

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**08 September 2015**

<b>Title of the report:</b>	Quality Report
<b>Section:</b>	Quality, Maintaining and Improving High Quality Care
<b>Report by:</b>	Craigie Morrison – Quality Lead
<b>Presented by:</b>	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 18 <sup>th</sup> August 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 August 2015 relating to contract performance and that includes the following key points:

- Terms of reference were agreed
- The following policies/guidance were agreed:
  - Complaints policy
  - Anti-coagulation oral operating guidance
- Deep dives – future themes
  - Dementia
  - C-difficile
  - Orthodontics
  - CAMHs
  - EMAS
  - Workforce (a key theme running through all of the existing quality issues in relation to the excessive number of vacancies)

## **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 18<sup>th</sup> August 2015**

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

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

#### **UHL UPDATE QUALITY ISSUES**

##### **Waiting List Serious Incident**

2. CQRG received an updated action plan in relation to the Orthodontic waiting list issue reported in June 2015. UHL have confirmed 256 patients waiting over 52 weeks and the data will be reported on UNIFY in full. UHL have now closed their waiting list to new referrals with the exception of very complex cases. NHSE have agreed funding to clear the backlog and depending on the successful recruitment this is estimated to be completed by either December 2015 or February 2016. NHSE are currently reviewing the service as a whole. UHL have been discussing the potential for patients being treated at other centres who have identified capacity for example Northampton.

##### **Women's and Children's Sub-Group**

3. CQRG received an update on Hypoxic Ischaemic Encephalopathy within UHL and work undertaken and planned which incorporated all cases from 2012-2015. This paper included an overview of the results of the Trent Neonatal data, a UHL review of near miss cases and a review undertaken following receipt of a letter received from the Central Newborn Network in relation to 'Cooling rates' in March 2015. A revised action plan has been developed and there has been an increase in Consultant presence at both the LRI and LGH sites and the development of a further business case is under discussion at present to increase this further. Quarterly updates are to be received via the Women's and Children's Sub-group to CQRG.
4. UHL Head of Midwifery has undertaken a thorough review of Maternity Services at UHL following the publication of the 'Kirkup Report' earlier this year. A paper detailing UHL's current position in relation to each of the recommendations was presented to CQRG and an action plan is being developed for any areas which were identified as not fully compliant. This action plan will be monitored via the Women's and Children's Sub-group quarterly.

#### **LPT UPDATE QUALITY ISSUES**

##### **Care Quality Commission report of March 2015 inspection**

5. Leicestershire Partnership Trust received a Care Quality Commission (CQC) inspection of their registered services in March 2015. A team of more than 100 inspectors conducted a Trust-wide inspection across community, mental health and learning disability services. This is the first time that the Trust has received an inspection of this type. A report by the Chief Inspector of Hospitals (CQC) on the quality of care provided by Leicester Partnership NHS Trust (LPT) was published on the 10<sup>th</sup> July 2015.
6. Whilst identifying areas of good practice, particularly around caring staff, there were also areas of concern around whether some areas of the service are sufficiently safe and a range

of areas for improvement; this resulted in an overall “requires improvement” rating and an “inadequate” rating for safety. This report identifies a mixed picture with areas of good practice (caring staff and good community health services for adult mental health, adult learning disabilities, older people and children and young people), evidence of service improvements (crisis service and revised pathways) and a range of areas for further improvements.

7. A number of areas have been rated as inadequate for safety:
  - Specialist community health services for children and young people
  - Acute wards for adults of working age and psychiatric intensive care units
  - Forensic inpatients / secure units (NHSE specialist commissioning)
8. There are a number of themes identified to be addressed by LPT in some areas of the Trust, some of which were identified at the previous Bradgate Unit inspection in 2013 and the more recent commissioner visit in December 2014 and via monthly reports to PPAG. These include issues with privacy and dignity in mixed sex wards, medication management, ligature risks, seclusion, restraint practices, safe staffing levels, risk management, Mental Health Act compliance, staff supervision, appraisals and mandatory training.
9. The Trust is in the process of developing an action plan and it was agreed at the Quality Summit on the 7<sup>th</sup> July that in the short term this will be overseen by Oversight Group chaired by the Trust Development Agency (TDA). The action plan will also be monitored via CQRG with a specific focus on areas rated as inadequate.

#### **Community Equipment**

10. In March 2015, a Coroners Regulation 28 report highlighted inadequate coordination of services in relation to the assessment and follow up of equipment in the community. In response LPTs Lead Nurse for Community Services has led on the development of a multi-disciplinary shared policy. However, commissioners have been alerted to an emerging issue whereby partners are experiencing challenges agreeing this policy. It was agreed that the Chief Nurse (LPT) with the support of the Director of Nursing and Quality (LCCCG) would escalate this issue to provide additional support.

The sub-group will continue to receive monthly updates.

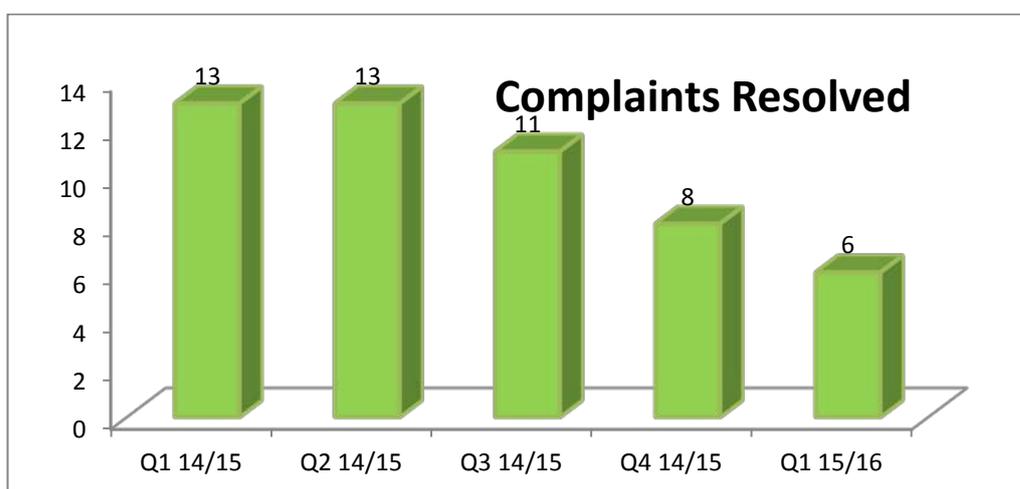
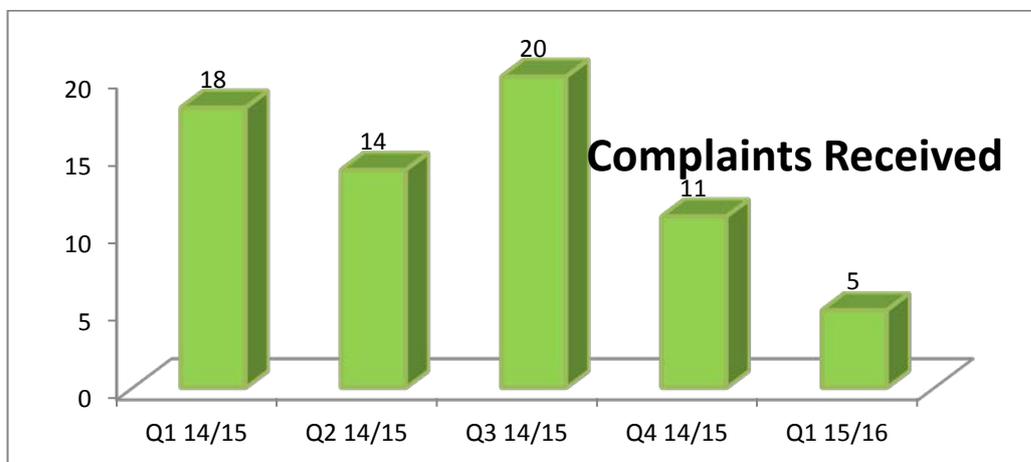
#### **Review of Quality and Performance Sub-Group Terms of Reference**

11. The Q&P sub group received the terms of reference as part of an annual review. Amendments had been made that reflected the group’s responsibilities in primary care, but otherwise no significant changes had been made. The terms of reference were agreed.
12. It was agreed a non-Board GP should be recruited to the Q&P Sub-Group as soon as possible.

#### **Complaints Report Quarter 1**

13. The sub-group was given an update on the summarised the complaints that had been dealt with by WLCCG between 1 April 2015 and 30 June 2015. 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. Key points to note:
  - During the quarter 1 period WLCCG received six complaints, with a further complaint submitted via a local MP’s office.
  - During quarter 1 WLCCG resolved a total of six complaints.

- The Corporate Affairs Team are now using Datix to record all new complaints, concerns, compliments, enquiries etc. received by the CCG. The pie chart below shows the type of information that can be produced by Datix and is being utilised by the team for case management and reporting purposes through the Datix dashboard
- The graphs below provide a quarterly comparison of the number of complaints received and resolved during 2014/15 and 2015/16 to date:



The 'contact us' tab on the CCG website had been updated to make the complaints process more visible for members of the public.

The sub-group will continue to receive quarterly updates.

### Complaints Policy

14. The sub-group was given a revised policy for dealing with complaints. It was explained that the CCG initially adopted the policy originally developed by the PCT, a predecessor organisation. The policy had since been updated and the main changes were:

- Removal of the role of 'Directorate Complaint Leads' and further clarification on the role of the Chief Nurse and Quality Lead and the Corporate Affairs Team.
- Removal of the section that related to 'Complaints Screening Panel' as this did not take place within the CCG.

The sub-group approved the new policy.

## **CCG: Mental Capacity Act (MCA) 2005 including Deprivation of Liberty Safeguards (DoLS) policy**

15. This Policy outlines how West Leicestershire CCG, will discharge its statutory obligation within its commissioning duties, of the Mental Capacity Act 2005 (MCA).
16. The Mental Capacity Act 2005 (MCA) is intended to assist and support people who may lack capacity; it aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves.
17. The MCA is accompanied by a statutory code of practice, which explains how it will work on a day to day basis for health professionals and can be accessed via by the following link: [www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf](http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/mca-code-practice-0509.pdf)

The sub-group approved the new policy.

### **Anti-coagulation Oral Operating Guidance**

18. The sub-group was provided with an update on the Oral Anticoagulation Operational Guidance which was due for review in July 2015. No changes had been made for 2015/16 and further work was underway to review the guidance for 2017/17.

The guidance was approved by the sub-group.

### **Deep Dives**

19. The chair of the sub-group asked Q&P members how deep dives were appropriately identified for consideration by the group and felt it would be useful to develop a programme of items to help with planning. The chair was also interested to know how patient feedback could be integrated into deep dive sessions.
20. Key areas identified were as follows:
  - Dementia
  - C-difficile
  - Orthodontics
  - CAMHs
  - EMAS
  - Workforce (a key theme running through all of the existing quality issues in relation to the excessive number of vacancies)
21. The Chair agreed to raise the deep dive issue at Board level and to discuss the suggestions with the Chief Nurse on how to programme and prioritise items, to include key speakers.

## **RECOMMENDATIONS:**

The West Leicestershire Clinical Commissioning Group Board is requested to:

**RECEIVE** the contents of the report.