Agenda Item: 15

Meeting: Oxfordshire Clinical Commissioning Group (OCCG) Board

Date of Meeting	16 March 2021
Title of Paper	Minutes of Quality Committee: 13 October 2020
Lead Director	Diane Hedges, Deputy Chief Executive
Author(s)	Helen Ward, Head of Quality
Paper Type	For information
Action Required	The Board is asked to note the contents of the report.

Executive Summary

The Quality Committee took place virtually on 13 October. The Committee considered the integrated performance report. The increase in waiting lists and cancer waiting times was noted.
The Committee received an update on the excellent progress of the flu vaccination programme.
A clinical effectiveness report on inequalities was presented. It was agreed that this would be used to inform the equalities focus of the CCG.
A report on feedback from care homes during wave one of Covid which was undertaken by Healthwatch was discussed. It was agreed that the report provided good insight and would be very helpful in informing how support should be provided to care homes in the event of a second wave of Covid.

A Safeguarding Update, Primary Care Quality Assurance report and Patient Experience report were discussed.

The Director of Quality noted that this would be the last meeting by the Chair, Louise Wallace and thanked her for her hard work and commitment, particularly championing PPI.

MINUTES:

Quality Committee

12:00 – 15:00, Tuesday 13 October 2020

Virtual MS Teams meeting

The meeting started at 12:03

Present:	Louise Wallace (LW), Lay Member, Public and Patient Involvement, Chair
	Sula Wiltshire (SW), Director of Quality
	Catherine Mountford (CM), Director of Governance
	Helen Ward (HW), Deputy Director of Quality
	Dr David Chapman (DC), Locality Clinical Director
	Diane Hedges (DHe), Deputy Chief Executive
	Dr Andy Valentine (AV), Network Clinical Director for City and Clinical Director for Quality
	Dr Guy Rooney (GR), Specialist Medical Advisor
	Dr Meenu Paul (MP), Assistant Clinical Director of Quality
	Val Messenger (VM), Deputy Director of Public Health
	Hilary Seal (HS), Patient and Public Representative
In attendance:	Dianne Hankin (DHa), Executive Assistant (Minutes Secretary)
	Alison Chapman, Designated Nurse and Safeguarding Lead Adults & Children
Paper 4	Hilary Munube (HMu), Infection Prevention & Control Lead
Papers 9 & 12	Linda Collins (LC), Clinical Effectiveness Manager
For Paper 9	Liam Oliver (LO), Patient Safety Manager
	Rosalind Pearce (RPe), Executive Director, Healthwatch Oxfordshire
Paper 10	Jane Bell, (JB), Senior Quality Manager
Apologies:	None received

	Items: 1 - 19	**Action**
1.	**Welcome & Introductions** The Chair welcomed all.	
2.	**Confirmation of Meeting Quorum and Decisions Requiring Ratification** The Chair declared the meeting quorate.	
3.	**Conflicts of Interest Pertaining to Agenda Items** No member declared any conflict of interest. The Chair acknowledged the research support which had been provided to her via the R & D officer to engage OCCG in nationally funded research.	
4.	**Minutes of the meeting held on 14 July 2020** The minutes which had been approved virtually by the Committee were noted.	

5.	**Action Log** The action log was discussed: **Closed Actions:** 07/14/03 **Integrated Performance Report** Deputy Chief Executive to request a paper for next Quality Committee illustrating how Primary Care quality and capacity issues can be integrated into the IPR. 12/10/20 - A new rating system for assessing pressures in primary care is being developed. This will RAG rate the pressures and can be introduced retrospectively to the IPR to track trends. This is in addition to the report provide to OPCCC on primary care quality https://www.oxfordshireccg.nhs.uk/documents/meetings/opccc/2020/08/2020-08-04-Paper-6-1-Primary-Care-Quality-Report.pdf 07/14/04 **Integrated Performance Report** Deputy Chief Executive to ask Cecile Coignet to investigate whether there is anything different about presentations in Secondary Care after relaxation of the lockdown rules. 12/10/20 - Have requested this review. Urgent emergency dataset under development in CSU. 07/14/05 **Integrated Performance Report** Deputy Chief Executive to suggest to Hannah Mills that she and Martyn Ward work on a joint proposal to see Adult Mental Health and CAMHs routine reporting resuming from the beginning of August 2020. 12/10/20 - OUHFT have started the routine reporting again (from 1/9/20) Commissioners are now able to see for themselves, at any time, our performance against targets plus additional detail which hasn't been previously available. 07/14/06 **Clinical Risk Register** HW to request review of Primary and Planned Care risks after webinar with GPs and OUHFT, referenced by Deputy Chief Executive. 09/10/2020: Completed, updated in the Risk Register. 07/14/07 **Preparation for Flu Season** HMu to liaise with SC in involving representatives from Social Care, with a view to supporting care home residents and staff. 09/10/2020: Local authority and care provider representatives included on fortnightly Flu Stakeholder group. Jane Bell is a member of the Care Homes Bronze cell, a multi-agency group which is appropriately represented by Social Care. Plans are in place to ensure Care Home residents and staff will be vaccinated. The Capacity Tracker will provide weekly updates on the percentage of staff and residents immunised which will identify Homes which require support to achieve 100% coverage.	

	07/14/08 **Preparation for Flu Season** SW to investigate point-of-care testing and flu vaccinations for teachers. 13/10/20: The Director of Quality confirmed that it is the responsibility of their employers to ensure teachers are given the opportunity to receive vaccinations. The Specialist Medical Advisor commented that eventually there may be a POC test for Covid and flu and we should ensure delivery is joined up. The Director of Quality confirmed this had already been escalated to NHSEI. 07/14/09 **LD & ASC Programme Delivery Update** CW to detail which parts of the plan are deliverable within current resource and which require further funding. 13/10/20: OCC and OCCG are funding additional interim adult LD commissioning capacity until end December 2020 (0.8 FTE) to support delivery of the LD & ASC Delivery Plan in relation to: • Individual complex cases, including chairing Care & Treatment Reviews (CTRs) • Decommissioning of residential care, including supporting a cohort of people to return to Oxfordshire from out of area • Development of a local short term emergency accommodation service • Revised NHSE assurance requirements, including CTRs Future capacity will be subject to the restructure of the joint CCG-OCC strategic commissioning, brokerage and contract management function which is underway and will be mobilised by end February 2021. The Chair thanked colleagues for their efficiency in providing updates.	
6.	**Integrated Performance Report** The Committee received and considered the Oxfordshire CCG IPR. The paper, having previously been discussed at Board on 24 September 2020 generated a discussion on the following. The Chair requested investigation of why the IAPT access rates had declined, given they were largely digitally provided. Action by the Deputy Chief Executive. The Chair raised the decline in Dementia Diagnosis. The Deputy Chief Executive responded that one clinic which had closed has now reopened so should be picking patients up again. Primary Care presentations that were low are now nearly at 100%. The Chair asked if there were any problems in access. The Deputy Chief Executive replied that some patients were seen at OUH and some at mental health hospital sites and offered to look into how much consultation is now virtual. The Network Clinical Director for City & Clinical Director for Quality drew attention to the need to ensure elderly frail patients may not be suitable for the Dementia Clinic procedures and it was not always necessary for a diagnosis. The Specialist Medical Adviser referred to the DToC figures in February 2020 and asked how we get assurance that Home First is working. The Deputy	**DHe** **DHe**

	Chief Executive confirmed and displayed the chart to the Committee, showing that the only part missing is RBH DToC; for which there weren't any DToCs at the time. The Chair noted the challenges in Planned Care and the growing waiting lists. The Harm Review process is working well with a more proactive approach with prompts in place to trigger actions at the 40 weeks. With regard to Planned Care, opportunities to relocate dental extractions elsewhere are being investigated. Long waiters are engaged with in the runup to admission. The incidence of patients who have not been seen for a very long time is being investigated at the next Harm Review meeting. Reductions in waiting times had been seen for the majority of cancer services. But a recent concern about breast two week wait performance had been brought to the attention of the Director of Quality and the Trust now has a recovery plan with extra clinics but we will breach the 2-3 week wait for now. The Specialist Medical Adviser noted that the current 4 hour waiting times performance is often below 80% across the region, highlighting a lot of pressure across the system. Effects on delivery via remote working during Covid had yielded some surprising benefits for more routine cases. However, for Primary Care a surge of mental health problems is appearing, not always being escalated to Adult Mental Health services, with some being appropriately managed by the IAPT services. Some people with psychosis deteriorated during the early stages of Covid. For those with autism, changes in the type of support, changes in social function and losing the structure of school had often been detrimental. Plans for how to deal with the surge in demand are being prepared. CAMHS is working with schools. The Network Clinical Director for City & Clinical Director for Quality said work is ongoing to get referrals up to pre lockdown levels, and now schools are back. The Locality Clinical Director reported that Adult Eating Disorders had a consultant vacancy and could not recruit. They were now only seeing Urgent and Emergency patients, resulting in a huge backlog. OUHFT will be asked for a plan to address this. **Action** by the Deputy Chief Executive Severe Mental Illness (SMI) health checks have gone down as they depend on face-to-face contact. By the end of July only 100 LD health checks had been done out of 2000+ - there is an expectation that 70% of these will be done by year end. The Deputy Director of Quality said recovery plans for building back LD services were accepted by NHSE – including a clear trajectory for annual	**DHe**

	health checks. LeDeR has not found an increase in mortality over the Covid period. The Chair referred to page 17 of the report - Risk 2 – the increase in suicide. It was noted that although there has been no evidence of an increase in suicide in Oxfordshire, any impact on suicide and self-harm will be kept under review. The Deputy Chief Executive noted that we are now getting information about routine mental health presentations via OHFT's new tool TOBI. Each area will look at TOBI data and make proposals how to use the information. The Committee noted the report.	
7.	**Preparation for Flu Season** The purpose of the report is to provide assurance of preparations of the Flu Plan. The Infection Prevention & Control Lead reported that weekly meetings are held to discuss the Flu Programme across providers, including NHS England, OUH, OH, PHE, OCC, Community Pharmacy, Primary Care, CHSS, and BOB CCGs. The main initial concern had been the supply of PPE, but this has now been resolved and the flu clinics are ongoing successfully. There was no issue with vaccine supply for 2–3-year-olds. The TIV vaccine for the over 65s is running short in some areas but this will be met by further national stocks available shortly. QIV for At Risk patients is running as a phased delivery with one remaining practice not receiving their first delivery until 19 October which raised a concern over their ability to catch up with the 75% uptake. Vaccine uptake as taken from ImmForm on 12th October indicates a positive flu clinic report. Those practices that are not performing as well will be identified and contacted to offer support. A number of practices have raised concern over their level of stock, and the impact of reminder letters being sent out has resulted in a lot of practices being inundated with calls. So far, the only national call/recall letter that has been sent is to parents of children aged 2-3 and school age children. GPs should not be having any problem with their access to vaccine. Letters to those patients classed as At Risk and over 65s are planned to be sent at a time when the stock is available. The Department for Health & Social Care has issued a letter recently detailing when vaccine stock is to be available. It makes clear that practices must have exhausted their supply of a particular vaccine before more stock can be delivered. Extra vaccine stock is to be provided free of charge, but	

	practices must self-certificate that they have exhausted their existing vaccine supply and that there is none locally available on the vaccine transfer system. The first vaccines for TIV on will be available on 18 October and QIV on 16 November. Commercial pharmacies have reported a high demand and have exhausted their supplies. The national supply is not available for pharmacies yet, only for GP practices to order. HM has sought further confirmation on this and will report back to Committee when this is received. Flu clinics are running well, keeping to social distancing and reaching 2-3 minutes per vaccination. Oxford Health started their staff vaccination programme and have committed to vaccinating long term inpatients, OUHFT will contribute to vaccination of pregnant women and those with LTC that attend the hospital. Level of activity on influenza-like illness (ILI) remains low. Vaccination levels will be reported on a fortnightly basis. The schools programme started on 12th October and there will be feedback in due course. Care homes in Oxfordshire have reported no influenza outbreaks to date. For the first time this year the vaccine uptake activity of residents and staff will be available shortly on the Care Home Sitrep. The Specialist Medical Adviser raised a question about availability of vaccinations via supermarket pharmacies. HM replied some pharmacies have run out altogether, some still have stocks. Pharmacies are also subject to phased delivery. When pharmacies provide the vaccination, they enter this data into PharmOutcomes which then is fed back into the GP practice to update the patient record of vaccination from another provider. The Director of Quality added that LPC were very clear they had targeted flu to At Risk groups. Notably this year they have been able to record BAME status. The Committee noted the report.	
8.	**Listening to Care Homes during the Covid-19 Pandemic** The Committee received and considered the report by the Executive Director, Healthwatch Oxfordshire on Oxfordshire Care homes during May of 2020. The report was based on an online survey. The paper set out the findings, with the aim of informing the Oxfordshire system's support for care homes during a possible second wave. The Executive Director said some of the report's findings in reviewing the care home umbrella organisations systems had revealed many differences, including parity of access to PPE and testing, and testing before discharge from hospitals. The Executive Director had been invited to the Care Home Bronze Cell to discuss this report, and most suggestions were adopted.	

	The Executive Director said care homes would be revisited for their opinion this week with a follow up survey to ascertain their plans for enabling visits for residents in care homes and what support they require and any concerns for the coming winter period. One concern raised was how most GP support was being done remotely. This was fine if home and resident can cope with that approach, but flagged again how some of the most vulnerable residents were missing out on the face to face support they need. The Chair felt the Committee would welcome any further investigation, including of the source of some of the negative comments. The Executive Director agreed to investigate the comments report back to the committee. The Designated Nurse for Safeguarding informed the Committee that such concerns may already have been reported via GP practices. The Assistant Clinical Director of Quality added GPs were advised via the GP Bulletin and GMC on the procedures to follow for safeguarding concerns. The Executive Director raised concern over the potential isolation of residents with the impact on their physical and mental health. This had been challenged at HOSC recently as to why care homes doors are still shut, restricting residents' access to the outside world and visitors' access to them. It was felt it is a difficult situation to manage and has still not been answered. The Senior Quality Manager, who attends the Bronze Cell meetings, explained it is the care homes' choice on accepting visitors and added that a huge amount of work has been done on visiting. It is acknowledged this was not done properly in the First Wave but that residents should be receiving visits now provided they are done in a safe manner. Next week a webinar on visiting is due to take place, including input from professionals, showing the consideration that has gone into organising visiting and giving clear guidance. The Director of Quality suggested the limitations should be taken in context of acting in the best interest of the residents, but to make sure people are not deprived of their liberty inappropriately. The Chair thanked the Executive Director for the interesting report which was noted by the Committee.	**RPe**
9.	**Primary Care Quality Assurance** The Assistant Clinical Director of Quality explained the paper provides information on quality assurance for GP practices in Oxfordshire and planned actions by the Quality Team. The Chair said she had looked at the CQC website but felt the new light touch system gave less assurance than would be expected. The Assistant Clinical Director of Quality responded that they are looking at published information on incidents needing further investigation.	

	The Chair mentioned the poor results for Horsefair which was reflected in the Patient Experience report. The Assistant Clinical Director of Quality said there is a comprehensive level of detail involved when CQC is consulting with practices. The Executive Director, Healthwatch Oxfordshire said the main concern they have of the CQC is their lack of entering care settings. The focus is now to rely on risk. There are 6 weekly meetings with regional teams, but there is concern that CQC are not present unless there is a current risk. The Deputy Director of Public Health said one reassurance noted is that GPs are referring patients to existing or new weight management services. OCC has re-let the contract and doubled capacity for Tier 2 weight management services. **Action:** The Deputy Director of Public Health to send information to the Minutes Secretary regarding Tier 2 weight management services The Chair thanked the Assistant Clinical Director of Quality for the report which was noted by the Committee.	**VM**
10.	**Safeguarding Update** The key purpose of this report is to provide an update on work undertaken within the local area to promote and ensure safeguarding practice across the partnership is effective. The Designated Nurse for Safeguarding said the report shows work in progress in safeguarding adults and children through lockdown and recovery and wished to congratulate everyone working in those teams for the excellent work undertaken, the daily meetings with police and social care colleagues sharing information about clients, to get support packages in place. The Chair thanked the Designated Nurse for Safeguarding for the comprehensive report and asked for information on the app for young people mentioned in the report. The Chair invited comments and questions. The Patient and Public Representative, who also sits on the Children's Safeguarding Board, also recognised the teams' achievements which were testament to the huge amount of work across Oxfordshire. The Director of Quality added her support of the comments, that the collaboration work, e.g., LeDeR Reviews had shown the importance to get work done in a timely way and recognise what has gone well during the pandemic and take it forward. The Committee approved the report.	
11.	**Safeguarding Board Annual Reports (Children and Adults)** The key purpose of the reports is to identify work undertaken within the local area to promote and ensure safeguarding practice across the partnership is effective. As a partner the CCG is required to be assured that its	

	commissioned services are undertaking their safeguarding duties and actively contributing to the partnership with other local organisations and statutory bodies. The Designated Nurse for Safeguarding explained that the two Board's reports are different in style, with the Adults report taking an easy read approach. The Children's Board looked at delivery and outcomes. In future they will try and align the reports, but they do reflect the activity that had been undertaken in very different styles. The Chair said it would be good to see an easy read version of the Children's Board which The Director of Quality assured would be fed back to the Boards. The Network Clinical Director for City &Clinical Director for Quality raised attention to one issue contained in both reports; in the Children's report regarding neglect not being addressed early enough, which is a significant problem. In the Adults report - page 9, Annual Self-assessment – there are three key concerns not meeting key criteria for support – which highlights a link between these issues. The Executive Director, Healthwatch queried why we have separate boards as it would make more sense to have a joined-up approach to safeguarding. The Director Quality stated the amount of work that needs to be addressed, particularly for children's safeguarding would make for extremely lengthy boards. However, there are aspects of work where the two boards do work together, for example domestic abuse.	**AC**
12.	**Clinical Effectiveness** The paper addressed whether there is unwarranted variation in healthcare in Oxfordshire for patients experiencing various inequalities? The Chair thanked The Clinical Effectiveness Manager and colleagues for a well-researched paper. They had found many sources and definitions of inequalities which is worrying but these are things that could be addressed. The Executive Director, Healthwatch said data is always a concern. It is not surprising to find instances of inequality of experience and access. We need to get into the communities that statistically show us they have health inequalities and ask them what their experiences are. We need to work alongside communities, understand their language and challenges and deliver services to meet their needs. One service approach does not fit all. The Patient Safety Manager stated that information on general healthcare was much easier to get than for mental health – e.g., inpatient conversion. Differences were notably higher in less deprived areas or by ethnicity and raises the question is there an unconscious bias in service access. The Inequalities team had done a lot of work on ethnicity, and Primary Care are clearly improving recording of ethnicity data but not all relevant factors are being fully recorded yet.	

	The Chair asked whether there are areas of recommendation that the CCG has power to move on. One challenge highlighted was the walking distance to services as areas of deprivation have the hardest access to GP services. There was over a 20-minute walk in some areas. Public transport access when feeling unwell and financial barriers also add to this. The Chair added this was particularly relevant when closures affect the deprived areas. The Deputy Director of Quality said we have just written the objectives for the year and clinical effectiveness is at the centre of the Inequalities Programme going forward. She said she would be interested in the relationship between protected characteristics and poverty deprivation data we have - can we adjust ethnicity for poverty? This issue is of national importance as a result of the COVID impact. The Chair asked Public Health colleagues whether we can adjust that data for poverty. The Deputy Director of Public Health said it would be extremely difficult without individual data to bring the grouping of different sets of data together geographically or at practice level and `making assumptions, but we could make those adjustments. The Deputy Director of Quality raised the issue of Invisible Women with regard to sex inequality. These were not mentioned in the report. It was felt this might be a whole separate paper, maybe be for next year. Links with Thames Valley & Surrey LHCRE (Local Health Care & Record Exemplars) shared care records could be also explored as some places are better at collecting data than others. The Locality Clinical Director said on drawing up the Oxford City plan for General Practice, they looked very carefully at the JSNA document – Covid has starkly highlighted BAME and deprivation. IMD scores for members in Oxford practices is stark – from Blackbird Leys, South East Oxford and Banbury – Oxford City is a city of two halves; the difference in mortality for males is 9 years. Primary care is funded on a per capita basis and deprived practices offer double appointments but are not funded for this. The Chair asked the Quality Team to identify of priorities for action.	**HW**
13.	**Patient Experience** The purpose of this paper is to provide assurance to the OCCG Quality Committee that patient experience is both sought and acted upon for Oxfordshire providers, including OCCG. The paper highlights the increased levels of patient feedback received by both providers and OCCG as services gradually resume to pre-Covid levels of activity. The Executive Director, Healthwatch said she supported the comments about telephone consultations not working for everyone and will keep this in mind in terms of future services. Healthwatch had had a quiet time in April/May both electronically and on the telephone. The Locality Clinical Director said a lot of positives had been observed and we must draw the right experiences for future improvements.	

	The Senior Quality Manager commented that many are happy with a video consultation but not all so we must concentrate on patient choice. Complaints arise when they don't have the choice. The Chair referred to page 10, para 6.7 – Communicating with PPGs – regarding re-engaging with PPGs and asked what happened to NHSE guidance to PPGs? The Locality Clinical Director referred to the Phase 3 letter mentioning PPGs being up and running again, and to encourage them to re-establish. The Executive Director, Healthwatch said there is a mixed picture across the county, some are meeting, some virtually. The concern is that GPs are not engaging with their PPGs. Primary Care Network and engagement of PPGs PCNs are tasked with engaging with PPGs. The Chair referred to discussion at the last Board meeting regarding the commitment of the Clinical Chair to reviewing pub.lc engagement in Spring 2020 following cessation of Locality PPI Forums. It had been agreed that we should be discovering what is happening with PPGs and NHSE to ensure we actively support them and that the PCNs engage with PPGs, irrespective of the pandemic restrictions. The Executive Director, Healthwatch said they have continued to engage with PPGs throughout Covid by attending virtual meetings and undertook surveys for activity and engagement of PPGs with GP services. The challenge is twofold – not all PPGs are fully established and not all GPs are engaging. HW asked the team to triangulate and share this information. The Chair said the Board had committed to look at this with Healthwatch and feedback. It is a contractual commitment of GPs to engage with PPGs. The Locality Clinical Director said in more deprived practices it is very hard to get PPGs up and running in an active fashion – there are more in better off areas. We need to provide help in more deprived areas which takes time and energy, and we need community level inclusive engagement. The Executive Director, Healthwatch said they are recruiting a community outreach worker to work in East Oxford, and will be encouraging them to promote PPG membership so they are equipped to understand what the role means, how to engage with the community and be on the street and present in community groups to promote PPGs. They have held 3-4 forums across the county but don't represent their own patient community. We need to get GPs to encourage their patients to engage. The Chair said Banbury is the second area of major deprivation and along with East Oxfordshire also needs support. The Executive Director said Healthwatch will plan for an Outreach worker there next year. The Committee received the report.	**RPe**
14.	**Research & Development Annual Report**	

	This report aimed to inform the Quality Committee regarding research activity in OCCG, which is normally incorporated into the Annual Quality Report. The Chair welcomed the report saying it was helpful to see where OCCG is engaged and flagging up new work. The Chair stated that Research & Development Manager was extremely helpful to her in supporting the engagement of the CCG in nationally funded research for the Chair for Oxfordshire and beyond. The Chair raised the following point: on page 2 under Grant Management, paragraph 1, which stated: "All Academic Institutions are required to have their grants hosted by an NHS organisation," adding it was not true that programmes require this, it was just that particular programme. The Committee received the report. The Chair said she is pleased to see this work continue but questioned whether 15 hours per week was enough time allocated for such important work.	
15.	**Clinical Risk Register (for review, assurance and action)** The purpose of the paper is to summarise the CCG's current identified risks to quality of health services resulting from the covid 19 pandemic. There are currently two risks, in elective care and cancer which are classified as red. The Deputy Director of Quality reminded the Committee that the register was set up originally to manage Covid related risk. At the last Committee meeting it was requested that we reviewed the Elective Care and Primary Care risks. The 2 red risks – Elective Care and Cancer – have already been discussed in detail today and are regularly updated. The Chair raised concern about the lack of Health Visitors due to reallocation/ redeployment leaving mothers very exposed resulting in huge national caseloads and asked if more local detail could be added on this. The Deputy Director of Public Health responded that the services should resume going forward and they will continue their health visitor role as a priority. The Deputy Director of Public Health said that due to changes in reporting as part of the Covid response there are now some data gaps. The Locality Clinical Director asked with the likelihood of a second surge and impact on elective services, what plans were there for services to remain open? The Deputy Chief Executive said that expectations are different for this wave. The Deputy Chief Executive meets weekly with OUH to see how we get services open. The Chair thanked the Deputy Director of Quality for a helpful report which was noted by the Committee.	
16.	**Policy for the Commissioning and Monitoring of NICE Guidance by Oxfordshire and Buckinghamshire Clinical Commissioning Group**	

	The Clinical Effectiveness Manager explained this is an updated NICE Policy that now covers Oxfordshire and Buckinghamshire CCGs. It had been extensively rewritten in conjunction with Buckinghamshire CCG, who have already approved this policy. The policy provides a framework for assurance that systems are in place for; receiving and assessing new guidance, for the CCGs to meet their statutory obligations, for amending local guidance and policies appropriately, and for working with provider organisations on identifying and changing service provision if required and on monitoring compliance with guidance and standards. There was discussion about clarifying which parts of the policy applied in which CCG, and this might be assisted by including a flow chart. The Committee received and approved the policy.	

	For Noting	
17.	**Clinical Ratification Group** **For Ratification:** The Committee received and noted the following Clinical Ratification Group minutes: Clinical Ratification Group Minutes • 21 May 2020 Clinical Ratification Group Interim Covid-19 Weekly meeting minutes • 30 April 2020 • 7 May 220 • 14 May 2020 • 21 May 2020 • 4 June 2020 • 18 June 2020	
18.	**Forward Planner** The Forward Planner was agreed. The Research & Development Report to be added to the agenda on a regular basis.	
19.	**Any Other Business** The Specialist Medical Advisor (in his AHSN capacity) introduced a paper on Transfers of Care Around Medicines (TCAM) an NHSE National Programme regarding discharge of patients from hospital back to their community. This improves patient safety and has seen a dramatic reduction in re-admission rates and is welcomed both for safety and significant financial savings aspects. The programme has been rolled out already in Buckinghamshire and achieved significant financial savings as a system as a result. It commences in Reading in the coming week but has not been adopted for Oxfordshire. As part of the contract OCCG can approach OUH to ask why it has not been adopted. OUH have said it is an IT and resource issue. The Specialist Medical Advisor made a recommendation that OUH are asked where they are with TCAM and if any problems are envisaged in initiating it, can they provide a timescale to initiate. A discussion followed and it was agreed to explore this further with OUH. The Director of Quality said it was a good opportunity and to raise it with David Walliker. It was agreed it is a good example of innovation and change	

	with improved patient care which should be adopted and local pharmacies are prepared for it. The Deputy Chief Executive would follow up with OUH and ask for a timescale for introduction, both as a money-saving system and more importantly a safety initiative. The Chair asked whether the Committee will continue in its present form or as meetings in common. The Director of Governance said the three Governing Bodies of BOB CCGs have agreed to move to a committee in common approach. Dates of each committee are being examined to see how this will work in practice. The Deputy Chief Executive informed the Committee that the OUH SCAN Team had been nominated and subsequently won Cancer Care Team of the Year. The Chair added her congratulations on a great piece of work. Finally, as this was the Chair's last Quality Committee, on behalf of the Quality Committee, the Director of Quality gave thanks to the Chair for her leadership and constant reminder about PPGs and the importance of patient and public voice. The Chair thanked all for their hard work and that of PPI colleagues who also supported the hard upward journey to keep PPI voice absolutely central to what we do. The meeting closed at 3.00 pm.	**DHe**

Dates of Future Meetings		
Date	**Time**	**Venue**
12 January 2021	12:00 – 15:00	Microsoft Teams
13 April 2021	12:00 – 15:00	Conference Room A
13 July 2021	12:00 – 15:00	Conference Room A