

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP



**Minutes of the Quality and Performance Committee held on
Tuesday 16 October 2018 at 10.00 am in the Boardrooms, Woodgate, Loughborough**

PRESENT:

Ms Gillian Adams	Lay Member (Chair)
Dr Mike McHugh	Public Health Consultant
Dr Y B Shah	GP Locality Lead – South Charnwood
Ms Caroline Trevithick	Chief Nurse and Quality Lead
Dr Mike McHugh	Public Health Specialist
Mr Andrew Roberts	Head of Financial Accounting
Mr David Muir	Head of Primary Care Services (deputising for Mr Ian Potter)
Mrs Fiona Barber	PPG Representative
Mr Stuart Houlihan	Senior Nurse, Quality

IN ATTENDANCE:

Mrs Kate Allardyce	Performance Manager (up to item Q&P/18/154)
Mrs Michele Morton	Senior Committee Clerk (minutes)

Item	DISCUSSION
Q&P/18/148	<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 James Ogle, Mr Ket Chudasama and Mr Ian Potter.</p> <p>Mr Stuart Houlihan introduced himself as the new Senior Nurse, Quality and introductions were made.</p>
Q&P/18/149	<p>Declarations of Interest on Agenda Topics</p> <p>Q&P/18/154 Approval of Rebates – Dr Y B Shah declared an interest.</p>
Q&P/18/150	<p>To approve Minutes of Meeting held on 21st August 2018</p> <p>The minutes of the meeting held on 21st August 2018 were approved as an accurate record with the exception that Dr Shah should be removed from the 'Present' list.</p>
Q&P/18/151	<p>Action Log and matters arising</p> <p>Paper Ai, the action log, was updated.</p> <p>Action: The Quality and Performance Committee:</p> <ul style="list-style-type: none"> • RECEIVED the report.
Q&P/18/152	<p>Risk Register</p> <p>Ms Trevithick presented paper C, the Quality and Performance risk register and explained the focus of discussion would be on the red rated risks:</p>

Collaborative Risks (PPAG)

EMAS

01 - Ambulances unable to attend in a timely response – the likelihood of the risk score had not diminished over the Summer. Two months of good handovers were experienced, but with no real confidence regarding sustainability – agreed the risk should remain as high.

02 - Failure to meet ARP standards – Set nationally by NHS England to support organisations to recover their performance – EMAS were currently not meeting the standards. Ms Allardyce explained these were in 4 categories, 2 split into average wait time and 90 percentile. EMAS were performing reasonably well on the 90 percentile but less well on the average wait time, and better on the 3rd and 4th categories.

03 - A high number of prolonged waits were identified in December 2017 as causes for SI's, prompting co-ordinating commissioners to initiate review under CG8 – Ms Trevithick reported an initiation of the category 1 call review was started in July and ways were being considered on how to monitor prolonged waits – a new category for EMAS. NHS England was keen for organisations to carry out assessments and it was difficult to determine if any long term damage had been caused by prolonged waits. Patients who died during that period of time were reported as SIs but other patients were not monitored. There was a need to consider if patients were harmed as a result of their prolonged wait experience.

Ms Trevithick reported that performance was impacting on quality and EMAS were not in sole control of the prolonged waits target.

Q&P members noted CCGs put considerable investment into EMAS to support recruitment and improved standards, but there was no evidence of improvement yet. Dr McHugh pointed out that workforce issues took time to resolve.

In respect of prolonged waits it was difficult to determine if the risk was statistically relevant due to the small number of cases and information would be fed through the patient safety report. Risks were also being scrutinised differently from a systemwide perspective which showed a different perspective.

Ms Adams queried if any ambulance services in the country were meeting their current targets. Mrs Allardyce replied historically this was Lincolnshire. She added that EMAS was not particularly an outlier though data was not shared across trusts which made it difficult to make comparisons, and the service was generally subject to ebbs and flows of high and less high performance. Mrs Allardyce agreed to liaise with Hardwick CCG in order to access CCG data for comparisons.

KA

Overall the risk score ratings for EMAS were considered appropriate.

TASL

01 – No quality reports had been received to date in line with the quality schedule and contract monitoring – the risk remained that reporting performance and addressing of patient experience issues remained a challenging area for TASL. In conjunction with Northamptonshire and Lincolnshire the quality leads were managing to access more information. Mrs Parker from the quality team had undertaken a quality visit to Lincolnshire recently, met with some of the staff and noted that delivery appeared to be improved.

It was noted that the CQC would be carrying out a full assessment in October 2018 and TASL would be rated for the first time.

Mrs Barber asked if a contingency plan existed following possible outcomes from the visit and Ms Trevithick replied work had been ongoing on a contingency plan for the previous 6 months. Quality and Performance members noted that patient transfer services were a national issue.

UHL

01/02/03/04 – Quality and safety of services the CCGs commission would not meet the required standard – centred mainly on outpatients and follow-up reviews for Ophthalmology, delays for patients with fractured neck of femur and radiology and imaging services.

Dr Shah stressed the importance of having an established plan around medicines management and in particular the management of diabetes.

AHP and Section 117

01 – Quality and safety of services the CCGs commission would not meet the required standard – Ms Trevithick said this was care not necessarily provided in NHS hospitals. Significant work had been carried out and there was potential for the risk to reduce due to ongoing management. A case manager appointment had been made and funding provided from NHS England to support discharge and admission for LD patients. Ms Trevithick agreed to change the reference from Arden Gem to MLCSU.

CTV

Safeguarding

02 – A risk that GPs would not be aware of high risk domestic abuse/violence that was occurring within their registered patient population because GPs did not routinely receive feedback on all cases discussed at MARAC – Q&P members acknowledged the potential risk as high; but managed.

Dr McHugh said the risk had been added 3 years ago and as yet no progress had been made overcoming patient barriers around information flows. He added domestic violence was very important clinically and he would welcome information on what needed to be done to progress the situation. Ms Trevithick replied this was repeatedly raised as part of Serious Case Reviews and numerous action plans had been created, yet performance remained the same. One proposal was to unpick the issues by possibly holding a deep dive on information flows and consider a collective resolution. Mrs Barber felt some improvement should be demonstrated after three years and if this was a recurrent safeguarding issue then it should have a specific focus. Ms Trevithick agreed to action.

CTV

03 – a risk that Looked After Children within LLR might not be accessing appropriate services and experiencing poor quality of care due to resources and a lack of robust systems and processes – work had been ongoing to ensure when children came into care they were referred in a timely manner for health assessments. It was the CCGs responsibility to ensure LPT undertook the assessments which they did when they were aware of them and it was important that the local authority

colleagues made prompt referrals. There was also a risk with NHS Digital in relation to child health which was a national issue.

Mrs Barber sought clarification and evidence on whether or not a risk was showing some improvement and Ms Trevithick agreed to add some detail to demonstrate that.

CTV

Action: The Quality and Performance Committee:

- **RECEIVED** and **REVIEWED** the Q&P Risk Register

Q&P/18/153

Highlight/Performance Report

Mrs Allardyce presented paper B that provided an overview of performance assurance for WLCCG for August 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. The format of the report had changed slightly for the current month and for the future, and the majority of the information for WLCCG was included in the appendices. Key points of note:

Better Health Dashboard – no changes but new report expected on the Improvement & Assessment Framework at the end of October.

Better Care Dashboard – new national data included;

- **Children and young people's access to community mental health** – not showing as meeting the 32% expectation
- **Primary care access** – data updated – now green at 100% of WL patients having access.
- **CHC full assessments** – taking place in acute hospital settings – <15% achieved.
- **Sepsis awareness** – new national data received – rag rated nationally as amber.

Cancer patient experience survey at CCG and provider level – there had been a small increase in the way WL patients rated their care.

Cancer – rated green for 2 week waits and 31 day waits. Still rated red on 62 day waits. Dr Shah asked if DNAs were monitored and reported on. He added it was important that primary care needed to ensure the correct actions were being taken to avoid unnecessary further referrals. Mrs Allardyce agreed to clarify the position.

EMAS – target achieved in June and July and not August.

MRSA – one case reported in July – arbitration process no longer available.

Quality Premium – none of the 3 CCGs were expecting a financial allocation.

CCG comparative data – Mrs Allardyce agreed to consider presenting information to the November Q&P meeting – looking at comparisons against key national targets between WL and peer CCGs. Mrs Barber supported the suggestion and said it would be useful to extract particular areas that had a good impact and to also be able to identify outcomes, effective projects and positive ways of working.

KA

KA

Quality – Mr Houlihan reported on quality as follows:

EMAS – there had been 4 SIs that related to delayed responses – these

had been reviewed by the LLR SI group. A core review of all closed SIs took place in September and learning would be shared by the Regional Commissioner. A first bi-annual C1 prolonged wait meeting did not take place in September, but would be rearranged with an aim of developing actions as a result of findings. There were plans for C2 prolonged waits to also be reviewed.

TASL quality of reports – had shown an improvement.

DHU – still had a number of vacancies but no impact on performance. WLCCG had undertaken two quality visits to DHU in the last month, one announced and one unannounced.

UHL – a further Never event had occurred in the last two weeks – Ms Trevithick added a deep dive on Never events had taken place at PPAG that raised questions over system compliance – Never event reporting had changed across the country, however UHL continued to report regularly. The issue would be taken through a Quality Surveillance Group to gain further assurance. Mrs Allardyce added that there was no national reporting of Never events which made it difficult to make comparisons.

12 hour trolley breach delays – a review had taken place by the LLR SI sign-off group and feedback was awaited.

Action: The Quality and Performance Committee:

- **RECEIVED** the Highlight Performance Report.

153.1 **Out of County Highlight Report**

Mrs Allardyce presented paper Di that provided an overview of performance in 2017 /18 and 2018/19 where available, at UHL and 3 Out of County Acute Providers (George Eliot, University Hospitals of Derby & Burton and University Hospitals Coventry & Warwickshire)

Wherever possible, data was shown for West Leicestershire patients only. It was therefore worth noting that in some circumstances a metric might be RAG rated as red for West Leicestershire patients, but green as a whole provider position. In that case there would be limited or no delivery narrative available because the Trust did not flag that as a concern. Mrs Allardyce reported on some common themes:

RTT – the elective pause at the beginning of the year was still having an impact.

A&E – showing an increase in attendance.

Cancer – Derby/Burton and UHL missing the target.

No further major quality concerns with the exception of Derby and UHL who had reported 4 Never events up to the end of July 2018.

Ms Adams expressed surprise at the impact on waiting lists and capacity of one or two consultants either leaving or retiring from organisations. Mrs Allardyce agreed, particularly when consultants retired and replacements could be planned for. Dr McHugh added that there was a national shortage of oncologists and Leicester had only recently fully recruited to positions. He referred to a report published the previous year around oncology services and findings showed the service was under serious strain nationally. Consultants' posts were unfilled in many cases and training numbers are currently below requirements. The report recommended that 78 more clinical oncologists were required nationally

Action: The Quality and Performance Committee:

- **RECEIVED** the Out of County Highlight Report

Q&P/18/154

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 report provided an update on the meetings held in July, August and September 2018. Members noted that several meetings were cancelled because of quoracy. Progress had been made on two key sensitive issues:

- The valproate working party was currently in the process of prioritising patients for review. GPs had been written to asking them to refer their patients into secondary care and information had been sent out to ensure girls and women were only on valproate if absolutely necessary, in conjunction with a pregnancy plan.
- A business case for use of Free Style Libre was planned to be presented at CCB in November. Diabetologists now had sufficient information to produce and support a business plan and the prescribing of Free Style Libre was likely to cause a £1 – 2 million pressure in the system which might be funded in the new financial year.

Dr Shah added the issue was discussed at a recent Diabetic Delivery Board where long term it was felt cost savings would be realised. The drug was expected to be high cost with a tighter criteria.

Dr Shah asked if any action was being taken surrounding the anti-biotic target. Mrs Stead replied a threshold alert had been activated in April 2018. Achievement had dropped from 1.1 to .965, with a continuing downward trajectory. The target was part of the incentive scheme and a lead pharmacist had been asked to approach outlier practices to help develop remedial actions.

Action: The Quality and Performance Committee:

- **RECEIVED** the Medicines Optimisation Highlight Report

154.1

LLR Rebate Policy Review

Mrs Stead presented paper E1 and explained that the LLR Rebate Policy had been due for review in August 2018. The policy had as a result been updated to provide a clear and recognised process for rebate renewals (section 13 on page 8 of policy) and the areas added were highlighted in yellow.

In respect of renewals, following a brief discussion the Q&P agreed that where there was no significant change to the contract, renewals could be renewed by the CCG with notification to the MOC without submission to a Q&P meeting.

Action: The Quality and Performance Committee

- **APPROVED** the updates to the LLR Rebate Policy

154.2

Approval of rebates for Fontus Health products, Levetiracetam 100mg/ml oral solution, Pipexu (pramipexole), Januvia (sitagliptin) and E45 cream

Mrs Stead presented paper E2 and reported on suggested rebates for 2018/19. She said the new rebate schemes for Fontus Health Range, Levetiracetam 100mg/ml oral solution, Pipexus (pramipexole), Januvia (sitagliptin) and E45 cream had been reviewed by Presqipp Pharmaceutical Industry Scheme Governance Review Board and assessed and approved by the LLR Medicines Optimisation Committee.

Ms Adams raised the issue on the use of emollients, particularly in care homes. Mrs Stead replied the guidance concentrated mainly on their use for minor and self-limiting conditions, and it was difficult to know where to draw the line on prescribing and expecting people to purchase those products over the counter. People with severe eczema would be entitled to a prescription. Mrs Stead reported that she would be bringing the results of a recent public engagement exercise on over the counter drugs to the Q&P Committee, who would then be in a position to consider the results and make decisions.

Action: The Quality and Performance Committee

- **APPROVED** the rebates for:
 - Fontus Health Range (Cholecalciferol (Aciferol tabs & liquid); Ergocalciferol (Eciferol caps and liquid) and N-acetylcysteine (OroNAC tabs and caps)
 - Levetiracetam 100mg/ml oral solution,
 - Pipexus (pramipexole),
 - Januvia (sitagliptin)
 - E45 cream

154.3

Patient Group Direction Updates for Approval

Mrs Stead presented paper E3 that presented a number of Patient Group Directions (PGD) – for ratification in line with the policy and process for PGD development which was previously approved by Q&P. The PGDs listed below had been through the main steps of the approved process:

Action: The Quality and Performance Committee

APPROVED:

1. Patient Group Direction for oral PREDNISOLONE for the Management of Acute Exacerbation of Asthma
2. Patient Group Direction for oral PREDNISOLONE for the Management of Acute Exacerbation of COPD
3. Patient Group Direction FLUORESCEIN SODIUM 1% and 2% eye drops for the detection of Corneal Abrasions
4. Patient Group Direction for oral CODEINE 15mg for the relief of severe pain
5. Patient Group Direction for Administration of BENZYL PENICILLIN SODIUM INJECTION for Suspected Bacterial Meningitis or Meningococcal Septicaemia
6. Patient Group Direction for OXYBUPROCAINE HYDROCHLORIDE 0.4% eye drops as local anaesthesia for eye trauma
7. Patient Group Direction for the PHENOXYMETHYLPENICILLIN for Sore Throat: second line treatment of common bacterial cause of

- throat infection; first line being a watch and wait strategy
8. Patient Group Direction for topical CHLORAMPHENICOL 1% OINTMENT for the Prevention of Infection Secondary to Corneal Abrasion in over 12years age
 9. Patient Group Direction for PROCHLORPERAZINE MALEATE (buccal) tablets for the treatment of severe nausea, vomiting, vertigo or acute exacerbations of labyrinthine disorders
 10. Patient Group Direction for oral DOXYCYCLINE for cat and dog Bites (Only to be used in combination with metronidazole)
 11. Patient Group Direction for oral ERYTHROMYCIN for Otitis Media in penicillin allergy
 12. Patient Group Direction for Oral METRONIDAZOLE for Human and Animal Bites

Q&P/18/155 Terms of Reference

Ms Adams presented paper F and reported that there had been some amendments to the Quality and Performance Committee terms of reference, the most significant of which was the removal of the Clinical Vice Chair from the membership. This was proposed following a review of the clinical membership of all the WLCCG committees. There would therefore no longer be a Deputy Chair for the Quality and Performance Committee and the Committee should consider who should be nominated to fill that role. Following discussion it was agreed that Dr James Ogle should be nominated.

Following a review of the WLCCG Constitution NHS England had recommended some minor changes and these are reflected in the track changes of the attached terms of reference.

Once approved the terms of reference would be presented to the WLCCG November Board for final approval.

Action: The Quality and Performance Committee:

AGREED Dr James Ogle should act as Deputy Chair
APPROVED the terms of reference.

Q&P/18/156 Items for Escalation to be Agreed

To Board:

- Risk register that included a deep dive focus on EMAS and Safeguarding
- Out of County Hospital Performance
- LLR Rebate Policy
- Approval of Rebates
- Approval of Patient Group Direction Updates

Q&P/18/157 Caldicott Log

Paper G, the Caldicott Log was received for information.

Q&P/18/158 Special Educational Needs Disabilities (SEND) Action Plan

Paper H, the SEND action plan was received for information.

Q&P/18/159 Datix Report

	Paper I, the Datix Report was received for information.
Q&P/18/160	Complaints Report
	Paper J, the Complaints Report was received for information.
Q&P/18/161	Information Governance Bi-Monthly Report/Delivery Plan
	Paper K, the Information Governance Bi-Monthly Report/Delivery Plan was received for information.
Q&P/18/162	LLR Local Safeguarding Children Board Meeting Minutes held on 10th July 2018
	Paper L, the LLR Local Safeguarding Children Board Meeting Minutes held on 10 th July 2018 were received for information.
Q&P/18/163	LLR Local Safeguarding Adults Board Meeting Minutes held on 12th July 2018
	Paper M, the LLR Local Safeguarding Adults Board Meeting Minutes held on 12 th July 2018 were received for information.
Q&P/18/164	Any other business
	There was no other business.
Q&P/18/165	Date and Time of Next Meeting
	The next meeting of the Quality & Performance Committee will be held on Tuesday 20 th November 2018, 10.00 am – 11.15 am, Boardrooms, Woodgate, Loughborough, Leicestershire LE11 2TZ.