

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP



**Minutes of the Quality and Performance Committee held on
Tuesday 17 July 2018 at 13.30 - in the Boardrooms, Woodgate, Loughborough**

PRESENT:

Ms Gillian Adams	Lay Member (Chair)
Dr Chris Trzcinski	Clinical Vice Chair
Dr Mike McHugh	Public Health Consultant
Dr Y B Shah	GP Locality Lead – South Charnwood
Dr James Ogle	GP Locality Lead – Hinckley and Bosworth
Mrs Pat Ford	Interim Deputy Chief Nurse (deputising for Mrs Caroline Trevithick)
Mrs Fiona Barber	PPG Representative

IN ATTENDANCE:

Mrs Kate Allardyce	Performance Manager (up to item Q&P/18/118)
Mrs Laura Rodman	Corporate Affairs Officer (for items Q&P/18/
Mrs Rachel Garton	Designated Nurse Safeguarding Adults and Children (for item Q&P/18/118)
Mrs Michele Morton	Senior Committee Clerk (minutes)

Item	DISCUSSION
Q&P/18/113	<p>Welcome and Apologies</p> <p>The Chair welcomed all to the meeting and confirmed the meeting was quorate. Apologies for absence were received from Dr Mike McHugh, Mrs Caroline Trevithick, Mr Andrew Roberts, Miss Amy Linnett and Mr Ket Chudasama.</p> <p>A special welcome was extended to Mrs Barber who had been successfully appointed as the new PPG representative for Q&P</p>
Q&P/18/114	<p>Declarations of Interest on Agenda Topics</p> <p>Q&P/18/120 – Medicines Report – contained a request to approve a primary care rebate scheme which offered a small financial rebate on GP prescribing expenditure for particular branded medicines. GP members declared an interest as a primary conflict, at cat 1 with a low materiality.</p>
Q&P/18/115	<p>To approve Minutes of Meeting held on 15 May 2018</p> <p>The minutes of the meeting held on 15 May 2018 were approved as an accurate record.</p>
Q&P/18/116	<p>Action Log and matters arising</p> <p>The Q&P action log was received and updated and would be appended to the July minutes:</p> <p>Q&P/18/099 – Risk Register – clarification on expectations of the DHU deep dive. Points made:</p> <ul style="list-style-type: none"> • Q&P should receive an overview of the services provided to patients moving through the integrated urgent care model – to include data flow and utilisation of those services. • Reassurance on data quality (data should be good quality and accurate) –

number of visits listed – how many rejected, how many transported to hospital and other relevant actions taken by DHU – also helpful to have an LLR perspective.

- How service provision was promoted to relevant stakeholders, GPs, patients and care homes.
- Clarification required on why the request to include the clinical navigation hub.
- The need for improved communications and clearer reporting (to distinguish between acute visiting and OOH visiting).
- Ensure DHU were reporting urgent care data through the SUSS system.
- Providers expected to present the deep dive and contact the contracts quality team beforehand for briefing purposes. Ian Potter to action.

Action: The Quality and Performance Committee:

- **RECEIVED** the report.

Q&P/18/117

Highlight/Performance Report

Mrs Allardyce presented paper B that provided an overview of performance assurance for WLCCG for May 2018 where available. It included changes to performance since the last report and an overview of quality across West Leicestershire's main provider. It also included the latest position on the Quality Premium 2018/19.

Mrs Allardyce reported that much of the data had been moved from the main report and into the appendices. Within the Appendices was an overview of the high risk indicators and remedial actions in place, along with performance dashboards relating to Better Health, Better Care, other NHS Constitution metrics and further detail on the Quality Premium for 2018/19. She confirmed to Dr Shah that diabetes data would re-appear once new data had been received. Key points of note:

62 day cancer waits – May data recently received that indicated that neither the national or local trajectory was being achieved.

Diagnostic waits – performance had reduced considerably since November 2017 and numbers waiting had continued to rise from January 2018 onwards. UHL were working on actions for improvement and these were contained within the appendices. They included actions agreed by the RTT and Cancer Boards.

Quality Premium – data from May received that showed that the Quality Premium was not being achieved for the second year running.

NHS England had recently made public the 17/18 Annual Assessment of CCGs. WLCCG had moved from 'outstanding' in 16/17 to 'requires improvement' in 17/18. Mrs Allardyce explained the complexity of how the assessment was made which showed the main shift from the previous year was around the financial plan. LCCCG was rated as 'good' and ELRCCG rated as 'requires improvement'. Mr Potter said this was no surprise to the CCG and reflected the changing financial position.

Mrs Barber asked if there had been a communication briefing relating to the assessment. She felt from a patient perspective it would be important that patients were reassured that the rating had nothing to do with patient care, but was due to the financial situation. Mr Potter agreed to follow that up.

IAPT – local data for the first part of 2018 was good but unsustainable. Some of the staff were temporary and contracting leads had confirmed the position was unlikely to continue.

Quality update - by Mrs Ford:

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- The LLR Serious Incident Sign Off Group had reviewed the LLR EMAS SI's where some of the ambulance delay issues appeared to be around incorrect coding of responses by call handlers. Another SI related to an ambulance delay where other agencies ie Police and Fire did not attend a patients home (where they were locked in their own home) and whilst an EMAS ambulance was not on sight. This learning regarding lack of robust formal procedures between agencies and learning from the other SIs was being fed into the regional EMAS meeting and for actions for change and improvement. Dr Trzcinski added he continued to experience considerable ambulance delays for some of his patients.
- A quality visit had been undertaken to the local TASL service in Leicester and Leicestershire. Considerable disconnect had been identified between management and staff. There was however some good, well trained staff involved in the establishment of standards. Staff on the ground in the service identified areas where the service could work much better at an operational level. Ms Adams sought reassurance the issues would be fed into the commissioning contracts team and Mrs Ford confirmed that all of the issues would be followed up by the contract quality review process.

Dr Shah made reference to the red rated maternity target. Mrs Ford agreed this was concerning and offered to request further information from the UHL Contract Quality Lead,

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Ms Adams referred to the Never Event Hackathon and Freedom to Speak Roadshows. Mrs Ford said these were always useful to hold in terms of prevention and to trigger general learning. It was agreed to ask Mrs Tracy Ward for feedback on the events.

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Action: The Quality and Performance Committee:

- **NOTED** the contents of the report
- **IDENTIFIED** any areas for in depth reviews at future Quality & Performance Sub-group meetings.

Q&P/18/118

Revised Mental Capacity Act (MCA) Policy

Mrs Garton presented paper C and reported that the review of the CCG MCA (including Deprivation of Liberty Safeguards [DoLS]) Policy began in July 2017. Due to a number of consultations resulting in suggested changes, the policy required significant work before it was endorsed by the LLR CCG Safeguarding team.

The policy was endorsed by the LLR CCG Safeguarding group in April 2018. Mrs Garton reminded the Q&P that they had received a number of iterations of the policy and the current one was version 5. LCCCG had approved the current version and ELRCCG had made one or two comments and requests for minor adjustments. As a result a number of links had been taken out and guidance added for staff on who to contact if they were aware of a deprivation of liberty. All previous reference to the Data Protection Act had been changed to reflect the new General Data Protection Regulations and under 10.1 the reference to 'GPs' had been changed to 'Practitioners'.

Mrs Garton confirmed to Mrs Barber that multi agency guidance also existed which had cross references to similar local authority policies. The multi-agency procedures covered all agencies. She added that the under-lying principles of all documentation were the same, but with local variations.

Action: The Quality and Performance Committee:

- **APPROVED** The Mental Capacity Act (including DoLS) Policy.

Q&P/18/119

Care and Treatment Review (CTR) Local Policy

Mrs Ford presented paper D and explained that initially a national CTR Policy was published on 30 October 2015 by NHS England alongside 'Building the Right Support'³ and the 'New Service Model'⁴ as part of Transforming Care. In March 2017 NHS England published a revised Care and Treatment Review and CTR Code and Toolkit. She added that the NHSE policy 2017 required that each CCG or TCP developed a local CTR Policy. The local policy would include the following:

- Local population based data, including how many CTRs were anticipated for the locality.
- Local risk criteria used to define the 'At Risk of Admission' population.
- Governance arrangements locally including who was responsible for the register, the process for managing the register, any information sharing agreements in place between parties, where the register was held, who was responsible for updating the register and how it was reviewed, and updated.

Mrs Ford reported that a significant change in CTR policy had been the adoption of the Key Lines of Enquiry (KLOE) approach to the structure of CTRs. Currently the CTR revised template was being reviewed by NHS England due to operational challenges.

The first draft of the local LLR CTR policy was presented to some LLR Transformation Care Partnership organisations in January/ February 2018, following which further minor amendments were made based on feedback

Mrs Ford confirmed to Mrs Barber that the framework had been seen by patients, but not the policy, although the policy had a specific patient focus. The policy had been adapted from a national document, with local influence.

Reference was made to the consultation period with stakeholders from January to April 2018 and Mrs Ford agreed to check that this had been appropriately completed.

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Action: The Quality and Performance Committee:

- **APPROVED** the policy

Q&P/18/120

Medicines Optimisation Highlight Report

Mrs Stead presented paper E that provided a comprehensive overview of the main activities of LMSG, LLR Medicines Optimisation Committee and the WLCCG Prescribing Strategy Group by providing a summary of the main discussion/action points from the relevant committee meetings. The paper provided an update on the meetings held in May and June 2018. A link to the full LMSG minutes was also provided separately once agreed as a true record by each committee. The report provided a link to the approved minutes of the May and June meetings.

Action: The Quality and Performance Committee:

- **RECEIVED** the Medicines Optimisation Highlight Report

Q&P/18/121

Approval of Rebate for Convatec

GP members declared an interest in Q&P/18/121.

Mrs Stead presented paper Ei, a suggested rebate scheme for 2018/19. She explained that the new rebate schemes for Convatec had been reviewed by Presqipp Pharmaceutical Industry Scheme Governance Review Board and assessed and approved by the LLR Medicines Optimisation Committee. The potential annual

income was approximately £5,200 per annum.

Action: The Quality and Performance Committee:

- **APPROVED** The rebate scheme for Convatec

Q&P/18/122

Implementation of NHSE Guidance on Conditions for which over the counter items should not routinely be prescribed in primary care

Mrs Stead presented paper E2 and reported that in January 2018, following a national consultation, NHSE produced guidance for CCGs on conditions for which over the counter items should not routinely be prescribed in primary care. The expectation was that CCGs took the proposed guidance into account in formulating local policies, unless they could articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice. The guidance did not remove the clinical discretion of the prescriber in accordance with their professional duties.

The purpose of the paper described:

- The differences between current WLCCG guidance on self-care for minor ailments and the NHSE national guidance on “which over the counter items should not routinely be prescribed in primary care”.
- How the national guidance would be implemented across LLR taking into account that each CCG within the Leicestershire area had different guidelines in place and the impact on WLCCG.

Mrs Stead said that WLCCG had conducted a public consultation on its own guidelines, however an aim was to eventually move towards LLR guidelines. ELRCCG and LCCCG were going out to full public consultation but because WLCCG had conducted a very similar public consultation previously, with good responses, Mrs Stead felt a further consultation would cause confusion as there were only two detailed items in the NHS England guidelines not included in WLCCG’s guidance.

Mrs Barber suggested a further local engagement exercise took place via the PPGs. Mrs Stead confirmed to Mrs Barber that previously 269 responses had been received from patients generally, not related to a specific patient group, due mainly to the fact it was on minor ailments. The most impact was on pensioners who met the exemption criteria.

Action: The Quality and Performance Committee:

- **NOTED** the issue of NHS guidance and the intention to implement across LLR
- **APPROVED** an engagement exercise via local PPG groups.

Complaints Report, Quarter 1

Mrs Rodman presented paper F which summarised the complaints that had been dealt with by WLCCG in Quarter 1 – 1 April 2018 to 30 June 2018. The report aimed to provide assurance that complaints were comprehensively reported, investigated and that lessons learned were implemented via the Quality and Contract review processes. Q&P members noted:

- During Quarter 1 WL CCG received a total of 8 new complaints.
- A total of 9 complaints were resolved in quarter 1 and 33% of complaints were responded to within the best practice guideline of 25 working days.

The complaints received by WL CCG related to the following service areas:

- Adult Mental health services (IAPT waiting time): 1
- Children's equipment (wheelchairs): 1
- Prescription: 1
- LPT (incontinence service): 1
- NHS Continuing Healthcare (PUPoC): 1
- Multi-agency (UHL & LPT): 1
- CCG IFR outcome decision: 2

One complaint pertaining to a CCG member of staff required a senior investigator to investigate the complaint, and a number of interviews were carried out which led to a delay in the final report being produced.

Learning outcomes were provided within the report at point 7.

One key point to note was in relation to TASL complaints, and the fact that drivers were now able to see journeys planned throughout the day, meaning that they were able to keep patients better informed of any delays that might occur

During Q1, the Parliamentary and Health Services Ombudsman (PHSO) made initial enquiries on a complaint relating to the CHC Decision Support Tool process where it was determined that the complaint was 'premature' and had not been through the CCG's complaints process. The PHSO therefore advised the complainant that they were unable to investigate the complaint at present. The complaint remained under investigation and a copy of the response would be provided to the PHSO when available.

Action: The Quality and Performance Committee:

- **RECEIVED** the content of the report
- **RECEIVED** assurances that the CCG had robust systems and processes in place to ensure that complaints were being managed effectively in accordance with both the CCG and regulatory expectations

Bi Monthly Information Governance (IG) Report

Mrs Rodman presented paper G, the bi-monthly IG update, which outlined the work being undertaken by the CSU to support the CCG to meet the CCG statutory requirements in relation to IG.

Within the paper is a delivery plan which outlined how the CCG would meet the requirements of the DPA 2018, GDPR and the Data Security and Protection Toolkit – formerly the IGT.

Within this plan were a number of areas that were not currently listed as a toolkit requirement for the current year, but had been included as areas of good practice. The CCG could therefore decide whether it would like to work towards those areas

during 2018/19, whilst considering that it was likely that those would be mandatory requirements for 2019/20. The areas were outlined at point 4 of the report, and the CCG could choose to pick some elements and not others.

Within the report was also an overview of the CCG's current compliance with the new legislative requirements of GDPR and DPA 2018.

Action: The Quality and Performance Committee:

- **RECEIVED** the Bi Monthly IG Report

Q&P/18/125

Draft Privacy Notice

Mrs Rodman presented paper H that outlined the revised Privacy Notice (or Fair Processing Notice) for WLCCG, following the introduction of the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 on 25 May 2018. The following points were noted:

- Under GDPR, the CCG was a data controller as the purposes and means of determining processing personal data; therefore the CCG was required to inform data subjects that the CCG was processing their personal data and providing them with certain information through their Privacy Notice.
- A Privacy Notice was a public statement of how the CCG applied, and complied, with the GDPR's data processing principles.
- The draft Privacy Notice appended to the paper had been developed by the CSU's IG Team following meetings with the Information Asset Owners and Information Asset Administrators from each team within the CCG.
- The CCG's Privacy Notice was developed as a 'live' document, requiring further updates as and when the CCG's data processing activities changed. It was therefore proposed that the Q&P committee considered delegating authority to the CCG's Chief Nurse and Quality Lead/Caldicott Guardian to approve further updates to the CCG's Privacy Notice.
- The Privacy Notice was designed to be a layered webpage, using the 'click and expand' option for each individual processing purpose. A PDF of the full Privacy Notice would also be uploaded on to WLCCG webpage as a printable document.

Mrs Rodman reported on one area of deliberate omission was in relation to the activities undertaken by the CCG's Medicines Optimisation Team, and the work undertaken by them when in member practices. There was an ongoing debate as to whether the CCGs should be considered as 'data processors' or 'data controllers' for that area, and the CSU's IG Team were carrying out further research.

Action: The Quality and Performance Committee:

- **APPROVED** the revised Privacy Notice for WLCCG
- **APPROVED** delegated authority to the CCG's Chief Nurse and Quality Lead/Caldicott Guardian to approve further updates to the CCG's Privacy Notice.

Q&P/18/126

Items for Escalation to be Agreed

To Board:

- Mental Capacity Act Policy
- Care and Treatment Review Policy
- Rebate Scheme
- Implementation of NHSE Guidance on Conditions for which over the counter items should not routinely be prescribed in primary care

Q&P/18/127	Q&P Risk Register	Paper I, the Q&P Risk Register was received for information.
Q&P/18/128	Research and Development Update	Paper J, the Research and Development Update was received for information.
Q&P/18/129	Caldicott Log	Paper K, the Caldicott Log was received for information.
Q&P/18/130	Any other business	
Q&P/18/130a	Q&P Agenda Items	Ms Adams asked if any of the items received above would be suitable for submitting to any other meetings, such as Board, sub-committees or the CCB. Members felt the following could have been receive at other joint forums:
		<ul style="list-style-type: none"> • Mental Capacity Act Policy • Care and Treatment Review Policy
Q&P/18/131	Date and Time of Next Meeting	The next meeting of the Quality & Performance Committee will be held on Tuesday 21 August 2018, 9.00 – 11.00 am, Boardrooms, Woodgate, Loughborough, Leicestershire LE11 2TZ.