

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

09 May 2017

Title of the report:	Quality Report
Section:	Quality, Maintaining and Improving High Quality Care
Report by:	Amy Linnett, Quality Lead
Presented by:	Caroline Trevithick, Chief Nurse & Quality Lead Gillian Adams, Lay Member

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

Equality Act 2010 – positive general duties:
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 Sub-Committee on 18 th April 2017
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:

1. The following paper identifies the key quality and patient safety concerns from the WLCCG Quality and Performance Sub-Committee meeting held in April 2017 and also informs the Board of quality developments which include the following key points:
 - Hospital Discharge Report – Healthwatch
 - Learning Disability Health Checks
 - Draft Antimicrobial resistance and infection prevention and control plan Leicester, Leicestershire and Rutland 2017-2021
 - Quality and Performance Terms of Reference
 - Equality and Diversity Annual Report

Hospital Discharge Report – Healthwatch

2. Healthwatch Leicestershire have recently published a report 'The Lived Experience of Hospital Discharge' which focuses on capturing experiences on hospital discharge from patients, carers and staff with the aim to inform and improve the hospital discharge process. Healthwatch Leicestershire recommendations include:
 1. Practical steps to speed up overall discharge, including urgently addressing the issue of timings for medication to take out (TTOs)
 2. Training staff so the experience of hospital discharge should be the same whichever hospital setting the patient was coming from.
 3. There needed to be a cultural shift leading to greater communication between staff teams, departments and partners working towards an effective pathway and process for discharge - There were many processes, people and procedures that were intertwined with hospital discharge.
 4. Better information for carer on discharge processes, timing and care – Carers and family members often felt on the margins and left out when it came to the care of the patient.
3. Chief Nurse, Caroline Trevithick, will raise these issues with LCCCG and request a formal response via contractual routes. These issues will also form part of a Board to Board session with UHL.

Learning Disability Health Checks

4. The proportion of people with a learning disability on WLCCG General Practice registers receiving an annual health check has dropped from 57% in 2014/15 to 31% in 2015/16. Influencing factors include the reduction of staff in Learning Disability Primary Care Liaison Nursing Service, GP DES requirements and frequent DNA's. Identified action to improve uptake in 16/17 and 17&18 include:
 1. Discuss the lack of LD nurse cover with the LC&ELR CCG lead nurses prior to discussions with LPT.
 2. Within the context of existing data collection issues, work with the Service Delivery Team on how practices can demonstrate work for LD health checks has been completed
 3. Take the promotion of LD health checks through the Transforming Care Board. LCCCG.

Draft Antimicrobial resistance (AMR) and infection prevention and control plan (IP&C) Leicester, Leicestershire and Rutland 2017-2021

5. The LLR AMR plan outlines how health and social care organisations across LLR aim to adopt a system wide approach to build on good practice and the wide range of local work currently being undertaken to tackle AMR and to prevent infections. The joint plan aims to prioritise work across LLR and focus on four key areas:
 1. Reducing inappropriate prescribing
 2. Reviewing IP&C and AMR workforce planning and development
 3. Continuing to raise public awareness of AMR
 4. Strengthening data collection and surveillance
6. The Quality and Performance Sub-Committee **APPROVED** the Draft Antimicrobial resistance and infection prevention and control plan, Leicester, Leicestershire and Rutland 2017-2021

Quality and Performance Terms of Reference

7. The Quality and Performance Terms of Reference (ToR) were reviewed and changes were **AGREED** to:
 - Membership and Attendees of the Sub-Committee
 - Remove – 2 doctors (non-Board members)
 - Remove – Communications, Engagement and Involvement Lead
 - Include – Assistant Director Corporate Affairs/Equality and Diversity
 - Meeting frequency
 - Reduce to 10 per annum

Equality and Diversity Annual Report

8. West Leicestershire CCG has a corporate responsibility as a public sector organisation to comply with the Equality Act. In terms of due regard the CCG must demonstrate consideration has been given to the views of the local population, stakeholders and providers to ensure that services are delivered with the least possible impact.
9. Analysis had been carried out on CCG staffing numbers, and the following has been identified:
 - 70% female to 30% male
 - Senior roles – 74% held by women and 26% by men
 - Percentage of BME staff – 20% last year compared with 16% in the current year that equated to a headcount of 3 leavers.
 - A small number of staff has other protected characteristics but the number is small and it was not possible to report on without identifying staff.

RECOMMENDATION:

The West Leicestershire Clinical Commissioning Group is requested to:

RECEIVE the contents of the report.

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP

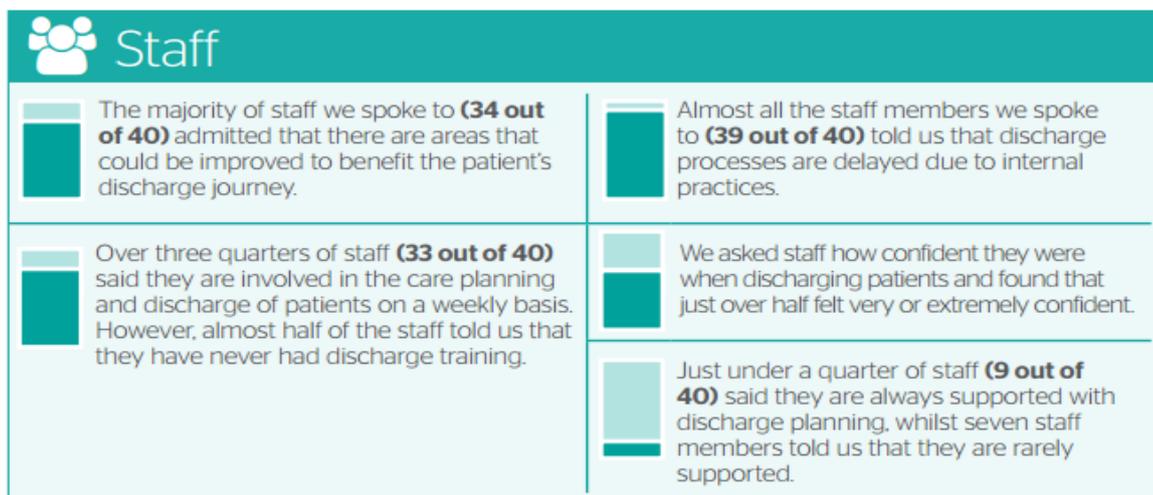
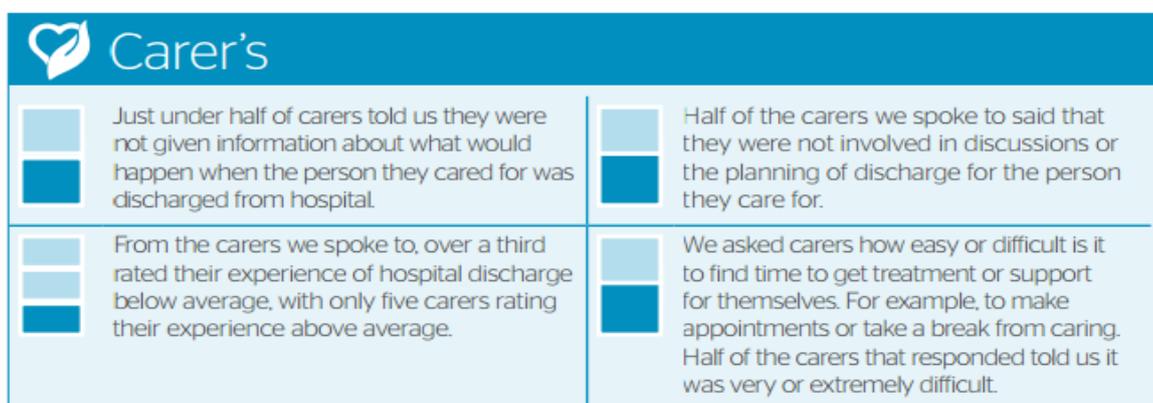
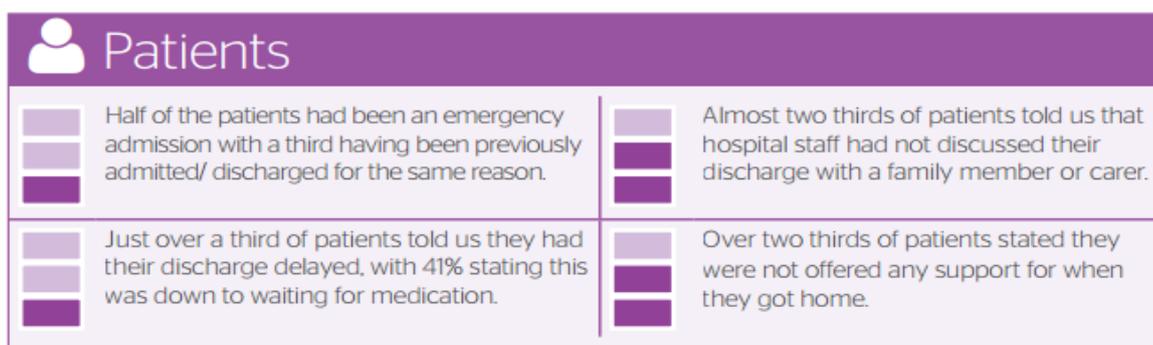
BOARD MEETING

Quality and Performance Sub-Committee 18 April 2017

INTRODUCTION

1. The purpose of this report is to update the Governing Body on key items relating to quality since the last meeting in March 2017 and that includes:
 - Hospital Discharge Report – Healthwatch
 - Learning Disability Health Checks
 - Draft Antimicrobial resistance and infection prevention and control plan Leicester, Leicestershire and Rutland 2017-2021
 - Quality and Performance Terms of Reference
 - Equality and Diversity Annual Report

Hospital Discharge Report – Healthwatch



2. Healthwatch have recently published the findings and recommendations from Leicestershire's 'The Lived Experience of Hospital Discharge'. The focus of the report was to capture experiences from three key participant groups involved in the process of hospital discharge; patients, carers and staff, with the aim to inform and improve the hospital discharge process.
3. Healthwatch officers heard from 216 patients, 30 carers and 40 members of staff who were based across the hospital estates in Leicestershire where information was gathered. Subsequently Healthwatch Leicestershire made these five recommendations:

Recommendations

This report highlights experiences and insights into how patients, carers and staff feel about hospital discharge services.

We provide both strategic and practical recommendations as follows:

1. Timely medication

The issue of timings for medication to take out (TTOs) should be addressed with some urgency, including more immediate practical steps to examine how the overall discharge process can be speeded up and improved.

2. Training

The experience of hospital discharge should be the same whichever hospital setting the patient is coming from. **There should be an improved schedule and a consistent approach to staff training relating to discharge. This training should have an element of multi-disciplinary and multi-agency focus.**

3. Cultural change

There are many processes, people and procedures that are intertwined with hospital discharge.

There needs to be a cultural shift that leads to greater communication between staff teams, departments and partners working toward an effective pathway and process for discharge.

4. Inclusive approach

Carers and family members often feel on the margins and left out when it comes to the care of the patient. **Better information for carers and family members, in terms of processes, timings and care should be made accessible and explained.**

5. Feedback loop

Hospital discharge affects people's lives in many different ways. **There should be a timely follow up survey specifically around hospital discharge so that the system can continually be improved to benefit patient and carer's experiences.**

4. The 'The Lived Experience of Hospital Discharge' report has been presented to the HOSC, H&WBB, UHL and LPT. A key element of discharge work is also being targeted through the Urgent Care Board, and this group will work towards system-wide improvements.
5. Historical themes were noted within the report, with little new being realised. The ongoing issues with TTO's are strongly themed within the report and a known issue within UHL. Quality and Performance members were keen to understand UHL's response to the report, particularly as 75% of staff considered themselves untrained in discharge planning. The report has not yet been received at UHL's board. However, the HOSC intend to invite UHL's Chief Nurse to their next meeting to discuss the findings within the report further.

6. The majority of the recommendations sit clearly with UHL and the CCG's will ensure they are responded to appropriately. Chief Nurse, Caroline Trevithick, will raise this issue with LCCCG and request a formal response via contractual routes. This issue will also form part of a Board to Board session with UHL.
7. The full 'Hospital Discharge' Report by Healthwatch can be viewed here. Board members attention is drawn to Pages 5: <http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/Healthwatch%20Leicestershire%20Report%20-%20The%20Lived%20Experience%20of%20Hospital%20Discharge.pdf>

Learning Disability Health Checks

8. The proportion of people with a learning disability on General Practice registers whom receive an annual health check within WLCCG has dropped from 57% in 2014/15 to 31% in 2015/16. Actions to support improved achievement in 2016/17 and 2017/18 include:
 - General Practice Directed Enhanced Service (DES)
 - Learning Disability Primary Care Liaison Nursing Service
 - Proposed process for encouraging higher achievement in 2017/18.
9. Extracted information for Quarter 4 shows considerable gaps: 305 checks have taken place out of 1000(+) patients on the register which equates to 23%. Practices have no specific target to reach and are not penalised for non-achievement.
10. The Learning Disability Primary Care Liaison Nursing Service staffing in LLR is currently under resourced. Regular LLR meetings have been established with the Primary Care contracting team to monitor this.
11. The 'Best Practice' method identified for managing Learning Disability registers was to have an even flow of patients attending for health checks throughout the year; however non-attendance is a known issue. Patients often need to attend appointments with a carer and if this is not possible, practices do not have the resource to visit patients' homes. Closer working is needed between the LD nurses and General Practice on how to better support patients for 2017/18.
12. Chief Nurse, Caroline Trevithick **AGREED** to:
 - Discuss the lack of LD nurse cover with the other 2 CCG lead nurses prior to discussions with LPT.
 - Within the context of existing data collection issues, work with the Service Delivery Team on how practices can demonstrate work on LD health checks has been completed
 - Take the promotion of health checks through the Transforming Care Board. LCCCG.

Draft Antimicrobial resistance and infection prevention and control plan Leicester, Leicestershire and Rutland 2017-2021

13. In September 2013 the Department of Health published a five year AMR strategy outlining the actions needed to address the key challenges associated with antimicrobial resistance outlined in the Chief Medical Officers report.
14. The LLR AMR plan outlines how health and social care organisations across LLR aim to adopt a system wide approach to build on good practice and wide range of local work currently being undertaken to tackle AMR and to prevent infections. The joint plan aims to prioritise work across LLR and focus on four key areas:
- Reducing inappropriate prescribing
 - Reviewing IP&C and AMR workforce planning and development
 - Continuing to raise public awareness of AMR
 - Strengthening data collection and surveillance
15. Overall responsibility for delivery of the joint plan would lie with the LLR Health and Social Care Infection Prevention group where Directors of Infection Prevention and Control will actively monitor and support the implementation of the plan within their respective organisations.
16. The Quality and Performance Sub-Committee **APPROVED** the Draft Antimicrobial resistance and infection prevention and control plan, Leicester, Leicestershire and Rutland 2017-2021

Quality and Performance Terms of Reference

17. The Quality and Performance Terms of Reference (ToR) were reviewed and following membership and attendance was agreed:

Membership

- Deputy Chair should read Clinical Vice Chair
- Locality Lead should read Locality Lead and two doctors
- Take out – 2 doctors (non-Board members)
- Take out – Communications, Engagement and Involvement Lead
- Add – Assistant Director Corporate Affairs/Equality and Diversity
- 1 Non-Board Member GP

Attendance

- Finance lead
- Head of Patient Safety
- Head of Medicines Management
- Infection Control Lead
- Safeguarding Lead
- Communications, Engagement and Involvement Lead
- Senior Performance Manager, Midlands and Lancs CSU

18. It was agreed to change the frequency of meetings to 10 per year; with the exclusion of a meeting in June/July and November.

Equality and Diversity Annual Report –

19. West Leicestershire CCG has a corporate responsibility as a public sector organisation to comply with the Equality Act. In terms of due regard the CCG must demonstrate consideration has been given to the views of the local population, stakeholders and providers to ensure that services are delivered with the least possible impact.
20. Analysis had been carried out on CCG staffing numbers in respect of gender, sex and ethnicity, and whether this correlated appropriately with the local population. The position appeared to be similar to last year with no cause for concern with the current staff portfolio. The following has been identified:
- 70 male to 30 female
 - Senior roles – 74% held by women and 26% by men
 - Percentage of BME staff – 20% last year compared with 16% in the current year that equated to a headcount of 3.
 - A small number of staff has other protected characteristics but the number is small and it was not possible to report on without identifying staff.
21. Providers are actively engaging with the WRES (workforce report equality standard) which ensures providers have plans for career succession for BME staff, due to the low number in senior and leadership positions. This includes schemes such as reverse mentorship programmes.
22. Internal processes differ across LLR. LCCCG have employed a number of staff to deal with E&D and ELRCCG have resource from MLCSU. WLCCG in house support exists via Mr Chudasama, but with limited capacity within the corporate services team. EIAs have been completed on some of the main service changes, the Vanguard and HR policies. Further staff training would improve the situation, however the risk based approach that has adopted minimises any challenges the CCG might face.
23. The E&D report will be submitted as part of the CCG's annual report and the CCG would score itself against 18 national goals, objectives and outcomes.
24. One challenging area was the CCG's work with the voluntary sector. Investments had been made in social seeding and outcomes from projects would have been included as case studies, but funding no longer existed for that in 2017/18.

RECOMMENDATIONS:

The West Leicestershire Clinical Commissioning Group Board is requested to:

RECEIVE the contents of the report.