

## Oxfordshire Clinical Commissioning Group Board Meeting

<b>Date of Meeting:</b> 29 March 2018	<b>Paper No:</b> 18/25c
---------------------------------------	-------------------------

<b>Title of Paper:</b> Quality Committee Minutes
--

<b>Paper is for:</b> <small>(please delete tick as appropriate)</small>	<b>Discussion</b>		<b>Decision</b>		<b>Information</b>	✓
--	-------------------	--	-----------------	--	--------------------	---

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

An update was provided on 12 hour trolley waits. This year OUH has reported its first 12 hour trolley waits. In January there were 53 12 hour breaches. The OUHFT are assured that the patients have not come to clinical harm, but the patient experience is inevitably poor and there may be a degree of psychological harm.

The Committee received Q1 of the second year update on the interim maternity arrangements and a report on the Transfers from Oxfordshire’s midwife led units.

A report was given on perineal trauma, the number of cases is reducing and Oxfordshire is not an outlier. Data continues to be collected and reviewed by a consultant midwife. A renewed action plan is being developed.

An update was given on the Council for Disabled Children (CDC) audit tool and the actions from the audit which will form part of the multi-agency Written Statement of Action (WSOA).

Horsefair surgery rating has been published as ‘requires improvement’. OCCG continues to work with the practice.

The Committee was updated on the two recent Mental Health Homicide Reviews. The update included information on the process, the findings of the reviews and the recommendations made by the independent investigators.

The committee received a clinical effectiveness paper on the available data and audit reports for older adults.

The Committee accepted the review of the County of Oxfordshire Advice on Care and Health (COACH) website, and will continue to support it.

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.

**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.

**Author:** Sula Wiltshire, Director of Quality, [Sula.Wiltshire@oxfordshireccg.nhs.uk](mailto:Sula.Wiltshire@oxfordshireccg.nhs.uk)

**Clinical / Executive Lead:** Dr Andy Valentine, Clinical Director of Quality, [Andy.Valentine@oxfordshireccg.nhs.uk](mailto:Andy.Valentine@oxfordshireccg.nhs.uk)

**Date of Paper:** 22 February 2018

**MINUTES:**

**Quality Committee**

**22 February 2018, 9:00-12:00**

**Jubilee House, Conference Room A**

<b>Present:</b>	Louise Wallace (LW), Lay Member Public and Patient Involvement, <i>Chair</i>
	Sula Wiltshire (SW), Director of Quality
	Helen Ward (HW), Deputy Director of Quality
	Jane Bell (JB) Senior Quality Manager
	Diane Hedges (DH), Chief Operating Officer
	Catherine Mountford (CM), Director of Governance
	Val Messenger (VM), Deputy Director of Public Health
	Dr Andy Valentine (AV), Clinical Director of Quality
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Dr David Chapman (DC), Locality Clinical Director
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality
	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead
<b>In attendance:</b>	Hannah Tombs (HT), Executive Assistant, Minutes Secretary
<i>Item 8&amp;9</i>	Jemma Graham (JG), Senior Commissioning Manager Maternity and Children
<i>Item 10</i>	Sarah Breton (SB), Lead Commissioner for Children and Maternity
<i>Item 11&amp;12</i>	Liam Oliver (LO), Quality Improvement Manager for Clinical Effectiveness
<i>Item 16</i>	Linda Collins, (LC), Clinical Effectiveness Manager
<i>Item 17</i>	Ally Green, (AG), Head of Communications and Engagement Manager

<b>Apologies</b>	Mike Delaney (MD), Lay Member
	Andrew Colling (ACo), Lead for Quality & Contracts in Joint Commissioning
	Hilary Seal (HS), Patient and Public Representative
	Julie Dandridge (JD), Deputy Director and Head of Primary Care and Localities

	<b>Action</b>
--	---------------

1.	<p><b>Welcome Introductions and Apologies</b> The Chair welcomed everyone to the Committee. Apologies are noted above.</p> <p>The Chair asked that an agreed deputy is sent if apologies are given.</p>	
2.	<p><b>Declarations of interest</b> The Assistant Clinical Director of Quality raised a conflict of interest for the AOB item, influenza update report. The Assistant Clinical Director of Quality is a GP Locum and the Clinical Lead in Oxfordshire and has been working for one of the practices identified in the influenza update report.</p>	
3.	<p><b>Minutes of the Meeting Held on 21 December 2017</b> The minutes held from the 21 December 2017 were agreed as an accurate record electronically on Wednesday 17 January 2018.</p> <p><b>Matters arising.</b> The Chief Operating Officer (COO) provided an update on action 12/17/04, OCCG and Oxford Health Foundation Trust (OHFT) continue to work together on the Contract Review process. A key item for consideration is CAMHS and how this is monitored outside the CRM. The COO will provide an update on the 'stuck' indicator - CAMHS - at the next Committee. (ACTION: 02/18/01)</p> <p>The Director of Governance updated the Committee that when a risk is highlighted in a Committee, a Director from that meeting will pick this up in the Directors' Risk Review meeting.</p>	DH
4.	<p><b>Action Log</b> The action log was discussed and will be updated. Items, such as the long standing items in relation to the maternity pathway, and HART, should be reviewed and reported on at the next meeting with a view to closure.</p> <p>Closed Actions: <b>10/17/14:</b> Horsefair Surgery has now received the outcome of their recent CQC inspection; they have received a 'requires improvement' rating. OCCG continues to work with the practice. <b>12/17/16:</b> The Clinical Effectiveness Manager reported that she has met with OHFT and this was a positive meeting. OHFT is starting to make changes to their NICE policy, putting in a process to ensure that compliance is recorded. OHFT have also put in place a process to clear the back log. An update will be provided in Annual Report in June.</p>	SBr, DH
5.	<p><b>Forward Planner</b> The forward planner was noted by the committee.</p>	
<b>Performance</b>		
6.	<p><b>Integrated Performance Report</b> The COO presented the Integrated Performance Report (IPR). Performance has improved in cancer targets. OCCG is advised that the deterioration of cancer performance in January is due to patients exercising their right to choose not to have their appointments over the Christmas period.</p> <p>RTT continues to be an issue. The COO will provide an update on RTT following the meeting with OUHFT at the next Committee. (ACTION 02/18/02)</p> <p>OCCG has applied for extra funding to reduce RTT.</p> <p>A&amp;E performance continues to be a concern; this has been reflected across the</p>	DH

	<p>system. At the next A&amp;E Delivery Board it is expected that there will be a report on medical and other staff cover within A&amp;E.</p> <p>There are still Delayed Transfer of Care (DToC) challenges and Home Assessment Reablement Team (HART) delivery remains a concern. There is work being facilitated by Hunter Health Care to improve delivery of the HART service. Age UK, commissioned by OCCG via winter funding, has been working alongside HART in the short stay wards and this has worked well.</p> <p>The Specialist Medical Advisor raised the number of 52 week waiters (62 compared to 6 for the same period last year). The COO reported that there are finance issues and issues with theatre patient choice. The Deputy Director of Quality stated that the findings of the survey of long-wait gynae patients suggested that the issue is more complex than just choice. OCCG is awaiting further response from OUHFT on the survey.</p> <p>The Committee would like assurance on clinical harm, risk assessment and theatre availability in gynaecology. OUHFT will be implementing the SHINE patient safety checklist, and this should be audited.</p> <p>The Locality Clinical Director raised that it is excellent to see the improved performance in cancer waits, and asked whether there were lessons from this for RTT.</p> <p>There have been no reports of MRSA in December; CDIFF is still above the limit.</p> <p>A revised trajectory for discharge summaries, test results and outpatient letters has not been received from OUHFT. OCCG is encouraging gynaecology to share their improvement approach with other teams.</p> <p>The Deputy Director of Quality provided an update on 12 hour trolley waits. This year OUH has reported its first 12 hour trolley waits. In January there were 53 12 hour breaches. When a breach occurs, OUHFT is expected to complete a Root Cause Analysis (RCA). There has been a discussion between OCCG and OUHFT on whether this causes harm to the patient. The OUHFT are assured that the patients have not come to clinical harm, but the patient experience is inevitably poor and there may be a degree of psychological harm. The breaches are also very difficult for staff. OUHFT's Chief Nursing Officer is addressing these issues and keeping OCCG informed. There have been no 12 hour breaches since the beginning of January.</p> <p>OUHFT has assured OCCG that there is a meeting to discuss the RCAs and the learning from the RCAs. OCCG will receive the actions from the RCA and will report back. (ACTION 22/18/03)</p>	HW
<b>Patient Experience</b>		
7.	<p><b>Patient Experience Report</b></p> <p>The Senior Quality Manager presented the Patient Experience Report. It was reported that OHFT provides a number of different sources of patient experience information. The report includes information from OHFT's Children and Young People Directorate.</p> <p>OCCG receives a detailed report from OHFT on their PALS and complaints</p>	

	<p>services and the learning they have taken from the feedback. The report was not clear which data relate specifically to Oxon patients. OCCG does not receive the same level of information from OUHFT. The Senior Quality Manager is seeking to understand their level of PALS and Complaints work but has so far not been able to meet the team to discuss this. OCCG patient services team has received fewer contacts about OUHFT's PALS service than they did last year.</p> <p>The Senior Quality Manager reported that more quality assurance visits are planned. OCCG are to gain feedback from services users and staff directly, this will be discussed at upcoming Quality Review Meetings.</p> <p>The Clinical Director of Quality raised that it is good to see that CAMHS receives good feedback from service users and noted that patient experience of the service is good once patients access it.</p>	
<b>Patient Safety</b>		
8.	<p><b>Maternity Interim Arrangements</b></p> <p>The Senior Commissioning Manager Maternity and Children reported on the data of the Q1 of second year of the Horton General Hospital (HGH) Maternity Led Unit (MLU). The data is comparable with last quarters' figures. In this quarter of 65 women who planned birth, 49 mothers delivered at HGH MLU.</p> <p>Consultant cover was 114 hours on delivery suite. The midwife /birth ratio to end November was marginally below target at 1:29:3.</p> <p>There were 26 transfers, 17 time critical, times vary from 28-51 and 9 were non time critical with times ranging from 33-50 minutes.</p>	
9.	<p><b>Perineal Trauma</b></p> <p>The Senior Commissioning Manager Maternity and Children provided a report on perineal trauma. The National Maternity and Perinatal Audit (NMPA) was published in November 2017. A project was launched by OUHFT in April 2016 with the aim of reducing perineal trauma.</p> <p>Since the project was launched themes have been identified. Data continues to be collected and reviewed by a consultant midwife. A renewed action plan is being developed.</p> <p>When the project was launched in April 2016, perineal trauma was at 4.4%, by the end of 2016/17 this had reduced to 4.2%. This is above the England rate of 3.6% but is not an outlier.</p> <p>The Senior Commissioning Manager Maternity and Children reported that only 3<sup>rd</sup> and-4th degree tears are recorded and not lower degree tears.</p> <p>The Chair asked if there is any learning from the project by maternity site and if that can be reflected in a future report. (ACTION 22/18/04)</p>	<b>JG</b>
10.	<p><b>Council for Disabled Children Audit Tool</b></p> <p>The Lead Commissioner for Children and Maternity updated the committee on the Council for Disabled Children (CDC) audit tool. This will be used to identify the areas of improvement for Special Educational Needs and Disability (SEND). The actions from the audit will form part of the multi-agency Written Statement of Action (WSOA).</p>	

	<p>The audit will look at 6 domains:</p> <ul style="list-style-type: none"> <li>• Leadership</li> <li>• Joint arrangements</li> <li>• Commissioning</li> <li>• Education Health and Care Plans</li> <li>• Engagement</li> <li>• Monitoring and redress</li> </ul> <p>The Lead Commissioner for Children and Maternity highlighted the main areas: The SEND programme is now in a good position. The Director Of Quality for OCCG is the Executive Director for SEND. A Designated Clinical Officer has been recruited and starts on 1 April 2018. OHFT and Oxfordshire County Council (OCC) will jointly manage the post.</p> <p>It has been agreed that a system will be put in place to improve monitoring of SEND by OCCG. There will be a 2<sup>nd</sup> audit undertaken next year and will be reported at this Committee.</p> <p>The Lead Commissioner for Children and Maternity reported on Education Health and Care Plans. A large amount of work has come out of the inspection, which found that the EHCPS needed improvement.</p> <p>The Deputy Director of Public Health asked whether there was learning from other CCGs on completing the SEND audit. The Lead Commissioner for Children and Maternity reported that there is a national and local network; there has been some sharing on how CCGs manage their contracts.</p>	
11.	<p><b>CQC update</b></p> <p>The Quality Improvement Manager for Clinical Effectiveness presented the CQC report highlighting the recent Local System Review which was published on 12 February 2018. The Local System Review identified a lack of whole system strategic planning and vision. An action plan will be developed to address the findings of the report.</p> <p>The Quality Improvement Manager for Clinical Effectiveness provided an update on the next phase of regulation; the CQC will now register all organisations with accountability for care.</p> <p>The CQC Well-Led inspection of OUHFT has not yet been published.</p> <p>St Bartholomew’s Medical Centre has now received a ‘good’ rating. Horsefair Surgery’s rating has now been published ‘as required improvement’ and is no longer ‘inadequate’.</p> <p>There have been no care home inspections since the last update to Quality Committee in December 2017.</p> <p>The Committee noted that Primary Care performance is overwhelmingly good with all practices except one is rated ‘good’ or ‘outstanding’. The Assistant Clinical Director of Quality reported that OCCG has a good relationship with practices by visiting practices and helping with action plans.</p>	
12.	<p><b>Clinical Assurance Framework</b></p>	

	<p>The Quality Improvement Manager for Clinical Effectiveness presented the revised Clinical Assurance Framework. The Quality Director reported that the quality of OCCG's commissioned services including primary care will be shared through the framework at this committee..</p> <p>The Chair raised how is OCCG assured that Trusts review and learn from patient deaths. The Deputy Director of Quality reported that OUHFT has introduced the 'structured judgement review' process which has been developed by the RCP.</p> <p>The Chair reported that there is published research on how Duty of Candour is being conducted. The Deputy Director of Quality reported that OUHFT has been completing work on involving families in processes where an issue/concern has been reported about the patient.</p>	
13.	<p><b>Safeguarding- update on issues and activity</b></p> <p>The Designated Nurse and Safeguarding Lead presented the updated report. She updated the Committee on the strategy to identify neglect. The new strategy will help identify the issues, improve recognition and develop a joint approach.</p> <p>The OCCG safeguarding team have been working with a GP practice, psychology team and University of Oxford medical students on a project to help the existing health support given to refugees by matching unaccompanied minors with gender-matched medical students and to match Syrian families with two medical students. It is anticipated that this work will be mirrored in other areas by other medical schools.</p> <p>Work on ensuring GPs can actively contribute to child protection case conferences has been carried out with GP practices due to the increase in child protection cases. Part of this work has been the development of a proforma in EMIS which is hoped will reduce the workload for GPs and promote greater consistency across the county.</p> <p>The Assistant Clinical Director of Quality raised that there is concern that not all practices and health visitors have the same technology and IT systems and if the practice are not having regular update meetings the information will not be shared. The Designated Nurse and Safeguarding Lead reported that this will be raised at the next annual safeguarding leads meeting and training events.</p> <p>The Chair to send the link for the research into online child abuse. (ACTION: 22/18/05) Please find the link <a href="#">here</a>.</p> <p>The Clinical Director of Quality questioned what resources are available when neglect is identified; The Designated Nurse and Safeguarding Lead reported that Oxfordshire Safeguarding Children's Board (OSCB) is completing work in this area by mapping resources.</p> <p>The Clinical Director of Quality felt that the domestic abuse proforma letter is welcomed. OHFT send a letter to GPs in all cases where the risks have been identified and safety plans agreed with the victim and professionals. The letter also provides clear guidance on coding records according to RCGP guidance.</p>	LW
14.	<p><b>Quality Risk Profile Update</b></p> <p>The Director of Quality and the Deputy Director of Quality provided an update on the Quality Risk Profile (QRP) undertaken by NHSE, The formal outcome is</p>	



	<p>awaited. OCCG has been told that OUHFT is a medium risk.</p> <p>NHSE, OCCG, CQC, the Deanery, Specialised Commissioning and NHSI looked at 190 indicators in the QRP; the first meeting included the Trust. The calculations from the indicators did not highlight any new concerns.</p> <p>The Committee asked for a methodology on how NHSE work out the risk rating and the weighting, the Committee also felt that it would be useful to have comparisons on other QRPs with similar organisations. This is to be included in the report which will be discussed outside the meeting.</p>	
15.	<p><b>Mental Health Homicide Reviews Summary</b></p> <p>The Deputy Director of Quality provided a summary of the two recent Mental Health Homicide Reviews (MHHR). The update included information on the process, the findings of the reviews and the recommendations made by the independent investigators.</p> <p>The Assistant Clinical Director of Quality raised that communication with primary care and other services is important. The Designated Nurse and Safeguarding Lead to incorporate the learning from this report into the safeguarding training sessions with GPs. (ACTION: 22/18/06)</p>	ACh
<b>Clinical Effectiveness</b>		
16.	<p><b>Clinical Effectiveness Older Adults</b></p> <p>The Clinical Effectiveness Manager reported on the Clinical Effectiveness of the services commissioned by OCCG for older adult patients. OUHFT do not distinguished between adults and older adults, this made it difficult to obtain the data.</p> <p>OHFT are getting much better at reporting compliance with NICE. The older adults division has reported that they are reviewing previous compliance that they do not have a record of. OHFT is also looking into their gap analysis. OHFT has identified gaps in care of dying adults and stroke rehabilitation.</p> <p>The Clinical Effectiveness Manager reported on the national audit of dementia, the audit will be carried out in this area in OUHFT.</p> <p>The Clinical Effectiveness Manager also updated the Committee on falls, hip fractures and osteoporosis. There is some difference between the service at the JRH and HGH.</p> <p>Mental Health data for older adults will be reported next year.</p> <p>The Committee felt there should not be recommendations for more data and better collection of data, and have asked for this section to be reworded. (ACTION 22/18/07) and otherwise accepted the recommendations.</p>	LC
17.	<p><b>County of Oxfordshire Advice on Care and Health Website</b></p> <p>The Head of Communications and Engagement presented a review of the County of Oxfordshire Advice on Care and Health (COACH) website 'which was commissioned by the Prime Ministers Challenge Fund (PMCF).</p> <p>The website is maintained by Abingdon Federation. Concerns had been raised regarding the content and the links, this formed part of the review. There are number of areas of control that are in place to manage the site:</p>	

	<ul style="list-style-type: none"> <li>• Approach to maintaining the site, including maintaining accuracy when things change.</li> <li>• Approach to requests for links to be added that would have a commercial nature</li> <li>• Approach to commercial advertising</li> <li>• Concerns about Face Book material visible on the site</li> <li>• Concerns about liability for information in the site</li> <li>• Branding and consistency with NHS identity guidelines</li> </ul> <p>Abingdon Federation has looked into commercial advertising in the past but has not pursued this. This cannot be ruled out in the future. The Committee asked that OCCG be informed if this change is considered.</p> <p>The Committee also felt that the COACH website’s feedback was not widely visible and would like this to be more visible via OCCG’s website. It was also felt that a report on feedback received would be useful to see if people are engaged and feedback is acted upon.</p> <p>The Head of Communications and Engagement to feed back on the above recommendations to the Abingdon Federation. (Action: 22/18/08)</p> <p>The Committee is accepted the review conducted on the website and should continue to support it.</p>	AG
<b>Governance</b>		
18.	<p><b>Risk Register (for assurance and action)</b> The Risk Register was noted by the Committee, all the clinical risks have been discussed through the meeting.</p> <p>Ongoing 52 week waits are reflected in risk 798. However the actions need to be reflected and reviewed. This will be picked up in the next Directors Risk Review meeting. (Action: 22/18/09)</p>	CM/ SW
19.	<p><b>For noting</b></p> <ul style="list-style-type: none"> <li>• <u>Oxfordshire Primary Care Commissioning Committee Quality Report</u> The Deputy Director of Public Health highlighted a concern that OCC have picked up from health checks around quality and follow up of patients .The Assistant Clinical Director of Quality is to have a meeting with The Deputy Director of Public Health to discuss future work with practices. (Action: 22/18/10)</li> </ul> <p>The Director of Quality raised that once it has been confirmed by OPCCC that most of the primary care will be reported at Quality Committee. The Board will receive a quarterly report at OCCG Board.</p> <p>The Director of Quality to share the primary care framework with the COO. (Action: 22/18/11)</p> <ul style="list-style-type: none"> <li>• Clinical Ratification Group Minutes from 7 December 2017 meeting were noted by the committee.</li> <li>• Clinical Ratification Group Minutes – 5 January 2018 meeting were noted by the committee.</li> </ul>	MP/ VM         SW

20.	<p><b>Confirmation of Meeting Quorum and note of any decision requiring ratification</b> The meeting was quorate.</p>	
21.	<p><b>Any other business</b> <u>Influenza Report</u> The Senior Quality Manager reported that the data in the influenza report is the most up to date but has not been verified.</p> <p>Influenza performance has been good and has improved from previous years in 4 out of 5 risk areas. The area for more improvement is at risk under 65.</p> <p>The COO raised that some practices had ran out of vaccines, and do not want to have spare left over due to the financial risk. It would be good if a shared supply could be provided. The Senior Quality Manager and The Deputy Director of Public Health support this and will speak to NHS England and Public Health at the end of flu season meeting. (ACTION 22/18/12)</p> <p>The Senior Quality Manager reported that practices' performance has improved from last year.</p> <p>The Committee raised a concern that not enough school children are being vaccinated; this can be due to parents not giving consent. The Assistant Director of Quality reported that a flu update is given in the GP Bulletin and there was a push to vaccinate school children. The Committee also felt that the timings of the vaccinations are too late and should start targeting patients earlier, especially children.</p> <p>It was also noted the OHFT did not have a good uptake on flu performance with their own staff.</p>	JB
22.	<p><b>Date of Next Meeting</b> 26 April 2018, 9:00-12:00, Conference Room A, Jubilee House</p>	