



OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 23 May 2019	Paper No: 19/36e
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Title of Paper: Quality Committee Minutes 28 February and 9 April 2019

Paper is for: (please delete tick as appropriate)	Discussion ✓	Decision	Information ✓
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Conflicts of Interest (please delete tick as appropriate)	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflicted party is excluded from discussion	

<p>Purpose and Executive Summary: This includes the minutes of two Quality Committees – 28 February and 9 April.</p> <p>In February the Committee received a safeguarding report which set out the new statutory arrangements. The Clinical Effectiveness report focussed on the evidence we have for the effectiveness of services provided to adults in Oxfordshire. The Primary Care assurance report noted the positive performance on childhood and flu immunisations in Oxfordshire. The Committee received an update on a proposed integrated governance approach to the multiagency respiratory project</p> <p>In April the Committee received and considered the Designated Clinical Officer Special Educational Needs and Disability (SEND) annual report. A paper was received which described the workshop led by Oxfordshire CCG on understanding and learning from the events in Gosport War Memorial Hospital. A paper on a positive Quality Assurance visit to Healthshare was presented.</p>
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<p>Engagement: clinical, stakeholder and public/patient: A public/patient representative attends the Quality Committee</p>

Financial Implications of Paper:

Not Applicable

Action Required:

The OCCG Board is asked to note the Quality Committee minutes of the meetings held on 28 February and 9 April 2019.

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:

Not Applicable

Link to Risk:

Link to AF22 risk that quality issues will not be rectified.

Author: Sula Wiltshire, Director of Nursing and Quality

Clinical / Executive Lead: Sula Wiltshire, Director of Nursing and Quality

Date of Paper: 16 May 2019

MINUTES:

Quality Committee

09:00 – 12:00, Thursday 28 February 2019

Jubilee House, Conference Room A

The meeting started at 09:04

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
	Helen Ward (HW), Deputy Director of Quality
	Jane Bell (JB) Senior Quality Manager, <i>as per the minutes</i>
	Sarah Breton (SB), Head of Children’s Commissioning, <i>as per the minutes</i>
	Dr Andy Valentine (AV), Clinical Director of Quality
	Hilary Seal (HS), Patient and Public Representative
	Dr David Chapman (DC), Locality Clinical Director
	Val Messenger (VM), Deputy Director of Public Health
In attendance:	Helen Mitchell (HMi), Executive Assistant, Minutes Secretary
	Julie Dandridge (JD) for DH, <i>as per the minutes</i>
	Karen Brombley (KB), <i>as per the minutes</i>
	Judy Foster (JF), <i>as per the minutes</i>
	Linda Collins (LC), <i>as per the minutes</i>
	Jill Gillett (JG), <i>as per the minutes</i>
	Hilary Munube (HMu), <i>as per the minutes</i>
	Liam Oliver (LM), <i>as per the minutes</i>

Apologies	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Diane Hedges (DH), Chief Operating Officer

	Items:	Action
1.	Welcome Introductions and Apologies The Chair welcomed everyone and the Committee received apologies from Alison Chapman (AH), Dr Guy Rooney (GR) and Diane Hedges (DH). The Committee noted that Benedict Leigh was expected, and an alternate is expected in his absence.	

2.	<p>Conflicts of Interest Pertaining to Agenda Items No member declared any conflict of interest.</p>	
3.	<p>Confirmation of Meeting Quorum and Decisions Requiring Ratification The meeting held on 20 December 2018 was confirmed as quorate therefore no decisions require ratification.</p>	
4.	<p>Minutes of the Meeting Held on 20 December 2018 The minutes held from the 20 December 2018 were noted as approved by the OCCG Board and 2 minor changes were noted.</p> <p>Matters arising. The Committee noted that papers submitted should be based around quality and assurance and that fewer, better presented papers, are preferable now that the Committee is moving to quarterly meetings. There were no matters arising other than on the action log.</p>	
5.	<p>Action Log The Committee agreed that actions from the Action Log be flagged in reports coming to Quality Committee so that the link is clear. The action log was discussed and agreed changes are listed below:</p> <p>Closed Actions: 04/18/05 - DH to bring an update on the actions from the SCAS meeting regarding handovers along with the audit on ‘appropriate ambulances.’</p> <p>06/18/08 - Information on the implications of the report of the inquiry into the excess deaths at Gosport Memorial Hospital to have for the next workshop Board meeting – workshop on mortality rates across Oxfordshire took place on 18 February.</p> <p>08/18/07 - SBr to include the number, timing and any effects on patient experience and care of temporary closures of the HGH Midwife Led Unit (MLU) which have been occurring recently to gain better oversight and assurance.</p> <p>11/15/03 - SW to request report re Horton workforce numbers from Sarah Breton.</p> <p>12/18/01 - SW to raise test results formally at OUHFT/OCCG QRM today (with LW in copy for all correspondence) and if response is unsatisfactory, formal external communication at senior level outlining the recent evidence of the importance of this issue for patient safety.</p> <p>12/18/02 - JD/CM to investigate what is measured in the OCCG Staff Engagement Index and what can be influenced by the OCCG and report back in February.</p>	

	<p>12/18/03 - AC will report to the Committee in February on the arrangements for the new OSCB.</p> <p>12/18/04 - JB to follow up grading of complaints with OUHFT.</p> <p>12/18/05 - JB to bring back to the February 2019 Committee an update on the actions from the Chief Nursing report on patient experience delivery.</p> <p>12/18/06 - SW to report back on the subset relating to the Adult Mental Health Team.</p> <p>12/18/07 - AC to bring a paper to the February meeting re the CCG's additional responsibilities for safeguarding adults, linking to modern slavery and exploitation work streams.</p> <p>12/18/08 - LJ to send PP presentation to HM for distribution</p> <p>12/18/09 - SW to consider informing the Governing body of the above</p> <p>12/18/10 - HMu to bring Childhood Immunisation Report to February Committee.</p> <p>12/18/11 – Perineal trauma monitored at CRM on a monthly basis this has not flagged as outlier therefore no further audit required at this point- close</p> <p>12/18/12 - CM to send link to HM for paper on Workforce to HOSC, and this paper is to be provided to the Committee.</p>	
6.	<p>Forward Planner The forward planner was noted by the Committee. The Committee also noted that the planned Perineal Trauma Audit had been delayed until the April Committee, was mentioned in SB's report and was also picked up in the MLU report.</p>	
Patient Experience		
7.	<p>Patient Experience Report The Committee received and considered the Patient Experience Report. The Committee noted that OUHFT information is not included.</p> <p>The Committee noted that OHFT complaints have increased by 17%, while PALs contacts have reduced by 23%. OHFT have identified that this is an area for investigation. The Committee noted a high percentage of complaints regarding Adult Mental Health teams.</p>	

	<p>PALs surgeries have proved useful in providing information which quality visits may not elicit. The Committee noted that OHFT are aware of issues with their complaints process.</p> <p>OUHFT have chosen ten specific areas in the Patient Experience Delivery Plan because the Trust falls below the national average in these areas. The Chief Nurse is monitoring the situation closely.</p> <p>The maternity survey shows that Oxfordshire is broadly in line with other areas, although for patient satisfaction with labour and birth it is slightly above average. Data for 2018 shows a slight decline nationally of patient satisfaction with post-natal midwife visits. The Committee noted anecdotal dissatisfaction with Health Visitor 10 – 14 day visits at home.</p> <p>The Primary Care Quality Team will focus on sixteen practices that scored three or more below national average in the GP survey. The Committee noted that overall Oxfordshire practices were above average.</p> <p><i>JF joined the meeting at 09:35.</i></p> <p>Action 02/28/01: JB to investigate whether there are any further patients in a similar position to the patient in the example on Olanzapine where NICE guidelines were not being followed.</p> <p>The Committee noted that RBHFT has significantly better performance on the FFT than both Oxfordshire providers and national performance. It has previously been reported that this is likely to be due to the fact that RBH collect their data by phoning patients.</p> <p><i>JB left the meeting at 09:35.</i></p>	JB
Performance		
8.	<p>Integrated Performance Report</p> <p>The Committee received and considered the Integrated Performance Report. The Committee noted the following:</p> <ul style="list-style-type: none"> • That 18 week performance remains below target with a slight improvement in January • The number of 52 week waiters has declined • That the Cancer team results are below target and the OUHFT Cancer Strategy Group is monitoring the situation • A and E 4 hour wait and handovers are below target and are being monitored. • The DToC situation is unchanged at present. • An overall increase in referrals to CAMHs will hopefully be addressed by offering Healios a contract to deliver an online service 	

	<ul style="list-style-type: none"> • CAMHs received funding amounting to just under £100K to be used solely for the neuro-developmental pathway to reduce waiting times. • The number of routine referrals to Adult Mental Health seen within 28 days is now 60%, down from 90%. This is because the Trust is working to a 56 day target. <p>The number of patients who have been waiting for surgery for 52 weeks and over is decreasing. All waits of over 52 weeks are reviewed for harm. The number of CDiff cases is below limits. Mixed sex accommodation breaches are mainly due to system flow. The Trust is working on how to address this. It was noted that there have not been any patient complaints in this area.</p> <p>A target of 90% by September for discharge summaries and OP letters has been agreed. The Committee noted there has been a gap in data for OP letters as a result of changing the system and the introduction of voice recognition software. It was noted that RBH generates summaries automatically and therefore achieves 100%. However, the content of the summary is not always of the required quality. HW reported that the RBH is currently working on this issue.</p> <p>Action 02/2802: HW to continue to link with RBH on this issue.</p> <p><u>Test Results</u> The Committee noted that test results not being endorsed poses a significant risk to patients. A meeting has taken place where an approach was agreed to this issue. The new medical director is likely to be involved in this work in the future.</p> <p><i>LC joined the meeting at 10:11.</i></p> <p><u>May Report</u> The Committee noted that the Trust is trying to increase the diagnosis of COPD.</p> <p><i>LO joined the meeting at 10:11.</i></p> <p>The Elective Care Delivery Board is monitoring the levels of Planned Care, over-performance and the action plan.</p> <p>Action 02/28/03: This report to reflect what it needs to reflect. JD to consider adding additional, relevant items.</p> <p><i>JF left the meeting at 10:18</i></p>	<p>HW</p> <p>JD</p>
Patient Safety		
9.	<p>Safeguarding Update The Committee received and considered the Modern Slavery and Exploitation Workstreams report and the Safeguarding Children New</p>	

	<p>Statutory Arrangements report. The Committee noted that the reports provided an understanding of where the focus is and assurance that work is not duplicated.</p> <p>The Committee noted that OCCG is now a full partner with the Local Authority and the Police, with joint accountability and responsibility for safeguarding children. The Child Death Overview Process is well embedded in Oxfordshire, as there have been some strong partnerships in the past, and will join with Bucks under the new arrangements.</p> <p>The meeting noted that the OSCB has a new Independent Chair, and that the CSE sub-group has been widened to include all exploitation, together with a widened CSE pathway.</p>	
10.	<p>Clinical Effectiveness - Adults</p> <p>The Committee received and considered the Clinical Effectiveness – Adults report. The Committee noted that the treatment of this age group may prevent premature death further down the line. The Committee also noted that OHFT did not provide a report as they were undergoing organisational change.</p> <p><i>JG and HMu joined the meeting at 10:36</i></p> <p>The Committee noted that Dr Foster data has been extremely useful in providing relevant information.</p> <p>Action 02/28/04: LC and Chris Walkling (CW) to bring an All Age Learning Disabilities paper to Quality Committee in the autumn.</p> <p>The Committee noted that Cancer data is at least one year old due to the dates that data is released. The Committee also noted that earlier diagnosis of cancer is needed. The Committee is aware that inequalities are being masked in this report. The Committee requested that future reports include data.</p> <p><i>LC and LO left the meeting at 10:45.</i></p>	LC/CW
11.	<p>Primary Care Assurance (including Childhood Immunisation Report)</p> <p>The Committee received and considered the Primary Care Quality Assurance report. Banbury Road practice (Oxford) had a difficult inspection and support is being provided with the upcoming re-inspection. Horsefair Surgery (Banbury) is now rated Good and work is ongoing.</p> <p>The Committee noted that practices need to know how CQC visits have changed and what the current focus is. A checklist has been devised and will be sent out in the General Practice Bulletin. The Primary Care Dashboard is unchanged except for immunisations.</p>	

	<p>There was a discussion of the role of PPGs in quality improvement visits.</p> <p>Action 02/28/05: JG to advise the PPI forum what quality visits comprise</p> <p>Action 02/28/06: Practices to be encouraged to invite PPGs to contribute to quality improvement visits</p> <p>The Committee noted that test results and document management work has been well received by the practices.</p> <p><u>Childhood Immunisations</u> The Committee noted that Oxfordshire compares favourably with other areas and that the county has exceeded the target for flu immunisations.</p> <p><i>SB joined the meeting at 11:10</i></p> <p>A network of flu leads has been developed in practices and HMu has kept in touch throughout flu season. Currently, the District Nurse delivered vaccination programme is under review with a view to taking learning forward to next season. The Committee noted that flaws in the recording system that do not take account of NHS staff who may receive their vaccination in the workplace.</p> <p><i>JG and HMu left the meeting at 11:13</i></p>	<p>JG</p> <p>JG</p>
12.	<p>Maternity Update The Committee received and considered the Horton Maternity Update report. The Committee noted that the report covers Q1, and that workforce issues remain. The Birthrate Plus report has been shared by OUHFT. The report recommends a decrease in the ratio of midwives to women delivering, resulting in a need for an additional 16 midwives in OUHFT. A business plan is being undertaken, and appointments of obstetric nurses are being considered.</p> <p>Action 02/28/07: Assurance is required that all MLUs are performing as required.</p> <p>Action 02/28/08: Report on perineal tears at MLUs to be included in the Maternity update for the April meeting</p> <p>The Committee discussed the time critical average and noted that the figures were skewed by 1 patient waiting for the ambulance for an inter hospital transfer because the dedicated ambulance was in use.</p> <p>Action 02/28/09: SB to bring back data submitted to the recent Horton HOSC meeting.</p>	<p>SB</p> <p>SB</p> <p>SB</p>

	<p>The Committee noted that there were no short-time closures of the unit in the reporting period.</p> <p><i>SB left the meeting at 11:25</i></p>	
Governance		
13.	<p>Governance for Shared Projects</p> <p>The Committee received and considered the Integrated Services Incident Reporting & Investigation Policy (as an example of Governance for Shared Projects) report. The Committee noted that Datix has proved useful in providing ways for multi-agency work; also that there are cultural challenges for organisations having their own reporting requirements and allowing others to see their data.</p>	
14.	<p>Risk Register (for assurance and action)</p> <p>The Risk Register was noted by the Committee. The Committee also noted that the Audit Committee was concerned that the minutes did not reflect Quality Committee's focus on the clinical risks. There is a need to demonstrate that risks have been fully considered.</p> <p>The Committee assured itself that the items on the risk register were as follows:</p> <ul style="list-style-type: none"> • AF22 Healthcare Quality Issues was considered, and the RAG rating remains unchanged • 797 A&E was considered and the RAG rating remains unchanged • 798 was considered and the RAG rating remains unchanged • 802 CAMHS waiting has been reviewed and decided that it was too early to make changes, despite the new funding • 810 Test results is still a work in progress and the RAG rating remains unchanged • 758 DToC was considered and the RAG rating remains unchanged • 805 Never Events is a risk to the population which Quality Committee do not control, although it seeks assurance on the learning from investigations. <p>The Committee approved the change in wording for all risks.</p> <p>All members were agreed.</p>	
For noting		
15.	<p>For noting:</p> <ul style="list-style-type: none"> • Clinical Ratification Group Minutes: 1 November 2018 6 December 2018 <p>The Committee received and noted the Clinical Ratification Group</p>	

	minutes of the meetings on 1 November and 6 December 2018. The Committee noted that page 2 of the 1 November 2018 meeting under 'Treatments for Gender Dysphoria' the results of the national consultation document was published in May 2018. The Committee also noted that although the consultation is closed, the work is ongoing. The Committee noted that policies would be updated in due course.	
16.	Oxfordshire Ambulance Conveyance Audit The Committee received and noted the Ambulance Conveyance Audit which was previously submitted to A&E Delivery Board. The meeting noted that Oxfordshire is doing well, but that there is room for improvement.	
17.	Confirmation of meeting Quorum and note of any decisions requiring ratification The meeting was quorate.	
18.	Any other business Items of a confidential nature were discussed. A confidential note of this discussion has been filed. Actions were included in the Action Log.	
Dates of Future Meetings Tuesday 9 July 2019 – 12:00 – 15:00 - Conference Room A Tuesday 8 October 2019 – 12:00 – 15:00 - Conference Room A Tuesday 14 January 2020 – 12:00 – 15:00 - Conference Room A		

The meeting closed at 12:00

MINUTES:

Quality Committee

12:00 – 15:00, Tuesday 9 April 2019

Jubilee House, Conference Room A

The meeting started at 12:03

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
	Helen Ward (HW), Deputy Director of Quality, <i>as per the minutes</i>
	Jane Bell (JB) Senior Quality Manager
	Sarah Breton (SB), Head of Children's Commissioning, <i>as per the minutes</i>
	Dr Andy Valentine (AV), Clinical Director of Quality
	Hilary Seal (HS), Patient and Public Representative
	Dr David Chapman (DC), Locality Clinical Director
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality
	Val Messenger (VM), Deputy Director of Public Health
In attendance:	Helen Mitchell (HMi), Executive Assistant, Minutes Secretary
	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead
	Julie Dandridge (JD) for DH, <i>as per the minutes</i>
	Liam Oliver (LM), <i>as per the minutes</i>

Apologies	Diane Hedges (DH), Chief Operating Officer
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Ros Pearce (RP), Exec Dir, Healthwatch
Absent	Benedict Leigh (BL), Deputy Director of Commissioning

	Items: 1 – 6, 10, 7 – 8, 11 - 18	Action
19.	Welcome Introductions and Apologies The Chair welcomed everyone and the Committee received apologies from Ros Pearce (RP), Dr Guy Rooney (GR) and Diane Hedges (DH). The Committee noted that Benedict Leigh was expected, and an alternate is expected from the LA in his absence.	CM
20.	Conflicts of Interest Pertaining to Agenda Items No member declared any conflict of interest.	

21.	<p>Confirmation of Meeting Quorum and Decisions Requiring Ratification The meeting held on 28 February 2019 was confirmed as quorate therefore no decisions require ratification.</p>	
22.	<p>Minutes of the Meeting Held on 28 February 2019 The minutes held from the 28 February 2019 were noted as approved.</p> <p>All members were agreed</p>	
23.	<p>Action Log The action log was discussed and closed actions are listed below:</p> <p>Closed Actions: 02/28/02 - HW to continue to link with RBH re discharge summaries</p> <p>02/28/03 - The Integrated Performance Report to reflect the key issues that impact on quality & performance. JD to consider adding additional, relevant items</p> <p>02/28/05 – Jill Gillett to advise the PPI forum what quality visits comprise</p> <p>02/28/06 - Practices to be encouraged to invite PPGs to contribute to quality improvement visits</p> <p>02/28/07 - Assurance is required that all MLUs are performing as required – on agenda</p> <p>02/28/08 - Report on perineal tears at the MLUs to be included in the Maternity update for the April meeting</p> <p>02/28/09 - SB to bring back data submitted to the recent Horton HOSC meeting</p> <p>02/28/10 - The issue of ADHD assessments and referrals to be taken thorough QRM</p>	
24.	<p>Forward Planner The forward planner was noted by the Committee and amendments made to account for the new quarterly pattern of meetings.</p>	
Performance		
25.	<p>Transfers from Oxfordshire’s Midwife Led Units (MLUs) The Committee received and considered the Transfers from Oxfordshire’s Midwife Led Units (MLUs) report. The Committee noted that as this is only the second year of reporting, it is the first report containing two years’ data.</p> <p>SB advised that over the two year period 1189 women attended one</p>	

	<p>of Oxfordshire's MLUs and that 83% of these gave birth in the MLU with 17% transferring before the birth of their baby. The Committee noted that outcome of birth data is comparable with Birthplace.</p> <p>SB advised that midwives at the Horton MLU received additional training and supervision because it was a new unit. Past reports show a higher transfer rate for the Horton than for other MLUs in Oxfordshire. Although this appears to have settled somewhat it remains higher than the other MLUs.</p> <p>It was noted that the Horton workforce may feel under additional scrutiny, and the current uncertain situation may also affect staff confidence. The Committee noted that transfer data is helpful.</p>	
26.	<p>SEND Annual Report</p> <p>The Committee received and considered the Designated Clinical Officer Special Educational Needs and Disability (SEND) annual report. The Committee noted clear governance with the Performance Board, with Quality Committee providing OCCG oversight. Quality Assurance meetings are held quarterly, and are aware of the increase in Education, Health and Care Plans (EHCPs) overall and of autism and social and mental health problems in particular. The Committee noted that compliance with six week wait for health assessments has improved significantly, and that there has been a good response to service changes. The Designated Clinical Officer (SEND) has introduced a new quality assurance process internally which she personally oversees. SB advised that school exclusions are a major problem; fixed term exclusions and permanent exclusions are used increasingly in primary schools. The resulting increase in tribunals is impacting on the therapy service. A piece of work is being undertaken to address the issue, with CAMHS as part of the working group striving to keep children in education.</p> <p>Action 04/09/01: Update to Quality Committee when the business case for CAMHS working with schools is complete.</p> <p>The Committee noted that although the focus on keeping CYP in school is important, the biggest challenge is to help CYP who do not meet the threshold for SEND.</p> <p><i>SB left meeting at 13:25</i></p>	SB/AG
27.	<p>Integrated Performance Report</p> <p>The Committee received and considered the Oxfordshire CCG Integrated Performance Report. The Committee noted that only the Quality section of the report had changed since the February Quality Committee and HW offered to take questions by exception.</p> <p><i>LO joined the meeting at 13:28.</i></p>	

	<p>HW advised that work is ongoing to improve performance on the management of test results. It is a complicated issue which has both cultural and technical causes. The OUHFT Medical Director will have input and oversight of this work. The Committee noted that the non-endorsement of test results can lead to clinical incidents. OUHFT/OCCG QRM are working together to find a solution to this longstanding issue.</p> <p>The Chair observed that Quality Committee is charged by OCCG Board to ensure the Adult Mental Health service is safe following the change in waiting times, but this is proving difficult. SW advised that the OHFT may need to consider an oversight process such as the Harm Review process used at the OUHFT. The Committee noted that OCCG Directors will consider adding the item to the Clinical Risk Register at their Risk Review meeting on 1 May 2019.</p> <p>Action 04/09/02: CM to add OHFT Adult Mental Health to Risk Review agenda for consideration.</p> <p>The Committee noted that Juliet Long (JL) is working with OHFT to obtain demand and capacity figures for Adult Mental Health. The Committee noted that OHFT are in the process of compiling a letter to advise GPs of the process for ADHD referrals.</p> <p>Action 04/09/03: When letter to GPs about ADHD referrals is issued, JB to liaise with JL to ensure it is included in the GP Bulletin and is also sent to all practices.</p>	<p>CM</p> <p>JB/JL</p>
Patient Experience		
28.	<p>Patient Experience Report: To include Staff Survey – Providers</p> <p>The Committee received and considered the OCCG Patient Experience Report. The meeting noted that the Royal Berkshire Hospital (RBH) appears to have a higher positive response rate for FFT than OUHT, despite there now being a system of reporting that does not involve, as previously advised, reporting by phone to a member of RBH staff.</p> <p>Action 04/09/04: JB to check whether RBH are using the same SMS response system, as the Chair reported personal experience, that a charge would result from the OUHFT FFT.</p> <p><i>SB joined the meeting at 12:28.</i></p> <p>2018 National Staff Survey OHFT</p> <p>The Committee considered the OHFT staff survey and noted that although it is in line with national findings, there were some areas that require more understanding and focus. There is an overall drop</p>	<p>JB</p>

	<p>The Committee noted that OUHFT have acknowledged the importance of leadership in staff management. A happy, well supported workforce is essential to good patient care and leadership is required to take this forward.</p>	
Patient Safety		
<p>29.</p>	<p>Safeguarding Update</p> <p>The Committee received and considered the Safeguarding Activity Update Report. The Committee noted that in the case of Care Act Section 42 enquiries (S42), anyone can raise a concern which must be investigated. It was noted that within the provider trusts not all S42 enquiries are requested through their safeguarding teams. In OHFT this means there is no central data identifying the number of concerns the Community Health Service receives. In OUHFT a similar situation had existed in relation to the Home Assessment Reablement Team (HART). AC has requested that in future this data is recorded and available. The committee noted that concerns related in many cases to care coordination, timely and effective communication and allegations of neglect to provide adequate care. Initial reviews resulted in 86% being identified as not being substantiated or requiring additional actions or service adjustments.</p> <p>AC advised that the main themes identified through Learning Disability Morality reviews (LeDer reviews) were communication and coordination of care. The Committee noted that there were challenges around activation of Do Not Resuscitate Proactive Plans (DNACPRs). Organisations have been signposted to the RESPECT universal document, with a view to providing families with more information regarding end of life care, and respecting decision making in individuals with learning disabilities. The link to this is included with minutes for information at the request of the Chair:</p> <p>https://www.respectprocess.org.uk/</p> <p>The Committee also noted that the proposed changes to the Mental Capacity Act will impact on commissioner responsibilities and provider actions. A paper will be submitted when the relevant legislation has been passed.</p> <p>It was noted that the safeguarding activity within midwifery services is very high, in Q3 equating to 19% of all bookings. AC advised that within the maternity services a midwifery team provides additional support to deliver an enhanced midwifery service and this includes liaison with other key services such as social care, mental health and community services.</p> <p>The Committee noted that 178 bed days were used in the past year by CYP with mental health issues and needing CAMHS support who remained in hospital after being clinically fit for discharge, because</p>	

	<p>no appropriate placement was available.</p> <p>The Committee also noted that the number of CYP on child protection plans and children in need plans continues to rise, and that in the past 5 years there has been an increase in Looked After Children (LAC) of 65% in Oxfordshire compared to a national average of 13%. This is putting provider services under pressure.</p> <p>The proportion of LAC accommodated out of county was 21% in Q3. As a result, the completion of health assessments for CYP placed out of county has become increasingly difficult. This is monitored locally, with the OHFT team working across area to address the issue. The issue of assessment, accountability and capacity has been raised with NHS England for some areas of the UK where they have high numbers of looked after children.</p>	
30.	<p>Gosport Mortality Review</p> <p>The Committee received and considered the Oxfordshire system response to the findings of the Gosport War Memorial Hospital Panel report. The Committee noted that the Gosport events took place some time ago, and that Prof. Gary Ford was involved in the original investigation, and as a result brought further insight to the workshop held on 18 February 2019. The workshop brought partners together to reflect on Gosport and the current Oxfordshire review processes. HW advised that Oxfordshire has completed all immediate actions required by NHSE. The Committee noted that Gosport was geographically and organisationally isolated, and concerns were raised but not heard. The workshop established that current systems are good at identifying issues which affect mortality, but less good at bringing about change. There was general agreement that working together as a system offers the greatest protection going forward.</p>	
31.	<p>Healthshare Quality Visit</p> <p>The Committee received and considered the Healthshare Quality Visit report. LO advised that the Quality team visited East Oxford Health Centre and Wallingford Community Hospital, both on the same day. The Quality team noted good group based exercise programmes and innovation. They also noted an increase in patient satisfaction feedback since the introduction of a 2-way text system. The complaints process was discussed and articulated by staff; and the pain management service was also discussed. The Committee noted that a psychological skills programme had been introduced to investigate how pain is manifested and the reasons for it.</p> <p>The Committee also noted that although the self-referral process began slowly, it now makes up 20% of referrals, and may have a positive impact on GP time. The team was assured of the quality of onward referrals, having seen examples and discussed the clear structure and process. LO advised that the Rheumatology service</p>	

	<p>presents challenges due to a lack of expertise.</p> <p>The Committee noted good relations between management and staff; and that staff were enthusiastic and staff retention is good.</p> <p>The Quality team concluded that the service was Good.'</p> <p>The Committee requested that in future the Quality team considers arranging for a patient public representative to accompany the team on visits in order to provide a greater emphasis on the patient experience.</p>	
Governance		
32.	<p>CQUIN/Planning</p> <p>The Committee received and considered the CQUIN 2019/20 report. The Committee noted that the 2019/20 scheme is significantly different with very little flexibility. Providers attempt 5 indicators which are also applicable to independent sector providers. The Committee also noted some consistency from last year's indicators, and that there are no in-year milestones based on qualitative elements this year.</p> <p>LO advised that the mental health indicators will be beneficial. This includes improvements on data quality for the Mental Health Standard Dataset. The Committee noted that OCCG is presently awaiting confirmation of CQUINs from OUHFT and that OHFT have agreed theirs. The Committee also noted that independent providers have all taken up CQUINs.</p> <p>The Committee approved the CQUIN 2019/20 paper.</p> <p>All members were agreed</p> <p><i>LO left the meeting at 14:39</i></p>	
33.	<p>Clinical Ratification Group: Terms of Reference</p> <p>The Committee received and considered the Clinical Ratification Group Terms of Reference. CM advised that the amendments were as follows:</p> <ul style="list-style-type: none"> • Minor amendments to the membership • Amendments to the administration as this is now provided by Governance team • ToR to be reviewed bi-annually rather than annually - or as required <p>The Committee considered representation and was assured by the arrangements.</p>	

	The Clinical Ratification Group Terms of Reference were approved. All members were agreed	
34.	Risk Register (for assurance and action) The Risk Register was reviewed and considered by the Committee. The Committee discussed each risk individually and had nothing to add other than previously discussed, the issue of Adult Mental Health. All members were agreed	
35.	Confirmation of meeting Quorum and note of any decisions requiring ratification The meeting was quorate.	
36.	Any other business SW advised that an internal audit review of Quality was undertaken last week and would be brought to Quality Committee when complete. Action 04/09/8: SW to forward initial findings to LW	SW
Dates of Future Meetings Tuesday 9 July 2019 – 12:00 – 15:00 - Conference Room A Tuesday 8 October 2019 – 12:00 – 15:00 - Conference Room A Tuesday 14 January 2020 – 12:00 – 15:00 - Conference Room A		

The meeting closed at 14:48