Oxfordshire
Clinical Commissioning Group

OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

Date of Meeting: 9 June 2020	**Paper No:** 20/28e

Title of Paper: Quality Committee Annual Report

Paper is for: (please delete tick as appropriate)	**Discussion**		**Decision**		**Information**	✓

Conflicts of Interest (please delete tick as appropriate)	
None identified.	
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 Annual Report sets out how the Quality Committee operated effectively and in accordance with its terms of reference in 2019-20. Please note that as a result of the Covid 19 pressures this report does not include full details of medicines management or Infection Prevention and Control. Annual reports for both of these functions will be presented to the July Quality Committee.

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Engagement: clinical, stakeholder and public/patient:
The Committee is chaired by the Lay Member for Patient and Public Involvement. The meeting is also attended by a Patient/Public representative and by Healthwatch Oxfordshire.

Financial Implications of Paper: Not applicable

Action Required:
To receive the Annual Report

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:
Links to risks are discussed at each Quality Committee

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Oxfordshire
Clinical Commissioning Group

Annual Report from the Quality Committee 19/20

As a formal sub-committee of the Board and in accordance with best practice, this is the Quality Committee's 2019/20 annual report to the Board.

This report was reviewed on 12 May 2020 and is now submitted to the Board to provide assurance that the Committee has been operating effectively and in accordance with its terms of reference.

1 Introduction

The role of the Quality Committee is to provide assurance on the quality of services commissioned by Oxfordshire Clinical Commissioning Group and to promote a culture of continuous improvement and innovation within safety, clinical effectiveness and patient experience. The Committee will oversee the development and monitoring of the overall strategy for quality improvement. In partnership with the local authority, the Committee oversees the arrangements for safeguarding through the operation of the Safeguarding Children and Safeguarding Adults Boards.

The impact of the Covid 19 pandemic began in Q4 of 2019-20. The oversight of quality in the Oxfordshire system adapted to a risk based approach which considered both services provided to patients with Covid 19 and the risk to the whole range of health services. Oversight of quality in the Covid 19 pandemic will be a key focus of the Quality Committee in 2020-21.

The Quality Committee is chaired by the Governing Body Lay Member with responsibility for Patient and Public Involvement. The Director of Quality is Deputy Chair. The Committee voting membership also includes: two locality clinical representatives, the CCG Chief Operating Officer, the Director of Governance, a Lay Member and a Specialist Medical Advisor.

Non-voting ex-officio attendees of the committee comprise Clinical Directors of Quality (acute and community services, and primary care), Deputy Director of Quality, Deputy Director Joint Commissioning (OCC), Deputy Director Public Health (OCC) and a Patient and Public Representative.

2 Membership and Meetings

To be quorate, a minimum of five Quality Committee Members must attend, including:

- Quality Committee Chair or Quality Committee Vice Chair;
- Two Board members, ex-officio Board attendees or their deputies;
- At least one locality representative;
- At least one practicing clinician.

There were four meetings in the period covered by this report. All meetings were quorate.

Quality Committee						
Name	**Role**	**Apr 19**	**Jul 19**	**Oct 19**	**Jan 20**	**Total**
Voting Members						
Louise Wallace	**Lay member with a lead for Patient and Public involvement (Chair)**	✓	✓	✓	✓	**4/4**
Sula Wiltshire	**Director of Quality (Vice Chair)**	✓	✓	✓	✓	**4/4**
Dr David Chapman	**OCCG Locality clinical representative(s)**	✓	**X**	**X**	✓	**2/4**
Catherine Mountford	**Director of Governance**	✓	**X**	✓	✓	**3/4**
Diane Hedges	**Chief Operating Officer**	**X**	**X**	✓	✓	**2/4**
Dr Guy Rooney	**Specialist Medical Advisor**	**X**	✓	✓	✓	**3/4**
Non-Voting members						
Dr Andy Valentine	**Clinical Director of Quality**	✓	✓	✓	✓	**4/4**
Dr Meenu Paul	**Assistant Clinical Director of Quality (Primary Care)**	**X**	✓	✓	✓	**3/4**
Helen Ward	**Deputy Director of Quality**	✓	✓	✓	✓	**4/4**
Benedict Leigh or nominated deputy	**Deputy Director, Joint Commissioning, Oxfordshire County Council**	**X**	**X**	**X**	**NLAM**	**0/3**
Stephen Chandler	**Corporate Director for Adult's Services, Oxfordshire County Council**				✓	**1/1**
Val Messenger or nominated deputy	**Deputy Director Public Health**	✓	✓	✓	✓	**2/4**
Hillary Seal	**Patient & Public Representative**	✓	✓	✓	✓	**4/4**
Jane Bell	**Senior Quality Manager**	✓	✓	✓	✓	**4/4**

Alison Chapman	**Safeguarding Lead nurse**	✓	✓	✓	**X**	**3/4**
Julie Dandridge (Deputy for DH)	**Deputy Director, Head of Primary Care and Localities**	✓	**X**	**NLAM**	**NLAM**	**1/2**
Sharon Barrington (Deputy for DH)	**Head of Planned Care and Long Term Conditions**	**X**	**X**	**NLAM**	**NLAM**	**0/2**
Quorum		✓	✓	✓	✓	**4**

X = did not attend
NLAM = No Longer A Member

Table 1. Attendance at Quality Committee, April 2019 – March 2020

The Director of Delivery and Localities is also a member of the Finance and Investment Committee. The Director of Governance also attends the Audit Committee to ensure a link between all committees.

3 Duties within the Terms of Reference

The key duties of the committee are to oversee:

- Quality and performance of service
- Patient safety
- Patient experience
- Clinical effectiveness
- Innovation

The work of the Committee in discharging its duties was as follows.

3.1 Duty 1 – Quality and Performance of services

The Quality and Delivery Directorates continued to work closely together in 2019/20 on a range of issues relating to the performance and quality of clinical services, including evidence based interventions, patient experience and patient safety. These links ensure that quality and performance are viewed and addressed in tandem. The Integrated Performance Report was presented at each Committee.

The CCG works with its major providers, and some smaller independent providers, to agree quality objectives for the year. These objectives are then included in their quality accounts, which are reported to the Committee. The CCG reviews and comments on the accounts and evaluates how successful organisations have been at meeting their objectives.

3.1.2 Healthcare Intelligence

Oxfordshire CCG has retained a license for Dr Foster healthcare intelligence software during 2019/20. The software has been increasingly integrated into clinical effectiveness reviews of variation across the local healthcare system. It has also been used to understand the use of evidence-based interventions in Oxfordshire and to support in-depth reviews of services to provide assurance where there are issues or concerns about quality. The Quality team has continued to link with counterparts within Oxford University Hospitals to share and jointly understand potential areas of concern.

3.1.3 Quality premium

NHS England did not offer a Quality Premium for 2019/20 as the scheme was discontinued.

GP feedback

As a part of ensuring the quality of commissioned services, primary care professionals in Oxfordshire provide feedback directly to the CCG using the Datix risk management system. Between April 2019 and March 2020, 1148 pieces of feedback were received by the CCG. This information is used alongside information from serious incidents, patient experience and performance data to identify where services could be improved.

A summary of the feedback received in 2019/20 is set out in Table 2.

Top 5 by subject Apr 19-Mar 20	GPFBK
Incorrect information on discharge letter	**56**
Failure in referral process	**69**
Delay in GP receiving clinical docs (i.e. OPD/discharge letters)	**77**
Inappropriate prescribing request from secondary care	**84**
Consultant to consultant not completed correctly	**93**

Table 2. GP feedback by topic

As a result of this feedback a number of changes have been implemented. These include:

- Consultant to consultant (C2C) policy has been updated to make it clearer. This will support appropriate use of C2C referrals. OCCG is currently working with OUH to improve the efficiency and effectiveness of onward referrals from A&E pathways.
- OCCG is working with OUH on progressing electronic prescribing or alternative solutions to inappropriate prescribing requests.
- A focus on the time clinical documentation takes to be sent. This is monitored through quality review meetings (QRMs).
- Work with OUH to improve the quality of clinical communication following the implementation by the Trust of OUH implemented electronic dictation with voice recognition. This is improving with education and monitoring.
- OUH undertaking a large piece of work around the use of IT to improve failures in referral process.

3.1.4 CQC Inspections

The CCG only holds contracts with organisations which are registered with the Care Quality Commission (CQC). The CQC is the national regulator and providers are required to adhere to CQC standards. The CQC has a programme of inspections; a provider may be inspected every five years or sooner, depending on the circumstances and performance of the provider. When an organisation falls below a required standard they must respond, usually with an action plan. The organisation is required to inform, and share their action plan with, the CCG. The action plans are monitored and reviewed by the CCG and discussed at every Quality Committee, at which the CQC is a standing item.

3.2 Duty 2 - Patient safety

The Committee reviews patient safety including safeguarding, serious incidents, infection control and service reviews in a regular plan of reports throughout the year.

3.2.1 Clinical risks

Clinical risks are detailed on the CCG clinical risk register. At each meeting, the Committee scrutinises the action taken by the CCG to mitigate these risks.

Exception reports are provided through the Integrated Performance Report (IPR), which is a standing item on the agenda. The IPR also includes updates on performance; the quality schedules and CQC inspections for NHS trusts, independent providers, GP services and nursing homes.

3.2.2 Serious Incidents

Serious incidents (SIs) are events in healthcare where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to produce a comprehensive response. SIs usually affect patients directly, but also include incidents which may indirectly affect patient safety or an organisation's ability to deliver ongoing healthcare. The CCG reviews all SIs to ensure action is taken to prevent recurrence. Detailed reports were provided to the Committee in June 2019 and December 2019. 2019/20 saw a slightly lower number of SIs reported than in the previous year, with 122 reported compared to 172 in 2018/19. The Committee sought and received assurance that this reduction was not due to changes in the Trusts' reporting cultures.

3.2.3 Never Events

Never Events are a nationally specified set of serious incidents that are regarded as being preventable because of the existence of guidance or safety recommendations which provide strong systemic barriers. These measures should always be in place and hence incidents should not happen.

There were ten Never Events during 2019/2020. Seven of these were in the OUHFT, one in OHFT, one in BPAS and one joint organisation (OUH and SCAS) which it was agreed that OCCG would own. This compares to thirteen in 2019/20.

The agreed approach for Never Events is that they are reviewed in line with the serious incident framework and the incident is not closed until all actions are completed. This is followed by an assurance visit from OCCG and NHSE.

Trust	Reported	Incident
BPAS	16/05/2019	Patient incorrectly identified
OUH	04/06/2019	Wrong site surgery - lung ablation
OUH	07/06/2019	Wrong site surgery - angioplasty wrong leg
OUH	14/08/2019	Wrong site surgery - nerve block
OUH	29/08/2019	Naso-gastric tube misplaced and used
OH	12/09/2019	Wrong site surgery - Wrong tooth extraction
OUH	13/09/2019	Wrong site surgery - K wire in wrong finger
OCCG	22/11/2019	Airflow used instead of oxygen - SCAS and OUH
OUH	26/11/2019	Wrong site surgery - nerve block
OUH	27/12/2019	Retained object post surgery - guide wire

OCCG is working with OUHT to understand the causes of these events. The causes are complex and addressing them involves cultural as well as systems approaches. The Committee sought and received assurance that the Trust is using a range of evidence based methods to address this challenge.

Assurance visits are undertaken for Never Events once all actions are completed and evidenced. In some cases immediate assurance is sought.

3.2.4 Safeguarding

The Safeguarding report is a standing item at each Quality Committee. The reports update the Committee on adult and children's safeguarding. During the past year the OCCG policy has been updated and ratified to reflect the changes in legislation and in local processes.

Providers and commissioners undertake an annual safeguarding self-assessment against the statutory duties of the Children Act (1989) and the Care Act (2014). For 2019/20 good compliance levels were reported by providers and commissioners in Oxfordshire. This was scrutinised and validated at a peer review event facilitated by the Adults and Children's Safeguarding Boards. At this event, providers from the health care system shared examples of best practice that have influenced multi-agency policy during the year.

Health teams actively participated in a number of multi-agency reviews. These reviews involve the partners in the Safeguarding Boards: health commissioners and providers, the local authority, the police, education, probation and other relevant parties. Learning from these reviews has contributed to service redesign and practice developments. A key area of focus has been the development of practitioner resources to support them in identifying and managing situations of neglect. Another area of work has been the implementation of an updated screening tool for children who may be exploited.

A recurring theme from these reviews has been the challenges for professionals to case manage effectively when families are just under the threshold for statutory intervention. Individual services and professionals have been noted to be holding increasingly complex and challenging caseloads. This has put a strain on professional resilience and has an influence on practitioners' ability to sustain effective multi-agency relationships. A new model for working, 'Family Safeguarding Plus', is being planned for 2020-21. This will provide support the integration of teams and will promote more locality based networks. Health teams' supervision and staff support will also be an area for development and scrutiny.

3.2.4.1 Mortality Reviews

Mortality reviews within NHS services have remained a priority for NHS England during the past year. The Quality Committee has received reports on the Child Death Overview Process (CDOP) and the Learning Disability Mortality Review (LeDER) process, both of which are coordinated by the Quality Team. Themed meetings and events have taken place during the year to support reflection on practice and to promote the development of consistent practice across the region. These include a review of the children's sepsis pathway, oncology and palliative care provision, carer support and paid support worker inclusion in heath assessments. Local and regional workshops to build on emerging good practice are planned for the coming year.

The Medical Examiner system will be in place in all acute trusts from April 2020.

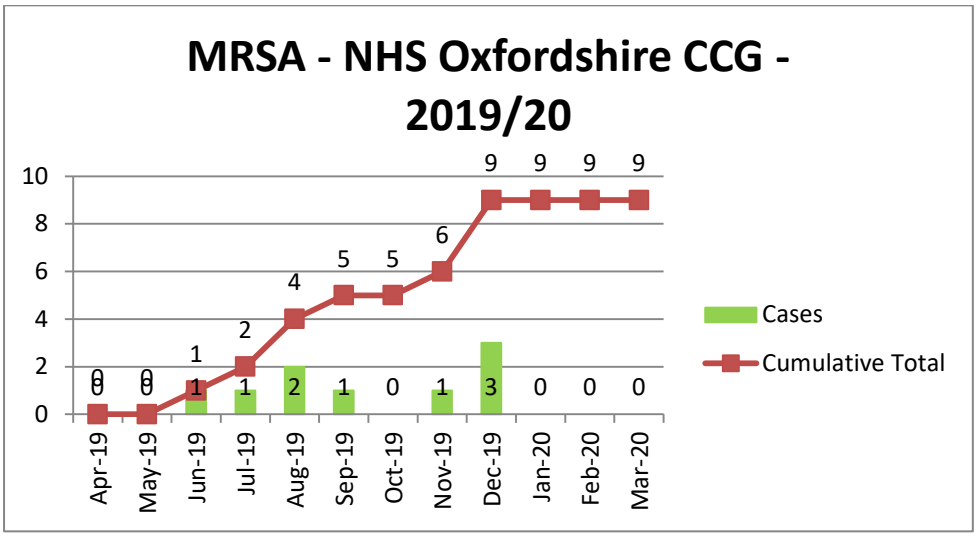
3.2.5 Maternity Services

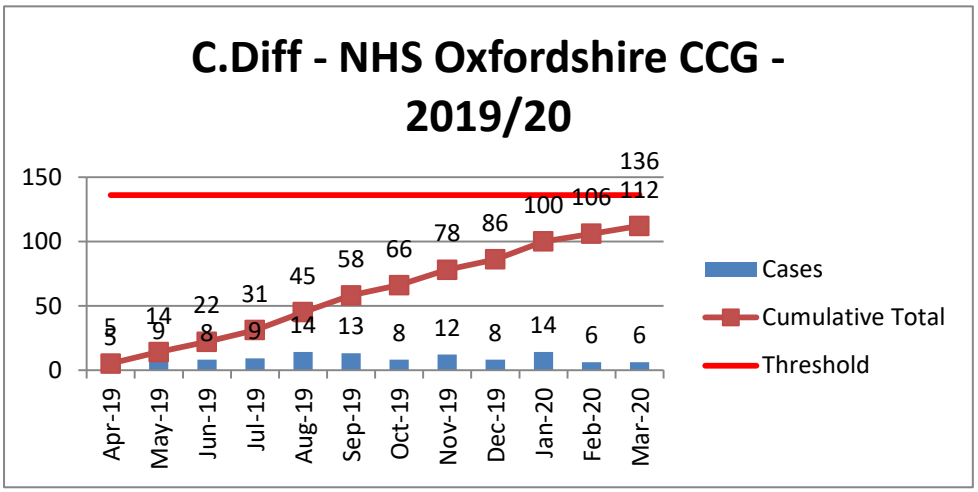
Since the emergency closure of the Horton Obstetric Unit in October 2016, the Quality Committee has received an update at each meeting on the performance of the temporary arrangements, including KPIs specific to the Horton midwife-led unit (MLU). The Committee also received periodic reports looking at activity and quality outcomes across all midwifery settings as well as clinical effectiveness reports in relation to maternity services more widely. In September 2019 the OCCG Board took the decision to confirm the decision made in August 2017 to create a single specialist obstetric unit for Oxfordshire (and its neighbouring areas) at the John Radcliffe Hospital and establish a midwife led unit (MLU) at the Horton General Hospital, for the foreseeable future. The Board agreed to develop a process for on-going monitoring via the Quality Committee. The approach to maternity quality monitoring arrangements was presented to the January Committee.

In line with the approach to all clinical services, the provider needs to be assured of the quality of the services it provides. Where services are delivering good quality care the CCG receives assurance through a number of routes, including schedule 4 of the NHS contract, patient experience data, patient safety data and audit data. Maternity services at the OUH, which currently perform well in quality measures and audits, will be monitored in this way. In addition to the comprehensive range of quality metrics routinely assessed, the Quality Committee will seek assurance on the delivery of the OUH's implementation plan. An annual paper which summarises the information on quality and performance will be presented to the CCG Quality Committee.

3.2.6 Infection Prevention and Control

The infection prevention and control annual report will be presented to the July Quality Committee. The charts below show the 2019-20 position for Oxfordshire on MRSA (limit zero) and Cdiff (limit 136).





3.3 Duty 3 – Patient Experience

Commissioning person centred quality care is a core OCCG value. Good patient experience, along with clinical effectiveness and patient safety is a key component of high quality care. Good patient experience is an important outcome of care in its own right. OCCG receives patient experience information through complaints, PALs, Datix reports and serious incident reports. It also views complaints/PALS activity from provider reports. Members of the CCG Quality team routinely undertake provider quality visits which, where possible, include direct feedback. National and local patient and staff surveys are analysed, along with reports from patient groups such as Healthwatch. Wherever possible, feedback is used to make changes to the services patients receive. Feedback from national patient surveys demonstrates satisfaction rates in Oxfordshire to be at least equal to and in most cases above, national average. A patient experience report is presented to each Quality Committee.

The Friends and Family Test (FFT) is the nationally mandated test established in order to have a single comparable score for patient experience. FFT updates are included in the Integrated Performance Report presented at all Quality Committee meetings. Oxfordshire providers consistently score well when compared to national average scores. This means that, for example, a large majority of patients (above 95% for inpatients and 85% for A&E) would recommend the services they use to a friend or family member with a similar need.

In 2019/20 providers focused on improving their methods of capturing patient experience information to improve the patient's journey. Both OUHT and OHFT have strategies for

addressing the feedback received from patients and carers. This includes identifying areas where feedback is consistently low or poor**.**

The Patient Experience Report presented to each Committee summarises patient experience data for commissioned services and highlights issues. Examples of changes in practice and service delivery models as a result of patient feedback are included. One example of change resulting from patient feedback has been ensuring patients are given improved information when attending for day case investigation and treatment to prevent delay or cancellation due to inadequate preparation.

3.3.1 General Practice Patient Survey

Results released in July 2019 show that OCCG continues to score above the national average for patients' overall satisfaction with the experience of their practice. OCCG performance as compared to other BOB ICS CCGs shows strengths in many areas in the survey, including having the highest score on overall satisfaction, but Oxfordshire did less well on questions relating to patient's experience of being able to access appointments and use of online services. Supporting practices in improving their appointment processes is a priority for the Primary Care Contracting and Quality Teams and an action plan is in progress.

3.3.2 Quality Assurance Visit process

The OCCG Quality Team works in an integrated way to ensure all data and intelligence about services is used to inform the team's programme of clinical visits.

The team has implemented an extended quality assurance visit process which now includes planned proactive visits. In the past visits have tended to be undertaken in response to a concern or incident**.**

The aim of the visits is:

- To gain a understanding of the services
- To develop effective working relationships between staff in provider and commissioner organisations
- To facilitate triangulation and exploration of indicators of service delivery and enhance intelligent interpretation and analysis
- To identify actions taken by providers in relation to key areas of concern
- To enable staff and service users to share their perspective
- To gain assurance that any issues are being addressed
- To identify good practice which can then be shared

The Quality Team improved on the significant increase in assurance visits in 18/19 when 25 visits were completed, by completing 33 assurance visits in 19/20. A summary of visits is set out in Table 3**.**

Trust	Date of visit	Area	Reason for visit	Outcome
OHFT	January	Abingdon MIU	Concerns	Good
Nuffield	January	The Manor Hospital	Routine	Good
OUHFT	January	BIU ward	Serious Incident	Good
InHealth	January	Endoscopy	Concerns	Good
InHealth	January	Echocardiography	Concerns	Good
GP Surgery	January	Wychwood Surgery	Routine	N/A
CHC	Feb	Annual review	Routine	N/A
OUHFT	Feb	Sobel and Oncology	Serious Incident	Good
OUHFT	March	Thematic assurance visit multiple areas. Theatre OUH - NOC site	Never Event	Good
OUHFT	March	Thematic assurance visit multiple areas. Outpatients JR site	Never Event	Good
Healthshare	March	East Oxford Health Centre & Wallingford Community Hospital	Routine	Good
OHFT	April	CIT	Never Event	Good
OHFT	April	Dentistry	Never Event	Satisfactory
OUHFT	May	Plaster room	Serious Incident	Good
OUHFT	June	Ophthalmology	Never Event	Good
OUHFT	June	Orthopaedics	Never Event	Good
GP Surgery	June	19 Beaumont Street Practice	Routine	N/A
OHFT	July	Warneford Hospital	Serious Incident	Good
BPAS	July	Oxford	Never Event	Not Graded
OHFT	August	Stroke wards	Routine	Good
OUHFT	August	Stroke wards	Routine	Good
BPAS	October	Oxford clinic	Never Event	Good
OHFT	October	Adult AMHT	Serious Incident	Good
GP Surgery	August	Broadshires Surgery	Routine	N/A
GP Surgery	October	Abingdon Surgery	Routine	N/A
GP Surgery	October	Bury Knowle (Hedena Health) GP	Routine	N/A
GP Surgery	October	Whitehorse Practice Farringdon	Routine	N/A
GP Surgery	October	Nuffield Practice	Routine	N/A
OHFT	November	District Nursing team	Routine	N/A
GP Surgery	November	Charlbury Medical Centre	Routine	N/A
GP Surgery	December	St Clement’s Surgery	Routine	N/A
OHFT	December	Didcot Community Hospital	Routine	N/A
OHFT	December	Witney Community Hospital	Routine	N/A

The outcomes are assessed using:

- Unsatisfactory: no evidence of the actions underway or completed or a significant area of concern highlighted
- Satisfactory: limited documented evidence of the actions and recommendations underway but staff responses provide assurance of implementation. Moderate areas of improvement highlighted
- Good: evidence of the actions and recommendations completed and improvements documented or demonstrated in practice. Good practice demonstrated and minor or no areas of improvement required.

When the outcome is unsatisfactory a repeat visit is undertaken following corrective action.

3.4 Duty 4 - Clinical effectiveness

Clinical effectiveness is defined by the NHSE National Quality Board as 'people's care and treatment achieves good outcomes, promotes a good quality of life, and is based on the best available evidence'.

Since 2017, regular Clinical Effectiveness Papers have been reported to Quality Committee. These seek to understand the effectiveness of the care of four broad patient groups: children, maternity, adults and older adults. This continued into 2019/20 when it was decided to look at more cross-cutting themes and a paper was presented on clinical effectiveness of services for people with learning disabilities and/or autism. The papers continue to review and aid understanding of; national clinical audits, clinical outcome reports, public health data, patient reported outcome measures, relevant committee minutes and reports of providers and relevant national reports. During 2019/20 the use of healthcare intelligence software (Dr Foster) continued to be used within the Clinical Effectiveness portfolio. The current approach to clinical effectiveness covers a wide breadth of pathways from prevention, effectiveness and patient experience. This use of all the available information allows assessment of whole pathways, for example the outcomes of circulatory disorders such as stroke and infarctions can be linked to preventative measures such as smoking cessation and treatment of obesity and to treatment within national guidance. A more complete picture of patient care is drawn and this can point to gaps or anomalies both in service and in knowledge. The paper on services for people with learning disabilities and/or autism noted a lack of information around the effectiveness of services for the latter group in particular.

3.4.1 NICE, Individual Funding Requests and prior approvals.

NICE produces national guidance on clinical and cost-effective treatments and service design. The Quality Committee now receives information around compliance with NICE guidance within the clinical effectiveness papers; this allows the Committee to see guidance in context. The Committee was assured that the OUHFT complies with NICE quality standards and guidance where appropriate.

The Clinical Ratification Group (CRG) receives the recommendations and actions arising from the Area Prescribing Committee (APCO), Thames Valley Priorities Committee (TVPC) and NICE. The Quality Committee receives the minutes of the CRG. The CRG is informed of the commissioning responsibilities of the CCG regarding NICE, for example the incorporation of medicines approved in technology appraisals into the local prescribing formulary and traffic light system. The CRG approves commissioning policies recommended by the Thames Valley Priorities Committee which define local funding of procedures of limited clinical value. The commissioning policies are publically available on the CCG website. This is in line with best practice and the NHS Constitution.

3.4.2 Individual Funding Requests and Prior Approvals

An Individual Funding Request (IFR) is the means by which an NHS clinician may advocate the use of an intervention for his/her patient which is not commissioned and is, therefore, not normally funded. In doing so they must seek to demonstrate in what way the clinical circumstances may be regarded as exceptional when compared to other patients for whom the requested intervention is not funded. The IFR and Prior Approvals team work closely with internal and external stakeholders to ensure consistent and robust decisions are made in line with the CCG IFR and Prior Approval Policies and within the published timescales.

Prior Approvals (PAs) are the means by which a provider is required by the CCG to secure funding before specified criteria based interventions are carried out. The provider must provide the necessary level of clinical assurance electronically or clinical evidence in writing to demonstrate that an individual patient meets the clinical criteria set out in the CCG Policy. The Prior Approval (PA) process is the method operated by the CCG to facilitate the submission and response to PAs in a systematic and efficient manner, ensuring the right patient is treated at the right time in the right place whilst minimising the possibility of a delay to an individual patient's treatment.

The CCG conforms to the NHS Constitution, which 'gives patients the right to expect that decisions made at a local level on funding of drugs and treatments will be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment which a patient and their doctor feel would be right for the patient, that decision must be explained to the patient'.

Bluteq is the software used by the CCG to manage the prior approvals system. The use of the data and report functions within this system enables the CCG to make informed PLCV audit decisions, monitor the contractual monthly challenge process and review provider activity compliance. It has been estimated that the Prior Approvals process saves circa one million pounds per annum. Past PLCV audits have recouped and/or informed subsequent year contract values to circa eight million pounds.

An electronic version of the IFR form has been agreed by GMC to be used via Blueteq and will be implemented in primary care by April 2021 (this date has been moved from July 2020 due to the impact of COVID-19 on primary care), followed by secondary care. This will significantly improve the management and reporting of IFRs and support the move to a paper free system.

Providers have to evidence approval has been sought and given for low priority procedures. Procedures are not paid for if compliance cannot be demonstrated. This process delivered savings and quality benefits by picking up specialist procedures being undertaken when patients did not meet criteria. Compliance in activity, criteria and approval application continues to improve year on year.

3.4.3 Medicines Optimisation

The Medicines Optimisation annual report will be presented to the July Quality Committee.

3.4.4 Primary Care

Accountability for monitoring the quality of primary medical services sits with the CCG through the Quality Committee, which receives a report at each meeting. Quality assurance

and improvement processes for primary medical services and promoting improvement are now well- established.

During 2019-20 the Quality Team undertook quality improvement visits to practices to support them in preparing for CQC inspections (six practices were visited) and annual regulatory reviews (12 practices). They also supported inspections by assisting them in developing action plans where improvements were required. Two practices have received intensive support over the year to develop and implement action plans following regulatory notices.

All but two practices have had either an inspection during the past year or have had a positive Annual Regulatory Review (ARR) with no inspection required. Two Banbury practices are under new management and have not had ARRs. It is anticipated that they will be inspected at some point in the first half of 2020-21. Thirteen practices were visited for inspections, of which nine were rated Good, one was Outstanding and two were Requires Improvement (RI). One practice was inspected in March and has not yet received a rating. All other OCCG practices remain either Good or Outstanding overall.

Support has also been provided to practices to improve Quality and Outcomes Framework (QOF) achievement and to address issues arising from patient survey ratings. Overall achievement for Oxfordshire CCG for the last full QOF year remains, as last year, at 98%, which is 2% above the national average which also remains unchanged. The Oxfordshire exception rate is slightly up at 5.62% with the national rate also higher at 6.38%. During 2019-20 all practices participated in QOF Quality Improvement modules for End of Life Care and Prescribing Safety in partnership with their Primary Care Networks.

3.4.4.1 Learning Disability Health Checks

The learning disability health checks programme is commissioned by NHS England under a Directed Enhanced Service. Learning disability leads in the CCG oversee programmes relating to this group of patients in primary, secondary and community care and are liaising with the team to best understand how the data can contribute to our assessment of GP practice quality. The target for Oxfordshire is for 75% of people on the learning disability register to receive an annual health check. It is likely that this target will not be met for 2019/20.

The CCG is supporting practices to meet the QOF quality improvement module which requires practices to assess their current approach to identifying and caring for people with learning disabilities. Patients should be correctly identified and on the register, proactively called for health checks, screening and flu immunisations. Their requirements for reasonable adjustments should be recorded and flagged**.**

3.4.4.2 NHS Health Checks

Oxfordshire County Council commissions heath checks for from GP practices for patients aged 40-74 with the aim of diagnosing cardiovascular risk at an early stage and promoting healthy lifestyles. The data for the most recent full year shows that practices in Oxfordshire are exceeding the targets for both invitation and uptake and local performance is higher than the national average.

3.4.4.3 Learning from incidents and complaints

The CCG has supported primary care to develop learning from incident and complaints. We have done this through developing a reporting system whereby incidents are reported into the OCCG Quality Team. The CCG can then support practices to investigate appropriately

and ensure actions are taken to prevent recurrence. During 2019-20 a total of 66 incidents were reported to the CCG, primarily by Oxford Health NHS FT and Oxford University Hospitals NHS FT, although a significant proportion were reported by practices themselves. Incident reports were forwarded to practices with a request to carry out a significant event analysis. Participation in this process is voluntary, but almost all practices provided a response sharing the outcome of their investigations. One incident was categorised as a Serious Incident and is being investigated in line with the OCCG Serious Incident Framework. A summary of the types of incident and the sources of reports is shown below.

Reported by	*No.*
OHFT	20
OUHFT	25
Practice (self-referred)	10
Safeguarding	4
MP office	1
NHS England	2
Patient/relative	4

Type	*No.*
Treatment & Care	38
Access & communication	5
Medication management	14
Staff safety	1
Referral management	6
Information governance	2

A detailed report on learning from incidents will be compiled during Q1 of 2020-21 and shared within the CCG and with practices and Primary Care Networks.

3.5 Duty 5 - Innovation

The Quality Committee has a duty to oversee innovation within the Oxfordshire Health Economy, ensuring health services are innovating and are implementing the latest evidence. In 2019/20 the Committee received information on the 36 week antenatal scan project at the OUHT which has significantly reduced still births in the county.

Commissioned services are increasingly using digital innovations in delivering clinical care. Examples for this are Healios in Mental health services, E Connect and virtual consultations.

The innovative Oxfordshire Suspected CANcer Pathway (SCAN) project for early cancer diagnosis continues to deliver excellent results. This is a project developed in partnership with the Oxford University Hospitals Trust for patients who do not meet the criteria for two week waits. The Oxford SCAN project enables patients to be referred directly by their GP to Radiology at the Churchill Hospital. The patient then undergoes a panel of blood tests and a whole body CT scan. This enables both a diagnosis to be made and for patients to begin treatment earlier than is current practice.

In 2019 20 the CCG linked with the Academic Health Sciences Network (AHSN) in a range of quality improvement projects including Mortality Review. The Specialist Medical Advisor has dual role on the Committee as the Medical Director of the AHSN.

In 2020/21 the Committee will strengthen links with the AHSN to benefit from a system wide approach to innovation.

4 Achievement of key Quality Committee priorities from 2019/20.

During 2019-10 the Oxfordshire system struggled to achieve NHS Constitutional standards in a number of important waiting times targets including Cancer, Emergency Department, and elective care. In February, the Committee received a paper of the CCG was seeking assurance of quality in challenged areas.

4.1 The priorities for the Quality Committee in 2019/20 were to:

- Develop quality framework for the new NHS landscape, including the Oxfordshire integrated care partnership (ICP)
- Support primary care networks to deliver the revised QOF requirements
- Support Oxfordshire consistently to deliver learning disability health checks
- Implement the National Early Warning System (NEWS2) for sepsis in primary care.
- Implement the new working requirements for safeguarding.
- Use clinical effectiveness information to support the development and redesign of pathways for long term and chronic conditions.

This report has demonstrated those priorities which have been met in 2019/20. The approach to managing quality in the new NHS landscape continues to develop, with a place based integrated care provider quality group under development. The Quality Team has increasingly worked within providers, gaining assurance and where appropriate providing external scrutiny from within the Providers' own governance meetings. The Quality Team has continued to support a place based, multiagency approach to quality and incident investigation. Primary Care quality has supported GP practices to deliver the revised QOF requirements. The Learning Disability Health check continue to present a challenge, this priority for the system was not met in 2019-20 target for and will continue to be a priority next year. The new requirements for safeguarding have been fully implemented. Clinical Effectiveness has developed further in the year and, supported by the use of Dr. Foster has provided a view of how effective Oxfordshire's commissioned services are when compared between groups and across areas.

- Further develop and implement the system quality oversight function for the new system architecture
- Oversee the quality of services throughout the Covid 19 Pandemic and the recovery period
- Ensure the implementation of the revised FFT questions from April 2020 and use of the feedback to bring about improvement.
- Develop the infection prevention and control function to support the new challenges to the system of Covid 19
- Continue to increase the number of people with a learning disability who receive an annual health check towards the target of 75%.
- There is a national requirement for the new Medical Examiner role to be in place to review all deaths in acute hospitals for the beginning of 2020/21. The Committee will recive data from this process.
- Support the improvement in the equality of access and equality of outcomes for Oxfordshire patients through the clinical effectiveness work of the Committee.

5 Conclusion

OCCG's Quality Committee is responsible for overseeing the quality and safety of services in Oxfordshire. The five duties of the Committee are: quality and performance of service; patient safety; patient experience; clinical effectiveness and innovation. The Quality Committee fulfilled its duties in 2019-20

In 2020/21 the Quality Committee will continue to adapt to oversee Quality within the new system architecture.

The Covid 19 Pandemic drastically changed the ways of working of the whole NHS in the last quarter of 2019-20. These changes present challenges to ensuring the quality of services provided Oxfordshire patients. The innovation brought about by the need to adapt to the

pandemic also presents a significant opportunity to modernize services going forward. Oversight of both this challenge and this opportunity will be a focus of the Quality Committee in 2020-21.

The Committee is informed by the views of many clinicians and managers in our commissioned services, and the views of patients. We would like to thank them for their contribution to our work to ensure the services provided in Oxfordshire are safe, accessible and clinically effective.