OUHFT on</p>	<p>SW</p>
--	--	------------------

	<p>driving contract overspend, this is currently being investigated.</p> <p>An update was given about the 111 service provided by the South Central Ambulance Service. Currently less than 10% of 111 patients are being referred on to the 999 services; this meets the national requirement. This is anticipated to improve further with as the implementation of the new 111 service continues.</p> <p>The Deputy Director and Head of Primary Care and Localities gave an update on quality and performance of OHFT. The data shows that the number of patients waiting for specialist Psychological Therapy is decreasing. The Committee was asked to note that the emergency psychiatric unit has been nominated and shortlisted for a HSJ award.</p> <p>The Senior Quality Manager discussed performance on stroke measures; the data recorded is measuring against NICE standards for speech and language therapy (SALT). OHFT have reported the length of time for SALT is intolerable for some patients, OHFT reports against stroke SSNAP measures, in which Oxfordshire has average performance. The Senior Quality Manager is working on getting this data reported from OHFT to OCCG.</p> <p>The Committee would like to start with a discussion on OHFT section of the IPR report at the December Committee.</p>	
7.	<p>Delayed Transfers of Care and Home Assessment Reablement Team report</p> <p>The Senior Commissioning Manager Joint Commissioning presented the report on Delayed Transfers of Care (DToC) and Home Assessment Reablement Team (HART) performance. The report describes the work underway to reduce Oxfordshire's delayed transfers of care.</p> <p>There have been a couple of workshops held to identify pathways within the system. From the sessions key themes have been identified:</p> <ul style="list-style-type: none"> • Lack of capacity • Inefficient processes • Implementation of criteria <p>A system wide DToC group has been formed with members from all providers and commissioners in Oxfordshire. The process mapping identified that when a patient is medically fit for discharge, there were 25 discharge options for ward staff to choose from. As a result this area is now being streamlined into 3 groups:</p> <ul style="list-style-type: none"> • Patient is ready to go home with help or no help • Patient needs more rehab, either Community Hospital or in an intermediate Care bed • The Patient is more complex not able to go home <p>The Senior Commissioning Manager Joint Commissioning informed the committee on good progress with the Trusted Assessor model that has been used in Community Hospital and Acute settings. Previously the</p>	

	<p>process mapping identified that there was 25 steps (50 hours) of input to transfer a patient. The new Trusted Assessor model means that the Discharge Liaison Team or Single Point of Access team (SPA) will assess where the patient needs to go and the referral will be then accepted, this has been working well.</p> <p>The Senior Quality Manager presented the Safer Faster Better paper which accompanied the DToC report. The Safer Faster Better paper gave information for assurance on the visits that were undertaken to the John Radcliffe Hospital (JRH) and Horton General Hospital (HGH) in August 2017.</p> <p>The main issue at the JRH was the shortage of domiciliary care in South of the County and, for the HGH, difficulties with discharging patients from Northamptonshire.</p> <p>The Director of Quality reminded the Committee that the focus needs to be on the quality and prevention of harm. The Chair noted that the Committee also needs to focus on performance.</p> <p>The Chair asked as Commissioners do we understand the nature of the problem that is causing the issue with the flow of patients and addressing the workforce shortages. The Senior Commissioning Manager Joint Commissioning reported that the problems have been identified, the process mapping helped with identifying the lack of capacity and lack of criteria.</p> <p>The Chair also asked if the quality of patient care is where it is expected to be. The Senior Commissioning Manager Joint Commissioning reported even though the patients have been delayed there are no reported issues with the quality of care received.</p> <p>The Lead for Quality and Contracts in Joint Commissioning reported that during the last 12 months HART has worked hard to get the capacity they need, there is a major issue with workforce across the system. There is a lot of focus on workforce, there have been workshops and a report produced. A fuller update was given in Item 3 Matters Arising.</p> <p>The Committee noted that DToC is currently on trajectory for October 2017.</p> <p>The Committee are assured on the quality of care in the DToC system. However the Committee were not assured on the performance of DToC and HART and felt that the paper was provider led. The committee would like to have an updated report with interpretation of the provider's data at the December Quality Committee.</p>	<p>JD/DH</p>
Patient Safety		
<p>8.</p>	<p>Maternity Interim Arrangements The Lead Commissioner Children and Maternity provided an update on</p>	

	<p>the Interim Maternity Arrangements at the Horton General Hospital (HGH). The data reported is from October 2016-August 2017. The Maternity Interim Arrangements link to risk 790.</p> <p>OUHFT have recruited to the consultant post, as a result the hours on the labour ward has increased to 108 and is anticipated to go up further to 114 hours. There are still challenges to the midwife to birth ratio, although this is predictable at this time of year due to the timing of students finishing university. In September OUHFT have recruited 36 midwives.</p> <p>Year to date there has been 179 births at the HGH, OUHFT is on track to reach 200 births for the year. There have been 85 transfers to date. In the period July/August of 47 who planned to give birth at HGH, 37 did so, with 18 transfers including 4 in third stage of labour. 11 were time critical with a range of 35-35minutes, 7 non time critical (range 35-45minutes). To date (26 October 2017) no babies have been born in transit.</p> <p>Capacity at the JRH is being monitored regularly due to OUHFT now taking referrals from Buckinghamshire and Berkshire. August was the largest number of births which was expected, OUHFT have opened extra beds. OUHFT are also reconfiguring beds on the wards so additional beds do not need to be used.</p> <p>The Chair raised that in the past there was an audit on perineal tears, the Committee would like a Trust wide audit as it is an indicator of quality and clinical safety.</p> <p>The Lead Commissioner Children and Maternity to find out the organisation of the women's unit, as it has been in the report that the induction unit is at the top of the building and Delivery unit at the bottom and will report back to the December meeting.</p> <p>The ranges for the data should be provided in the table as well as the narrative.</p>	<p>SBr</p> <p>SBr</p> <p>SBr</p>
<p>9.</p>	<p>Therapeutic Pathway for Sexual Abuse and Exploitation</p> <p>The Lead Commissioner Children and Maternity provided an update on the Therapeutic Pathway for Sexual Abuse and Exploitation following the report and the discussions at the April 2017 Committee.</p> <p>The pathway is still under review. Talking Space (IAPT for common mental health problems) is now commissioned to take young people (16+ years); the number of children accessing this service is still very low. The service is now recording what the referral was for and if it was a self-referral.</p> <p>The Chair raised issues with provision of Improving Access to Psychological Therapies (IAPT) regarding whether IAPT is appropriately skilled for dealing with survivors of sexual abuse, as there is evidence</p>	

	<p>from NICE which would suggest that specific therapies are needed, it would be for the commissioners to ask providers of these services about the nature of the therapies used.</p> <p>The Assistant Clinical Director of Quality would like to know the pathway for safeguarding of 16-18 year olds as they are still classed as children. The Lead Commissioner Children and Maternity reported that there is now a clear pathway and there is a direct link to CAMHS.</p> <p>The CCG has commissioned a single point of access for children who have been a victim of sexual abuse or sexual harm. The Horizon service is the best point of access, they will then make sure they are seen by the right service. Originally if a young victim was referred to a sexual assault referral centre (SARC) they would miss the Horizon service, but with the new model everyone (including those via SARC) would then go through Horizon and then elsewhere. The Lead Commissioner Children and Maternity to add primary care to the children's pathway in the diagram.</p> <p>The Lead Commissioner Children and Maternity reported on an issue raised that young children are not seen in SARCS (usually 12 years or older), although older teenagers might get referred to the SARC. The clinical lead for the pathway is in contact with the head of SARC and is making sure there is a clear pathway back to the referrer. The Chair reported that there is national research being commissioned by NIHR on SARCs. There are proposals to open a new SARC in Bicester.</p> <p>The Locality Clinical Director had raised a concern at the April Committee on the support for male victims. The Lead Commissioner Children and Maternity reported that there has been a good piece of work with voluntary providers, they are mapping services and identifying where the gaps are. The group will launch a voluntary service known as the survivor's pathway, this service will focus on male victims. Another piece of work is on the victims support, there is now an online support site called victims first, this is very user friendly and a victim can access a number of services through this.</p> <p>The Lead Commissioner Children and Maternity to ask the Assistant Clinical Director of Quality and Locality Clinical Director to check over the pathway before being published to GPs.</p>	SBr
10	<p>Update on Strategic Review of Domestic Abuse</p> <p>The Strategic Lead for Domestic Abuse provided an update on the service development work since the April 2017 Committee. Since the update a domestic abuse summit has been held, the summit focused on 3 areas:</p> <ul style="list-style-type: none"> • Agreeing our vision • Strengthening the governance • Delivering effective domestic abuse services and addressing gaps <p>It has been agreed that the Domestic Abuse Board Strategic Board will</p>	

	<p>be reporting into the Health Improvement Board. The vision for domestic abuse has been finalised and published here.</p> <p>Oxfordshire County Council is commissioning specialist services and are co-commissioning for commissioning pathways between the services. Interviews for the provider have now finished and will be shortly appointing the winning bidder for the services, this will ensure that services will be in place by 1st April 2018.</p> <p>The Strategic Lead for Domestic Abuse reported that the other area that is being looked into is the workforce development and training in communication. OCC will be working with the new provider to help develop these. OCC are also looking at pathway information and making sure staff understand what their role is and where they should refer victims to.</p> <p>The Senior Quality Manager stated that it is good to see the perpetrator interventions programme being launched at the beginning of the month.</p> <p>OCC have worked to link sexual abuse and domestic abuse and are looking at strengthening the individual streams.</p> <p>Single point of access for domestic abuse and sexual abuse will include online and telephone communication.</p>	
11	<p>Update on Special Educational Needs and/or Disabilities inspection</p> <p>The Lead Commissioner Children and Maternity provided an update on the Special Educational Needs and/or Disabilities (SEND) inspection and a formal letter is expected. The Lead Commissioner Children and Maternity will inform the Director of Quality once the formal response is received and an update will brought back to February 2018 Committee.</p>	SBr
12	<p>Children Safeguarding Annual Report</p> <p>The Director of Quality presented the Children’s Safeguarding Board Annual Report. There were three areas of focus:</p> <ul style="list-style-type: none"> • Providing Strong Leadership and Governance • Driving Forward Practice Improvement • Quality Assuring and Scrutinising the effectiveness of practice <p>The Committee felt that it was a very readable report with good information. The Committee noted the contents of the Children Safeguarding Annual Report.</p> <p>• Children and Young People Plan</p> <p>The Lead Commissioner Children and Maternity provided an update on refreshed version of the Children and Young People Plan. The refreshed plan and the early stages of the new plan will be presented at the OCCG Board.</p> <p>The Director of Quality raised that it would be useful to see more of a focus on health and mental wellbeing in the revised version, as there is</p>	

	<p>a lot of focus on illness.</p> <p>The Chair raised a query on page 13 of the plan regarding the focus for the Trust on maternal and perinatal mental health, as this area fits uncomfortably between adults and children, especially for low level perinatal mental health. The Lead Commissioner Children and Maternity assured the committee that this is included in the plan.</p> <p>The Chair raised another query on page 20 on the plan regarding Looked After Children; is there a focus on mental health issues in the service? The Lead Commissioner Children and Maternity assured the committee when the CAMHS service was recommissioned, a specialist pathway for looked after children was also commissioned.</p> <p>The Chair and the Assistant Clinical Director of Quality raised that there is emerging issue with online sexual abuse and cyber bullying and would like to see a separate section on this. The Lead Commissioner Children and Maternity assured the committee that there is work ongoing in this area, and the OCC are working with schools on this.</p> <p>The Lead Commissioner Children and Maternity stated that the plan would be put in place from April 2018. There is a stakeholder workshop being held on 10 November 2017.</p>	
13	<p>Update on Transforming Care Partnership and Learning Disability Transition</p> <p>The Senior Commissioning Manager Joint Commissioning updated the committee that the Transforming Care Programme is currently at a half way point. The Transforming Care Programme has been focusing on people with a learning disability and/or autism that have been having long and inappropriate stays in hospital, and discharging the patients quickly and with the correct support at home.</p> <p>The Transforming Care Partnership Programme focussed on the transfer of the learning disability services from Southern Health Foundation Trust (SHFT) to OHFT, this was completed on 1 July 2017.</p> <p>The Transforming Care Partnership Programme has been in coproduction with My Life My Choice and Autism Oxford on priorities for the programme going forward. From this work a number of themes have been identified such as housing, sexual health and grief and trauma counselling.</p> <p>The Senior Commissioning Manager Joint Commissioning reported that OCCG now has the data from July to September from OHFT regarding learning disability services. There are currently no areas of significant concern. The data shows that 93% of referrals have hit the 6 week wait target and 75% of urgent referrals have met the 48 hours wait. However the numbers of referrals are small, there were 4 referrals in September.</p> <p>The Senior Commissioning Manager Joint Commissioning would like to</p>	

	<p>bring back a further report to the Committee as there would be more data and OHFT are currently producing a first 100 day report.</p> <p>The Director of Quality assured the Committee that the transfer went well, and no patients have fallen between the gaps in services and transitions. There is work ongoing to improve services between health and social care for the diversity of the population of Oxfordshire.</p> <p>Currently the age for children in transforming care is up to 25 years. There is an ongoing project group to create an all age crisis response.</p>	CW
Clinical Effectiveness		
14	<p>Infection Control</p> <p>The Senior Quality Manager presented The Infection Control Annual Report 2016-17 on behalf of the Infection Control Lead Nurse. It was reported that there was an increase in cases of Meticillin Sensitive Straphylococcus Aureus (MSSA) and E.coli bacteraemia. However there is a decrease in MRSA and C.diff cases from 2015-16.</p> <p>The Senior Quality Manager reported there continued to be training in primary care for infection control, which is a requirement of CQC registration. It was reported that following a CQC inspection to date three practices have been deemed as inadequate or requiring improvement, however their infection control practices have been satisfactory.</p> <p>Screening for latent TB is something that is required and has been a challenge trying to engage primary care. The model for latent TB will be based on a community engagement programme, OCCG are working with the Local Authority on development of the programme.</p> <p>The Senior Quality Manager explained that there will be reference groups set up within the community, most communities meet monthly and the screenings will take place then. There will be information shared, such as Youtube clips on their Facebook groups.</p> <p>The Chair would like the effectiveness monitored closely and was surprised that Primary Care had declined to engage with schemes for screening for latent TB. The Director of Quality assured the Committee that this is a complex system and was a complicated pathway for primary care to get the patient through, as it is hard to get patients to be screened as they may not want to be known to the authorities.</p> <p>The Senior Quality Manager reported there has been a drive to reduce antimicrobial resistance, incentives continue for appropriate prescribing. Surgical site infections for hip and knee surgery continue to be investigated. Knee surgery infections are below the threshold. NHS Improvement has devised an incentive for reducing healthcare blood stream infections and focus on E.coli</p> <p>The report shows the data for last 2016-17 influenza immunisation</p>	

	<p>performance. The Senior Quality Manager reported that the first data for influenza immunisation performance 2017-18 is above last year's performance.</p> <p>The Patient and Public Representative raised previous concerns from 2016-17 regarding data being collected. The Senior Quality Manager assured the committee that there is now better processes in place and more pharmacists are signed up for the influenza immunisation programme and are now sharing the data.</p> <ul style="list-style-type: none"> • Infection Control Annual Work Programme The infection control annual work programme was noted by the committee, the committee felt that the plan needed to be more proactive and not reactive. The plan is to be revised. 	
15	<p>Annual Prescribing report</p> <p>The Lead Pharmacist for Medicines Optimisation provided an overview of the key areas of work undertaken by OCCG's Medicines Optimisation Team in 2016-17. The report includes information on national and local concerns.</p> <p>One of the ways the Medicines Optimisation Team is trying to save money is to control the waste of medicines; this includes medicines not being used, medicines returns and not appropriate prescribing. Nationally this is a problem; the cost nationally is £300m.</p> <p>The Lead Pharmacist for Medicines Optimisation updated the committee on the demographics of Oxfordshire. The Medicines Optimisation team are interested in the Oxfordshire Obesity Programme; there are pockets in Oxfordshire, mainly in the City Locality where it is worrying especially in children. In Oxfordshire the leading cause of death for women is dementia and for men it is heart disease.</p> <p>The Lead Pharmacist for Medicines Optimisation reported that Oxfordshire performance against other CCGs is generally favourable. Last year Oxfordshire spent £82.4m on prescribing, this is 9.5% of the overall budget, and to date Oxfordshire is under budget.</p> <p>The Lead Pharmacist for Medicines Optimisation updated the committee on the projects that the Medicines Optimisations are working with providers on:</p> <ul style="list-style-type: none"> • The team continues to work very closely with practices on appropriate prescribing of antimicrobials prescribing in Oxfordshire is lower than the national average but prescribing of high-risk antibiotics is above national average. Audits are performed on prescribing of antibiotics and infections but there is not always a correlation. • Sip feeds have now been black listed in catered care homes since 1 December 2016. The Medicines Optimisation Team has employed a 	

	<p>dietician to support with the project and £300k has been saved, not just through sip feeds but also on other prescribed food and infant milks.</p> <p>Work was taken to make sure there were no underlying consequences when the sip feeds were stopped.</p> <ul style="list-style-type: none"> • A lot of work has also gone into patients being encouraged to buy over the counter medicines and not have them prescribed. • A key piece of work was an on-line formulary that had gone live for all prescribers in primary care to use. • ScriptSwitch was installed in all practices and continued to be used by most. The use of the tool made an approximate saving of £726k in 2016-17. • The minor ailment scheme was started in July 2016, this project encouraged patients to see a pharmacist instead of their GP for some conditions. Even though this is saving money on prescribing this is also diverting patients from GP practices and reducing waiting times. <p>The Lead Pharmacist for Medicines Optimisation reported there has been a problem with drug companies increasing the price on generic medicines; this is a national problem which is out of Oxfordshire's control.</p> <p>LW asked about prescribing of appliances and the Lead Pharmacist for Medicines Optimisation reported there is going to be a piece of work monitoring this. A report can be presented at a future quality committee once completed.</p>	
16	<p>Policy for the Commissioning and Monitoring of NICE Guidance</p> <p>The Clinical Effectiveness Manager asked the Committee for approval of the updated policy for commissioning and monitoring of NICE guidance by OCCG. An internal audit undertaken by TIAA highlighted that the policy was out of date.</p> <p>The Committee approve the policy but as the committee is not quorate, the policy is to be sent via email to the voting members for ratification.</p>	HT
Patient Experience		
17	<p>Patient Experience Report</p> <p>The Senior Quality Manager provided an update on the patient experience report, in particular on the OUHFT patient advice and liaison service (PALS), there has been significant improvement and phones are now being answered. OCCG are continuing to monitor this. Additionally there has been a 3 week response wait for new emails. There was a number of staffing issues which are in the process of being addressed, to help with the high level of stress; OUHFT moved the PALS offsite. The Committee raised some concerns about this patient facing service not being on the hospital sites. OUHFT have now got a new process in</p>	

	<p>place.</p> <p>The report is now including patient stories and patient responses to services at OHFT mental health teams.</p> <p>The Senior Quality Manager also provided information in the report from the Quality visits to the community hospitals in Oxfordshire, the visits were positive.</p> <p>The Director of Quality noted that OHFT have a different patient experience lead for each directorate and the report focused on the adult directorate, it was asked that a plan was developed to highlight which areas were being reported on.</p> <ul style="list-style-type: none"> OUH Response to Mystery Shopper The Senior Quality Manager provided an update on OUHFT's response to the Mystery Shopper report, the report was presented at the August Committee and it was asked for the OUHFT to produce a fuller report. <p>The OUHFT would also like OCCG to support another mystery shopper activity. The Quality Committee suggested Healthwatch to support the Mystery Shopper activity.</p> <p>The Patient and Public Representative raised a concern that was highlighted in the Locality Forum Chair meeting on 17 October 2017, with the lack of trust from the North of the county towards OCCG and OUHFT, on regarding their dissatisfaction about health services in the North of the county.</p> <p>The Director of Governance reported that OCCG was having an on-going discussion about our approach to engagement with the Locality Forum Chairs and Healthwatch, OCCG needed to remember that not agreeing was not the same as not listening. There had been a deliberate attempt in the construction of the Decision Making Business Case for Phase 1 to ensure it showed what had been heard and gave responses; the LFCs had been asked for their suggestions if this was not the right approach then how could it be improved. It was agreed that this was an issue for the OCCG Board rather than Quality Committee.</p>	JB
Patient Experience		
18	<p>Risk Register (for assurance and action)</p> <p>The Risk Register was noted by the Committee, all the clinical risks have been discussed through the meeting.</p> <p>The committee asked that the risks are included on the front sheet of the paper.</p>	
19	<p>For noting</p> <ul style="list-style-type: none"> The Safer Oxfordshire Partnership Community Safety Agreement was noted by the committee. 	

	<ul style="list-style-type: none"> • The Clinical Assurance Framework was noted by the Committee, • The Primary Care Assurance Framework is being developed, and this will be ready in December 2017. • Oxfordshire Primary Care Commissioning Committee (OPCCC) Quality Report was noted by the Committee. • Clinical Ratification Group (CRG) Minutes from the 7 September 2017 meeting was noted. A discussion was held to if the minutes are for noting or for ratification of decisions. The Director of Governance to check the CRG Terms of Reference. 	CM
20	<p>Confirmation of meeting Quorum and note of any decisions requiring ratification.</p> <p>The 26 October Quality Committee was not quorate therefore the following decisions are to be ratified by email.</p> <ul style="list-style-type: none"> • Policy for commissioning and monitoring of NICE guidance by OCCG by email (item 16) 	HT
21	<p>Any other business</p> <p>The Deputy Director and Head of Primary Care and Localities, raised that Horsefair had an unannounced CQC visit in August 2017 as a follow-up to the May 2017 visit. After the May visit Horsefair had received an inadequate rating, there is still a concern from the CQC with staffing and Governance. The CCG have issued a remedial notice. The Director of Quality has sent a letter highlighting the concerns and requiring a response in the next month. An update will be provided at the December Committee.</p>	SW
22	<p>Date of Next Meeting</p> <p>21 December 2017, 9:00-12:00, Conference Room A, Jubilee House</p>	