

Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 25 January 2018

Paper No: 18/12c

Title of Paper: Quality Committee Minutes

Paper is for:

(please delete tick as appropriate)

Discussion

Decision

Information

✓

Purpose and Executive Summary:

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

An update was given on the performance indicators which have not changed significantly in Oxford Health Foundation Trust (OHFT) colloquially known as 'stuck' indicators. Assurance was given that these are being monitored closely. While progress is slower than OCCG would want patient experience and quality visits have not highlighted any concerns.

CAMHS is still an area of concern; there has been a lot of scrutiny on how OHFT are managing the waits.

The integrated performance report highlights that RTT continues to present a capacity and financial challenge. There have been ongoing discussions on how to secure activity at the Ramsey Horton. A Quality Impact Assessment is to be picked up outside the meeting.

The Director of Quality provided an update on the recent concerns identified at the Quality Surveillance Group (QSG) about OUHFT. As a result of the concerns NHSE held a Quality Risk Profile meeting. This process is ongoing

The Chief Operating Officer provided an update to the fact there have been a series of approaches to the HART service, the services is not where it needs to be. The report acknowledges the issues and concerns on workforce, and the challenges with the contract which is being looked into by OCC and OUHFT. Mitigations have been put in place.

The Committee received a year to date update on the interim maternity arrangements and a report from all Oxfordshire's freestanding midwife led units.

The Director of Quality provided an update on going forward from the recent Special Education Needs and Disability (SEND) inspection, by Ofsted and the CQC.OCC

and OCCG had received a written statement of improvement. A report will be provided to the Committee on a quarterly basis.

A report was given on the 'Working Together to Safeguard Children' consultation. The consultation requires OCCG to become an equal partner with joint responsibility for local safeguarding arrangements taking leadership for the health sector.

The Senior Quality Manager Joint Commissioning provided a report from OHFT, which outlines their experience on the transition of Learning Disability services in the light of the Verita 2 report.

The Committee received an update on the Influenza Action plan. The report sets out the activity and outcomes on the influenza action plan 2017-18 across Oxfordshire. The report also includes the different approaches being used to promote flu vaccinations across different population groups.

The regular report on patient experience was presented to the committee this incorporated the Friends & Family feedback and the national CQC mental health survey. Q2 PALS activity at OHFT has shown an increase whilst complaints had shown a decrease. OUHFT has had an increase in complaints but the committee noted the improvement in PALS performance.

Financial Implications of Paper:

None

Action Required:

To be noted by the Board.

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: 21 December 2017

MINUTES:

Quality Committee

21 December 2017, 8:30-11:30

Jubilee House, Conference Room A

Present:	Louise Wallace (LW), Lay Member Public and Patient Involvement, <i>Chair</i>
	Sula Wiltshire (SW), Director of Quality
	Diane Hedges (DH), Chief Operating Officer
	Catherine Mountford (CM), Director of Governance
	Helen Ward (HW), Deputy Director of Quality
	Jane Bell (JB) Senior Quality Manager
	Val Messenger (VM), Deputy Director of Public Health
	Dr Andy Valentine (AV), Clinical Director of Quality
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality
	Hilary Seal (HS), Patient and Public Representative
	Andrew Colling (ACo), Lead for Quality & Contracts in Joint Commissioning
	Dr David Chapman (DC), Locality Clinical Director
	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead
	Julie Dandridge (JD), Deputy Director and Head of Primary Care and Localities
In attendance:	Hannah Tombs (HT), Executive Assistant, Minutes Secretary
<i>Item 8&9</i>	Jemma Graham (JG), Senior Commissioning Manager Maternity and Children
<i>Item 11</i>	Victoria Harte (HV), Senior Quality Improvement Manager for Patient Safety
<i>Item 12</i>	Liam Oliver (LO), Quality Improvement Manager for Clinical Effectiveness
<i>Item 14</i>	Chris Walkling (CW), Senior Commissioning Manager - Joint Commissioning.
<i>Item 16</i>	Linda Collins, (LC), Clinical Effectiveness Manager
Apologies	Mike Delaney (MD), Lay Member

		Action
1.	<p>Welcome Introductions and Apologies The Chair welcomed everyone to the committee. Apologies are noted above.</p> <p>Dr Kiren Collison has stepped down from role of Locality Clinical Director, as she is now Clinical Chair of Oxfordshire Clinical Commissioning Group. A new member to replace the role on the Committee will now be sought.</p>	SW/ CM
2.	<p>Declarations of interest The Assistant Clinical Director of Quality raised a conflict of interest for item 15, influenza update report. The Assistant Clinical Director of Quality is a GP Locum in Oxfordshire and has been working for one of the practices identified in the influenza update report.</p>	
3.	<p>Minutes of the Meeting Held on 26 October 2017 The minutes held from the 26 October 2017 were agreed as an accurate record electronically on 21 November 2017.</p> <p>Matters arising. There were no matters arising.</p>	
4.	<p>Action Log The action log was discussed and will be updated.</p>	
5.	<p>Forward Planner The Forward Planner was noted by the committee. The Deputy Director of Quality to add SEND quarterly updates and Influenza update for February.</p>	HW
Performance		
6.	<p>Integrated Performance Report The Senior Quality Manager reported on the Oxford Health Foundation Trust (OHFT) update on 'stuck' indicators.</p> <p>OHFT currently reports on over 1000 of indicators. 10% of these are significantly breaching target and are therefore are monitored closely. Around 5% of these are known as 'stuck' indicators, this is where underperformance has been reported for 5 consecutive months.</p> <p>The Senior Quality Manager gave assurance that the 'stuck' indicators are monitored closely. Patient experience and quality visits are not highlighting any concerns. The areas of concern are noted in the paper produced by OHFT. The report highlights that of this underperformance, 23% is attributed to workforce: and 27% is attributed to OHFT's workforce model. OCCG will ask OHFT to provide more information and what actions OHFT are taking.</p> <p>A table is provided in the report by OHFT, which provides detail by directorate on the work that is being undertaken in the areas of concern. For example, Out of hours (OOH) has improved waiting times in the last month by 4%. It is a slow improvement and this will be continued to be monitored closely.</p> <p>The Senior Quality Manager provided the update on the performance monitoring schedule for physiotherapy services for Stroke. OHFT has, with agreement for OCCG, changed from NICE Quality Indicators to Sentinel Stroke Quality Standards. There has been significant improvement in performance, but some standards are still underperforming.</p>	JB

CAMHS continues to be an area of concern and there has been a lot of scrutiny on how OHFT are managing the waits. A meeting was held on 12 December where it was agreed that by month 12, performance would be on track with the 75% trajectory. It was also agreed that there would be 3 separate meetings in December and January to cover mobilisation programme, data and a regular catch up meeting.

The Performance Director at OHFT has suggested that a more detailed report can be presented to OCCG Quality Committee once it has been presented at the OHFT Board.

The Chair welcomed the report and felt it was useful. The Chair raised that the ASD waits performance is poor, and questioned why this is as a separate additional assessment service has been commissioned? The Senior Quality Manager reported that OHFT undertook a pilot to extend the service to 5 days, this led to an improvement but has now gone back to 2 days a week, resulting in the decline in performance. OHFT has gone out to consultation for this service to be provided 5 days a week.

OCCG felt that there has not been enough strategic oversight and support provided for CAMHS, this has been highlighted by OCCG to be added to the report presented at OHFT board.

The Locality Clinical Director raised that the stuck indicators are presented at the Contract Review Meetings (CRM), and asked if there is a new way forward.

The Chief Operating Officer for OCCG and the Chief Operating Officer for OHFT have met to reflect on exchanges in CRM, how actions are set and who attends the meeting. The Chief Operating Officer for OCCG is reflecting on the meeting and will agree a forward plan. The Chair would like a report back on progress at the next Committee.

The Chief Operating Officer provided an update on the Integrated Performance Report. There are still concerns with performance in A&E.

Currently cancer performance is green; however there are some risks on cancer performance for 62 day waits. There is a meeting on 21 December with Oxford University Hospital Foundation Trust (OUHFT) to discuss.

Referral to Treatment (RTT) is still a concern and there is ongoing discussion on the affordability. Workforce is having an impact on both A&E and RTT but finance is mainly having an impact on RTT. There is a proposal from OUHFT that OCCG could buy more activity from the Ramsey Horton. The Chief Operating Officer would like the Committee to note that more can be done by OUHFT on the RTT and more patients could be treated. The finances of the organisation are showing that OCCG could provide a quarter of the money. This is depending on what OUHFT can sub-contract from the Ramsey Horton. A quality impact assessment is to be undertaken.

DH

<p>The Deputy Director of Quality provided a report that OCCG have not received an update on the 52 week wait harm review survey that is currently being under taken by OUHFT. The Deputy Director of Quality has written to OUHFT to request the paper.</p> <p>The Medical Advisor raised that the numbers are huge for 52 week waits and highlighted that this is likely to be attributable to process issues as well as patient choice. It is hoped that the survey will provide greater insight into the reasons for the delay.</p> <p>The Chief Operating Officer reported that a conversation had been held at A&E delivery Board about a national communication about ambulance hand- overs. A paper is to be prepared regarding 'drop and go', which will include the balance of the ambulances being back on the road and the patient handed over appropriately. This Item will need to be brought back to a future Committee.</p> <p>The Director of Quality provided an update on the recent number of concerns collected from the Quality Surveillance Group (QSG) towards OUHFT; these concerns were highlighted from NHS England (NHSE), Care Quality Commissioning (CQC) and the Oxford Deanery. As a result of the concerns NHSE held a Quality Risk Profile meeting, the Medical Deanery, NHSI, NSHE, OCCG OUHFT and CQC attended. The outcome of this process will be reported to this Committee.</p> <p>The Chief Operating Officer reported there are continued concerns regarding quality in ED, there are rising numbers of trolley waits. There also continue to be concerns regarding the Horton General Hospital (HGH) and DToC. OCCG is working with Northamptonshire, who are now starting to be charged for the delays.</p> <p>The Chief Operating Officer reported that Delayed Transfers of Care (DToC) performance is now moving in the right direction. However DToC targets were not met for the November's trajectory.</p> <p>The Director of Quality provided an updated on the meeting that was held with OUHFT on 5 December 2017 regarding the 3 trajectories for Test Results, Outpatient Letters and Discharge Summaries. OUHFT's Director of Improvement and Culture, Director of IT, Medical Director and Deputy Medical Director attended the meeting.</p> <p>OUHFT have reported the voice recognition pilot on outpatient letters has worked well and there is a business case going forward to roll out across OUHFT.</p> <p>The Trust has been written to asking for their proposal on actions and trajectories for these three targets. OCCG felt positive after the meeting and that actions will be taken.</p> <p>The Chair raised the issues with Healthshare physiotherapy services, and the</p>	<p>DH</p> <p>SW</p>
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	<p>transfer of care to a new provide. There were a lot of gaps between new provider and old provider. The Chief Operating Officer stated that the procurement decision is to be held to account, OCCG had agreed a one month gap, non-urgent appointments would be postponed, urgent would stay with OHFT or OUHFT, and this was signed off at OCCG Executive meeting. There will be an internal audit undertaken for learning. . GPs in the localities are now reporting that the services are working better, and that waiting times have decreased.</p>	
7.	<p>Delayed Transfers of Care and Home Assessment Reablement Team The Chief Operating Officer and the Lead for Quality & Contracts in Joint Commissioning at Oxfordshire County Council reported on the HART (home assessment and Reablement team) report.</p> <p>The Chief Operating Officer stated that the HART service is not where it needs to be. The report acknowledges the issues and concerns on workforce, and the challenges with the contract which are being looked into by OCC and OUHFT. Mitigations have been put in place and they seem to be working but have still got a long way to go.</p> <p>The Clinical Locality Director raised that the layout of the service is very confusing and that HART disown all responsibility for a community patient. The Lead for Quality & Contracts in Joint Commissioning reported that there are two separate contracts which are delivered by one service. It was agreed with OCC and OCCG that there would be a hospital discharge and enablement service and a community enablement service, both contracts are reported individually and as a single aggregated report to show how the service is performing. The Lead for Quality & Contracts in Joint Commissioning stated that if there is confusion re: community service and its availability to GPs then OCC will provide communication on this.</p> <p>The Chief Operating Officer reported that patients can access the HART service through single point of access (SPA) service. The Chief Operating Officer will investigate the claims made by the Clinical Locality Director outside of the meeting and an update will be given at the next meeting.</p> <p>The Specialist Medical Advisor reported that there are recruitment and workforce issues in the South of the Locality, and that it would be worthwhile looking at other hospitals in the South. The Chief Operating Officer agreed and also added that DToC has reduced in OUHFT but has increased in the Royal Berkshire Hospital.</p>	<p>ACo</p> <p>DH</p>
Patient Safety		
8.	<p>Maternity Interim Arrangements update The Senior Commissioning Manager Maternity and Children provided an update on the interim arrangements at the HGH. The report provided a full year of data from when the interim arrangements came into effect on 3 October 2016.</p> <p>250 women planned to give birth at the HGH midwifery led unit (MLU). Of the 250 women, 200 gave birth at the HGH MLU. There have been 95 transfers in total, 53 of which were before delivery and 42 after.</p>	

	<p>The report also included the Friends and Family data. 30 women provided feedback on their experiences, 29 of whom were extremely likely to recommend the HGH MLU. As reported previously there have been two complaints from women who were transferred from the HGH MLU to the John Radcliffe Hospital (JRH) and delivered there.</p> <p>The Senior Commissioning Manager Maternity and Children reported that to date (21 December 2017) there have been no babies born in transit to the JRH.</p> <p>It was raised by the committee that the HGH MLU interim arrangements still need to be reported separately to the Committee or be reported when concerns are raised. The Committee agreed this until the changes have been accepted and the MLU is no longer an interim arrangement. A discussion will take place outside the meeting as to how often a report will come to Quality Committee on all the MLUs in Oxfordshire.</p> <p>The Chair noted that this is a very instructive report with very good data over a year.</p> <p>The Medical Advisor reported on guidance that was circulated outside the meeting, on the absolute number of hours covered for safe practice. The Royal College of Obstetricians and Gynaecologists is not providing guidance on the number of hours covered, due to workforce constraints. The Director of Quality stated that Oxfordshire is hoping to have 168 hours of consultant cover; however this will be subject to the guidance and the needs locally. The Chair felt that OUHFT also needs to look into how this will affect smaller units.</p> <p>The Director of Quality stated that OUHFT will be providing a piece of work on still births. OCCG is hoping this will be presented at the February Committee. The Senior Commissioning Manager Maternity and Children raised that there is a lot of work nationally happening with the transformation of maternity.</p> <p>The Chair raised a concern with recruiting midwifery staffing. OUHFT and OCCG are aware that August is the busiest time of the year, coinciding with when there are fewer staff. The Chair would like OCCG to challenge OUHFT to why there are not enough members of staff in August as that it is a patient safety concern, and asked how OUHFT would manage this in future.</p> <p>A discussion was held about the issues of workforce in the summer and at Christmas across all services and that it is a risk. The Director of Quality raised that there is processes in place to cover MLUs at these times.</p>	<p>SW</p> <p>SW</p>
9.	<p>Transfers from Oxfordshire's Midwife Led Units Report</p> <p>The Senior Commissioning Manager Maternity and Children provided an update on the transfers from Oxfordshire's four freestanding midwife led units (FMLUs). The Committee received the previous update at the June Quality Committee. The report now includes 12 months of data.</p> <p>Between October 2016 and September 2017, 613 women attended one of</p>	

	<p>Oxfordshire's FMLUs intending to have a midwife-led birth. Of those women 82% successfully did so. In total there were 195 transfers from Oxfordshire's MLUs: 113 prior to giving birth and 82 following birth. The HGH MLU has the largest number of bookings and births.</p> <p>There was a discussion of transfer rates. The Senior Commissioning Manager Maternity and Children reported that since NICE guidance was published, OUHFT changed their policy which would explain the higher number of transfers.</p> <p>The transfer times remain the same as previous reports with a difference of 6 minutes between shortest and longest time.</p> <p>The report included data on the primary reasons for transfers and what is classed as time critical transfer (blue light), emergency transfer (non-blue light) or if the woman could travel in her own car.</p> <p>The Locality Clinical Director raised a query from the rates reported in the Birth Place Study; was Oxfordshire expecting greater numbers to deliver at MLUs than currently? The Senior Commissioning Manager Maternity and Children reported that the Birth Place Study did not include numbers expected but outcomes.</p> <p>The Chair highlighted that there is evidence of a gap between what is possible against fewer women opting for an FMLU birth. The Chair stated the updated paper was very helpful, but it does show the HGH MLU has not matured. The Transfer rate from the HGH MLU is high; there is a difference in 1st and 2nd pregnancy transfers.</p> <p>The Medical Advisor drew the Committee's attention to the time from the ambulance being called to the ambulance arriving compared to the other MLUs and HGH. The Director of Governance reported that the continuation of the on-site ambulance is being looked at as part of the next phase of transformation.</p>	
10.	<p>Specialty Education Needs and Disability (SEND) Inspection Outcome</p> <p>The Director of Quality gave an update of the outcome from the SEND inspection that took place in September 2017; this was a joint inspection by Ofsted and CQC.</p> <p>A teleconference was held on 11 December 2017 with Ofsted, Department for Education, CQC and NHS England to discuss the findings. OCC and OCCG are hoping that most of the work will have been completed by the time the action plan is submitted.</p> <p>There is now a SEND Programme Board, led by the Cabinet Member for Public Health and education. The Board will meet on a monthly basis. A self-assessment will be undertaken to be assured OCCG are completing what needs to be done.</p> <p>An advert will be out in January for a Designated Clinical Officer; this was an interim role but will now be made permanent. The role will have an increase in hours.</p>	

	<p>The Patient and Public Representative commented that the issues highlighted in the report are longstanding; especially the transition from children's to adults' services. This has also been identified in other services.</p> <p>The Locality Clinical Director commented on the hard work that the teams put into writing reports for patients. He expressed a concern that if actions are implemented it may not be feasible for the reports to be written appropriately, when the services such as CAMHS are struggling with workforce. The Director of Quality reported that there will be further conversations at the Children's Trust.</p> <p>A report will be provided on a quarterly basis at Quality Committee. Dates will be added to the forward planner when this expected.</p>	<p>HT/ SBr</p>
<p>11.</p>	<p>Serious Incident (SI) Report</p> <p>The Senior Quality Improvement Manager for Patient Safety provided a report on the Q1 and Q2 reported SIs. There has been a decrease in the number of SIs reported in the last year. OCCG is assured that it is not that the providers are not reporting SIs.</p> <p>There are currently 13 open SIs for OHFT. These are all related to district nursing pressure ulcers. The Senior Quality Improvement Manager for Patient Safety is working with OHFT on their project plan.</p> <p>In Q1 and Q2 there have been 3 Never Events reported. These were an overdose of insulin due to incorrect device, intervention performed on the wrong patient and surgical patient discharged with pack in situ without a plan to remove.</p> <p>During Q1 and Q2 there have been 5 assurance visits, these were satisfactory.</p> <p>The Deputy Director of Public Health raised a concern that Never Events should not be happening, and would like to be assured that OUHFT is being held to account and are taking these to their Board. The Locality Clinical Director reported that OUHFT had had an external review on Never Events in 2016.</p> <p>The Locality Clinical Director also raised that it is a concern that there has been a drop in SI reporting. The Senior Quality Manager reported that providers are investigating and going through a process first to then decide with OCCG if it is an SI. Two recent grade 4 pressure ulcer SIs identified a lack of continuity of care, which is being followed up through the quality schedule 4 contract monitoring process.</p> <p>The Chair raised the role of Healthcare Safety Investigation Branch (HSIB). Anyone can refer and consider contacting them for help with a thematic review. The Senior Quality Improvement Manager for Patient Safety reported that some of the SI cases have been referred to HSIB, HSIB are working with our providers on reporting.</p>	

	<p>The Medical Advisor asked if it would be possible for the providers to provide an audit to show how it is decided if the event is an SI or not and what are the thresholds.</p> <p>The Deputy Director of Quality reported that the providers' overall incident reporting has not decreased, but the proportions which are SIs have. Never Events are given a high profile at OUHFT and are reported extensively in internal meetings.</p> <p>The Committee would like further assurance that the reduced number of SIs being reported is not indicative of poor reporting.</p>	VH
12.	<p>Care and Quality Commission (CQC) Update</p> <p>The Quality Improvement Manager for Clinical Effectiveness provided a report on the recent CQC activity in Oxfordshire. Oxfordshire received a Local System Review in November, there will be a Quality Summit on 29 January 2018 and the report will be published on 30 January 2018. No ratings are awarded in this process, feedback has been overall positive but there are some improvements to be made.</p> <p>Primary Care CQC ratings have been improving, only 1 practice in Oxfordshire is rated 'inadequate'; the other practices are rated as 'good' or 'outstanding'. Banbury Health Centre and Temple Cowley are the most recent practices to come out of 'requires improvement'.</p> <p>OUHFT has had inspections in Maternity and the Oxford Centre for Enablement and has had a 'well led' inspection.</p> <p>The report now includes a table at the back of all services and their ratings for information. The Committee would like the table to be put into sectors and localities.</p> <p>The Director of Quality provided an update on Horsefair Practice. Horsefair is currently rated 'inadequate'. On 5 December 2017 Horsefair received an inspection. The final outcome has not been published yet. OCCG is working with Horsefair to provide support.</p>	LO
13.	<p>Working Together consultation</p> <p>The Designated Nurse and Safeguarding Lead reported that a consultation is underway to seek views on significant revisions to 'Working Together to Safeguard Children'. At present the Local Authority through the Director of Children's Services are accountable for overseeing safeguarding arrangements for children for the local area.</p> <p>The consultation recommends that OCC, OCCG and the police become equal partners with joint responsibility with for local safeguarding arrangements.</p> <p>The Designated Nurse and Safeguarding Lead added that the questions and responses have been included at the back of the safeguarding report. She will be collating a response form OCCG and requested any comments be returned by 28th December. The consultation closes 31st December.</p>	

	The Designated Nurse and Safeguarding Lead will be responding on behalf of OCCG by 31 December.	ACh
14.	<p>Update on Transforming Care Plan/Learning Disability Transition</p> <p>The Senior Quality Manager Joint Commissioning for Mental Health and Learning Disabilities provided a report from OHFT, which outlines their experience on the transition of Learning Disability services in the light of the second Verita report.</p> <p>The report detailed the steps and actions taken in the lead up to and following the transition of the service</p> <p>Due to the nature of the issues within the service, OCCG agreed to fund the Programme Director for Learning Disability Transition with OHFT a year before the transition.</p> <p>A Transition Board was also set up, which OCCG oversaw. OCCG took the responsibility to make sure the transition would work. The biggest risk was the transfer of patient records; a small amount of the money was used to help the records to be transferred between Southern Health Foundation Trust (SHFT) and OHFT successfully.</p> <p>The Chair raised that the report covers forensic services which OCCG do not commission. NHSE and OCCG have now confirmed that these services do fall within the scope of the Oxfordshire Transforming Care Partnership Board. NHSE have supported the Board to this point and a commissioner will now attend the Board and also participate in the care planning meetings involving officers from OCCG, OCC and OHFT. There are financial and care interfaces between specialist and locally commissioned services which will be reported to OCCG and the pooled budget with OCC. Services commissioned by NHS England in the Evenlode unit have now transitioned from Southern Health NHSFT to OHFT. This improves the ability of local commissioners to influence the complex relationships between services.</p> <p>There was a discussion of the efficacy of the contract meetings when the contract between OCC and Southern Health was coming to an end.</p> <p>The Director of Governance raised that there should be a summary to what will happen next and an executive summary.</p> <p>The Director of Quality will ask OHFT for a reflection to be added from families and patients.</p> <p>The Senior Commissioning Manager-Joint Commissioning reported that OHFT have taken on the Vision Service temporarily as the Vision service is not a health service, until OCC can decide on commissioning intentions for the service.</p>	CW
15.	<p>Influenza Update Report</p> <p>The Assistant Clinical Director of Quality provided an update. The report set out the activity and outcomes on the influenza action plan 2017-18 across Oxfordshire. The report also included the different ways in trying to promote flu</p>	

	<p>vaccinations across the different population groups.</p> <p>Oxfordshire is above trajectory on all population groups. The report also provided information on practices that are underperforming and how OCCG is monitoring their uptake.</p> <p>The Senior Quality Manger informed the Committee that there is a fortnightly NHSE Flu teleconference. 91% of practices are now inputting data into Immform.</p> <p>Oxfordshire's uptake compared to the previous year has improved in all areas, however the 'at risk under 65' has declined in the Thames Valley. OHFT has improved performance for children.</p> <p>DC suggested that there needs to be a better plan for immunising children. All children need to be immunised in October.</p> <p>The Chair raised that there are issues with staff vaccinations and care homes. The Senior Quality Manager raised the issue of the lack of staff being vaccinated in care homes at the Care and Governance meeting.</p> <p>The committee accepted the report.</p>	
Clinical Effectiveness		
16.	<p>Clinical Effectiveness Adults Report</p> <p>The Clinical Effectiveness Manager asked the Committee to note that the report is still a work in progress.</p> <p>OUHFT is performing well against NICE guidance; the Clinical Effectiveness Manager has no concerns with OUHFT reporting. OHFT have not wanted to share their compliance, but they are changing how they review against NICE guidance. There will be a meeting in the next couple of months to discuss this. The Clinical Effectiveness Manager will report back on the discussion at the next Committee.</p> <p>Deputy Director and Head of Primary Care and Localities is concerned that this is the third time in the committee that OHFT are not ready to give report/figures.</p> <p>The Clinical Effectiveness Manager reported on the Oxfordshire's three independent providers. More information is being sought from Foscoote Hospital. The Ramsey Horton has provided high level of assurance to their approach to NICE. The Manor Hospital has requested further discussion about how to report NICE.</p> <p>OCCG have not been able to gain the information from Berkshire and Buckinghamshire providers.</p> <p>There should be an improvement to receiving the information in Mental Health and Learning Disability. The Commissioning Support Unit has developed a data quality report, which will be produced monthly.</p>	LC

	<p>The Clinical Effectiveness Manager reported that information supplied for diabetes would suggest that people are managing the illness well, but there is a very rate of hospital admissions. An issue with the GP data is if it includes exception reporting. There will be a further investigation into young diabetics who are students next year. The Assistant Clinical Director of Quality raised that work has been undertaken in practices for patients to monitor their home testing for ketones.</p> <p>Reporting on cancer looks promising, however there is still work to be completed. Oxfordshire is performing well compared to other parts of the country.</p> <p>The Medical Advisor stated that the number of national audits has grown, and NICE guidelines have also grown in number and complexity. Next year there will be a different approach by OCCG to the audits.</p> <p>The Director of Quality requested more information on item 4.4, i.e. the report on number of mental health users in hospital. The Director of Quality also raised that on page 9 OUHFT had completed work on ‘stop before the op’, there has been a clinical senate paper on stopping smoking in hospitals. There is a commissioning statement to refer patients to stop smoking assessment. There are currently two public health trainees working at OUHFT in this area.</p> <p>The Committee felt this was a good approach on clinical effectiveness review of services for adults.</p>	
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Patient Experience		
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17.	<p>Patient Experience Report</p> <p>The Senior Quality Manager provided an updated on the Friends and Family Test. There has been a significant drop in A&E recommendations. There has been a small drop of 2% in adult Mental Health services Friends and Family Test scores.</p> <p>There has been a national CQC mental health survey. The overall findings for Oxfordshire that patients know who to contact for their care and also who to contact if they need out of hours support. The survey did not find any improvement in the quality of care some people experience when using community mental health services.</p> <p>The Senior Quality Manager reported on the Q2 PALS and complaints activity at OHFT. There has been an increase in PALS activity over the quarter but a decrease in complaints.</p> <p>Last Committee it was discussed how OHFT had put in a big investment in patient experience. The Senior Quality Manager updated the Committee on the Older People’s directorate of OHFT. OHFT have had a focus on peer reviews, this has identified good staff feedback, which has identified richer information that that identified by the staff survey.</p> <p>OUHFT has had an increase in complaints; the most frequent theme is clinical</p>	
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	<p>care. However PALS performance has improved significantly. The OUHFT have also produced a survey 'Meeting Patient Information and Communication Support needs'. 50% of staff felt they did not feel confident in gathering, sharing and recording information. There will be a meeting on addressing the concerns raised by the audit.</p> <p>OCCG Patient Services continue to receive complaints regarding the MSK service mainly relating to cancelled appointments and not being able to get through to Healthshare, as discussed in the performance report.</p> <p>The NHSE complaints data on primary care complaints will be included in the report in future</p>	
Governance		
18.	<p>Risk Register (for assurance and action) The Risk Register was noted by the Committee, all the clinical risks have been discussed through the meeting.</p> <p>The Committee felt that it would be useful for a new risk to be added when there is a transfer of services or a new service commissioned. As there may be a dip in the quality of care. This will be discussed at the next Directors' risk review.</p> <p>The Committee would like CAMHS to be added to the risk register.</p>	<p>SW/ CM</p> <p>SW</p>
19.	<p>For noting</p> <ul style="list-style-type: none"> The Oxfordshire Primary Care Commissioning Committee (OPCCC) Quality Report was noted by the Committee. The OPCCC asked Quality Committee for assurance that there will be improvement on uptake of flu vaccinations. There will be a review at the next OPCCC. The Clinical Ratification Group (CRG) minutes from 5 October 2017 meeting was noted by the Committee. 	
20.	<p>Confirmation of meeting Quoracy and notes of any decisions requiring ratification. The Committee was quorate.</p>	
21.	<p>Any other business There was no other business therefore meeting closed.</p>	
22.	<p>Date of Next Meeting Thursday 22 February 2018, 9:00-12:00</p>	