

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

12 May 2015

Title of the report:	Report from Quality and Performance Sub Group – 21 April 2015
Section:	Quality – Maintaining and Improving High Quality Care
Report by:	Craigie Morrison – Quality Lead
Presented by:	Evan Rees, Lay Member Caroline Trevithick, Chief Nurse & Quality Lead

Report supports the following West Leicestershire CCG's goal(s) 2012 – 2015:			
Improve health outcomes		Improve the quality of health-care services	✓
Use our resources wisely			

Equality Act 2010 – positive general duties – please complete the boxes below:	
1.	The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2.	The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	Governing Body functions: section 5.2.4: act with a view to securing continuing improvement to the quality of services
Please state relevant Scheme of Reservation and Delegation (SORD) provision	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	To update the Board on the latest quality issues and developments
Discussed by	Quality and Performance Meeting 21 st April 2015
Environmental Implications	Not applicable
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	PPG rep at Quality meeting

EXECUTIVE SUMMARY:

1. The following paper identifies the key quality and patient safety concerns from the WLCCG Quality and Performance Sub-Group meeting held in April 2015 relating to contract performance and that includes the following key points:
 - Safeguarding:
 - From 1st April allegations of abuse made within GP surgeries should be reported to local authorities and not NHSE. This was a significant change and would need to be tested out. The County local authority would be identifying a senior officer as part of the referral process and this would afford some protection to individual GPs if needed.
 - Cancer: The key lines of inquiry for the Cancer Deep Dive were confirmed. 5 key areas identified which include:
 - 100 day waits
 - Diagnostics
 - 62 day wait – capacity issues
 - Quality of referrals to UHL
 - Conversion rates.
2. A further cancer deep dive will be presented to Q&P Sub-Group at the May 2015 meeting.
- Patient experience -Two multi-stakeholder events have been held, with an aim of creating a vision for care which should be:
 - Free flowing and closer to home.
 - Comprehensive, efficient and delivered by services working together.
 - Designed to make people feel respected and that they should come first.
- Highlight Report, Contract quality for Providers. An overview of performance assurance for WLCCG for January and February 2015 where available. It included an overview of the high risk indicators and remedial actions in place. Key risks include, CDifficile numbers and staffing levels.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the content of the report

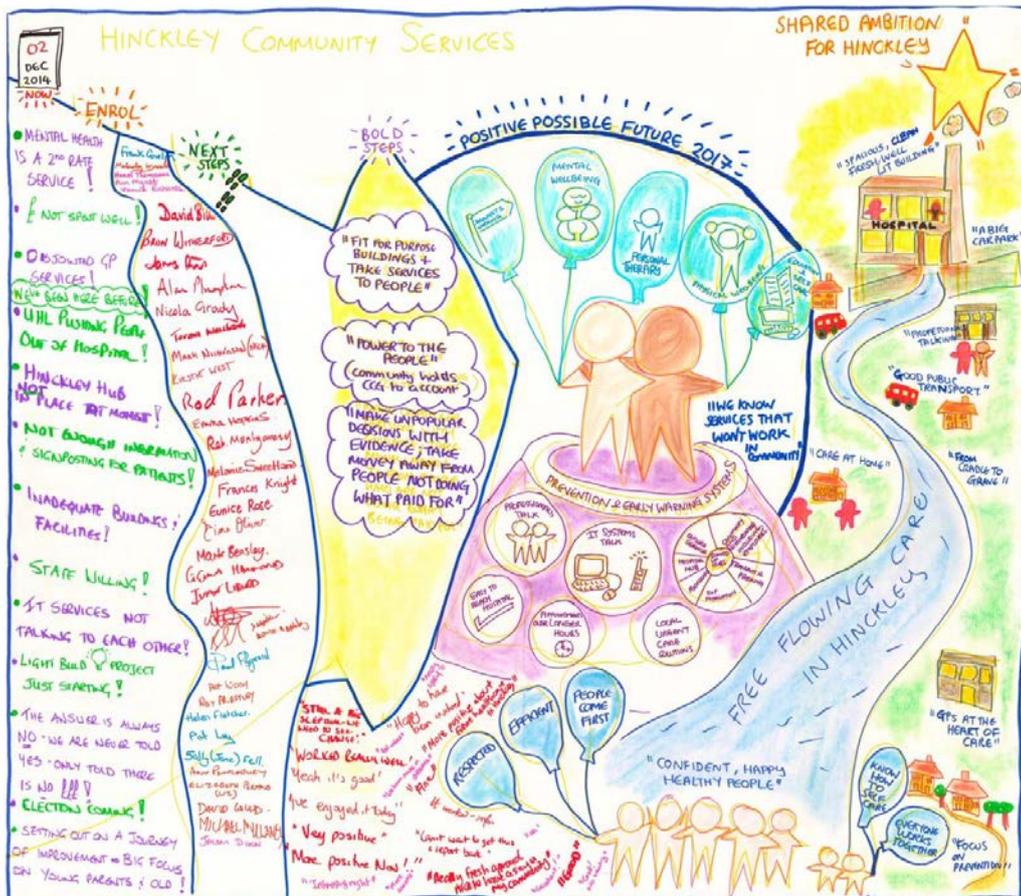
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Report from Quality and Performance Sub-group, 21 April 2015

Patient Experience – Graphics Roadshow (stakeholder engagement)

1. A presentation on the experience led commissioning (ELC) process, currently being used to create a shared vision for community health services around the Hinckley area was given. Main highlights:
 - ELC was a qualitative approach which put people and their experiences at the centre of the process - finding out what matters most to people.
 - Two multi-stakeholder events were held, with an aim of creating a vision for care which should be:
 - Free flowing and closer to home.
 - Comprehensive, efficient and delivered by services working together.
 - Designed to make people feel respected and that they should come first
 - Predictions on an ageing population and some of the challenges posed for the NHS.
 - Plans already in place for shaping the future.
 - The impact of the five year strategy Better Care Together (BCT)
 - What might be achieved by 2017 such as prevention and early warning, seamless services and care closer to home.
 - Steps required to reach the future and a fully shared ambition.
 - The plan is to develop the SOC and identify the preferred way forward using a framework of critical success factors which will include those identified by the ELC process
 - Two workstreams to start to develop a Strategic Outline Case.
 - Public consultation on the preferred way forward with the BCT programme in October 2015.





2. The sub-group will continue to receive quarterly updates on progress against this project.

Cancer Deep Dive

3. The sub-group was given an update on the performance against the national cancer metrics in addition to an outline of what work needs to be progressed during April and May 2015 in time for the deep dive session at May's Q&P Meeting.
4. The initial results of the data evaluation were:
 - There has been an overall increase in activity levels for the 2 week referrals across the 22 month period, and significantly more breaches in 2014/15 than in 2013/14.
 - 14 day wait target, specific concerns in suspected upper & lower gastrointestinal cancers & sarcoma (patient numbers smaller for this cancer type)
 - Treatment within one month of a cancer diagnosis has seen a small reduction in the overall activity levels between 2013/14 and 2014/15 but significantly more breaches, in particular in urology and lung sites in January 2015.
 - 62 day waits breaches increased from an average of 7 to 12 per month, particular issues in January 2015 were urology and lower gastrointestinal.
5. 5 key areas identified which includes:
 - 100 day waits
 - Diagnostics
 - 62 day wait – capacity issues
 - Quality of referrals to UHL
 - Conversion rates.
6. The following key actions will be undertaken so that the cancer deep dive can be presented to Q&P Sub-Group at the May 2015 meeting:

- The lead senior responsible cancer clinicians will review the data and comment, making recommendations for areas to be included in discussions with UHL (output - draft ideas for discussion / progress)
- A meeting with UHL cancer clinicians will be held to discuss the key areas identified for discussion and to agree proposed solutions
- Produce and agree deep dive presentation by all 3 parties to present at May Q&P Meeting

Primary Care Screening Data Report

7. The sub-group was given an update which showed the coverage for each of the adult screening programmes for patients registered with GP practices within the CCG for the year 2013/14.
8. Points to note:
 - The importance of having early access to data.
 - The need for awareness of in-year changes, for example, changes to the bowel screening programme had occurred.
 - Local context would help to clarify understanding – variations would be picked up through the practice appraisal programme.
9. The sub-group was asked to note the report.

Highlight Report, Contract Quality for Providers: City, East, LPT, Dashboards

10. The sub-group was given an update, which provided an overview of performance assurance for WLCCG for January and February 2015 where available. It included an overview of the high risk indicators and remedial actions in place. Key points to note:

IAPT Access – moved from amber to red, currently at 12.2% against a national target of 15% (16% local target). This was due to a number of unfilled vacancies and would be reported on through the PPAG.

Family and Friends test – to be removed next month due to improvements by UHL during quarters 1 - 4.

Dementia Diagnosis – at the end of March this stood at 62.6% against a target of 67%; compared well to the national average even though not achieved.

RTT – UHL had indicated this would be achieved from April onwards. Work would be focused on improving Trauma and Orthopaedics.

A&E – 88.7% was the achievement for the whole of 14/15. Up to 19th April the target stood at 92% against at target of 95%. Mrs Trevithick said Dr Sturgess had returned to UHL and he indicated there had been a definite change in the way UHL were working. He had also made some further suggestions.

EMAS – local contract performance meeting to be held next week with a focus on the county level activity and a report would be produced by Mrs Ford.

Cancelled Ops data (not West specific) – 2 metrics, 1. Electives cancelled by the provider on day of admission for non clinical reasons – equated to 90 a month across UHL. 2. The number rebooked within 28 days – on average there were 4 breaches a month, with a target of '0'.

Handovers – no improvement shown but update on figures outstanding.

Death in unusual place of residence (local KPI) – would be in the quality premium for next year and guidance had recently been received.

UHL UPDATE

11. The main areas of concern from contractual quality performance data for the Trust relates to their performance for:
- Never Event. A Never Event has been reported for January within the Alliance for wrong site surgery which will now be subject to a full RCA investigation. The progress and outcomes of this will be reported to the new Adverse Events Committee which will oversee all investigations into Serious Incidents and Never Events to ensure that all action plans following RCA reporting are tracked to completion.
 - Stroke - UHL continue to under-perform against the threshold of 80% of time spent on a stroke ward indicator. UHL continue to ring fence beds and have highlighted further actions to improve this situation. The latest Q3 SSNAP data is due in March which will indicate if they are on track to improve their graded level from D to C.
 - Same Sex Accommodation Breach - UHL have reported one clinically unjustified same sex accommodation breach in January 2015. The breach occurred within a HDU area which seems to be a running theme for these breaches. UHL are currently looking at housing all HDU beds with ITU to try to address this issue but this will not happen in the short term.

LPT UPDATE

12. The following provides a status update on quality issues raised in the previous month and early findings from the commissioner review of LPT's March CQRG information submission.

Nurse Staffing Levels

- St Luke's Hospital, Temporary Ward Closure – On 30th January 2015, the Director of Nursing and Quality (LCCCG) formally wrote to the Chief Nurse (LPT) to request a more detailed understanding of the background to the closure, risk mitigation, timescales and delay in escalation. A response has been received from the Trust, and is in the process of being reviewed by commissioners. The ward remains closed until the recruitment of staff. Actions identified by the Trust to mitigate future risks include over recruitment of band 6 nurses to increase the level of senior clinical leadership and newly qualified nurses, introduction of a flexible working pattern of long and short shifts and rolling recruitment. In addition, a steering group has commenced to review the current agency provider and block booking of temporary staff where possible to improve continuity.
- Mental Health and LD – The significant variation in reported staffing levels remains a concern across most wards at the Bradgate Mental Health Unit due to a combination of vacancies, leave and sickness. 6 of the 8 wards are now RAG-rated red for the levels of substantive staff. Commissioners have requested that the Trust undertake a thorough analysis of staffing levels on the Bradgate Wards to highlight any risks that could result in wards closing. This was received by commissioners on the 16th March and includes detail of the issues that have impacted the staffing across the Unit, an update on recruitment activity and a safe staffing for Bradgate unit action plan. This is being reviewed by commissioners and a meeting has been arranged on the 20th March 2015 between the Director of Nursing and Quality (LCCCG) and Chief Nurse LPT to discuss the actions undertaken by the Trust to respond to commissioners safe staffing concerns
- Clostridium difficile - 3 cases of Cdiff were reported in January 2015 resulting in the Trust hitting its trajectory of a maximum of 9 cases for 2014/15 financial year. The positive cases have been reviewed by the CCG Head of infection, Prevention and Control and there are no specific areas of concerns but it will continue to be monitored on a monthly basis.

13. The sub-group will continue to monitor key issues.

Clinical Commissioning Group Safeguarding Report – as at 27 March 2015

14. The sub-group was given an update of the performance monitoring of local arrangements to safeguard vulnerable people, during quarter 3 (October to December 2014) and to inform the sub-group of the implementation of local and national safeguarding issues. The report had standard background information, updated information and next steps and benefits for the CCG. Previous information was greyed out in the report which would eventually be removed when issues were complete. Report highlights:

- DoLS – data was still awaited from the CHC, with a meeting planned to determine how patients in receipt of fully funded domiciliary care would be managed.
- Child Sexual Exploitation – Chief Nurses had met with the Director of Social Services and the Police on how they could support the work of CSE. Resources had also been gathered at a task and finish group from children, on how they would like to be treated.

15. Safeguarding policies had been refreshed following consultation (including the new LSCB information sharing agreements), with a launch session planned for June 2015 when all practices would be invited. The sub-group will continue to receive quarterly reports.

Safeguarding development

16. The sub-group was given a presentation on adult's and children's safeguarding, to understand the collective and individual responsibilities:

- Associated statutory documents.
 - NHS England Accountabilities and Assurance Framework 2015, Working Together 2015, Statutory Guidance for Promoting Health and Well-being of Looked After Children (DoH2009), No Secrets 2000
- Key messages for commissioners.
 - Assurance that the services the CCG commissions has effective safeguarding arrangements (children and adults) in place across the whole of the commissioning landscape
 - Discharge safeguarding duties in relation to:
 - Safeguarding Training
 - Accountability for safeguarding properly reflected in the CCG governance arrangements
 - Cooperation with LSCB, SAB and health and well-being board
 - Duty to support quality improvements in primary care
- CCG authorisation – demonstrating the CCG meets best practice in relation to safeguarding, had established systems and training plans for staff in recognising and reporting safeguarding issues.

17. Further main points to note:

- From 1st April allegations of abuse made within GP surgeries should be reported to local authorities and not NHSE. This was a significant change and would need to be tested out. The County local authority would be identifying a senior officer as part of the referral process and this would afford some protection to individual GPs if needed.
- All SCRs contained an element of general practice and depending on the issues the PCCC would have a role. A bigger role for the PCCC however would be safeguarding training within general practice, which would be approached from a contractual position rather than a quality perspective.

RECOMMENDATIONS:

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