Meeting: Buckinghamshire, Oxfordshire, and Berkshire West CCGs (BOB) Governing Bodies Meetings in Common (in public)	

Date of Meeting	10 June 2021
Title of Paper	**Annual Report from the Quality Committee 20/21**
Lead Director	Helen Ward – Head of Quality & Diane Hedges – Deputy Chief Executive
Author(s)	Quality Team
Paper Type	For information
Action Required	The Committee Members are asked to receive the report and note the contents

Executive Summary

This is the Annual Report of the Quality Committee 2020-21. The report sets out how the Committee fulfilled its duties in 2020-21 and details the changes to the Committee and the work of the Quality Committee during the Covid-19 pandemic.

Buckinghamshire
Clinical Commissioning Group

Oxfordshire
Clinical Commissioning Group

Berkshire West
Clinical Commissioning Group

Annual Report from the Quality Committee 20/21

As a formal sub-committee of the Board and in accordance with best practice, this is the Quality Committee's 2020/21 annual report to the Board.

This report was reviewed at the meeting of the Quality Committee on 20 May 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 of the quality of services commissioned and promote a culture of continuous improvement and innovation in safety of services, clinical effectiveness and patient experience. It oversees the development and monitoring of the overall strategy for quality improvement, in partnership with patients, carers and the wider community. 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 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 the 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 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 Deputy Chair;
- Two Board members, ex-officio Board attendees or their deputies;
- At least one locality representative;
- At least one practicing clinician.

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

The January 2021 meeting was cancelled due to the focusing of efforts across the system to tackle the second wave of the Covid-19 pandemic. Due to the changing system architecture, the Quality Committee was wound up in early 2021 to be replaced by an Oxfordshire Quality Committee which brings together commissioners and providers. During 2020-21 the Committee reviewed the proposed Terms of Reference for the new Committee, which will provide a forum for integrated place-based quality assurance and improvement.

During the pandemic the meeting switched to being held virtually.

Table 1. Attendance at Quality Committee, April 2020 – March 2021

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

✓ = attended
✗ = did not attend
NLAM = No Longer A Member

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. The duty to oversee innovation is demonstrated throughout the report.

3.1. Duty 1 – Quality and Performance of services

The Quality and Delivery Directorates continued to work closely together in 2020/21, 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 together.

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.
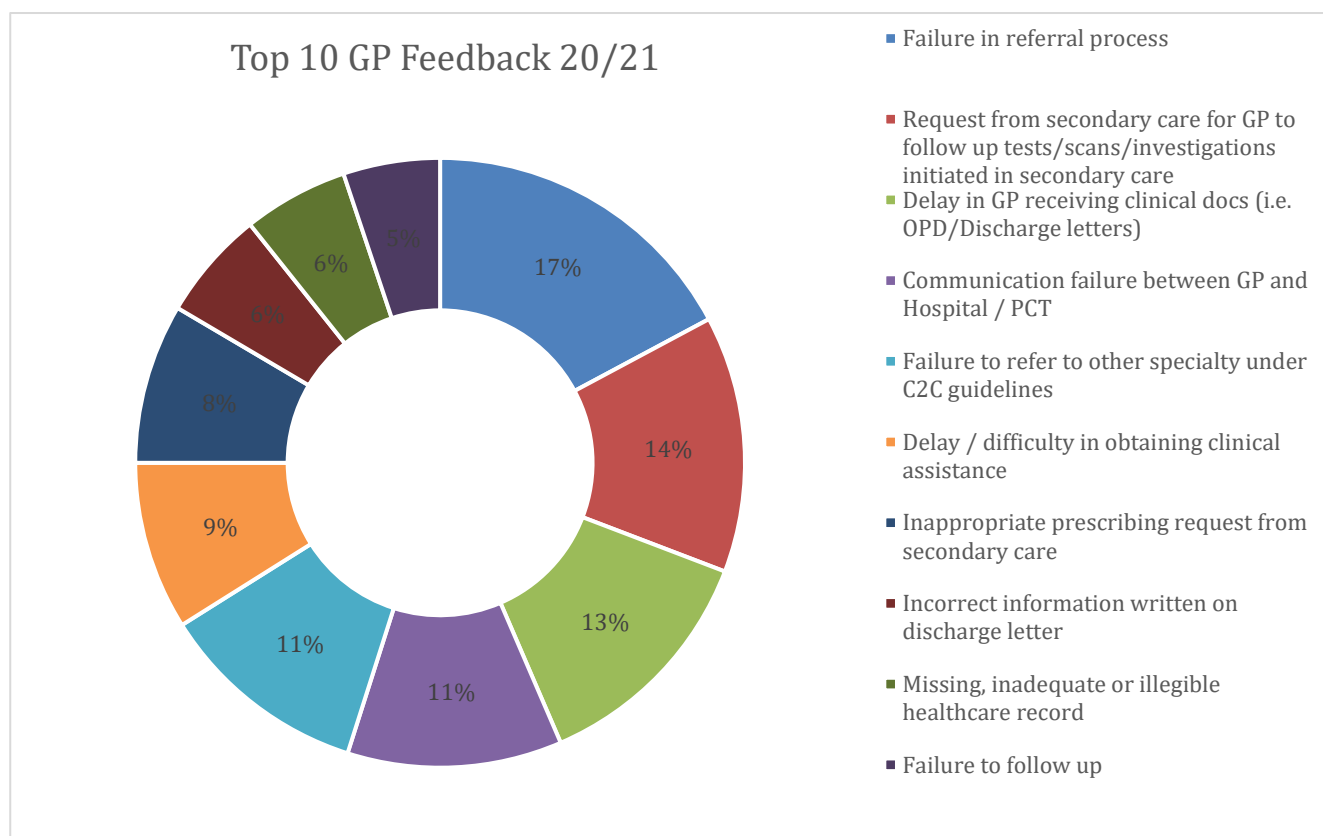
Healthcare Intelligence

Oxfordshire CCG kept its licence for Dr Foster Healthcare Intelligence Software during 2020/21. The software has been used to inform Clinical Effectiveness reviews of; variation across the local healthcare system, the use of evidence-based interventions and in-depth reviews of services and outcomes. This has provided assurance on quality. The impact of COVID-19 has seen a reduction in this type of pathway review. The Quality team has continued to link with counterparts within Oxford University Hospitals to share and jointly understand potential areas of concern.

3.1.1 GP feedback

As a part of ensuring the quality of commissioned services, primary care staff in Oxfordshire provide feedback directly to the CCG using the Datix risk management system. Between April 2020 and March 2021, 748 pieces of feedback were received by the CCG, this is a decrease from the previous 12 months. 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 2020/21 is set out below:

Top 10 GP Feedback 20/21

- Failure in referral process (17%)
- Request from secondary care for GP to follow up tests/scans/investigations initiated in secondary care (14%)
- Delay in GP receiving clinical docs (i.e. OPD/Discharge letters) (13%)
- Communication failure between GP and Hospital / PCT (11%)
- Failure to refer to other specialty under C2C guidelines (11%)
- Delay / difficulty in obtaining clinical assistance (9%)
- Inappropriate prescribing request from secondary care (8%)
- Incorrect information written on discharge letter (6%)
- Missing, inadequate or illegible healthcare record (6%)
- Failure to follow up (5%)

As a result of this feedback we have been working on a number of changes with providers. These include:

- OCCG is working with OUH emergency department (ED) to establish a safe system for onward referral without the need to be re-referred by the GP.
- Undertaking work with providers to address specific quality issues in clinical specialties.
- Focusing on improving access to services for clinicians and patients

3.1.2 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. Providers will 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 the CCG and to share their action plan. 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. Safeguarding is a standing item.

3.2.1 Clinical risks

Clinical risks are detailed on the CCG clinical risk register and at each meeting, the committee scrutinises the action taken by the CCG to mitigate these risks. During the pandemic a new risk was added which detailed the risks to non-covid patients which were resulting from the focussing of activity on covid patients.

Exception reports are provided through the Integrated Performance Report (IPR), which is a standing item on the agenda. The report 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 a comprehensive investigation. SIs may 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 serious incidents to ensure action is taken to prevent recurrence.

In 20/21, there were a total of 153 Serious Incidents, compared to 172 in 18/19 and 122 in 19/20. The impact of COVID-19 can be seen in the lower number of SIs reported in the first half of the year, where lockdown and a reduction in elective activity had a dramatic effect on the volume of activity and incidents declared. There was a significant upsurge in the latter part of the year, as harms were identified and the impact of working in a COVID-19 environment began to have an impact. Several of the SI's called during the November-March period included nosocomial COVID-19 related harm – some of these were downgraded, but approach has varied by trust.

Serious Incidents by all providers
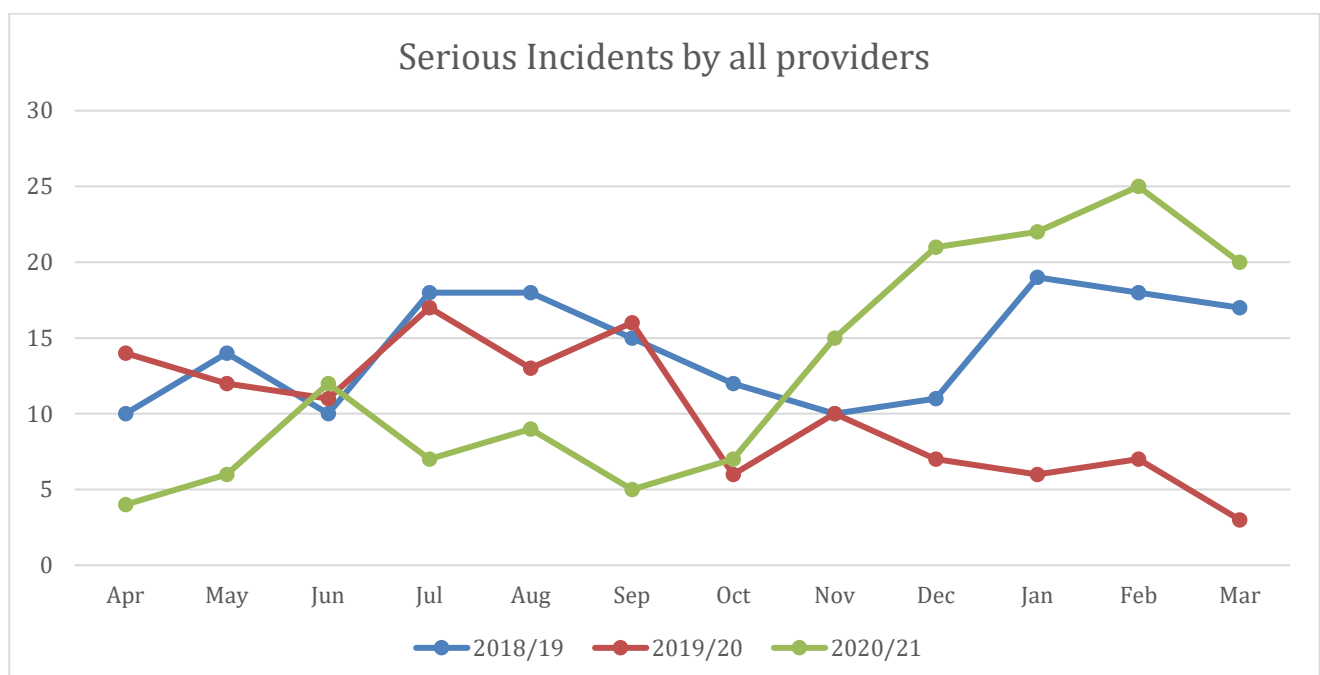
3.2.3 Never Events

Never Events are a nationally specified set of serious incidents that 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 two Never Events during 2020/21. These were both in OUHFT. This compares to ten in 2019/20 and 13 in 2018/19.

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
OUH	05/01/2021	A CT-guided biopsy was taken from the right lung of a patient listed for a biopsy from the left lung
OUH	25/01/2021	A patient received an overdose of insulin administered using the incorrect type of syringe

OCCG has worked with OUHFT to understand the causes of these events. There has been significant progress in the last few years. Reporting of incidents within the Trust remains good, which gives confidence that the reduction in Never Events is real and sustained.

Assurance visits are undertaken for Never Events once all actions are completed and evidenced. In some cases, immediate assurance is sought. During the COVID-19 pandemic, no assurance visits have been conducted for Never Events.

3.2.4 Safeguarding

Regular reports are presented to the Quality Committee on safeguarding. The report updates the Committee on adults and children's safeguarding, including actions, and themes and developments. In the past year a key area of work has been focused on risk management and provider support during the pandemic. There was a clear reporting process for escalation of issues and sharing of emerging trends to the executive leadership team.

Safeguarding work was sustained and mutual support across the area promoted greater integration and share problem solving. Shared meetings between the providers' and the CCG's safeguarding teams allowed effective work on practice and protocol changes. The safeguarding team has developed more regular informal liaison with the LMC, which has allowed troubleshooting and cooperation around areas of mutual interest.

Providers and commissioners complete an annual safeguarding self-assessment against the statutory duties of the Children Act (1989) and the Care Act (2014). For 2020/21 good compliance levels were sustained by both 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 this year. These included: joint networks and forums for locality and case-based problem solving, joint meetings to promote timely communications and some collaboration as service changes that occurred through the pandemic.

A new model for working, Family Safeguarding Plus, has been implemented during 2020-21. This is providing opportunities to support integration of teams with PCNs and promote more locality-based networks.

Health teams actively participated in 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 working with the local authority to develop better coordination of services and support for the homeless. Another area of work has been the completion and promotion of a revised multi-agency protocol on young children found with unexplained or suspicious bruising.

Statutory health assessments (HA) for Children we Care for (Looked After Children) are undertaken by the Phoenix Team, Oxford Health Foundation Trust (OHFT) on behalf of OCCG. In March 2020, government guidance was that all face to face-to-face assessments were halted, and only virtual assessments completed. Once services were able to resume, the team moved to a mix of face to face and virtual assessments to ensure the safety of all. Any child who had not had a physical examination during the first lockdown was risk assessed and either caught up, or an alternative assessment deemed appropriate to fulfil the requirements of the HA. The completion of HAs for children placed out of area has been particularly challenging, due to reduced capacity in the local teams. This is a national issue. Locally, the Phoenix team risk assess all children and conduct virtual, long distance assessments when this is the only option.

Due to the pandemic, the implementation of the Mental Capacity Amendment Act (2109) was postponed from October 2020 to April 2022. A consultation of key guidance such as the code of conduct is due Spring 2021 and will inform how the ICS will become a responsible body for any individual whose care is funded by Continuing Health Care.

OCCG has a modern slavery statement that meets the requirements of Section 54 of the Modern Slavery Act (2015), (Appendix 2 in the **OCCG-Safeguarding-Children-and-Adults-at-Risk-Policy link**):

An agreed process for handling suspected cases of modern slavery in children or adults is explicit in procedures and the referral and consultation process is known by all staff. Health teams' supervision and staff support has changed in the past year, with all sessions now being developed in virtual formats. This has improved the accessibility and frequency of sessions and promoted good levels of peer interaction and support during the pandemic. We have doubled the frequency of meetings from twice yearly to quarterly, and this has allowed people to access safeguarding mentorship more easily. We have instituted a newsletter collating learning from all meetings which can be shared with all GPs. These opportunities to share good practice, problem solve and build more resilient knowledgeable networks have been positively evaluated and will be evaluated in 2021-22. Our evening meetings have been conducted online with an increase in attendance by primary healthcare staff.

Mortality reviews within NHS services have remained a priority for NHS England during the past year and the Quality Committee has received reports on activity and learning from both the Child Death Overview Process (CDOP) and the Learning Disability Mortality Review Process (LeDeR), both of which are coordinated by the Quality Directorate. Local and regional workshops to share learning were delivered using webinars and involved providers, experts by experience and carers. During the pandemic, thematic and rapid review processes were introduced to ensure timely learning and identification of any emerging quality improvement issues. This included changing the hospital visiting agreements for those

living with a learning disability, identifying specific training requirements, resources that required dissemination and awareness raising, proactive support plans and assurance for families on the local pandemic profile.

3.2.5 Maternity Services

OCCG Board made the decision in September 2019 to close the obstetric unit at the Horton Hospital for the foreseeable future. The Quality Committee had received regular reports on the quality and safety of the Horton freestanding midwife-led unit (MLU) following the emergency closure of the obstetric unit from October 2016 until July 2019. The Quality Committee received a report in January 2020 describing how the CCG will gain assurance of the quality of maternity services in Oxfordshire following the reconfiguration. The Committee agreed to receive an annual paper which summarised the key quality and performance information

3.2.6 Infection Prevention and Control

The Covid pandemic has raised the IP&C profile in all walks of life worldwide and changed the way people in society interact. Better hand hygiene, vaccine uptake and space are likely to reduce transmission of common infections and it will be interesting to monitor community infections going forward. The pandemic has affected healthcare associated infections (HCAI)s in several ways. There have been fewer beds occupied in secondary care, more antibiotics prescribed and an increased number of chest focused ICU patients. The rates of both MRSA bacteraemia and *C.difficile* have increased this year, although OCCG are comparable to similar CCGs. There have been 11 reported MRSA bacteraemias against a zero tolerance, however, five of those were chest related in ventilated patients on ICU during the second Covid wave, and similar increased rates have been recorded at other trusts. *C.difficile* rates have also increased from 112 last year to 145. Investigations into these demonstrate that antibiotic prescribing has been required to increase due to the need for conservative, rather than surgical treatment. All three Gram negative bloodstream infections (GNBSI) have reduced in Oxfordshire this year. This is in line with the national picture. E.coli has reduced from 500 (2019/20) to 379 this year, Pseudomonas from 66 to 63 and Klebsiella from 138 to 120. All HCAIs continue to be monitored and discussed at the quarterly Health Economy meetings.

Flu prevention

Oxfordshire CCG led on the BOB Flu programme this year as a collaborative system reporting to the SE Flu Board and represented BOB at the regional board meetings. The IP&C Lead monitored uptake and supported GP practices to provide Covid safe vaccination clinics. Primary Care provided a safe, efficient and effective flu vaccination programme that exceeded uptake from all previous years, see table below and provided valuable experience for the forth coming Covid vaccination programme. Any practices that were not maintaining an expected vaccination rate were contacted and offered support.

	Over 65's 2020/21	Over 65's 2019/20	At risk 2020/21	At risk 2019/20	Pregnant 2020/21	Pregnant 2019/20	2yrs 2020/21	2 yrs 2019/20	3 yrs 2020/21	3 yrs 2019/20
% vaccinated	84.3%	76.3%	58.8%	48.6%	50.5%	53.2%	67.9%	56%	69.1%	55.6%
No reg	125,265	128,118	91,804	89,884	9,013	8,568	6,939	7,648	7,054	8,039
No vaccinated	105,630	97,775	54,085	39,281	4,555	4,560	4,709	4,283	4,871	4,469
% vaccinated nationally 2020/21	80.9%	72.4%	53%	44.9%	43.5%	43.7%	55.3%	43.4%	58%	44.2%

Oxfordshire CCG vaccine uptake by cohort compared to last year

The Challenges to delivering the Flu Programme were:
- The restrictions imposed by the Covid-19 pandemic
- Late communication from NHSEI and PHE about the Flu Programme and the changes to the standard delivery
- Inaccuracies with the pregnant women denominator
- Delay to the availability of the alternative, injectable vaccine for children.
- GPs being unable to vaccinate Care Home staff while vaccinating residents (this differs to the specification for the Covid vaccine programme).

The Positives to delivering the Flu Programme were:
- Increased opportunity for collaborative working via regular virtual meetings improved communication
- Increased use of IT methods of information sharing – webinars, generic email, social media campaigns focusing on hard-to-reach groups.
- Innovative vaccine delivery in 'off site' locations including drive through and pop-up vaccination sites.

The circulating flu virus was exceptionally low this year, with no flu outbreaks reported in care homes.

3.3. Duty 3 – Patient Experience

Oxfordshire Clinical Commissioning Group (OCCG) considers patient experience as one of the three pillars of quality, alongside patient safety and clinical effectiveness.

There are a number of approaches to measuring patient experience. The national drivers for patient experience and complaints are the Friends and Family Test, NHS complaints regulations (2009), the Care Quality Commission (CQC), the National Patient Survey programme and the Equality Act (2010). The pressure on services due to the covid pandemic throughout 2020/21 necessitated a reduction in a lot of routine performance monitoring and national annual surveys.

Many patient experience methods (e.g., the Friends and Family Test (FFT) recommendation questionnaire) were halted due to Covid-19 and only re-introduced in December 2020 with the first submissions entered January 2021. However, local providers continued where safe and possible to collect FFT feedback. This data was included in the reduced Integrated Performance Report presented at all Quality Committee meetings. Oxfordshire providers have continued to score highly although there has been no nationally reported data for comparison.

Patient satisfaction with care received during the height of the Covid-19 outbreak was often reported to be high. An unintended consequence of the restrictions placed on health care delivery, for example the necessary reduction of face-to-face appointments and the rapid introduction of virtual consultations, for many patients improved their experience by providing consultation and health care advice in a more user-friendly way. For others the same innovations reduced the quality of their experience.

The CCG has continued to receive and respond to concerns from patients and the public about incidents of poor patient experience during the Covid-19 period. Patient contacts to the

CCG Patient Services team initially reduced but from June 2020 the number of contacts has increased, and, in recent months, the team has been busy managing a large number of Covid immunisation queries as well as receiving complaints and PALs contacts.

Patient Services is just one way by which the OCCG receives patient experience information. Complaints, PALs, Datix reports, serious incident reports and provider reports are all triangulated for emerging themes. This continued throughout 2020/2021. Healthwatch has continued to seek patient experience feedback which has been useful to understand how the new ways in which primary care has adapted to patient care with increased virtual appointments has been received by patient groups. A patient experience report was presented to each Quality Committee throughout 2020/21.

The patient experience report 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 in provider reports and are shared through the report presented to Quality Committee. Patients and relatives were understandably concerned about visiting restrictions due to Covid which led the patient experience team to develop a "letters to loved ones" initiative with messages being delivered same day as received.

3.3.1. 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 and where best to focus attention. Prior to the COVID-19 pandemic, the team had implemented an enhanced quality assurance visit process which included planned proactive visits. In the past visits have tended to be undertaken in response to a concern or incident. These visits were not possible during the pandemic. A mixture of approaches has been taken to mitigate this, with increased video calls, assurance packs and virtual visits. Some visits have been postponed until the pandemic subsides and allows visits to return.

The aim of the visits is:
- To gain an 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 number of assurance visits significantly decreased compared to 2018/19 & 2019/20 A single virtual visits was carried out as detailed below:

Trust	Date of visit	Area	Reason for visit	Outcome
OHFT	25th June 2020	Dentistry (virtual)	Never Event 2019/20058	Good

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 is 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 2020/21 when it was decided to look at more cross-cutting themes, including a paper investigating inequalities and their impact on outcomes and access to services. 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 2020/21 the use of healthcare intelligence software (Dr Foster) continued within the Clinical Effectiveness portfolio. The current approach to clinical effectiveness is to focus on the key pathways identified in chapter 3 of the NHS Long Term Plan. Unfortunately, most of this work has been on hold due to the COVID-19 pandemic. However, with the pathway focussed approach, 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 inequalities noted significant differences in the access of primary care services and likelihood of intervention in secondary care.

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 permits the Committee to see guidance in context. The Committee was assured that major acute provider in Oxfordshire 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 Evidence Based Procedures (EBI)

previously defined within the NHS National contract as Procedures of Limited Clinical Value. The commissioning policies are publicly available on the CCG website. This is in line with best practice and the NHS Constitution.

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 Approvals Policies and within the published timescales.

Prior Approvals are the means by which a provider is required by the CCG to secure funding before specified criteria-based interventions are carried out. They must provide the necessary level of clinical assurance or clinical evidence electronically to demonstrate that an individual patient, who requires the intervention, meets the clinical criteria set out in the CCG Policy. The Prior Approval process is the method operated by the CCG to facilitate the submission and response to Prior Approvals 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.

Blueteq is the software used by the CCG to manage the Prior Approvals process. The software is bespoke to the CCG and 'built' in a way to make the process as burdenless for the provider as possible. Clinical commissioning policies are translated in to Blueteq proformas that providers complete to gain automatic approval if the patient meets criteria, thus ensuring no treatment delays to clinically appropriate applications. The use of the data and report functions within Blueteq enables the CCG to make informed Evidence Based Intervention audit decisions, monitor the contractual monthly challenge process and review provider activity compliance. The Prior Approval process pre Covid-19 has year on year saved over one million pounds per annum. Past EBI acute provider audits have recouped and/or informed subsequent year contract values to circa eight million pounds. Due to Covid-19 activity has not shown regular patterns but monitoring and challenges have continued.

The number of Prior Approval applications decreased significantly and requests for funding extension increased in 2020/21 due to Covid-19 restrictions on provider activity, see table below. Comparing 2018/19 & 2019/20 there was a 31.5% increase in Blueteq online applications and a 27% decrease in other electronic applications.

Financial Year	PA Blueteq Online Application	PA other Electronic Application	Requests for Funding Extension
2018/19	7562	317	4
2019/20	9949	231	8
2020/21	5321	67	613

Seventeen Evidence Based Interventions (EBIs) were introduced within the NHS Standard Contract as Wave 1. A second wave is due but not yet published.

The Evidence-Based Interventions programme is guided by the following five goals:

- Reduce avoidable harm to patients. With surgical interventions, there is always a risk of complications. Weighing the risks and benefits of appropriate treatments should be co-produced with patients.

- Save precious professional time, when the NHS is severely short of staff, professionals should offer appropriate and effective treatment to patients.

- Help clinicians maintain their professional practice and keep up to date with the changing evidence base and best practice.

- Create headroom for innovation. If we want to accelerate the adoption of new, proven innovations, we need to reduce the number of inappropriate interventions. This allows innovation in healthcare, prescribing and technology to improve patients' ability to self-care and live with long term conditions.

- Maximise value and avoid waste. Inappropriate care is poor value for the taxpayer. Resources should be focused on effective and appropriate NHS services

All relevant interventions are on Blueteq.

Providers have to evidence approval has been sought and given for criteria-based 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.

The IFR and Prior Approvals team is now 100% paper free utilising the Blueteq system to run IFR triage and panel meetings remotely. This has been a significant improvement in streamlining the process – particularly as the number of IFR submissions during 2020 remained similar to 2019 despite the Covid-19 pandemic and the associated restrictions on access to secondary care services.

Year	No. of IFR Applications	Number of IFR Cases reviewed at Panel
2018/19	261	46
2019/20	231	35
2020/21	112	27

The number of IFR cases sent to panel decreased slightly because of a more robust screening process which returns any submissions that are incomplete.

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 October 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.

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'.

3.4.2 Medicines Optimisation

The safe and effective use of medicines is an essential element of healthcare. The ongoing

aim of the CCG Medicines Optimisation (MO) team is to support clinicians, patients and carers in making decisions about which medications to use in order to obtain the best possible outcomes.

In 2020-21, the MO team continued to support appropriate prescribing across the CCG in the usual ways including the review and implementation of guidelines, collaborative work with providers, the introduction of new pathways and the review of governance arrangements. As in previous years, a Prescribing Data Report was produced for each of the six localities and all practices had a prescribing meeting (delivered via MS Teams) with a member of the MO team to discuss current issues and identify priorities. The report detailed the Prescribing Incentive Scheme's (PIS) five elements which practices were encouraged to work on with support from the CCG. Part of the PIS again asked practices to use the PINCER risk stratification tool which has been shown to reduce clinically important medication errors in primary care using safety indicators and was a continuation of the previous year's PIS. Unfortunately, due to the COVID pandemic and additional workload in primary care to roll out the vaccine programme, the PIS was suspended in January 2021. However, the Prescribing Dashboard continued to be updated regularly and made available via the CCG website in order to inform practices on all their prescribing targets, achievements and priorities. The MO team is also readily available via its generic email which is regularly accessed by colleagues with specific questions.

In addition to the usual work programme of the MO team, the pandemic required additional projects to be prioritised necessitating the introduction of new ways of working and wider collaboration across the whole of the local health and social care community. Members of the MO team were closely involved in numerous COVID-related work streams including the Incident Control Centre (ICC), End of Life Care, CALM clinic provision, extension of services provided by Community Pharmacies, support to Care Homes, accreditation of PCN COVID vaccine sites, support to the COVID vaccine clinics. In addition, the team regularly published a list of 'frequently asked questions' on the CCG website to keep prescribers up to date on changes and recommendations during the pandemic. Emergency Area Prescribing Committee meetings were called to approve the necessary changes.

A wide-ranging project involving different staff from across the local health and social care system looked at how we can review the use of monitored dosage systems in order to ensure they are only issued where needed thereby using resources more appropriately; this work is ongoing.

Continued close collaborative working with colleagues across the integrated care system (ICS) lead to joint working on prioritising practice work and sharing resources. Regular meetings with pharmacists employed by practices and primary care networks (PCNs) continued thereby supporting a joined-up approach across the county and facilitating good communication during the pandemic. In order to support this further, a joint OCCG/PCN pharmacist post was created. We also continue to work closely with our colleagues in secondary care to ensure our formularies and guidelines are aligned and now also have a joint OCCG/OUH high-cost drugs pharmacist post too.

Optimising medicines use to maximise health outcomes and give the best value has never been more important and the OCCG MO team continues to work with colleagues across the system to achieve this. The COVID pandemic lead to necessary changes in how the team worked but also brought about benefits via increased collaboration which we aim to continue into 2021-22.

3.4.3 Primary Care

Primary Care Quality Improvement and Assurance

Accountability for monitoring the quality of primary medical services sits with the CCG through the Quality Committee. Quality assurance and improvement processes for primary medical services have been impacted to some degree by the pandemic, but work has continued in the key areas of focus shown below with support delivered remotely in almost all cases.

Changes in delivery of services in primary care

The risks posed to patients, staff and service continuity by COVID-19 have led to practices needing to adapt to very different ways of working during the year. The successful implementation of remote consulting options in all practices by the start of the year meant that routine face-to-face patient activity could be significantly reduced in a safe and clinically appropriate way. Practices also worked with their GP federations to ensure that patients with COVID-19 symptoms and those who may have been exposed to the virus could be seen and treated in specialised COVID clinics or visiting services, reducing the risk of infection for other patients who needed to be seen in their own practices. The quality team assisted in the development of standard operating procedures for COVID-19 clinics.

The participation of general practice in the COVID-19 vaccination programme also required significant changes to normal processes, with practices collaborating in PCN groupings to deliver the programme at speed and in conformity with strict national requirements for quality and safety. Despite the additional pressures due to the pandemic, primary care managed to achieve high levels of flu vaccination this year. Practices were assisted by the Oxford Health district nursing service and the Primary Medical Ltd GP federation, both of whom provided additional capacity to vaccinate vulnerable housebound patients for flu.

Care Quality Commission (CQC)

The CQC suspended its routine inspection programme during the year as the focus changed to providing advice and guidance to practices on delivering COVID-safe services and implementing the vaccination programme. The status of Oxfordshire practices therefore remains unchanged since March 2020 (61 practices rated Good, 4 Outstanding and 2 Requires Improvement).

Quality & Outcomes Framework (QOF)

In recognition of the impact of COVID-19, revised QOF guidance was issued in September 2020. This included a shift in emphasis for the quality improvement modules for Supporting People with Learning Disabilities and Early Cancer Diagnosis and a focus on protecting patients who were likely to be most at risk from COVID-19.

For the **learning disability module** there was a strong focus on restoration of proactive annual health checks, maximising uptake of seasonal flu vaccination, ensuring equity of service provision for people from BAME communities and reviewing processes for Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. The **Early Cancer Diagnosis module** focused on the restoration of screening services including identifying patients with delayed or cancelled cervical screening appointments, focusing on groups who may be experiencing barriers to accessing services, monitoring suspected cancer referral rates to

see if these are returning to pre-COVID-19 levels and improving awareness of referral and testing pathways that might have been impacted by the pandemic response. There was also an expectation that practices and PCNs will engage with patients to build confidence that general practice and other healthcare settings are available and can be accessed safely

A range of resources was developed to help practices and PCNs to deliver these improvement programmes and dedicated support was provided by Cancer leads in the Planned Care team and learning disability leads in the Jointly Commissioned Services team. Practices also responded swiftly to a new QOF condition requiring them to risk stratify patients with long term conditions to identify those who were particularly vulnerable to COVID and prioritise them for review. Long term conditions leads in the Planned Care team worked with the Commissioning Support Unit to develop tools to identify patients most at risk and provided clinical advice and support.

Final outcomes for QOF 2020-21 are not yet confirmed but once available, the quality team will provide support to any practices who have above-average negative variation either in their achievement or in the maintenance of their long-term condition's registers.

General Practice Indicators (GPI)

GPI is a suite of 46 quality and outcome standards which are nationally agreed as providing an indication of the quality of primary care services. The majority of these areas relate to contractual requirements or compliance with CQC standards. Data is pulled from a range of sources including the Quality & Outcomes Framework (QOF), health analytics (patient emergency attendance and referral data), prescribing data and patient satisfaction surveys. Indicators are updated regularly throughout the year as new data becomes available and as at 31st March, the majority of Oxfordshire practices were rated as Achieving Practices (40) or as Higher Achieving (7). 13 were rated as Approaching Review and 7 Review Identified: these practices would be most likely to be prioritised for quality improvement support from the CCG, and potentially for review by the CQC.

Childhood Immunization

There is a variation in uptake between primary/1-year imms and preschool booster immunisations. The Improving Immunisation Uptake Team are working with practices to reduce this variation. The main reasons are ghosts (previously registered patients who should have been de-registered) on system, missing immunisation histories for children from abroad and those not caught up with the UK immunisation schedule.

Overall preschool booster uptake Feb 2020 90.3% which increased to 92.1% in August 2020. This was as a result of practices not having many of the routine services back up and running after lockdown and so practice staff had capacity to data cleanse and follow up children with missing immunisations. Once Flu and Covid vaccination programmes started there was small monthly decreases to Feb 2021 90.7%. March 2021 saw thew first increase for a number of months to 90.9 %.

Learning Disability Health Checks

The learning disability health checks programme is commissioned by NHS England under a Directed Enhanced Service. In 2021 the CCG exceeded the target of 67% set by NHSE. 73% of LD patients received an annual health check.

Incidents and complaints

During 2020-21 a total of 56 incidents concerning primary care were reported to the CCG by healthcare professionals, primarily by Oxford Health NHS FT and Oxford University Hospitals NHS FT. By the end of the year, responses had been received for 32 incidents, however pressures on practices resulting from the pandemic have had an impact on both the timeliness and the rate of responses and a higher than usual proportion of investigations remained outstanding at the end of the year. These will be followed up during Q1 of 2021-22.

A summary of the types of incident and the sources of reports is shown below:

Reported by	2019-20	2020-21		Type	2019-20	2020-21
OHFT	20	17		Treatment & Care	38	25
OUHFT	25	33		Communication	5	2
Practice	10	1		Medication	14	14
Safeguarding	4	2		Staff safety	1	0
MP office	1	0		Referrals	6	14
NHS England	2	2		Information governance	2	0
Patient/relative	4	1		Infection Control	0	1

The team has also supported one practice through the formal process of investigating a serious incident reported by OUHFT.

Enhanced support to care homes

The Quality Team has been involved in the development of guidance to support GPs in delivering the requirements of the care home element of the Primary Care Network Directed Enhanced Service (PCN DES). Multidisciplinary teams (MDTs) are currently being established to support clinical leads for care homes (usually GPs) with the aim of delivering more coordinated and effective care to people in residential and nursing homes. In addition to the lead GP for the home the MDTs will involve members from other organisations and the primary care quality team has provided guidance on governance for effective integrated working. The team will continue to support quality assurance in this and other elements of the PCN DES as it is implemented across the county.

Luther Street Practice for Homeless Patients

The Quality and Primary Care contracting teams have been working with Oxford Health to develop a suite of key performance indicators (KPI) in the Luther Street APMS contract as part of a quality improvement programme. The main areas of focus relate to health assessment, care planning and the management of long-term conditions.

Quality leads are aware of the excellent work done by the Luther Street team in partnership with other agencies to provide holistic care to a very vulnerable practice population and we plan to work closely with the practice team and Oxford Health managers to support continuing improvement. This will involve reviewing clinical management of patients but also considering how the team can make better use of the practice system to monitor quality and performance.

4. Achievement of key Quality Committee priorities from 2018/19.

4.1. Priorities for 2020/21

The priorities for 2020-21 were:

- 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 how the many of these priorities were met in 2020-21 despite the Covid 19 pandemic and the redeployment of many of the Quality Team. A new transitional structure has been developed for Oxfordshire wide quality oversight and improvement which will bring together providers and commissioners to support high quality integrated care. Oxfordshire significantly exceeded the target of 67%, with 73% of people with learning disability receiving a health check. This is particularly impressive given the challenges primary care has faced this year. Safeguarding partnership working was well placed to address as a system the additional challenges brought by Covid 19. We have continued to use clinical effectiveness to drive Quality in Oxfordshire. This has included a focus on inequalities in health, which has become even more relevant during the pandemic.

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. Despite significant challenges and the redeployment of many staff the Quality Committee discharged its core functions in 2020-21.

The CCG Quality Committee was formally wound up in February 2021. This reflects the changing NHS architecture set out in the 2021 White *Paper Integration and Innovation: Working together to improve health and social care for all.* The new Oxfordshire Quality Committee will have its first meeting in May 2021 and will bring together commissioners and providers from across health and social care to improve outcomes for the population of Oxfordshire. The first meeting will inform the priorities for the Committee for 2021-22. This Committee will be in place as the CCG transitions into the BOB Integrated Care System.

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 in this extraordinarily challenging year to our work to ensure the services provided in Oxfordshire are safe, effective and provide an excellent experience to patients.