

MINUTES:

Quality Committee

12:00 – 15:00, Tuesday 9 July 2019

Jubilee House, Conference Room A

The meeting started at 12.07

Present:	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 (part meeting)
	Judy Foster (JF), Performance Manager(part meeting)
	Juliet Long (JL), Head of Mental Health Commissioning (part meeting)
	Dr Andy Valentine (AV), Clinical Director of Quality
	Hilary Seal (HS), Patient and Public Representative
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Ros Pearce (RP), Exec Dir, Healthwatch
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality
	Val Messenger (VM), Deputy Director of Public Health
	Terri Brunne (TB), Executive Assistant, (taking Minutes)
	Victoria Harte (VH) Senior Quality Manager – Patient Safety (part meeting)
	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead

Apologies	Diane Hedges (DH), Chief Operating Officer
	Catherine Mountford (CM), Director of Governance
	Dr David Chapman (DC), Locality Clinical Director
	Sarah Breton (SB), Head of Children’s Commissioning,
	Benedict Leigh (BL), Deputy Director of Commissioning
	Helen Mitchell (HM) Executive assistant

	Items: 1 – 6, 10, 7 – 8, 11 - 18	Action
1.	<p>Welcome Introductions and Apologies</p> <p>The Chair welcomed everyone and the Committee received apologies from Diane Hedges, Catherine Mountford, Dr David Chapman, and Sarah Breton.</p> <p>The meeting was declared quorate.</p> <p>The nominated officer from the LA was unable to attend the Quality Committee as it is a cabinet day at the LA where their presence is also required. Social care membership will be followed up by Catherine</p>	CM

	Mountford. A formal request will go to the newly appointed Director of Adult Social Care to nominate a designate.	
2.	Conflicts of Interest Pertaining to Agenda Items No member declared any conflict of interest.	
3.	Confirmation of meeting quorum and decisions requiring ratification The meeting held on 9 April 2019 was confirmed as quorate therefore no decisions require ratification.	
4.	Minutes of the meeting held on 9 April 2019 The minutes of the meeting held on 9 April 2019 were approved.	
5.	Action Log The action log was discussed and closed actions are listed below: Closed Actions: Open item from 9 April – MP – update: Some secondary care clinicians have been asking GPs to take on prescribing under shared care at too early a stage. It was agreed that in principle this should not happen, but recognised there can be circumstances allowing variation. GPs can liaise directly with secondary care clinicians to take advice until such time as the final medication dosage is confirmed. IPR, on agenda – closed Patient experience report – closed	
6.	Forward Planner The Committee received and noted the 2019/20 Forward Planner. The Committee noted that items on the Forward Planner do not appear on the agenda as anticipated, and items on the agenda not in the Forward planner. CQC is not on the agenda although a standing item. Quality Premium can be removed. Action: HM to update 2019/20 Forward Planner and ensure items are included in next agenda.	HM
Performance		
7.	Internal Audit Report The Committee received and considered the OCCG Clinical Quality Governance Internal Audit report. The Committee noted that the Integrated Performance Report (IPR) is always scrutinised by the Chief Operating Officer and the Director of Quality and, if timing allows, by the Quality Committee prior to it going to the Board. The Director of Quality will advise the Chair of any items that may require her attention prior to Board.	

	<p>QC reviews a detailed version, the IPR Is also presented to executive committee and Board receives a precis.</p> <p>Action: HM to reinstate a 30-minute agenda for IPR item to slot in future to ensure sufficient scrutiny.</p> <p>The clinical risk register requires thorough discussion at QC. The chair thanked the team and the auditors for a positive report. QC should always be informed of items raised by QRM, in this instance contract queries where providers may not have followed through with actions that were asked of them. The majority of items identified by internal audit had been actioned.</p> <p>Action: ToR for QRMs should be revised and returned to QC by HW for OUHFT and JB for OHFT.</p>	<p>HM</p> <p>HW/JB</p>
8.	<p>Quality Committee Annual Report The Committee received and considered the Quality Committee Annual report.</p> <p>Sepsis and antimicrobial prescribing will be cross referenced to infection control report.</p> <p>There was a discussion of the absence of a section on research and innovation and how the Committee's oversight of innovation could be enhanced . It was recognised that innovation in the sense of using existing evidence, will often be reflected in the clinical effectiveness papers but this does not include other aspects of innovation, such as learning from current studies and evaluations. The Chair recommended the Quality Committee is informed of review current studies for which funds are channelled through the CCG,</p> <p>Action: SW to liaise with the R&D manager to get an annual report.</p> <p>The Specialist medical Advisor suggested the links with the NIHR AHSN and ARC could be strengthened to support the ambition of innovation. A commentary to covering these points should be added into the future plans section.</p> <p>Action: HW, GR and AV to work together on how best to incorporate innovation and its impact on quality on QC agenda in future.</p> <p>The Chair asked at what point regulators are involved following quality visits. HW confirmed that no significant concerns have come up that required escalating so far but we would escalate to the regulators in future should this be required.</p> <p>The report was approved subject to completion of the actions discussed.</p>	<p>SW</p> <p>HW/GR/ AV</p>
9.	<p>Integrated Performance Report (IPR)</p>	

<p>The Committee received and considered the Oxfordshire CCG IPR.</p> <p>A financial penalty will be applied to commissioners in future for failing to meet the 52 week standard not just to providers for failure to meet targets. May performance on RTT has improved slightly.</p> <p>Three cancer standards were not achieved – 31 days, 62 days, and 31 day screening. Cancer Working Group comprising OUH and CCG is working to address waits, particularly in gynaecology, to find a sustainable solution –The Deputy Director of Public Health noted that gynaecology waits are still poor and it would be informative to the QC to understand what work is being done to address it.</p> <p>Action – Planned Care could come to QC to present a detailed plan on the work being done.</p> <p>Ambulance waiting time longer than expected. Ambulance handovers at JR declined from March to April, improved at Horton.</p> <p>A & E 4 hour standard not met at OUH, RBH or minor injuries unit, which is unusual for the MIU. This was attributed to new staff being trained.</p> <p>GP streaming is under performing. GP streaming is to be considered under the A&E delivery board.</p> <p>DTOCs – Oxfordshire is one of the poorer performing CCGs nationally but improvements have been made. Shared responsibility for some packages of care may be a contributing factor, community hospitals performance is below the standard expected which impacts throughout the system by preventing patient flow to the most appropriate setting for their care needs.</p> <p>Numbers as well as percentages would be more informative to the QC.</p> <p>Eating disorder for children and young people – although the figures on the IPR suggest performance is under target, this is in part due to differences in how the data is recorded nationally vs locally. The number of CYP referred in to the CAMHS Eating Disorder service is reasonably low, and so if there is a single breach (often due to patient choice) this affects figures.</p> <p>The CAMHS Mental Health Support Teams in selected schools in Oxfordshire are now in place, as part of the Green Paper pilot. It is hoped that further areas of the county may also receive funding for teams in due course.</p> <p>A performance notice has been issues to In Health for failure to respond to concerns raised by GPs via DATIX.</p> <p>A performance notice has also been issued to Marie Curie for failure to address staffing issues.</p> <p>There has been progress on addressing test results endorsement rates.</p>	<p>DH</p>
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	<p>The Trust is a working on a risk stratified solution.</p> <p>Serious incidents (SIs) in cancer. Some of the challenges in the cancer pathway have contributed to SIs. Issue are around pathways and communication. A dedicated SI closure meeting to look at cancer SIs is being held at the end of July.</p> <p>It was noted that CHC performance is down. The Head of Mental Health Commissioning reported there is a new staff member in place, which should address this.</p> <p>City Community Hospital closure. The Deputy Director of Public Health asked whether there is assurance that patients are safe. The Director of Quality explained that it is about whether there are enough beds in the system overall and that AEDB are responsible for ensuring this patient flow in the community is across the whole of Oxon not more locally.</p> <p>Due to workforce pressures and increasing patient demand at OH the Adult Mental health routine access standard has temporarily changed from 28 to 56 days. This is monitored by QRM and the MH commissioner gave assurance a detailed breach report and quality impact assessment is expected from OH by the end of July.</p> <p>Learning Disability health checks performance was questioned and it was noted that there is an issue with the way the national data is collected which means the two tables in the IPR report do not correlate. OCCG is assured that the local figures derived from local EMIS data and provided by the CSU are accurate and performance is good, showing more LD health checks have been undertaken this year than last. The LD commissioner is working with NHSE to address the national data issues.</p> <p>The continued increase in safeguarding activity was noted.</p> <p>Looked After Children health checks can be difficult to monitor and ensure they are happening and patient choice can make the target difficult to achieve.</p> <p>CAMHS for Looked After Children -the target is to see these children in 2 weeks. Currently, red performance because of data issues as the staff do not always highlight that the child is looked after. The Designated nurse will ensure the Looked After Team in OH communicate effectively with OH CAMHS team.</p> <p>Action: AC to check good communication between Looked After and CAMHS teams</p>	AC
Patient Experience		
10.	<p>Patient Experience Report: The Committee received and considered the Patient Experience report.</p> <p>The Committee noted that:</p>	

	<ul style="list-style-type: none"> • OHFT produces good action plans but the same concerns continue to be reported. • Mental Health receives more complaints than other services. • OUHFT has not seen an increase in Gynae complaints despite challenge in the service. • OUHFT has seen positive results from National Inpatient Survey for 2018. The OUHFT Chief Nursing Officer is working on a patient experience plan which includes exploring car parking solutions. • Healthwatch raised a concern about complaints being categorised as ‘concerns’ and hence having a longer response time. <p>Action: SW to share this concern with OUHFT</p> <p>Quality visits have been undertaken by the OCCG team, all but one was good. It was suggested that both OUHFT and OHFT participate in visits across a pathway alongside OCCG for a shared system view.</p>	SW
Patient Safety		
11 & 12.	<p>CDOP Annual Report & VAM Annual Report</p> <p>The Committee received and commended the CDOP and VAM Annual Reports 2018/19 and noted the actions that will be followed up linking to the end of life pathway work.</p>	
13.	<p>Primary Care Quality Assurance</p> <p>The Committee received and considered the Primary Care Quality Report and noted that two practices are currently rated as ‘requires improvement’ by the CQC. One achieved good but, following a merger, was again rated as ‘Requires Improvement’. Practices going through mergers will be supported to ensure quality does not dip. QOF data is, not official until October.</p> <p>Medicines management and EOL – will be areas for quality improvement for 19/20</p> <p>Action: It was agreed that the NHS health checks for LD with reasonable adjustments, including access to screening should be included in primary care quality monitoring.</p>	MP
14.	<p>Serious Incident Report</p> <p><i>Victoria Harte joined the meeting at 14.10</i></p> <p>The Committee received and considered the SI Report Oct 18 – March 19. The Committee noted that the Quality Team is undertaking more assurance visits to provider departments, which is proving effective.</p> <p>The Committee noted that the new medical director at the OUHT has now appointed two deputies, both of whom have safety responsibility in their roles, and process at the OUHFT is expected to change as a result</p>	
15.	<p>Maternity Interim Arrangements</p> <p><i>JG joined the meeting at 13.30 – report taken after 10</i></p> <p>The Committee received and considered the report on Maternity Interim</p>	

	<p>Arrangements at the Horton MLU. The Committee noted that there is ongoing recruitment for vacant posts, including international recruitment of midwives. 34 posts have been offered.</p> <p>It was noted that the OUH met all the criteria in the Clinical Negligence Scheme for Trusts (CNST) incentive scheme which is a positive step in improving quality and safety in maternity services.</p>	
16	<p>Infection Prevention Control <i>HMU joined the meeting at 14.30</i></p> <p>The Committee received and considered the OCCG Infection Control Infection Prevention Control Annual Report for 2018/19 and the Plan for 2019/20.</p> <p>2018/19 Report - Surgical site infection section had been updated following initial distribution.</p> <p>The Committee noted that MRSA bacteraemias have remained stable since 2014 nationally, and have reduced in Oxfordshire with 4 cases all of which were unavoidable. C.diff cases are steadily reducing, with 126 cases compared to 162 in 2017/18, and below trajectory. The focus is on community cases as the main source of cases. Ecoli has a national target to halve numbers by 2024. Counts have increased year on year since 2014, however, in 2018/19, OCCG saw a reduction of 6.3%. The most common source is the urinary tract with hepatobiliary as the second most common. Initiatives to reduce GNBSI, included antibiotic stewardship, recognising the deteriorating patient, the hot gall bladder service at OUHFT and improved hydration. MSSA numbers are constant at 122 for the year.</p> <p>Oxfordshire continues to perform above the national average for flu vaccination uptake, and achieved uptake targets in all groups except 'at risk and pregnant women. There were 9 suspected outbreaks in care homes, 4 of which were confirmed as flu A, most residents were vaccinated prior to the outbreak. Antiviral prophylaxis was assessed by the GP practices in all 4 outbreaks.</p> <p>Action: It was agreed that a comprehensive plan for flu will be presented to the October committee.</p> <p>Infection Prevention & Control policies have been reviewed, approved and updated to utilize the on-line resources developed by the NHS Community IPC Team, Harrogate District NHS Foundation Trust, together with local supporting resources.</p> <p>HM is seeking to raise Sepsis awareness and introduce the recognising sepsis tool NEWS2 to primary care. NEWS2 is currently used by through SCAS and in the process of being rolled out in OUHFT.</p>	HMU

	<p>The TB project manager engaged local communities to raise awareness of testing for LTBI. An LTBI information leaflet was produced and translated into four languages. Although OCCG is not actively sourcing eligible LTBI testing candidates, OCCG remains supportive of the initiative to encourage screening.</p> <p>Surgical site infection rates for total hip replacement at OUHFT are above expected, but this is likely to be owing to the number of complex cases referred in from elsewhere.</p> <p>2019/20 Plan- OCCG IP&C Lead plans to continue monitoring, supporting GP practices, ensuring compliance with standards, and raising awareness of sepsis and LTBI.</p>	
17	<p>Suicide Prevention Strategy <i>DH joined the meeting at 14.10</i></p> <p>The Committee received and considered the Oxfordshire Suicide Surveillance Summary 2017. The report follows national best practice. The Committee noted that the report does not match ONS data as additional risk factors are included such as drug and alcohol usage. Numbers have fallen slightly since 2014. Male deaths outnumber female by 3 to 1, with the highest incidence in men age 40-49. Risk factors are: relationship issues, physical health conditions, alcohol, bereavement and living alone.</p> <p>There has been good joint working with the Samaritans which included addressing suicide risk areas in Westgate and in the Bicester Sainsbury's car park. Both universities have psychiatrists for their students.</p> <p>Action: MP and DHu to report in GP bulletin.</p> <p>Action: DHu to provide risk factor weighting for distribution to the primary care to help clinical decision making.</p>	<p>MP/DHu</p> <p>DHu</p>
Governance		
19.	<p>Clinical Risk Register (for review, assurance and action)</p> <p>The Committee received and considered the July 2019 Quality Committee Risk Register, and noted that the IPR did not reveal any new strategic risks to note. The Committee discussed each risk individually and noted the following:</p> <ul style="list-style-type: none"> • AF 19 It was agreed to keep the demand and performance as no new evidence had been presented which changed the risk. • AF22 healthcare quality. A new risk for workforce was discussed. OCCG does not have control of workforce and QC is asked for view 	

	<p>on how the Board might word this appropriately – the concern is that a risk is identified which the Board does not have leverage to address.</p> <p>Operational risks were discussed and it was agreed that they remained current.</p> <p>Safety and quality during times of change and access to adult mental healthcare will be considered at the Directors Risk meeting for new additions to the register.</p>	
20.	<p>For Note:</p> <p>Clinical Ratification Group Minutes – were noted</p> <ul style="list-style-type: none"> • 14 February 2019 • 11 April 2019 • 9 May 2019 <p>Quality Committee Terms of Reference The Committee received and noted the Quality Committee ToR. amendments will be made to the membership.</p> <p>Clinical Assurance Framework The Committee received and noted the Clinical Assurance Framework and noted that it ensures that clinical and quality patient experience is monitored across the system, and that the annual update is due.</p> <p>Action: HM to place Clinical Assurance Framework on forward planner for annual review</p>	HM
	<p>Confirmation of meeting Quorum and note of any decisions requiring ratification The meeting was quorate.</p>	
21	<p>Any other business Board is on 27 July, members to read draft minutes and comment ASAP</p>	
	<p style="text-align: center;">Dates of Future Meetings</p> <p style="text-align: center;">Tuesday 8 October 2019 – 12:00 – 15:00 - Conference Room A Tuesday 14 January 2020 – 12:00 – 15:00 - Conference Room A</p>	

The meeting closed at 15.04