

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP



**Minutes of the Quality and Performance Committee held on
Tuesday 21 August 2018 at 9.00 am in the Boardrooms, Woodgate,
Loughborough**

PRESENT:

Ms Gillian Adams	Lay Member (Chair)
Dr Mike McHugh	Public Health Consultant
Dr James Ogle	GP Locality Lead – Hinckley and Bosworth
Mrs Caroline Trevithick	Chief Nurse and Quality Lead
Dr Mike McHugh	Public Health Specialist
Mr Andrew Roberts	Head of Financial Accounting
Mr Ket Chudasama	Director of Performance and Corporate Affairs
Miss Amy Linnett	Quality Lead
Miss Jenny Caukwell	(Deputising for Mr Ian Potter)
Mrs Fiona Barber	PPG Representative

IN ATTENDANCE:

Mrs Kate Allardyce	Performance Manager (up to item Q&P/18/139)
Mrs Laura Rodman	Corporate Affairs Officer (for item Q&P/18/142)
Mrs Chris West	Chief Nurse and Quality Lead, LCCCG
Mrs Elaine Egan-Morriss	Commissioning Manager, Children’s Services, LCCCG
Mr Simon Harris	Managing Director, DHU
Mrs Rhonda Pickering	Clinical Lead, DHU
Mrs Tracy Ward	Head of Patient Safety
Mrs Claire Kirk	Patient Safety Co-ordinator
Mrs Michele Morton	Senior Committee Clerk (minutes)

Item	DISCUSSION
Q&P/18/132	<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 Chris Trzcinski, Dr Y B Shah and Mr Ian Potter</p>
Q&P/18/133	<p>Declarations of Interest on Agenda Topics</p> <p>There were no declarations of interest.</p>
Q&P/18/134	<p>To approve Minutes of Meeting held on 17 July 2018</p> <p>The minutes of the meeting held on 17 July 2018 were approved as an accurate record with the exception that Mrs Barber should be recorded as present.</p>
Q&P/18/135	<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/18/136	<p>Future in Mind (FiM) Update</p>

Mrs West gave an overview of (FiM) and explained that an LLR Steering Group had been established following the publication of the 2015 DoH report *Future in Mind: promoting and Improving our children and young people's mental health and wellbeing* .

A local LLR transformational plan was developed in 2015 and had been subject to an annual refresh in 2016 and 2017 . The initial steps focused on enhancing some current services and then establishing a number of new supportive schemes; the eating disorder service was strengthened and CAMHS Access established. The crisis and home treatment service was then developed and had been a very positive edition, but still required improvement. Other services commissioned included the Resilience in Schools Programme and on-line counselling had been very effective, with a full delivery in the last academic year, across Leicestershire

The Early Intervention service was delayed due to a failed procurement exercise first time around, however an interim service was put in place which proved successful and following a revised procurement exercise the Early Intervention service was commissioned: the service had been well received and was over-performing with double the number of children moving through the service than originally anticipated. Positive outcomes were beginning to be identified.

The current focus, as part of the next phase of the transformation (2017), was the development of a triage and navigation centre. Mrs West explained that the current access service had started quite well, assessing children within the expected timescale of 13 weeks however, this had now reduced significantly as children were now waiting in excess of 20 weeks to be assessed. The service saw and assessed at least 30% of children who did not need to be in the CAMHS service. The triage and navigation would triage , assess and signpost (refer on) children to the most appropriate service for them.

Meetings had been held with different partners about plans for the triage and navigation centre and the aim was to have it operational by summer 2019.

The deadline for the next refreshed version of the transformation plan October 2018, and therefore the plan was currently under review; the 2018 plan would set out the objectives up to and until 2020; they would continue to focus on a whole system approach and pathway – and would need to link with the SEDN agenda and Looked After Children work. The three LLR CCG governing bodies in September 2018 would receive and be asked to approve the next phase of the transformation plan

Mrs Egan Morriss explained that one priority was to ensure data flows from all commissioned services through to the NHS England mental health data set, that it needed to demonstrate improved access for children and young people. Work also continued with LPT on helping them to improve data flows.

Mrs Egan Morriss noted that the Triage and navigation should relieve pressure on the CAMHS service, notably due to work around prevention and early intervention, but would not address the CAMHS waiting lists issue .

Mrs Trevithick thanked Mrs West and Mrs Egan-Morriss for their presentation and said it would be helpful to describe what they would like the WLCCG Board to do and it would also be a useful opportunity to test out some issues. She also noted that the county local authority were making some changes to their 'early health' provision and from the perspective of partnership asked if they envisaged any challenges. Mrs Egan-Morriss replied ongoing discussions were being held regarding those changes and the link with the proposed triage and navigation center being clarified and that a

delivery group had been established, with relevant partners in its membership, including providers. Work was focused on planning and reviews around improved working based on the 'early help' model. Mrs Trevithick said it would be important where appropriate to involve the voluntary sector organisations in 'early help' and Mrs Egan-Morriss confirmed they were already working with the voluntary sector.

Mrs West confirmed that the current CAMHS Access service would be replaced by the triage and navigation centre.

Mrs Egan-Morriss said a directory of services was also in the process of being produced in order to capture all the services and that would be updated by the triage and navigation service.

Mrs Barber commended the work currently being undertaken but was unsure how the different components fitted together. She felt parents of young people would need to be absolutely clear where to go to access services. She also queried whether the new services were relieving the pressure on the early CAMHS teams and asked if appropriate young people had been involved in the design of the new service. Mrs West confirmed children had been involved in the planning and redesign of services and that included national, regional and local pieces of work. She agreed that one of the main challenges was to ensure people were clear what services were available and the triage and navigation centre would be key to that. Work was also ongoing with schools which was proving really helpful. Plans were in hand for a pilot project to enable schools to self-manage and to support children.

Mrs Barber said that for her one key issue would be the enablement of step-up and step-down and Mrs Egan-Morriss replied step-up and step-down had been discussed, with an acknowledgement that one of the problems faced by CAMHS was the ability to discharge. This had been resolved and a clearer plan had been produced through joint working. Services were being more closely linked up which included the development of multi-disciplinary teams and more work with parents, especially around conditions such as ADHD. Parents were being supported and offered education to help them with their child stepping down and the number of referrals into the CAMHS service had reduced by 50%. Work currently focused on the difficulties with CAMHS waiting times.

Dr McHugh said he had been involved in the steering group and he added it was important to recognise the context that children and young people's mental health services had been chronically under-resourced for a number of years. The work described above had been a new national initiative with the government's recognition for the need for more resources for children's mental health and wellbeing. He added it would be important for GPs to understand the different options that would be available and that services were appropriately publicised. Q&P members noted historically a gap existed with children below the high end CAMHS service and this remained under-resourced. The initiative had started to address the issues. The Government had recognised a gap still existed and that there was a mismatch between need and resource.

Dr Ogle commended the work currently being undertaken around the services and emphasised the importance of only a single referral point for patients. Mrs West confirmed to Dr Ogle that self-referrers could be re-directed to other appropriate services.

Mrs West and Mrs Egan-Morriss were thanked for their item and left the meeting.

Action: The Quality and Performance Committee:

- **RECEIVED** The update on the Future in Mind Programme

Mr Simon Harris and Mrs Rhonda Pickering were welcomed to the meeting and introductions were made. They gave some context and an overview with regard to DHU Services that included:

- DHU governance structure.
- LLR Management and service structure.
- DHU integrated urgent care – LLR.
- Approximate number of patient contacts.
- DHU LLR headlines.
- Non WLCCG contracts – joint venture with LCH GP Federation.
- LLR commissioned tiers of urgent care
- Clinical navigation hub
- West Leicestershire urgent care services
- 24/7 home visiting services and night nursing – night nursing and residual OOH
- Patient outcomes and LUCC patient outcomes
- OOH residuals patient outcomes
- Patient feedback, integrated urgent care WLCCG
- Patient feedback CNH and patient feedback HVS
- Transformational change and summary

Mrs Trevithick thanked Mr Harris and Mrs Pickering and said the presentation had been very comprehensive. She emphasised the importance of communicating the services of DHU out to stakeholders, and in particular primary care, so that they understood the importance of clinical shifts used to cover the service. In respect of the workforce challenges Mrs Trevithick asked how DHU was addressing the key workforce issues. Mr Harris replied that one of the specific aims at present and for the future was to promote the home visiting service. He added activity was high and being used by GPs but could be better communicated, especially to care homes, some of whom held direct contracts with DHU. Mrs Pickering made the following points:

- DHU did listen to feedback received and attempted to meet up with GPs.
- Clinical forums were organised to engage GPs to share their concerns and life scenarios and on-line situations were also carried out.
- Skill mix was a complication but DHU staff did attend some of the practice, locality and other meetings.
- DHU were engaging directly with Health Education England to address workforce issues and had recently attended an Rcn event where interviews had been held.
- Open days were organised, notably a recent one at the Loughborough urgent care centre and health recruitment days and one stop shops (that allowed for rapid recruitment processes) were being held across LLR.
- DHU had been particularly successful recently in the recruitment of 10 GPs.
- Contact had been made with the university where an advert had been placed to attract A&Ps, with an intent to enrol them onto the DHU bank in an attempt to help staff move from agencies to more substantive roles.
- Salaried doctor roles would be recruited to and offered three month training sessions to help with the transfer of skills. DHU was looking to stagger the training to be able to offer the right level of support.
- A significant number of ECPs had joined DHU from EMAS as the salaries were very comparable.

Ms Adams asked how it would be possible to widen the pool to attract a wider range of staff. Mr Harris replied that DHU was able to offer work in many areas, including

part time work whilst GPs and other professionals remained in general practice.

Mr Chudasama said evidence had shown one issue with Community Interest Companies was that they had a tendency to grow rapidly and then encounter a number of problems around corporate governance and leadership. Also sometimes the scale of appeals to be dealt with grew in conjunction with the scale of issues and he asked how DHU safeguarded themselves against such situations. Mrs Pickering replied that the main issue was around clinical leadership. The staff were almost all clinicians and they knew when challenges were occurring. A new HR Director had recently been appointed and was dealing with issues such as attitude and cultural values. Regular senior leadership meetings were held and there was a positive interface with the corporate team and also other areas in addition to LLR, which allowed for cross support when capacity issues arose.

Mr Harris reported that some difficulties were experienced in 2013/14 and the learning from that had been fed back into DHU. A different Finance Director was now in place and DHU would no longer enter into any arrangements that had the potential to be unviable in order to maintain financial stability. They also when possible took costs out of services and these were shared with the commissioner.

Dr Ogle said better GP engagement would take place if DHU were to attend the WLCCG locality meetings, in particular to clarify issues around the home visiting services, where some practices used it more than others. He felt it was difficult to know where the service was being used appropriately. Mr Harris said data was regularly shared with WLCCG but there was an acknowledgement it required triangulation with prescribing data and 999 usage to help form a more accurate picture. Miss Caukwell agreed to discuss data flows with Joanna Clinton in urgent care and report back to Q&P

JC

Within the context of organisational resilience Mr Harris confirmed to Dr McHugh what the (sessional/days) level of input currently provided by the top DHU team.

Mr Chudasama referred to the West Leicestershire Joint Venture Board and asked what challenges they faced. Mr Harris replied that apart from some minor workforce challenges the GPs who attended were positive and pro-active and offered help and support. Mrs Pickering added she felt a true partnership had been achieved.

Mr Chudasama asked if DHU had become involved in planned care and Mr Harris replied DHU's minimal involvement so far was in holding some contracts for GPs in the city.

Ms Adams asked if the clinical navigation hub service specification was complete and Mrs Trevithick replied that the team were in the process of developing a model for the new service following a pilot project and a paper had recently been received by the CCB. She added that Q&Ps were able to carry a caseload and the model should be appropriately shaped, however if the skill mix changed then the financial details would change. The most important objective was to achieve a correct balance of having sufficient people of each profession to ensure robust clinical management and a safe environment.

Mr Harris and Mrs Pickering were thanked for their presentation and left the meeting.

Action: The Quality and Performance Committee
RECEIVED and **DISCUSSED** the presentation from DHU
Highlight/Performance Report

Q&P/18/138

Mrs Allardyce presented paper B that provided an overview of performance

assurance for WLCCG for June 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.

Within the appendices was an overview of the high risk indicators and remedial actions in place, along with performance dashboards that related to Better Health, Better Care, other NHS Constitution metrics and further detail on the Quality Premium for 2018/19. Points to note:

Anti-biotic prescribing – had been reported as green, however NHS England have changed the national target for 2018/19 – so is now showing red – some improvements had been identified and would continue to be monitored as part of the quality premium.

Better Health Dashboard – 62 day cancer waits – the local trajectory was met in April but not in June – UHL were expecting to achieve the national target from July onwards.

IAPT Access – moved from red to green – considered as a short term improvement on the 6 week waits.

Maternity – showed a reduction in the percentage of maternity smokers in quarter 1 and lower than last year – plus the neo natal mortality and still births had reduced between 2015 and 2016 – the numbers were very small so any change would have an impact.

Quality Premium – WLCCG was still not expecting to receive a financial allocation from the quality premium.

GP patient survey – results of the survey were published recently and slide packs sent to primary care showing the headlines – 43% response rate from WLCCG patients that equated to just over 5,000 people. The indicator relating to an overall good experience was the same as last year at 85% and a good experience of making an appointment was 73% the previous year and down to 68% for the current year across the CCG. It was agreed to place the GP patient survey on the next PCCC agenda.

MM

Mrs Allardyce reported that within the context of achieving consistency across the three CCGs the highlight reports would have a different format from September onwards.

Mrs Barber asked if there had been any improvement to the red rated personal health budgets. Mrs Allardyce replied personal health budgets were commissioned centrally by ELRCCG and she agreed to find out if any progress had been made.

KA

Action: The Quality and Performance Committee:

- **NOTED** the contents of the report
- **IDENTIFIED** any areas for in depth reviews at future Quality & Performance Sub-group meetings.

Q&P/18/139

CCG Combined Safeguarding Report and Safeguarding Performance Report: Quarter 4 2017 - 18

Paper D was received, a report that ensured the CCGs were sighted on the critical messages, emerging safeguarding themes and the implementation of local and national safeguarding issues to protect vulnerable people. Quality and Performance Committee members noted:

CRITICAL MESSAGE:

- Domestic Abuse: Information Sharing with GP Practices
- Designated Nurse Capacity for Safeguarding and LAC

- NHS England request for unscheduled care settings to implement CP-IS

NEW AND EMERGING ISSUES

- Lack of Primary Care Safeguarding data for Q4 due to reduction in administrative support in the CCG Safeguarding Team

Members were asked to email any further queries to Mrs Trevithick.

ALL

Action: The Quality and Performance Committee:

- **RECEIVED** the CCG Combined Safeguarding Report and Safeguarding Performance Report: Quarter 4 2017 - 18

Q&P/18/140

Patient Safety Report

Mrs Ward presented paper E that provided a summary of the Leicester, Leicestershire and Rutland Clinical Commissioning Group's (LLR CCG's) Patient Safety activity for Quarter 1 2018/19. Included was a summary of the number and type of serious incidents reported during that period. Key points:

UHL Never events – themes arising from recent investigations have highlighted poor administrative processes and inconsistency with the implementation of Safety Alerts. It is however noted that the transparent reporting of these Never Events gives both UHL and Commissioners an opportunity to consider the concerns identified locally to the incident and the wider organisation. A further concern was a difference in opinion over the definition of what constituted a SI for incidents that do not fall under the prescriptive NE criteria. Conversations were ongoing and a new national SI policy is being developed.

LPT – following investigation of a number of SIs there was a recognition that some wards were functioning poorly and were not well led. These wards had not been identified through routine governance processes. The challenge back to LPT had been whether they had suitably robust processes to recognise any other poorly functioning wards.

Two incidents occurred where collapsible rails failed to collapse one in UHL and one in LPT and it had been difficult to determine why that had happened.

EMAS and the number of delayed responses. A meeting was planned with EMAS in September to consider specific LLR incidents.

GP Concerns – GPs continued to seek clarification on the poor and often vague quality of patient discharge letters and work continues on that with UHL. The transferring care safely group had been invited to be involved in the process of consolidation into one system and the development of a standard template which should improve the situation.

Medical Examiner Concerns – concerns were expressed that patients at End of Life (EoL) were not always recognised and often plans were not in place, or not always followed. Mrs Trevithick said EoL was a large part of the learning lessons report and the Frailty group were working on the 'Respect' initiative. A meeting was planned shortly with UHL and EoL leads to embody the principles of 'Respect' into the work being carried out around advanced care planning and summary care records. She added a huge piece of work was required in primary care to improve the quality of written care plans. Ms Adams emphasised the importance of ensuring that all services were joined up and flowing.

Mrs Trevithick referred to Mrs Ward's work on the urgent care system where WLCCG was responsible for the contracts. The work entailed a different way of looking at risk and the impact on capacity and planning. Mrs Ward had given a presentation to the A&E Delivery Board and the presentation had taken a pathway perspective. Follow on discussions would be held at the next A&E Delivery Board.

TW

Mrs Ward agreed to share her report which triangulated GP concerns, Serious Incidents and Medical Examiner concerns.

TW

Ms Adams expressed concern that home oxygen was being provided to patients who were still smoking and on occasions ended up hospitalised with facial burns. Mrs Ward replied a joint meeting had been called due to the concerns over that issue where it was hoped to establish a more consistent thresholds for the removal of Oxygen from patients who continued to smoke. Q&P members acknowledged the need to consider safety issues of both the patients and other people. Mrs Ward agreed to contact Sarah Shuttlewood to discuss the possibility of developing a collaborative policy to ensure appropriate leadership and safety measures were established to support people on home oxygen.

Action: The Quality and Performance Committee:

- **RECEIVED** the Patient Safety Report for information and comment.

Q&P/18/141

Committee Effectiveness Action Plan

Miss Linnett presented paper F, an action plan developed following the completion of a formal survey on the effectiveness of the Q&P in accordance with the CCG's constitutional governance arrangements. The analyses of the results were presented to the committee in May 2018, and as a result the action plan was created to capture any identified areas for improvement.

Ms Adams said the action plan was also to demonstrate that the Q&P had taken the feedback seriously and Mr Chudasama said this should be replicated by the other Board committees.

Q&P members expressed their support for consideration of Q&P agenda items that could be considered collaboratively.

Action: The Quality and Performance Committee

- **RECEIVED** the Committee Effectiveness Action Plan and
- **AGREED** it addressed the suggested improvements as a result of the effectiveness survey

Q&P/18/142

Information Governance Policies for Approval

Mrs Rodman presented paper G and reported that the purpose of the paper was to seek quality and performance committee approval of the following Information Governance policies and procedures:

- Information Governance Handbook
- Information Governance and Data Security and Protection Policies
- Information Governance Staff Code of Conduct

The appended policies were reviewed by the LLR Information Governance Operational Group (IGOG), which was attended by the LLR CCGs, the CSU's IG Team and LHIS.

The revised policies would further strengthen the CCG's position in terms of being compliant with the General Data Protection Regulations (GDPR) and the Data

	<p>Protection Act 2018.</p> <p>Mr Chudasama suggested it would be helpful if Mrs Rodman attended the directorate team meetings to provide a summary to staff on the staff code of conduct and other pertinent IG issues. Alternatively it might be appropriate to organise a lunch and learn session and a brief overview should be provided to Board members.</p> <p>Action: The Quality and Performance Committee APPROVED the: IG Handbook IG Staff Code of Conduct IG & Data Security and Protection Policies</p>	LR
Q&P/18/143	<p>Items for Escalation to be Agreed</p> <p>To Board:</p> <ul style="list-style-type: none"> • Futures in Mind Programme • DHU Presentation • IG Policies • Home Oxygen Services • Committee Review and Q&P support for joint working 	
Q&P/18/144	<p>Q&P Risk Register</p> <p>Paper H, the Q&P Risk Register was received for information.</p>	
Q&P/18/145	<p>Infection Control Report</p> <p>Paper I, the Infection Control Report was received for information.</p>	
Q&P/18/146	<p>Any other business</p>	
Q&P/18/146a	<p>Dr Chris Trzcinski</p> <p>Ms Adams extended her thanks on behalf of the Q&P to Dr Chris Trzcinski for his major contribution to a number of work areas over many years. Notably as Clinical Vice Chair of the Q&P. He had been very supportive and his advice had always been highly valued.</p>	
Q&P/18/146b	<p>Miss Amy Linnett</p> <p>Mrs Trevithick reported that Miss Linnett was attending her final Q&P meeting. She would be moving to ELRCCG as a positive appointment, looking at complaints, primary care and quality. Amy had worked substantially on the Q&P by co-ordinating key lines of enquiry for presentations, managing the risk register, production of Board reports and Committee reviews. Amy was thanked for her contribution to the group.</p>	
Q&P/18/147	<p>Date and Time of Next Meeting</p> <p>The next meeting of the Quality & Performance Committee will be held on Tuesday 16th October 2018, 9.00 – 11.00 am, Boardrooms, Woodgate, Loughborough, Leicestershire LE11 2TZ.</p>	