

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

10 November 2015

Title of the report:	Quality Report
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 provision (SORD)	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 20 th October 2015
Environmental Implications	Not applicable
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

EXECUTIVE SUMMARY:

The following paper identifies the key quality and patient safety concerns from the WLCCG Quality and Performance Sub-Group meeting held in October 2015 relating to contract performance and that includes the following key points:

- The sub-group received a letter from NHS England letter to CCGs outlining key actions and immediate steps that commissioners need to take to support the delivery of the Transforming Care Programme, in order to achieve a system-wide transformation in services for patients with Learning Disabilities and/or Autism and challenging behaviour or a mental health condition.
- The sub-group received a paper which provided assurance in the Quarter 1 period, to the Q&P, of the performance monitoring of local arrangements to safeguard vulnerable people, and to include the implementation of local and national safeguarding issues.
- The sub-group was provided with an overview of the CCG's information security management system

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the contents of the report.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

Quality and Performance Sub-group 20th October 2015

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

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

UHL UPDATE QUALITY ISSUES

2. ***Orthodontics and Endoscopy Backlog:***

UHL provided an update on the Endoscopy and Orthodontic backlog position and actions. Recruitment is underway in Orthodontics and is likely to be successful on a sessional basis. Sixty patients have agreed to be transferred to Northampton for treatment.

Matt Metcalfe is undertaking a full clinical review of the service. Endoscopy, Clinical Head of Service and General Manager are now in post. The action plan is currently being updated and recruitment is underway for nursing staff and Gastroenterologist. Additional capacity has been identified both within UHL and the independent sector to support recovery. Administration process review and staff education and training are continuing. IT system updates to centralise bookings across all three sites is due to be implemented in 2-3 months' time. Whilst extra capacity has been identified in Out of County (OOC) and Independent Sector providers, there is a considerable risk to UHL's ability to realise the extra capacity as initial patient uptake of OOC provision has been low. Recovery of 6 week diagnostic standard is dependent on maximising the additional capacity identified. UHL have undertaken a Trust wide review of waiting lists. General Managers and Heads of Service have confirmed to the Chief Operating Officer that this has been completed and further reviews are to take place at 6 monthly intervals.

3. **Choose and Book (NHS e-Referral):**

Choose and Book slot availability was discussed at CQRG on 17th September. UHL have reported delays with the e-referral system due to both National and Local system failures. This has now been resolved however it was acknowledged that this impacted on patient's ability to access services. It is anticipated that it will take a further 6 months until services are fully functioning. Particular issues remain in Gastroenterology and this is to be escalated to the RTT/Cancer Board on 2nd October for further discussion by UHL and Commissioners.

4. **OPD appointment backlog:**

IT was reported to CQRG that the number of overdue appointments is decreasing and NewMedica are contracted to see ophthalmology follow ups until the end of November 2015. The first meeting of the Ophthalmology Clinical Problem Solving Group was held on 20th August 2015. An interim report on backlog reduction is due at the end of September and a further meeting arranged for November 2015. UHL are reporting that the backlog for Ophthalmology appointments will be cleared by the end of October 2015. A further SI has been reported in Ophthalmology related to the OPD backlog and processes for tracking patients with subcontractors have been revised. This incident is currently subject to a full RCA investigation. Multiple cancellations of Out-patient appointments are currently under review as part of the SI RCA process. Actions taken include updating the UHL Access Policy, the development of RTT e learning packages and monthly training and education session for staff.

LPT UPDATE QUALITY ISSUES

5. **Commissioner Quality Visit - Fielding Palmer Hospital** Further to concerns about infection prevention and control issues at Fielding Palmer, following three reported cases of

Clostridium difficile, one of which was considered likely (but not proven) to be as a result of cross-infection, an unannounced site visit to Fielding Palmer Hospital was undertaken on Wednesday 8th September 2015. Initial findings indicate that the clinical environment and storage areas are challenging and concerns have been raised, full details are outlined in the visit report. At the CGRG commissioners requested that LPT complete a comprehensive risk assessment to outline risks and mitigating actions, to be shared with commissioners on completion.

6. Missing Persons

The number of missing patients in Q1 has risen marginally compared to previous quarters. LPT reported that the most common reason was that patients who are 'absent without leave' (AWOL) were patients that fail to return from leave as planned. LPT noted that some patients have absconded over the current secure fencing that is in place at the Bradgate Unit and therefore plans to replace it have been ongoing. LPT report that planning permission to proceed has now been granted, but that as a result of the delay in achieving this. The completion timeline is currently the end of the financial year. Commissioners requested clarification regarding the highest incidents of missing patients from Aston, Bosworth and Thornton Wards Reports and specifically to understand more about the response taken as a result of two individual patients that went missing on several occasions (one on 5 occasions, another on 7 occasions). The lessons learned and actions taken as a result were not available for sharing at CQRG, therefore LPT agreed to report back on these at next meeting.

7. Venous Thromboembolism (VTE)

Venous thromboembolism (VTE) is a known cause of mortality, long term disability and chronic ill health, that VTE risk assessment followed by appropriate prophylaxis saves lives. An audit of compliance has been undertaken to ensure that VTE risk assessment and appropriate prophylaxis was given in the Community Hospital and Mental Health Services for Older People (MHSOP) inpatient wards. The findings showed 60% for adult inpatients have a documented VTE risk assessment within 24 hours of admission to hospital. Results indicate Prophylactic VTE risk assessment has decreased by 12%. An action plan has been developed to increase compliance.

The sub-group will continue to receive monthly updates.

8. Transforming Care Programme

The sub-group received a letter from NHS England letter to CCGs outlining key actions and immediate steps that commissioners need to take to support the delivery of the Transforming Care Programme, in order to achieve a system-wide transformation in services for patients with Learning Disabilities and/or Autism and challenging behaviour or a mental health condition.

The expectation for 2015/16 is to reduce the in-patient cohort by at least 10% and to transfer a further 10% of the population to a less restrictive setting and the actions needing to be taken locally to achieve this. Local plans should support improved quality of care, improved quality of life and reduced the reliance on inpatient services.

The action plan covered the following:

- CCGs to have a robust process to deliver and monitor progress against trajectory
- CCGs to develop and implement appropriate governance arrangements for their local Transforming Care Programme that includes risk and mitigations

- CCG to develop commissioning plans for 16/17 that includes new community care models for LD patients
- CCG to have an agreement in place across all stakeholders. This should encompass the sharing of information about all people with a learning disability and/or autism who are “of concern” or “at risk” of being admitted
- A pre-admission protocol to be developed and implemented to ensure that planned admission will take place only after a pre-admission CTR (excludes those via the criminal justice route)
- CCG protocol to include a post admission review within 10 working days of admission when the admission took place without a pre-admission review
- CCG protocol to include requirement for all unplanned admissions to have a “blue light” meeting providing support and prompts for the commissioner in aiming to avoid unnecessary admissions
- The CTR protocols to include the requirement for a clear rationale for admission with clear expected outcomes and a preliminary discharge plan that will be in place from admission and agreed by the commissioner
- Any person who has been an inpatient for 12 months or longer must have a CTR.

The sub-group were asked to note the CCG Care and Treatment Review Action Plan and the sub-group will continue to monitor this action plan.

9. Safeguarding Report

The sub-group received a paper which provided assurance in the Quarter 1 period, to the Q&P, of the performance monitoring of local arrangements to safeguard vulnerable people, and to include the implementation of local and national safeguarding issues.

The following key safeguarding risks (congruent with the CCGs Risk Register) to note in the report were:

- **Independent Management Reports for Child Serious Case Reviews** – significant problems were being experienced with delays to the City LSCB and arrangements for the service in future were now under renegotiation
- **Child Sexual Abuse Services** – A new contract commenced on 1st October which was being fulfilled by Northamptonshire Foundation Trust.
- **CCG Staff Safeguarding Training** – the uptake for children and adult safeguard training was below 90% across the 3 CCGs at the end of quarter 4. However there had been significant improvement recently in the uptake. From April 2015 the Care Act strengthened adult safeguarding arrangements with the development of a multi-agency adult safeguarding hub for the management of adult safeguarding referrals.
- **Cheshire West** – a paper had been produced on patient profile management though the full number of patients affected in WLCCG was still to be identified.
- **IHA** - The actions undertaken to improve the delivery of timely Initial Health Assessments for Looked After Children – the target was beginning to be met but problems were still experienced with social services providing information within the expected 48 hour period.
- **CPIP** – an information system in child protection provided live links to A&E, however the functionality still required improvement.
- **Mandatory Recording of Female Genital Mutilation (FGM) in health records** – procedures had now been launched and had been well received – message for GPs was if they discovered or suspected FGM then they had a duty to report it to the police.

- **Child Sexual Exploitation (CSE)** – a paper has been prepared for the CCG to consider health’s contribution to support the multi-agency CSE hub – outcome of discussions would be available at the end of quarter 2 for 2015/16.
- **Savile** – health providers had been alerted and reminded via the quality schedule of their requirements to provide the required evidence of compliance that they were embedding the recommendations of the DoH Savile checklist 2015.
- **Prevent** – part of the government’s strategy on counter terrorism – input continued from health to protect the exploitation of vulnerable children and adults.
- **Improving Quality of Safeguarding in Primary Care** – 14 recommendations for GP practices that had been highlighted by a combination of 8 child SCRs and domestic homicide reviews undertaken in LLR. A new named GP had also recently been appointed.

The sub-group will continue to receive quarterly updates.

10. Patient Group Directions (PGDs)

The sub-group approved the ratification of the following PGDs

- Topical chloramphenicol for the Prevention of Infection Secondary to Corneal Abrasion
- Topical chloramphenicol for the treatment of acute infective conjunctivitis
- Nitrofurantoin for the treatment of urinary tract infection.

11. Information Governance: Information Security Management System

The sub-group was provided with an overview of the CCG’s information security management system. As part of the report the following components were received:

- Information Security Management System (ISMS) Report for September 2015 Diagram outlining the CCG’s ISMS Information Asset Register for confirmation of accuracy, completeness, key systems and Information Asset Owners.
- Information Risk Register as received by the SIRO for consideration with the corporate risk register
- ISMS Incident Reports concerning GP and CCG staff
- Virus alert message to be issued to staff for awareness raising Amendments to the Information Security Policy and the remainder of the Information Security Report received for information

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the contents of the report.