



Oxfordshire Clinical Commissioning Group Board Meeting

Date of Meeting: 28 November 2019	Paper No: 19/75c
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Title of Paper: Minutes of Quality Committee 8 October 2019

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion		Decision		Information	✓
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
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	

Purpose and Executive Summary: The Quality Committee was held on 8 October. The Committee considered papers on clinical effectiveness for older adults, the amendments to the Mental Capacity Act, the flu plans for Oxfordshire and an update on progress with the written statement of action and inspection of special educational needs (SEND). The Annual Prescribing Report was presented to the Committee. Standing items were received on patient experience, primary care quality, safeguarding. and maternity.

Engagement: clinical, stakeholder and public/patient: n/a

Financial Implications of Paper: None

Action Required: The Board is asked to note the minutes of the sub committee

OCCG Priorities Supported <small>(please delete tick as appropriate)</small>	
✓	Operational Delivery

✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome: Not applicable

Link to Risk:

The Committee reviewed the clinical risk register

Author:

Clinical / Executive Lead: Sula Wiltshire- Director of Quality & Board Nurse

Date of Paper: 8 October 2019

MINUTES:

Quality Committee

12:00 – 15:00, Tuesday 8 October 2019

Jubilee House, Conference Room A

The meeting started at 12.10

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
	Diane Hedges (DHe), Chief Operating Officer
	Catherine Mountford (CM), Director of Governance
	Dr Andy Valentine (AV), Clinical Director of Quality
	Hilary Seal (HS), Patient and Public Representative
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality
In attendance:	Alison Chapman (ACh), Designated Nurse and Safeguarding Lead <i>from 12:37</i>
	Hilary Munube (HMu), Infection Prevention & Control Lead <i>for Item 14</i>
	Jackie Wilderspin, (JW), Public Health Specialist
	Ros Pearce (RP), Exec Dir, Healthwatch
	Linda Collins (LC), Clinical Effectiveness Manager <i>for Item 7</i>
	Liam Oliver (LO), Quality Improvement Manager – Data <i>for Item 7</i>
	Adeline Gibbs (AG), Designated Clinical Officer (DCO) for Oxfordshire <i>for Item 15</i>
	Jenn Sula-Minns (JSM), Prior Approval Manager <i>for Item 18</i>
	Jill Gillett (JGi), Senior Quality Improvement Manager - Primary Care <i>for Item 13</i>
	Karen Brombley (KB), Deputy Designated Professional - Safeguarding <i>for Item 12</i>
	Sakina Bi (SBi), Senior Commissioning Manager <i>for Item 12</i>
	Claire Critchley (CC), Lead Pharmacist for Medicines Optimisation <i>for Item 11</i>
	Helen Mitchell (HMi) Executive Assistant, (taking Minutes)

Apologies	Val Messenger (VM), Deputy Director of Public Health
	Dr David Chapman (DC), Locality Clinical Director
	Benedict Leigh (BL), Deputy Director of Commissioning OCC

	Items: 1 – 6, 8, 7, 9, 10, 12, 11, 13, 14, 16, 15, 17, 19, 18, 20, 21	Action
1.	<p>Welcome Introductions and Apologies The Chair welcomed everyone and the Committee received apologies from Dr David Chapman, Benedict Leigh, and Val Messenger. The meeting was declared quorate.</p>	
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 9 July 2019 was confirmed as quorate therefore no decisions require ratification.</p>	
4.	<p>Minutes of the meeting held on 9 July 2019 The minutes of the meeting held on 9 July 2019, which had been virtually approved by the Committee and were presented to the OCCG Board on 26 September, were noted.</p>	
5.	<p>Action Log The action log was discussed and closed actions are listed below:</p> <p>Closed Actions:</p> <p>02/28/04 - LC and Chris Walkling (CW) to bring an All Age Learning Disabilities paper to Quality Committee in the autumn – <i>on agenda</i></p> <p>04/09/01 - Update to Quality Committee when the business case for CAMHS working with schools is complete - <i>The business case for Mental Health Support teams (MHSTs) was completed and submitted and OCCG has been awarded £3m over 2 years to commission MHSTs in schools in Banbury and Bicester. The Oxford City MHSTs are now operational.</i></p> <p>04/09/02 - CM to add OHFT Adult Mental Health to Risk Review agenda for consideration – <i>reviewed at Directors' Risk Group</i></p> <p>04/09/05 - JB to bring update on OHFT's actions arising from the national staff survey to the July Committee – <i>discussed at July OHFT/OCCG QRM and followed up with draft Staff Survey Findings report</i></p> <p>04/09/06 - JB to provide a further update on OUHFT staff survey to the July Quality Committee – <i>discussed at June OUHFT/OCCG QRM and Quality Committee updated</i></p> <p>09/07/02 - HMi to update 2019/20 Forward Planner and ensure items are included in next agenda - <i>Forward Planner amended by HMi</i></p> <p>09/07/03 - HMi to reinstate a 30-minute agenda for IPR item to slot in future to ensure sufficient scrutiny – <i>see agenda</i></p> <p>09/07/05 - SW to liaise with the R&D manager to get an annual report –</p>	

	<p><i>SW discussed with Julie Barker –planned response for January 2020</i></p> <p>09/07/08 - AC to check good communication between Looked After Children’s team and CAMHS teams – <i>Both services provided by OHFT. Service lead assured AC that all information is on the electronic record</i></p> <p>09/07/09 - Healthwatch raised a concern about complaints being categorised as ‘concerns’ and hence having a longer response time - SW to share this concern with OUHFT – <i>SW has discussed with OUHFT previously and will follow up again with the Trust</i></p> <p>09/07/11 - It was agreed that a comprehensive plan for flu will be presented to the October committee – <i>agenda item</i></p> <p>09/07/12 - MP and DHu to report in GP bulletin – <i>info published in October Bulletin</i></p> <p>09/07/13 - DHu to provide risk factor weighting for distribution to the primary care team to help clinical decision making – <i>information has been passed to primary care team</i></p> <p>09/07/14 - HMi to place Clinical Assurance Framework on forward planner for annual review – <i>Clinical Assurance Framework now included on forward planner</i></p>	
6.	<p>Forward Planner The Committee received and noted the 2019/20 Forward Planner. The Maternity Interim arrangements report is no longer required, and the meeting should consider a proposal for county-wide monitoring of Obstetrics including FMLUs to be presented at the January committee.</p>	
Effectiveness		
7.	<p>Clinical Effectiveness <u>Older people</u> The Committee received and considered the Clinical Effectiveness – Older Adults report presented by LC and LO. The Committee stated its disappointment that gaps in data remain, but noted that digital data in the Long Term Plan (LTP) may fill in the gaps. Public Health (PH) are investigating the new Multiple Index of Deprivation published in the week commencing 30 September 2019. A lot of health service data is based on where patients are treated/registered and not where they live. JW advised that work is currently taking place to map practice populations by ward in connection with the health needs in Banbury work. There remains insufficient information to evidence the situation with minority groups.</p> <p>Action 10/08/01: SW to share both Clinical Effectiveness papers with OUHFT and OHFT</p> <p>Action 10/08/02: LC and LO to submit both Clinical Effectiveness papers to AEDB and Primary Care</p>	<p>SW</p> <p>LC/LO</p>

	<p>CSU monitoring data. The evaluation concludes in May 2020 (close to the beginning of the financial year) which poses a problem with funding. DHe indicated that it should be possible to use the CSU report alongside the evaluation to facilitate budgeting. The Committee noted and welcomed that overall, this is a robust approach to evaluation</p>	
9.	<p>Integrated Performance Report (IPR) The Committee received and considered the Oxfordshire CCG IPR presented by DHe. The paper, having previously been discussed at Board on 26 September, generated a discussion about long waiters on the elective care pathway. In line with national guidance BOB has proposed the contacting of all patients waiting 26 weeks or more to offer an alternative place of treatment. There will be no funding nationally and DHe is considering how to turn this national directive into a sustainable piece of local improvement work. A complex piece of work is required re patient need versus the 26 week timeline. DHe is having a constructive conversation with Debbie Richards, Managing Director for Mental Health Services & LD Care at OHFT about funding and expected performance. AV advised that additional funding for extending the CAMHs Green paper pilots re waiting times and Mental Health Support Teams (MHSTs) in schools pilot has been allocated.</p> <p>The Committee noted that OUHFT has been looking at a range of solutions to the clinical communication issue but are unlikely to achieve their targets of 90% outpatients letters and discharge summaries being received in primary care within 7 days and 24 hours respectively by September. The Committee noted that Dr Paul Altman is leading on the endorsement of test results work which included the flagging for critically abnormal results.</p> <p>SW advised that a Harm Review process is being set up for adult mental health patients waiting 56 days and above. The Quality team will be involved in this process.</p> <p>The impact of new the MSK pathway was briefly discussed.</p> <p>Action 10/08/06: DHe to circulate the MSK evaluation paper which was submitted to Exec Committee on 26 September 2019</p>	DHe
Patient Experience		
10.	<p>Patient Experience Report: The Committee received and considered the Patient Experience report presented by JB. The Committee noted upcoming significant changes to the Friends & Family test. Numbers of complaints received by OHFT remain constant and PALS have seen a 20% decrease.</p> <p>Action 10/08/07 JB was requested to check that providers manage “concerns” in the same way as a complaint would be investigated.</p> <p>There has been a slight reduction in complaints to Patient Services re Healthshare. The Chief Nurse at OUHFT has reduced the number of days</p>	JB

	<p>to investigate and close all complaints. The annual GP Survey has been published and shows generally high scores for Oxfordshire when compared nationally and to other local CCGs. The survey findings will be used with other performance information to target support and advice to practices where there is an opportunity for improvement. JG and MP are working with the Primary Care Contract team on an action plan.</p> <p>Action 10/08/08: JG to share action plan at January 2020 Quality Committee</p> <p>Action 10/08/09: JB to include patient numbers in future reports so that low numbers shown as percentages are not misleading.</p>	<p>JG</p> <p>JB</p>
Patient Safety		
11	<p>Annual Prescribing Report</p> <p>The Committee received and considered the Medicines Optimisation report presented by CC, and noted that the role of the team is to support prescribing by implementing guidelines and pathways. During 2018/19 £80.8m was spent on GP prescribing, resulting in a £4m underspend. The prescribing incentive scheme was successful with all practices falling within budget, making them eligible for further payments. Input into care homes continued with a member of the team about to be seconded to OHFT as a pharmacist. £330k was saved through the decrease of prescribing of over the counter medications. The prescribing dashboard was used to positive effect. The use of Scritpswitch saved £1.42 m. The seconded dietitian post was made permanent at the end of 2018/19 resulting in a saving of £96k. Practice-based pharmacists are OCCG's link into practices and this role is increasing.</p> <p>AV asked CC if there had been any further progress in discussions with OUH regarding their ability to issue prescriptions to patients who have gone home – previously use of electronic prescribing from hospital had been discussed.</p> <p>Action 10/08/10: AV to meet with CC to discuss further, particularly with a view to next contract cycle.</p>	<p>AV/CC</p>
12.	<p>Safeguarding</p> <p>Mental Capacity Act amendments implications and risks</p> <p>The Committee received and considered the Mental Capacity Act Amendments Implications and Risks report presented by KB and SBi, and noted that the Amendments became law in April this year and will be implemented in October 2020. The report highlighted two areas of risk:</p> <ul style="list-style-type: none"> • The CCG does not currently have a system in place to meet all the requirements of the new act. A short term solution is being developed to mitigate this risk. • The CCG needs to put in place a sustainable solution to meet the new obligations – work is in progress across the Oxfordshire health economy to develop a response to ensure the system meets its 	

	<p>obligations.</p> <p>Action 10/08/11: SW to take the potential risk associated with this change to Director Risk Group</p>	SW
13.	<p>Primary Care Quality Assurance</p> <p>The Committee received and considered the Primary Care Quality report and noted that the CCG is working intensively with two practices currently rates as 'requiring improvement'. Malthouse and Wallingford practices have both made improvements such that they are now good in all areas. 19 Beaumont Street and Gosford Hill have recently been inspected and have been rated as 'good' in all areas. Practices have asked for support with Annual Regulatory Reviews. This has enabled OCCG to support practices and to look at further quality improvement. The team continues to work closely with Horsefair on their quality improvement plan.</p> <p>The new primary care dashboard and a review of learning over the last two years since the Primary Care Incidents programme was introduced will be presented to January Quality Committee. The Committee noted that relationships with practices are positive and OCCG input is welcomed.</p> <p>Action 10/08/12: JG/MP to rename above dashboard 'Annual Review'</p>	JG/MP
14.	<p>Flu Plan</p> <p>The Committee received and considered the Influenza Report presented by HMu and noted that all is going according to plan. Vaccinations have been extended to year 6 children. The programme has a number of priorities:</p> <ul style="list-style-type: none"> • 2 – 3 year olds • At risk groups previously below target level are being targeted. • Care home residents, staff and social care workers <p>The Committee noted that Quadrivalent from Sanofi is delayed; and the InForm monitoring tool is live, although activity so far remains low. Vaccination of housebound patients is underway.</p> <p>Action 10/08/13: HMu to circulate correct version of Appendix B</p> <p>All school vaccinations are underway and could be complete by the end of October. The school plan will extend to December due to a slight delay in the ability to order the vaccination on InForm. Frontline staff will receive the flu vaccination as part of the Occupational Health programme for both trusts.</p> <p>Action 10/08/14: HMu to investigate what has been achieved in Berks HealthcareTrust</p>	<p>HMu</p> <p>HMu</p>
15.	<p>SEND Report</p> <p>The Committee received and considered the Progress Update on SEND Written Statement of Action presented by AG and noted progress since the</p>	

	<p>last report. A revisit will take place on 14 – 16 October 2019 at the LA by CQC and Ofsted. The Committee noted that progress had been made in all areas although school exclusions remain an area of concern. CAMHS, health and education teams have been working jointly to reduce numbers and a work plan has been created to address exclusions. Assessments and care plans are being done in a timely way and in collaboration with parents and carers. There continue to be challenges in autism provision for younger age groups. CAMHS services have had an impact on this but it is too early to see positive outcomes from this work.</p>	
16.	<p>Maternity Interim Arrangements The Committee received and considered the report on Maternity Interim Arrangements at the Horton MLU presented by SW and noted that despite a higher number of deliveries at HGH there was no real change from a clinical perspective. The Committee noted no issues with transfers and no issues around mother or child health. Rosalie Wright (RW), acting Director of Midwifery has returned to her clinical governance role and a new Midwifery Director, Alison Cuthbertson has been appointed. Maternity services will be reviewed by Quality Committee. Details of how this will be done, including the proposed set of KPIs will be set out in a paper for the January Quality Committee and this should consider choice and actual place of birth, outcomes for mother and infant, patient experience; transfer rates and times.</p> <p>Action 10/08/15: Paper to be submitted to January 2020 Quality Committee to include proposed maternity quality monitoring arrangements. Paper to be prepared by HW and JGr</p> <p>Action 10/08/16: JGr to ensure transfer times include range as well as interquartile range so that outliers can be identified</p>	<p>HW/JGr</p> <p>JGr</p>
Governance		
17.	<p>Clinical Risk Register (for review, assurance and action) The Committee received and considered the September 2019 Quality Committee Risk Register. The Committee discussed each risk individually and had nothing to add other than previously discussed:</p> <ul style="list-style-type: none"> • Liberty protection safeguarding would be reviewed at the next Risk meeting • 790 – Emergency closure of HGH - close All members were agreed • The workforce risk was considered and remains as a system risk • DHe will take a list of performance issues to Board on 28 November 2019 <p>No further new risks were identified.</p>	

18.	<p>Procedures of Limited Clinical Value Policy (PLCV) The Committee received and considered the Procedures of Limited Clinical Value Policy (PLCV) presented by JSM and approved minimal changes to update the current policy. All members were agreed</p>	
20.	<p>For Noting: Safeguarding partnership annual report The Committee received and noted the Annual Reports from the Safeguarding Children and Safeguarding Adults Boards (OSCB & OSAB) presented by SW. The Committee noted that OCCG is highly active across all the subgroups and Boards and has developed good relationships with safeguarding partners.</p> <p>The issue of domestic violence (DV) and learning disability was raised. Both Safeguarding Boards are concentrating on DV incidents. Contextual safeguarding is now a focus and Home Office funding is being targeted at this.</p> <p>Action 10/08/17: SW to take Safeguarding Partnership Annual Report to next OCCG Board on 28 November 2019</p> <p>Action 10/08/18: LW to signpost AC to research</p> <p>Clinical Ratification Group Minutes – were noted</p> <ul style="list-style-type: none"> • • 6 June 2019 • • 11 July 2019 	<p>SW</p> <p>LW</p>
	<p>Confirmation of meeting Quorum and note of any decisions requiring ratification The meeting was quorate.</p>	
21	<p>Any other business None</p>	

Dates of Future Meetings		
Date	Time	Venue
14 January 2020	12:00 – 15:00	Conference Room A
14 April 2020	12:00 – 15:00	Conference Room A
14 July 2020	12:00 – 15:00	Conference Room A
13 October 2020	12:00 – 15:00	Conference Room A
12 January 2021	12:00 – 15:00	Conference Room A
13 April 2021	12:00 – 15:00	Conference Room A
13 July 2021	12:00 – 15:00	Conference Room A

12 October 2021	12:00 – 15:00	Conference Room A
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