

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**



**Minutes of the Quality and Performance Committee held on  
Tuesday 20 February 2018 at 9.00 am – 11.00 am in the Boardrooms,  
Woodgate, Loughborough**

**PRESENT:**

Ms Gillian Adams	Lay Member (Chair)
Dr Chris Trzcinski	Clinical Vice Chair
Dr James Ogle	GP Locality Lead -
Dr Mike McHugh	Public Health Consultant
Dr Y B Shah	GP Locality Lead – South Charnwood
Mr Chudasama	Director of Performance and Corporate Affairs
Mrs Tracy Burton	Deputy Chief Nurse

**IN ATTENDANCE:**

Mr Andrew Roberts	Head of Management Accounts
Miss Amy Linnett	Quality Lead
Mrs Kate Allardyce	Performance Manager
Mrs Elaine Egan-Morriss	Specialised Commissioner, Children’s Services
Mrs Joyce Bowler	Programme Manager, Personalised Commissioning
Mrs Tracy Ward	Head of Patient Safety
Mrs Gill Stead	Head of Medicines Optimisation

Item	DISCUSSION	Action
Q&P/18/046	<p><b>Welcome and Apologies</b></p> <p>The Chair welcomed all to the meeting and confirmed the meeting was quorate. Apologies for absence were received from Mrs Caroline Trevithick and Mrs Sue Venables.</p>	
Q&P/18/047	<p><b>Declarations of Interest on Agenda Topics</b></p> <p>There were no declarations of interest.</p>	
Q&P/18/048	<p><b>To approve Minutes of Meeting held on 16 January 2018</b></p> <p>The minutes of the meeting held on 16 January 2018 were approved as an accurate record.</p>	
Q&P/18/049	<p><b>Action Log and matters arising</b></p> <p>Paper C, the action log, was updated.</p> <p><b>Action:</b> The Quality and Performance Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED</b> the report.</li> </ul>	
Q&P/18/050	<p><b>CAMHS Presentation</b></p> <p>Mrs Egan-Morriss gave a presentation on Specialised CAMHS Community Services and she explained a CQC Inspection had taken place in December 2016 that asked if services were:</p>	

- Safe
- Effective
- Caring
- Responsive
- Well Led

A number of actions had resulted and two main areas of concern were whether services were 'safe' and 'responsive'. The remainder of the service areas (Actions) had been resolved quite promptly. Meetings had taken place with LPT and action plans were under development.

### **Risk assessments and care plans (Action 1)**

LPT had indicated they were experiencing problems with SystemOne – they said that assessments in relation to the 31 outstanding risks at 30.1.2018 had been carried out or were in progress, but not showing on SystemOne. Q&P members acknowledged generally that the SystemOne templates were complex and difficult to follow, however Mrs Morriss reported that further assurance had been requested.

Dr Shah expressed concern and felt the situation was unacceptable. He added there were clear timelines around requirements for assessments that GPs should have a much better picture and LPT needed to change their approach. Mrs Egan Morriss agreed that clarification was needed.

Mrs Egan-Morriss reported that waiting times for treatment at November 2017 would also be subject to a re risk assessment. The crisis response team was an excellent service, however communication with GPs over referrals required considerable improvement, for example whether children had been seen, their suitability for assessment and treatment.

When LPT received a referral into the crisis and home treatment a case might be de-escalated or re-referred to other services, but should never go back to a GP, though the GP needed to be kept informed of a child's progress throughout the system.

Mrs Burton said benchmarking information would be helpful in order to determine if issues were being experienced either national or local. Dr Ogle added that a tolerance level needed to be added and Mrs Egan-Morriss replied this was currently under discussion.

In respect of Care Plans, LPT had responded to say the 206 outstanding care plans had been completed and were registered on SystemOne, but not always showing.

A brief discussion took place on the prescribing of anti-depressants for under 16's where Dr Trzcinski felt if a child psychiatrist had recommended them then it was acceptable for a GP to prescribe them and to hold joint responsibility. Dr McHugh agreed and said if following assessment if medication was suggested as part of the treatment then this would be considered as an expert opinion.

It was also very important that LPT correctly carried out appropriate audits to ensure the accuracy of data.

### **Awaiting Treatment (Action 3)**

In terms of waiting times for treatment, it was noted that LPT had 18 different waiting list options for certain treatments that commissioners were not necessarily aware of for different services and following assessments bottle necks were created due to the

way the system had been established.

There was a general conclusion from the CQC that a lack of standardisation and organisation of the waiting lists was an area of concern, with some children appearing on three or four waiting lists.

LPT had responded by saying that evidence did exist that waiting lists had reduced for access to assessment and no evidence existed that support the increase in the number of referrals into CAMHS.

### **General Discussion**

When LPT had been challenged over the quality of data provided they often indicated that the data was inaccurate even though CPNs were issued on the basis of what information had been received.

A slide was displayed on CAMHS access data that showed CAMHS were not meeting the access targets, including eating disorders. Mrs Egan-Morriss referred to the reductions in the numbers of children waiting between one to two years and she was in the process of checking if any of those children had since been seen in the crisis service.

Mrs Egan-Morriss confirmed to Dr Shah that only a small number of serious incidents had been dealt with. Dr McHugh referred to the previous year where there had been four to five suicides. These had been looked at specifically and no service issues had been identified as a result.

Q&P members noted investment had been made in LPT CAMHS and as part of the Futures in Mind programme WTE staff had risen from 150 to 200, which should produce an improving picture. Dr Ogle felt that a culture of contradiction existed at present which was difficult to disprove. Mrs Morris said challenges would be carried out through contract levers and a CPN had been issued to the crisis and home treatment services. Access and waiting lists were likely to follow.

Further general comments noted by Q&P:

- A CQUIN was in existence for the transition of 17 – 18 year olds that provided an incentive.
- Mrs Burton referred to the national data set introduced approximately one year ago and Mrs Morriss confirmed that this was being used.
- A mis-match in reporting was evident between LPT and CSU where it was found that LPT were reporting all data concerning referrals and CSU reporting only the accepted referrals.
- Dr McHugh said the CAMHS situation needed to be made much more visible and transparent throughout the system. The service was very much in the minority compared to adult mental health and governance arrangements needed strengthening.
- Dr Shah asked for factual numbers of serious incidents.

A brief discussion ensued on the gap that existed between the CAMHS and GP services where a cohort of children did not specifically fit, for example, children with a degree of behaviour or emotional problems. Mrs Egan-Morriss explained that these children would be referred to the triage navigation services currently being newly developed.

In respect of the eating disorder service and the fact that child psychiatrists saw

between one and two children a day, Mrs Egan-Morriss said she had arranged for some regional benchmarking to determine how standard that was. She added that additional investment of £444.787 had been made into the eating disorder service to increase performance from 20 to 100 patients a year.

An actual commissioner increased investment of £1.6 million had been made into CAMHS with no obvious impact on the waiting lists. An LPT sub group would meet in March to scrutinise data and Mrs Egan-Morriss would be attending that meeting. If commissioners were dissatisfied with the result, a CPN would be issued. Further challenge would follow with a closer look at the crisis and home treatment service.

EEM

Mr Chudasama joined the meeting.

In summary Ms Adams reiterated that concerns had been expressed over risk assessments and the tolerance levels of risk. In respect of care plans there needed to be an increased confidence in the data presented. Concern was also expressed over the deterioration of the waiting lists and Mrs Egan-Morriss was urged to develop an action plan to look at CPNs.

EEM

Ms Adams acknowledged the excellent work undertaken by Mrs Egan-Morriss and Q&P members recommended that the areas of concern be taken through a PPAG meeting.

**Action:** The Quality and Performance Committee:  
**RECEIVED** and **DISCUSSED** the CAMHS presentation.  
**REQUESTED** that the areas of concern be taken through a future PPAG meeting.

Q&P/18/051

### Highlight/Performance Report November 2017

Mrs Allardyce presented Paper C, which provided an overview of performance assurance for WLCCG for November 2017 where available. The report included an overview of the high risk indicators and remedial actions in place. A quality dashboard was also included which focused primarily on UHL quality indicators, along with the latest position on the quality premium for 2016/17 and 2017/18 and the Better Care Fund for Leicestershire. At the end of November NHS England had introduced a new improvement and assessment framework for CCGs. The new framework had been mirrored in the appendices of the report. Key highlights:

**Performance** - was based on the CCG Assessment Framework and an update had been received from NHS England recently.

**Personal Health Budgets** – showed a reduction in quarter 2 in 17/18 and identified as an area for improved performance – needs more local data.

**Better Health Dashboard** – no changes to the rag ratings – increase of two new blue indicators was due to new definitions (number of bed days for inappropriate out of area placements in mental health services for adults in non-specialist acute inpatient care and proportion of crisis resolution and home treatment services in the STP area able to meet selected core functions).

**Unplanned hospitalisation** – an improving position for people with conditions such as COPD and chest pains.

**LD Health Checks** – national data received with more of a focus planned in 18/19 as part of the planning for next year – discussions were being held with colleagues to help understand some targets for the next financial year.

**E referrals** – increased to 70% with a target of 100% achieved by September 2018.

**A&E** – some issues with flow-through of beds and increased activity – slight drop in December and January due to A&E pressures.

**Population use of hospital beds following an emergency** – shown as an area of deteriorating position.

**Cancer indicators** – no change.

**RTT** – mini deep dive requested therefore extra detail was included in the report – 316 extra patients in December – main reason was UHL cancellation of non-urgent operations – anticipated 80% achievement of a 92% target. A paper was currently under preparation.

**Cancelled operations** – early data received from UHL – on readmission rates within 28 days from cancelled operations – significant reduction at only 50% achieved.

**IAPT** – data had been received for January that showed improvement.

Dr McHugh referred to the cancer 31 day wait on page 7 of the report and the appointment of four oncologists and he had thought there would be a steady state of staff within that area. Mr Chudasama explained that a long standing recruitment process had taken place over approximately 5-6 months looking for 5 consultants in total.

Dr McHugh referred to LPT and the concerns raised by GP colleagues on the adult crisis service only accepting face to face referrals and a general lack of confidence in the service – he informed Q&P members of the existence of the Crisis Concordat which seemed to be less visible. The issue however was real and emerging and required action. Mrs Ward said this had been discussed at the CQRG and a Mental Health Board meeting where it was noted that data was based around the calls that were answered and many calls had been unanswered.

Quality Issues reported verbally by Ms Linnett:

**EMAS** – had a theme of continued significant delay – Co-commissioners at Hardwick CCG had written to EMAS formally for the responses. They acknowledged this was an area of concern and regular deep dives of Category 1 in each county would be co-ordinated by the lead commissioner.

**TASL** – quality concerns and CPN – a NHS England recovery action plan was in place and monitored on a weekly basis. CPN remained in place and monitored by commissioners. Monthly renal forum groups continued to evidence sustained improvement.

**DHU** – annual workforce strategy and monthly workforce data remained outstanding – Quality commissioners had worked with the provider to obtain the information but concerns remained on the lack of assurance and providers ability to safely manage all clinical aspects of the services – quality meeting to be held with DHU HC clinical team.

**Action:** The Quality and Performance Committee:

**RECEIVED** the content of the report.

Q&P/18/052

### **Out of County Performance Report**

Ms Allardyce presented paper C that provided an overview of performance in 16/17 and 17/18 where available, at UHL and 4 Out of County Acute Providers (George Eliot, Burton Hospitals, Derby Hospitals & 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. Q&P members noted the following:

- RTT Burton – target had been slightly missed.
- A&E Attendance – increasing due to the impact of cancelled operations in December 2017 and routine electives. Dr Trzcinski commented that attendances had not increased so therefore the report was inaccurate.
- George Eliot had received a CQC visit, with a report in January – improvement was required in three areas and good in the care domain (that previously required improvement).
- All providers with the exception of Derby required improvement and action plans had been established.
- One Never event had occurred in Coventry and Warwickshire where there had been a problem with a C Section and a root cause analysis was underway.

**Action:** The Quality and Performance Committee:  
**RECEIVED** the Out of County Performance Report

Q&P/18/053

### **Children's and Young People's Continuing Care Policy**

Mrs Bowler presented paper D and reported that the Continuing Care for Children and Young people process covered children from birth up to the age of 18. Post 18 years of age, the NHS Continuing Healthcare framework applied and used different criteria.

Mrs Bowler explained that the Children's National Framework did not give guidance on the content or funding of the actual package of continuing care. Local children's and young people continuing care decision-making should be based on the assessed needs of the individual child or young person. The application of the national children's continuing care framework would ensure that:

- children, young people and their families were actively engaged in the continuing care process;
- the continuing care process was co-ordinated and consistent between organisations; and,
- health education and social care practitioners, including those working in the independent and third sectors, and the public understood the continuing care process

Mrs Bowler reported that historically the service had sat with the Diana nurses who had carried out assessments, which left a large cohort of children who missed out with assessments and ongoing support over and above the block contract arrangements.

Mrs Bowler confirmed to Ms Adams that Mrs Trevithick had been involved in the development of the new policy.

In respect of the roles for individuals Mrs Bowler confirmed that continuing healthcare nurses co-ordinated arrangements for children, but it remained the responsibility of staff from LPT and UHL to undertake health assessments.

**Action:** The Quality and Performance Committee:  
**APPROVED** the Children's and Young People's Continuing Care Policy

Q&P/18/054

## **LLR TCP – CARE AND TREATMENT REVIEW (CTR)/LAEP Policy and Standard Operating Procedures**

Mrs Burton presented paper E and explained that initially a national CTR Policy was published on 30 October 2015 by NHS England alongside 'Building the Right Support'<sup>3</sup> and the 'New Service Model'<sup>4</sup> as part of Transforming Care. In March 2017 NHS England published a revised Care and Treatment Review and CTR Code and Toolkit.

The NHSE policy 2017 required that each CCG or TCP develop a local CTR Policy which would include the following:

- Local population based data, including how many CTRs were anticipated for the locality.
- Local risk criteria used to define the 'At Risk of Admission' population.
- Governance arrangements locally including who was responsible for the register, the process for managing the register, any information sharing agreements in place between parties, where the register was held, who was responsible for updating the register and how it was reviewed, and updated.

A significant change in CTR policy had been the adoption of the key lines of enquiry approach to the structure of CTRs. Currently a CTR revised template was being reviewed by NHSE due to operational challenges.

The first draft of the local LLR CTR policy came to the LLR TCP Steering Group on 18<sup>th</sup> September 2017 and TCP Executive Board on 26 September 2017. Since then there had been further discussion at the TCP Steering group and local representatives from both health and social care had been given the opportunity to shape both the policy and Standard Operating Procedures. Further comments of note:

- The 'risk of admission' register was currently under revision and consultation had taken place with both patients and carers.
- The escalation process for actions sat with the joint Chief Nurses.
- Oversight of the policy would be carried out by senior nurses.

**Action:** The Quality and Performance Committee:

**APPROVED** the LLR TCP – CETR/LAEP Policy and Standard Operating Procedures

Q&P/18/055

## **Infection Control Report**

Mrs Green gave an update on infection control and reported on the following:

**Clostridium Difficile** – heading for over year end trajectory – and over by two cases from last year. No CDI reviews continue to take place in the community. This had been discussed widely at relevant meetings and it had been agreed not to carry out case reviews at present. LCCCG Clostridium Difficile rates would be scrutinised to identify if any deep dives needed to be carried out.

**E-coli** – was currently over trajectory – with an improvement in the number of cases. Some aspects of work carried out in other CCG's will be rolled out across LLR this will give an indication as to whether the work had a positive impact on the number of E-coli cases into year 2.

**MRSA** – one case in November 2017 had been assigned to West Leicestershire, but following arbitration it had since been assigned to a third party.

**MMSA** – an increase had been identified but still required 2016 data.

**Other work** – across LLR- in primary care issues existed with infection prevention and control and the team continued to support practices with these issues along with supporting new build construction, redesign and extensions.

Mrs Green informed Q&P members that she had now been appointed as Head of Infection Control and have shortlisted for the vacant band 7 post of Infection Prevention and Control Nurse.

**Action:** The Quality and Performance Committee:  
**RECEIVED** the Infection Control Report

Q&P/18/056

### **Patient Safety Report – Quarter 3**

Mrs Ward presented paper G that provided a summary of the LLR CCG's Patient Safety and Infection Prevention and Control activity for Quarter 3 2017/18. Included was a summary of the number and type of serious incidents reported during this period. The CCG's performance against infection prevention and control trajectories. Key highlights of note:

#### **UHL**

- Guidewires would now be considered as a two person procedure following a Never event at UHL
- Checking procedures must be at consultant led level – UHL would now be empowering staff to speak up where processes were not followed. This was being robustly supported by the senior leadership team who were committed to embedding the behaviours required to practice safety rather than focusing on tick boxes.
- Some concerns existed around UHL's classification of what constituted a serious incident that had led to some issues in maternity.

#### **LPT**

There had been an alleged abuse of patients by a staff member of a patient diagnosed with a learning disability at the Agnes Unit. LPT had been asked to reconsider the report produced in relation to the wider context of behaviours of staff on the unit.

#### **EMAS**

- There had been long delays for patients waiting in ambulances with no health professionals to determine a level of harm and further details had been requested of ambulances being held at other organisations.
- Some handover delays were being recorded as serious incidents.
- Hospital admissions were also being looked at when patients should be treated with end of life care.

#### **GPs**

The Patient Safety Team and the Transferring Care Safely Group (made up of CCG, primary and secondary care colleagues) had been working together to develop a new process for sharing concerns with all providers. The process using PRISM had been trialled and rolled out fully during Q3 currently only for UHL. Early responses from practices and UHL had been positive with more reporting and the number of incidents recorded had risen.

Mr Chudasama referred to page 28 of the report and the total of GP practice concerns reported at quarter 2 and quarter 3, and the huge difference between ELRCCG and the other two CCGs. Ms Ward replied this had been the case for a number of years and it was proving difficult to receive appropriate feedback on the reasons why, especially in the area of themes.

Ms Adams referred to the excessive volume of letters returned to UHL for not being accurately addressed. Ms Ward explained this had formed part of a serious incident investigation where on occasions letters had been sent to a patients care home and the patients GPs had not been in the same area. Ms Ward replied that UHL now updated their plans on a daily basis and not monthly, as previously. As a consequence the number of misplaced letters was expected to reduce and processes were also being joined up.

**Action:** The Quality and Performance Committee:  
**RECEIVED** the Patient Safety Report – Quarter 3

Q&P/18/057

### **Medicines Optimisation Highlight Report**

Mrs Stead presented paper H that provided a comprehensive overview of the main activities of LMSG, LLR medicines optimisation committee and the WLCCG Prescribing Strategy Group. She reported on two issues:

**Advice to patients on the potential teratogenic risks of sodium valproate** – and the need for contraception. A paper was presented that recommended a holistic pharmacovigilant approach across all care settings. It was also proposed that another anti-epileptic call topiramate which could also be used to treat migraine. The propos for primary care was than an annual check should be undertaken that all relevant patients had been counselled. This needed further discussion to develop a mechanism whereby this could be undertaken in a robust way before being received again by the Q&P Committee.

GS

Mrs Stead sought the opinion of the GP Q&P members in respect of the recommended annual health check. Dr Trzcinski said a member of his staff would carry out a search check each month or quarter and relevant patients would be added to that list. Members agreed it was generally considered as good practice to carry out annual patient reviews.

**Approval of palliative care guidelines** – Mrs Stead said the guidelines were an update on existing guidance. Dr Trzcinski referred to the shared care paragraph in the summary and said this was also part of the transfer of care policy. Mrs Stead agreed to link in with Dr Pulman on that issue.

GS

**Action:** The Quality and Performance Committee:  
**RECEIVED** the Medicines Optimisation Highlight Report.  
**APPROVED** the Palliative Care Guidelines.

Q&P/18/058

### **Information Governance Policy and Handbook**

Mrs Rodman presented paper I that sought the approval of members of the following Information Governance policies and procedures:

- Information Governance Policy
- Information Governance Handbook – this would be centrally placed for staff access
- Information Security Policy Part 1 – the main changes had been made by HIS

and related to changes in security standards.

- Information Security Policy Part 2
- Internet and e-Communications Policy – this was a refresh.

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 listed policies were received at the LLR Information Governance Strategy Group on 14 February 2018, where it was agreed that the policies could be presented to the relevant CCG committee for approval.

The revised policies would then be uploaded to the CCG's IG Toolkit for 2017/18, subject to approval by the Quality and Performance Committee.

An email had recently been received to indicate that further documents that related to the above would be considered at a meeting to be held on 28<sup>th</sup> February 2018.

**Action:** The Quality and Performance Committee:

**APPROVED** the Information Governance Policy and Handbook subject to any minor amendments the Strategy Group might make.

Q&P/18/059

#### **Sub-Group Effectiveness Review**

Ms Adams reported that the annual sub-group effectiveness review would be carried out as a survey that would be actioned in the near future. If there were any issues not captured in the survey she invited Q&P members to email her with feedback.

Ms Adams asked if any progress had been made with a move towards a joint committee as he felt there was significant aspects of committee work that could be carried out collectively. Mr Chudasama replied that slow progress was being made and that it required agreement of the three CCGs for the formation of a joint committee. Dr Trzcinski highlighted a possible problem with dis-connection in that GPs did not always receive feedback on relevant issues. If the Committee was to be joined then the dis-connection would become wider. Dr McHugh added that if some professionals were freed up from Q&P committees then their time might be better spent supporting areas such as the CAMHS. Mr Chudasama suggested the issue be raised at the forthcoming TSF session.

KC

Mr Roberts suggested a possible LLR quarterly meeting however Mr Chudasama cautioned against what might be perceived as half measures rather than wholesale change. A joint committee would also be beneficial to hosted staff. From that perspective Ms Adams proposed that visiting speakers be given the option of dialling in if it was easier to do so.

MM

**Action:** The Quality and Performance Committee:

**RECEIVED** an update on the Sub-Group Effectiveness Review

Q&P/18/060

#### **Items for escalation to be agreed**

For Board:

- CAMHS
- Information Governance Policies and Handbook
- Palliative Care Guidelines
- Children's and Young People's Continuing Care Policy

- Care and Treatment Review Policy and Standard Operating Procedures

Action: The Quality and Performance Committee:  
**NOTED** the items for escalation.

**Q&P/18/061**

**Complaints Report**

Members received for information paper J, the Complaints Report.

**Q&P/18/062**

**Risk Register**

Members received for information paper K, the Risk Register.

**Q&P/18/063**

**Information Governance Bi Monthly Report for January 2018**

Members received for information only, paper L, the Information Governance Bi Monthly Report for January 2018.

**Q&P/18/064**

**Minutes of a joint meeting of the LRLSC&SA Board**

Members received for information paper M, the minutes of a joint meeting of the LRLSC&SA Board.

**Q&P/18/065**

**Minutes of a meeting of the LRLSCB held on Friday 20 October 2017**

Members received for information paper N, the Minutes of a meeting of the LRLSCB held on Friday 20 October 2017

**Q&P/18/066**

**Minutes of a meeting of the LRLSAB held on Friday 20 October 2017**

Members received for information paper O, the minutes of a meeting of the LRLSAB held on Friday 20 October 2017.

**Q&P/18/067**

**Any other business**

No other business.

**Q&P/18/068**

**Date and Time of Next Meeting**

The next meeting of the Quality & Performance Committee will be held on Tuesday 17 April 2018, 9.00 – 11.00 am, Boardrooms, Woodgate, Loughborough, Leicestershire LE11 2TZ.