

# OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

<b>Date of Meeting:</b> 09 June 2020	<b>Paper No:</b> 20/20e
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<b>Title of Paper:</b> Quality Committee Minutes – 14 January and 12 May 2020
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<b>Paper is for:</b> (please delete tick as appropriate)	<b>Discussion</b> ✓	<b>Decision</b> ✓	<b>Information</b> ✓
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<b>Conflicts of Interest</b> (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><b>Purpose and Executive Summary:</b> Minutes of the OCCG Quality Committees held face to face on 14 January and virtually on 12 May.</p> <p>In addition to standing items, the January Committee received a Proposal for the Oversight of Quality in challenged areas. A proposal was also presented and agreed for the revised quality oversight of maternity services in Oxfordshire. The clinical effectiveness report focussed on Learning Disabilities.</p> <p>The May Committee received standing items for noting and focussed on the risk to quality of services posed by the Covid-19 pandemic.</p>
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<p><b>Engagement: clinical, stakeholder and public/patient:</b> The Committee is chaired by the lay member for patient and public involvement. There is a patient/public representative on the Committee.</p>
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<b>Financial Implications of Paper:</b>
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N/A

**Action Required:**

**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:**

N/A

**Link to Risk:**

The links to the OCCG risk register are discussed at each Committee

**Author:**

**Clinical / Executive Lead:** Sula Wiltshire – Director of Quality & Nursing

**Date of Paper:** 1 June 2020

**MINUTES:**

**Quality Committee**

**12:00 – 15:00, Tuesday 14 January 2020**

**Jubilee House, Conference Room A**

The meeting started at 12.03

<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
	Dr David Chapman (DC), Locality Clinical Director
	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
	Stephen Chandler, (SC), Corporate Director for Adult's Services
	Donna Husband (DH), Head of Public Health Programmes - Health Improvement, OCC
<b>In attendance:</b>	Jane Bell (JB), Senior Quality Manager
	Linda Collins (LC), Clinical Effectiveness Manager <i>for Item 8</i>
	Liam Oliver (LO), Quality Improvement Manager – <i>Data for Items 8, 12, 19</i>
	Jill Gillett (JGi), Senior Quality Improvement Manager - <i>Primary Care for Item 14</i>
	Hilary Munube (HMu), Infection Prevention & Control Lead <i>for Item 15</i>
	Victoria Harte (VH), Senior Quality Improvement Manager - <i>Patient Safety for item 17</i>
	Sakina Bi (SBi), Senior Commissioning Manager <i>for Item 20</i>
	Helen Mitchell (HMi) Executive Assistant, (taking Minutes)

<b>Apologies</b>	Val Messenger (VM), Deputy Director of Public Health
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	<b>Items: 1 – 6, 20, 9, 7, 8, 10 – 19, 21 - 23</b>	<b>Action</b>
1.	<b>Welcome Introductions and Apologies</b> The Chair welcomed everyone and the Committee received apologies from Val Messenger. The meeting was declared quorate.	

2.	<p><b>Conflicts of Interest Pertaining to Agenda Items</b> No member declared any conflict of interest.</p>	
3.	<p><b>Minutes of the meeting held on 8 October 2019</b> The minutes of the meeting held on 8 October 2019, which had been approved virtually by the Committee and presented to the OCCG Board on 28 November, were noted.</p>	
4.	<p><b>Action Log</b> The action log was discussed and closed actions are listed below:</p> <p><b>Closed Actions:</b>  <b>09/07/01</b> - A formal request will go to the newly appointed Director of Adult Social Care to nominate a designate to attend Quality Committee.-  <i>28/11/2019 - Stephen Chandler will attend in future</i></p> <p><b>09/07/04</b> - ToR for QRMs should be revised and returned to QC by HW for OUHFT and JB for OHFT - <i>17/12/2019 – HW has received comments from OUHFT and OHFT and is working on ToR</i></p> <p><b>09/07/07</b> - Planned Care to provide update to QC on the work being done to address performance issues – <i>see agenda</i></p> <p><b>09/07/10</b> - It was agreed that the NHS health checks for LD, including access to screening should be included in primary care quality monitoring – <i>see agenda</i></p> <p><b>10/08/01</b> - SW to share Clinical Effectiveness papers with OUHFT and OHFT – <i>complete 17/10/2019</i></p> <p><b>10/08/02</b> - LC and LO to submit both Clinical Effectiveness papers to AEDB and Primary Care - <i>17/12/2019 – Both papers sent to Delivery &amp; Localities</i></p> <p><b>10/08/03</b> - LC and LO to investigate publication of Older Adults paper  <i>17/12/2019 - Under investigation</i></p> <p><b>10/08/04</b> - LW to advise LO and LC of research bodies for context -  <i>23/12/2019 – information forwarded to LO and LC</i></p> <p><b>10/08/06</b> - DHe to circulate the MSK evaluation paper which was submitted to Exec Committee on 26 September 2019 - <i>29/10/2019 – circulated – recirculated 31/01/2020</i></p> <p><b>10/08/07</b> - JB was requested to check that providers manage “concerns” in the same way as a complaint would be investigated - <i>17/12/2019 – JB has confirmed with providers that concerns are managed in the same way as complaints</i></p> <p><b>10/08/08</b> - JGi to share Primary Care Contract team action plan at January 2020 Quality Committee – <i>see agenda</i></p>	

	<p><b>10/08/09</b> - JB to include patient numbers in future reports so that low numbers shown as percentages are not misleading - 17/12/2019 – <i>noted and if numbers are provided they will be reported</i></p> <p><b>10/08/11</b> - SW to take the potential risk associated with Safeguarding MCA amendments to Director Risk Group - 06/11/2019 - <i>Discussed at directors risk group. Agreed this will be kept under review as work progresses and greater understanding of the implications for CCG become clearer</i></p> <p><b>10/08/12</b> - JGi/MP to rename the new Primary Care Dashboard ‘Annual Review’ - 17/12/2019 – <i>complete</i></p> <p><b>10/08/13</b> - HMu to circulate correct version of Appendix B to the Flu report - 29/10/2019 – <i>circulated</i></p> <p><b>10/08/14</b> - HMu to investigate flu data from other CCGs – 07/01/2020 – <i>data circulated on Action Log</i></p> <p><b>10/08/15</b> - Paper to be submitted to January 2020 Quality Committee to include proposed maternity quality monitoring arrangements – <i>see agenda</i></p> <p><b>10/08/16</b> - JGr to ensure transfer times include range as well as interquartile range so that outliers can be identified - 18/12/2019 – <i>noted by JGr</i></p> <p><b>10/08/17</b> - SW to take Safeguarding Partnership annual report to next OCCG Board on 28 November 2019 - 28/11/2019 – <i>paper taken to Board</i></p> <p><b>10/08/18</b> - LW to signpost AC to research for future reports - 08//10/2019 – <i>Information sent to AC</i></p>	
5.	<p><b>Forward Planner</b> The Committee received and noted the 2019/20 Forward Planner.</p>	
<b>Effectiveness</b>		
6.	<p><b>Planned Care and Associated Issues</b> The Committee received and considered the Acute Collaboration Workstream (ACW) report and appendices presented by DHe. She advised that fixed membership of the ACW group comprises herself, Andy Statham (AS), SRO lead at Royal Berkshire Hospital (RBH), COOs from the Trusts, Belinda Boulton (BB), Transformation - Bucks CCG, and a lead from each CCG, working together on collaborative projects. Depending on what is being discussed, leads attend for their specialties. The Committee noted that the group also links with the Cancer Alliance. The paper presented gives an insight into what is currently happening in the system, and DHe asked if this was sufficient to submit to Quality Committee on a quarterly basis, or whether further information was required and the Committee responded by advising that the report contained all relevant</p>	

	<p>information required..</p> <p>The Committee noted from the Gynae 26 Week Task and Finish Group Work Programme included in the Appendices that a further pause in the options of list choice had been requested by OUHFT, but DHe had advised that other actions should be explored first. Procedures of limited clinical value undertaken in gynae require review, and Acute Collaboration have suggested a number of options. AS is discussing with DHe and reporting to Ian McDonald (IMD). The Committee expressed concern around the cancer pathway, and DHe advised that assurance on cancer 52 week waits is to be undertaken and will be mapped differently. The recovery plan will impact on planned care so will be taken into account.</p> <p>The Committee questioned why there was no involvement from Patient and Public Involvement (PPI) or Healthwatch with the first piece of Bariatrics work and DHe conceded that with hindsight PPI should have been included. She agreed to communicate this. DHe also agreed that the work was clinically biased and that more local authority (LA) representation would be welcomed in the future.</p> <p>The Chair welcomed the report and was happy to receive it at future Quality Committees</p> <p>The Committee noted that clear Outpatient transformation KPIs were required and that the quality metrics should be broader in future.</p>	
7.	<p><b>Proposal for Oversight of Quality for Challenged Performance</b></p> <p>The Committee received and considered the Proposal for Oversight of Quality report requested by the Governing Body, presented by HW, outlining the additional quality monitoring being developed as a result of services being unable to meet waiting times pledges. Services are currently struggling due to increased demand, increased acuity and workforce challenges.</p> <p>The Committee noted that for all services SIs are reported and quality indicators seen. Planned Care has a 52 week harm review process but Cancer waits require more assurance as SIs indicate that harm to patients has been found, and this is where the biggest gap appears.</p> <p>OHFT is currently looking at a Harm Review process.</p> <p>Routine quality indicators show that OUHFT does consistently well with mortality rates. There has been no rise in complaints which would appear to indicate that their mitigations are effective.</p> <p><b>Action 04/14/01:</b> SW to speak to Quality leads for both Trusts to establish that they are assured for Mental Health and Cancer</p> <p>Autism presents a system challenge and the LA budget will provide some services for young people and adults with autism.</p>	SW

	<p><b>Action 04/14/02:</b> SC to report back re funding for young people and adults with autism at end of Q1</p>	<b>SC</b>
8.	<p><b>Clinical Effectiveness – Learning Disabilities</b> The Committee received and considered the Clinical Effectiveness – Learning Disabilities report presented by LC and LO.</p> <p>The Committee noted that Oxfordshire generally performs better than national results. In particular, screening and prevention provision is good. There are some areas where insufficient information is available to make comprehensive conclusions, for example reasonable adjustments for patients are good in some respects, less good in others and cannot be measured in others. There are significant areas for improvement noted, especially in the need for improvements in the application of the Mental Capacity Act.</p> <p>There was little available data and information for people with a diagnosis of autism who do not have a learning disability and this is an area of concern.</p> <p>There was a brief discussion about the failings at Whorlton Hall in N Ireland and SC advised that he isn't assured that out of area placements secured through CHC are robust enough.</p> <p><b>Action 04/14/03:</b> SC to provide an update on out of area placements to next Quality Committee</p> <p><b>Action 04/14/04:</b> LC and LO to include actions undertaken in the October 2020 Clinical Effectiveness – Older People and LD Scoping report</p>	<p><b>SC</b></p> <p><b>LC/LO</b></p>
9.	<p><b>Integrated Performance Report (IPR)</b> The Committee received and considered the Integrated Performance report (IPR) presented by DHe, which had been submitted to Board in November 2019.</p> <p>The Committee had previously discussed the cancer pathway so did not revisit, although reiterated their concern. Urgent Care has been at Opel 4 status for a few hours only, but this created unusual problems around repatriation. DHe has advised Fiona Wise (FW), Exec Lead for BOB ICS, that the Onward Care policy needs some work.</p> <p>The Committee noted that OCCG is waiting to hear the Trust's plans for refurbishment of their 14 West Wing theatres.</p> <p>The Mental Health team now have agreement on revised KPIs and the Committee noted that situation has been discussed at Board.</p> <p>Outpatient letters and endorsement of test results continue to miss targets. The new Chief Information Officer will attend the next QRM on 16 January</p>	

	to try to resolve these and other issues through new initiatives, supported by the Medical Director.	
<b>Patient Experience</b>		
10.	<p><b>Maternity Quality Monitoring Arrangements</b></p> <p>Quality Committee received and considered the Maternity Quality Monitoring Arrangements report presented by HW. The Committee noted that contract monitoring, routine monitoring, attendance at OUHFT Quality meetings, national tools and audits and oversight of the implementation plan will provide assurance through monthly Contract Review Meetings (CRM).</p> <p>The Committee requested an annual report which aligns with the 'Saving Babies Lives' report from NHSE. The Committee noted that birth rates will be monitored annually for surrounding counties and will inform future arrangements in Oxfordshire. The Committee also noted that there is no clinical lead for maternity in OCCG, but there are sufficient staff and clinical leadership at the Trust. The Committee requested that the lack of OCCG clinical leadership be kept under review.</p>	
11.	<p><b>Patient Experience Report:</b></p> <p>Quality Committee received and considered the Patient Experience Report presented by JB, and noted that there were no significant changes since the last report. JB advised that the new Friends and Family Test (FFT) data is likely to be more qualitative, that it only applies to OUHFT and OHFT (including Community hospitals), but does not include private providers. JB described a morning spent with OHFT Patient Services complaints team, who have an impressive system. The CCG has been invited to accompany them on PALS visits.</p> <p>The Committee noted that Quality visits have been encouraging, as care delivered is excellent and JB is assured that standards are being met.</p>	
<b>Patient Safety</b>		
12.	<p><b>CQC current position</b></p> <p>Quality Committee received and considered the CQC Ratings report presented by LO. The Committee noted that Primary Care remains broadly strong, with most practices rated as Good and only 2 practices rated as Requires Improvement in the December data. Social Care has seen several organisations rated as Outstanding overall, and none rated as Inadequate overall. OUHFT have continued their progress towards the actions highlighted across their recent CQC inspections in the last 18 months, but remain rated Requires Improvement. OHFT's December inspection report was broadly positive with a rating of Good and the Trust has made improvements from the previous inspection.</p> <p>The CQC response regarding CAMHs was positive but the OCCG remain unhappy with the long waiting list.</p> <p><b>Action 04/14/05:</b> LO to investigate how Oxfordshire CAMHs performance</p>	<b>LO</b>



	compares with its neighbours	
13.	<p><b>Safeguarding Policy</b></p> <p>Quality Committee received and considered the OCCG Safeguarding Policy presented by SW. The Committee noted that it now includes all additional statutory safeguarding responsibilities. The Committee approved the policy subject to minor changes already noted to Alison Chapman.</p> <p><b>All members were agreed.</b></p>	
14.	<p><b>Primary Care Quality Assurance</b></p> <p>Quality Committee received and considered the Primary Care Quality Assurance report presented by MP and JG. The Committee noted that the CQC rating for Standards of Care 2018/19 in GP practices in Oxon stated that 90% of those visited were rated Good, 4% Required Improvement and 5% were rated Outstanding. All but three practices have had an annual regulatory review or inspection. These three can expect a review due to management changes; and nearly 20 practices have received help from OCCG and have given positive feedback on this support. The team will build on that and work with the Nuffield to return them to a Good rating.</p> <p>The Committee noted that the annual review indicates that Oxfordshire practices are collectively above the national average for achievement. OCCG continues to focus on practices with variances on those averages; and is also working with the council on public health delivered health checks.</p> <p>The Committee briefly discussed Horsefair practice and noted that the 10% drop in the Quality and Outcomes Framework Achievement precedes the recent new management in Horsefair.</p> <p>The Committee noted that online consultations have been taken up in 13 practices.</p> <p><b>Action 04/14/06:</b> JG to advise LW which practices have adopted online consultations</p>	<b>JG</b>
15.	<p><b>Flu Report</b></p> <p>The Committee received and considered the Influenza Report presented by HMu and noted that this year's flu episodes commenced earlier than last year's. Vaccine availability was difficult for Quadrivalent and child nasal sprays, but are now readily available. HMu advised that vaccine monitoring targets have been reached for 2 year olds, and all other groups are likely to achieve their target for this year, other than the At Risk group. The Committee noted that flu numbers have peaked and are now dropping, but may peak again.</p> <p>NHSE have advised that the vaccine is well matched to the bacteria, but</p>	

	there have been flu outbreaks in care homes even where residents and staff have been vaccinated.	
16.	<p><b>SEND Letter Following Re-Inspection in October 2019</b></p> <p>The Committee received and considered the Oxfordshire County Council letter regarding the joint area SEND visit in Oxfordshire dated 20 November 2019 presented by SW, who stated that Ofsted and CQC have advised that further work is required in two areas. Challenges have arisen around the academisation of schools, and resource for SENDIAS is being considered for parents of children and young people with learning disabilities.</p> <p>The inspectors noted good progress in terms of governance and leadership and good progress in improving the quality of EHCPs. Work on reducing exclusions was noted to be good. Further work is now needed on timeliness of plans and evaluation and monitoring (self-evaluation).</p> <p>A joint action plan will need to be submitted in March 2020.</p> <p><b>Action 04/14/07:</b> Joint Action Plan to be submitted to Quality Committee in April for noting.</p>	<b>SBr</b>
17.	<p><b>Serious Incident Report</b></p> <p>Quality Committee received and considered the Serious Incidents (SI) report presented by VH and noted that numbers were consistent with last year. The Committee noted concern around the large number of 8 open Never Events (NEs) and 18 open SIs. The Committee also noted that OHFT had requested extensions for all NEs (possibly due to staff capacity), and are making moves to change this.</p> <p>The Committee noted that assurance visits are undertaken regularly and NEs remain a concern and are included on the Risk Register.</p> <p><i>SC left the meeting at 14:36.</i></p>	
<b>Governance</b>		
18.	<p><b>Clinical Risk Register (for review, assurance and action)</b></p> <p>The Committee received and considered the September 2019 Quality Committee Risk Register. The risks relating to NEs, workforce and poor patient experience as a result of performance were each discussed individually and the Committee did not request revised ratings following the information received through the Committee.</p> <p><b>Action 04/14/08:</b> HW to investigate how OUHFT measures, reviews and improves the culture around NEs, and what tools they are using</p> <p>No further new risks were identified.</p>	<b>HW</b>
19.	<p><b>Quality Impact Assessment process</b></p> <p>The Committee received, considered and approved the Quality Impact</p>	

	<p>Assessment presented by LO. The new version has been designed with input from other directorates and is intended to reduce duplication of information from Verto and encourage interaction with the Quality Directorate during the QIA process. It also tries to better capture positive impact.</p> <p><b>Action 04/14/09:</b> LO to test the QIA within OCCG and to investigate what OUHFT and OHFT use</p> <p><b>Action 04/14/10:</b> LO to insert a line re equality output</p> <p><b>All members were agreed</b></p>	<p><b>LO</b></p> <p><b>LO</b></p>
20.	<p><b>CHC Equity &amp; Choice Policy</b>  The Committee received and considered the NHS Continuing Healthcare - Equity and Choice Policy presented by SBi, who advised that the policy would enable staff to have conversations with individuals or families about choice; and would enable management of decisions around risk, cost and individual choice. The Committee queried circumstances where a reduction in the size of care package is necessary; or where patients moving into Oxfordshire from other counties have reduced care needs. SBi explained that Oxfordshire will make a decision based on their own principles when patients move into the area.</p> <p><b>Action 04/14/011:</b> SBi to check against Choice policy to avoid conflicts</p> <p>The Committee approved the policy subject to the changes above.</p> <p><b>All members were agreed.</b></p>	<p><b>SBi</b></p>
<b>For Noting</b>		
21.	<p><b>For Noting:</b>  <b>Clinical Ratification Group Minutes</b> – were noted</p> <ul style="list-style-type: none"> <li>• 12 September 2019</li> <li>• 10 October 2019</li> <li>• 14 November 2019</li> </ul>	
22.	<p><b>Confirmation of meeting Quorum and note of any decisions requiring ratification</b>  The meeting was quorate.</p>	
23.	<p><b>Any other business</b></p> <p><b>Action 04/14/12:</b> The re-scheduling of the April 14 Quality Committee to be reviewed by Exec</p>	<p><b>HM</b></p>
<b>Dates of Future Meetings</b>		

<b>Date</b>	<b>Time</b>	<b>Venue</b>
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

**MINUTES:**

**Quality Committee**

**12:00 – 13:00, Tuesday 12 May 2020**

**Virtual MS Teams meeting**

The meeting started at 12.02

<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
	Dr David Chapman (DC), Locality Clinical Director
	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
	Val Messenger (VM), Deputy Director of Public Health
<b>In attendance:</b>	
	Roger Dickenson (RD), observing
	Juliet Long (JL), Lead Commissioner, Mental Health
	Anne Carlile (AC), Lead Commissioning Manager, Urgent Care
	Rachel Pirie (RPi), Acting Deputy Director, Commissioning
	Julie Dandridge (JD), Deputy Director. Head of Primary Care
	Rosalind Pearce (RPe), Exec Director, Healthwatch Oxfordshire
	Helen Mitchell (HMi) Executive Assistant, (taking Minutes)

	<b>Items: 1 - 18</b>	<b>Action</b>
12.	<p><b>Welcome Introductions</b> The Chair welcomed everyone and explained that the meeting had been shortened and would consist mainly of reports for noting. The Chair suggested that any questions be addressed to report authors.</p>	
13.	<p><b>Conflicts of Interest Pertaining to Agenda Items</b> No member declared any conflict of interest.</p>	
14.	<p><b>Minutes of the meeting held on 14 January 2020</b> The minutes of the meeting held on 14 January 2020, which had been approved virtually by the Committee were noted and a small amendment</p>	

	made.	
15.	<p><b>Action Log</b> The action log was discussed and closed actions are listed below:</p> <p><b>Closed Actions:</b></p> <p><b>10/08/05</b> SW to send next year's paper to the Transforming Care Programme Board for comment. 14/04/2020 – Complete</p> <p><b>10/08/10</b> AV to meet with CC to discuss hospital prescribing, particularly with a view to next contract cycle. 04/04/2020 – AV and CC have met twice and have a further meeting scheduled after the COVID pandemic.</p> <p><b>04/14/01</b> SW to speak to Quality leads for both Trusts to establish that they are assured for Mental Health and Cancer. 14/04/2020 – Complete – Committee notified.</p> <p><b>04/14/05</b> LO to investigate how Oxfordshire CAMHs performance compares with its neighbours. 16/04/2020 – Complete – Committee notified.</p> <p><b>04/14/06</b> JG to advise LW which practices have adopted online consultations. 14/04/2020 – Complete</p> <p><b>04/14/07</b> SEND Letter Following Re-Inspection in October 2019 - Joint Action Plan to be submitted to Quality Committee in April for noting. 12/05/2020 – On agenda</p> <p><b>04/14/08</b> HW to investigate how OUHFT measures, reviews and improves the culture around Never Events, and what tools they are using. 16/04/2020 – Complete – Committee notified.</p> <p><b>04/14/09</b> LO to test the QIA within OCCG and to investigate what OUHFT and OHFT use. 16/04/2020 – Complete</p> <p><b>04/14/10</b> LO to insert a line into Quality Impact Assessment re equality output. 16/04/2020 – Complete</p> <p><b>04/14/11</b> SBi to check CHC Equity &amp; Choice Policy against Choice policy to avoid conflicts. 16/01/2020 – Complete</p>	

	<p><b>04/14/12</b> The re-scheduling of the April 14 Quality Committee to be reviewed by Exec. <b>12/05/2020</b> - Complete</p>	
16.	<p><b>Integrated Performance Report</b> The Committee received and considered the Integrated Performance Report which preceded the Covid 19 pandemic period, i.e. up to and including month 11. The Committee noted that, subsequently, delayed transfers of care (DToC) numbers were much reduced due to the discharge guidance published on 19 March, and a concerted effort by the system led by the Director of Adult Services.</p> <p><b>Action 05/12/01:</b> DHe to discuss with OCCG directors DToC arrangements to decide whether the new arrangements should be approved by Quality Committee or Executive Committee</p> <p>The Committee noted that LD checks are markedly under target and will be monitored throughout the year.</p>	DHe
17.	<p><b>Clinical Risk Register (for review, assurance and action)</b> The Committee received and considered the Clinical Risk Register. The Committee noted that the risk originally outlined had recently changed as follows:</p> <p><i>There is a risk the Oxfordshire healthcare system may be unable to balance the needs of patients with Covid -19 with those without Covid 19 in order to deliver safe &amp; effective care which may lead to patient harm.</i></p> <p>The Committee noted the main areas of concern: Mental health, non-attendance at emergency departments, care homes and primary care.</p> <p><b>Action 05/12/02:</b> Risks which score less than 12 will be managed within teams; only those with a rating &gt;12 will be reported to Quality Committee by HW</p> <p><b>Action 05/12/03:</b> SW to review the Risk Register for Elective Care</p> <p><b>Action 05/12/04:</b> CM to request Comms make the 'Help us to help you' link more visible</p> <p>The meeting noted that testing in care homes will commence in the near future. RPi advised that all patients leaving hospital for care homes are tested for Covid19 before discharge. The local authority is monitoring providers experiencing challenges, and is offering support. The CCG and Trusts are working very closely with the County Council to support care homes.</p> <p>The meeting noted that all Mental Health services (including CAMHs) continue, using digital technology and face to face meetings where necessary.</p> <p><b>Action 05/12/05:</b> CAMHs data to be included in the IPR.</p>	<p>HW</p> <p>SW CM</p> <p>DHe/JF</p>

	The Chair commended all contributors to the report.	
18.	<b>Safeguarding Update</b> The Committee noted that there is multiagency working across the system to mitigate and address risks. The Committee also noted that the recent Care Act Easement has not been enacted in Oxfordshire.	
<b>For Noting</b>		
8.	<b>Forward Planner</b> The Committee received and noted the 2019/20 Forward Planner, and noted that items for the July Quality Committee may have to be deferred to later meetings.	
9.	<b>Quality Committee Annual Report</b> The Committee received and approved the Quality Committee Annual Report, subject to minor changes. <b>All members were agreed.</b>	
10.	<b>Patient Experience Report</b> The Committee received and noted the Patient Experience Report.	
11.	<b>Care Room Process, CTRs</b> The Committee received and noted the Care Room Process, CTRs report. The Committee noted the ongoing work in this area and the Chair commended the author.	
12.	<b>Safeguarding LAC Annual Report</b> The Committee received and noted the Looked After Children Annual Report.  <b>Action 05/12/06:</b> SW to check with KB that new EMIS coding for CLA has been investigated and notified to GPs.  <b>Update on Oxfordshire Health Services and Mental Capacity Amendment Act Implementation Plans</b> The Committee received and noted the Update on Oxfordshire Health Services and Mental Capacity Amendment Act Implementation Plans which have recently been paused.	<b>SW</b>
13.	<b>Primary Care Quality Assurance - Year End</b> The Committee received and noted the Primary Care Quality Assurance - Year End report.	
14.	<b>SEND Annual Report including the DfE Revisit Action Plan</b> The Committee received and noted the SEND Annual Report including the DfE Revisit Action Plan.	
15.	<b>Suicide Prevention Strategy</b>	



	The Committee received and noted the Suicide Prevention Strategy. The Chair commended the authors on this innovative and comprehensive piece of work.	
16.	<p><b>Clinical Ratification Group</b>  <b>For Ratification:</b>  <b>Revised ToR in response to Covid</b>  The Committee received and approved the Clinical Ratification Group Revised ToR in response to Covid.  <b>All members were agreed.</b></p> <p>The Committee received and noted the following Clinical Ratification Group minutes:</p> <p>.</p> <p><b>Clinical Ratification Group Minutes</b></p> <ul style="list-style-type: none"> <li>• <b>12 December 2019</b></li> </ul> <p><b>Clinical Ratification Group Interim Covid-19 Weekly meeting minutes</b></p> <ul style="list-style-type: none"> <li>• <b>2 April 2020</b></li> <li>• <b>9 April 2020</b></li> <li>• <b>16 April 2020</b></li> <li>• <b>23 April 2020</b></li> </ul> <p>The Committee noted the extensive work undertaken by the Clinical Effectiveness team and the committee.</p>	

<b>Dates of Future Meetings</b>		
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17.	<p><b>Confirmation of meeting Quorum and note of any decisions requiring ratification</b>  The meeting was quorate.</p>	
18.	<p><b>Any Other Business</b>  SW requested support from Quality Committee to integrate quality review meetings (QRMs) for the two main providers at OHFT and OUHFT. The Committee noted that contract review meetings (CRMs) oversee the QRMs, and ToRs should be submitted to Quality Committee for comment.</p> <p>The Chair commended all staff on the work undertaken during the Covid 19 pandemic and closed the meeting at 13:07.</p>	

<b>Dates of Future Meetings</b>		
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Date	Time	Venue
14 July 2020 <b><i>NB: The date or duration may be subject to change</i></b>	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