

WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP



**Minutes of the Quality and Performance Committee held on
Tuesday 19th March 2019 at 12.00 – 14.00 in the Boardrooms, Woodgate,
Loughborough**

PRESENT:

Ms Gillian Adams	Lay Member (Chair)
Mrs Fiona Barber	Patient Participation Group Representative
Mr Stuart Fletcher	Head of Corporate Governance (deputising for Mr Chudasama)
Mrs Manjeet Garcha	Interim Deputy Chief Nurse
Dr Mike McHugh	Public Health Specialist
Dr James Ogle	Locality Lead, Hinckley and Bosworth
Mr Andrew Roberts	Head of Financial Accounting
Dr Y B Shah	Locality Lead, South Charnwood

IN ATTENDANCE:

Ms Samantha Hand	Quality Officer
Mrs Kate Allardyce	Performance Manager (up to item Q&P/19/006)
Mrs Michele Morton	Senior Committee Clerk (minutes)
Mrs Gillian Stead	Head of Medicines Optimisation (for item Q&P/19/011)

Item	DISCUSSION
Q&P/19/018	<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 Carole Ribbins, Ian Potter and Ket Chudasama.</p>
Q&P/19/019	<p>Declarations of Interest on Agenda Topics</p> <p>Drs Ogle and Shah declared an interest in paper L, the Rebate Schemes:</p> <ul style="list-style-type: none"> • Aymes nutritional produces and Fobumix Easy Breathe Inhaler • (PrescQIPP) regarding publication of appropriate information related to rebates on each of the public facing websites
Q&P/19/020	<p>To approve Minutes of Meeting held on 15 January 2019</p> <p>The minutes of the meeting held on 15 January 2019 were approved as an accurate record.</p>
Q&P/19/021	<p>Action Log and matters arising</p> <p>Paper Ai, the action log, was received:</p> <p>Cancer long waits – Mrs Garcha informed the Q&P that a routine report on cancer long waits was submitted to the Quality Surveillance Group reporting on key themes, outcomes and actions taken in respect of the UHL position. At present there were 22 patients waiting between 113 and 160 days.</p>

Mrs Allardyce said that a long waiters section was included in the performance WLCCG Board report which included details of other providers. Mrs Garcha agreed to explore further how cancer long waiters were reported on through the system and Mrs Allardyce agreed to include anything West specific in the monthly Q&P highlight report. Mrs Barber said reporting arrangements needed to be very clear so that patient details did not fall through any gaps. Mrs Garcha agreed to produce an information flow chart demonstrating the governance routes for information sharing across all 3 CCGs.

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Care Homes Update – Mrs Garcha reported the care homes item had arisen from a previous patient safety report, where the patient safety lead had said there was insufficient capacity in the patient safety team to undertake root cause analyses for SIs in care homes. She referred to a previous piece of work she had been involved in called the SPACE programme at Wolverhampton and Birmingham. The SPACE programme included the development of an education and training programme for care homes that had a module on facilitation of SIs which had led to improved care and outcomes; reduction in pressure ulcers, falls and UTIs etc. Ms Adams felt that for something similar to be introduced in LLR it required the involvement of decision makers in care homes and Mrs Garcha agreed to investigate the possibility of a presentation to the Care Homes Forum.

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Mrs Garcha agreed to share a set of slides on SPACE with Q&P members.

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Virtual approval of PGDs - Ms Adams reported that Q&P members had been asked to virtually approve a group of PGDs outside the meeting for:

- Salbutamol Inhaler with Spacer device in acute asthma: administration and supply
- the administration of Salbutamol solution via a nebuliser in acute severe/life threatening asthma
- the use of nitrofurantoin in urinary tract infections (First line)(adults only)
- the use of trimethoprim in urinary tract infections (second line) (adults only)
- Flucloxacillin for Simple Soft Tissue Infections

Action: The Quality and Performance Committee:

- **RECEIVED** the action log and
- **APPROVED** the above listed PGDs following receipt of the reports virtually

Q&P/19/022

Review and Update of Q&P Risk Register

A revised risk register was circulated and tabled. Going forward Mrs Garcha said it appeared that not all CCG risk owners were confident in using the risk management system, however they should be reminded to update the risks regularly. Mrs Garcha had met with Stuart Fletcher (Corporate Governance) and both had agreed that the template should be reviewed and training provided to risk owners. Miss Hand reported on the revisions as follows:

WLCCG risks

03 – The CCG failed to meet nationally set C Diff trajectory – revised on 2.2.2019.

04 – The CCG failed to meet the NHSI ambition for reduction in gram-negative blood stream infections for 17/18 – reviewed on 1.2.2019 by Head of Infection Control. New targets recently received and the risk remained the same.

05 – That cost improvement schemes were implemented by providers without assessing quality impact – position had improved greatly, there was now a system for reviewing QIAs. – risk to remain for the present to ensure that it became business as usual.

06 – Increase in avoidable attendance at A&E from care homes – considerable work undertaken and the risk had reduced on 1.2.2019. following review of the current care home community based service. Ms Adams suggested adding some narrative on the SPACE programme.

SH

07 – individuals unlawfully deprived of their liberty – following a new framework in October 2017 – a review in part was held in May 2018 but then due to staff changes this had not been completed. Change in leadership had enabled the review and was completed in March 2019. Risk had greatly reduced.

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08 – QIPP schemes and disinvestment plans were implemented without assessing quality impact in the past – risk remained the same at present, however, the actions for QIA reviews was in place and was overseen by the Interim Chief Nurse

09 – reduced influenza vaccination rates in patients aged over 65 – Dr McHugh said the issue had been resolved and should be removed from the risk register.

Collaborative Risks

02 – Ambulances unable to attend in a timely response – reviewed by the head of quality and senior contracts officer – rating remained the same with no escalation.

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02 – Failure to meet ARP standards – remained as a high risk.

03 – high number of prolonged waits identified in December 2017 as causes for SI's prompting co-ordinating commissioners to initiate reviews – required review – Mrs Garcha agreed to discuss that with Mrs Pinson.

TASL

01 – patient safety – transport not arriving or arriving late, resulting in missed appointments, impact on DTOC, patients missing care packages, rebeds, etc – remained a high amber and a remedial action plan had been established.

05 – non emergency patient transport service becoming unsustainable – continued instability was a concern. CQC rated the organisation INADEQUATE – consider merging 01 and 05 – Risk had been reassigned to a new owner.

DHU

A new risk had been added surrounding PGDs – noted legal advice was currently being sought. The DHU medical director was currently producing a zero tolerance policy which would be a response back to the clinicians. Q&P members noted PPAG had requested an assurance report on DHU and Mrs Garcha reported that Mike Ryan, Interim Director of Urgent Care was responding to that.

Mr Fletcher confirmed to Ms Adams that the collaborative risks also appeared on the PPAG risk register and fed into PPAG meetings.

Ms Adams said that as part of receiving the CQC report on LPT, Board members at the meeting in March had queried why CAMHs had not appeared on the Q&P risk register. Mrs Barber queried where the CAMHs figures reported into for closer scrutiny and Mrs Garcha agreed to discuss further with CCG colleagues on how best it should be taken forward.

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As part of next steps the collaborative risks would be compared with the other two CCG risk registers to ensure that the risks were being managed in the same way.

Mr Fletcher explained to Mrs Barber that each CCG committee had its own risk register and the highest risks were placed on the Board Assurance Framework.

Action: The Quality and Performance Committee:

- **REVIEWED** the revised Q&P Risk Register and
- **AGREED** the changes based on the above discussion

Q&P/19/023

Highlight/Performance Report (including NHSE's CCG Assessment of 17/18 Mental Health, Dementia, Learning Disabilities and Diabetes

Mrs Allardyce presented paper D that provided an overview of performance assurance for WLCCG for January 2019 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. Key points of note:

Better Care Dashboard – a slight reduction in the inequality metric was showing since from 2017/18, using the most recent data from Q1 18/19.

Better Care Dashboard – new data received on early cancer diagnosis, though the position was lower in 2017 than 2016.

IAPT Access – achieved in November and the position had been supported by local data.

Learning Disability Health Checks 2017/18 – showed lower than in 2016/17 with significant work ongoing to improve the position in 18/19.

2 Week Cancer Waits – showed lower and slightly under the national target though performance in November/December was poor. January's performance was improved but remained at around 90%.

Quality Premium – no expectation of receiving any funding in the current financial year.

Better Care Fund – update included from Leics County Council. A detailed report had been received at the HOSC meeting and all indicators were green.

Section 5 – NHS England issued an update on 2017/18 IAF assessment of MH, Dementia, LDs and Diabetes and all 4 were rated as Requires Improvement for WLCCG.

MH - IAPT access, out of area placements and crisis resolution were rated below national expectations.

Dementia – despite good diagnosis rate, care planning and post diagnostic support was below national levels. 46% of CCGs were rated as Requires Improvement.

Learning Disabilities – 82% of CCGs Required Improvement or Inadequate – all areas in WLCCG were below national expectations (specialist in-patient care, annual healthcheck and LD register).

Diabetes – structured education attendance placed the CCG in the category of Requires Improvement. Investment had been made in primary care for the employment of IM&T facilitators.

RTT – analysis relating to waiting lists numbers were presented. Waiting lists should be lower in March 2019 than March 2018. Numbers to be monitored more closely and in WLCCG 1000 more patients were expected to be waiting in March 19 than in March 18. Mrs Allardyce briefed the Q&P on the breakdown of providers and specialties. In respect of the trauma and orthopedic specialty at UHL Dr McHugh pointed out the MSK triage service had been established to stop people from going into secondary care and yet referrals had increased by 15%. Mrs Allardyce replied that a number of actions were planned such as the development of a referral hub and coding changes. Between April and November the numbers were expected to significantly reduce.

Mrs Barber said there were some significant reductions together with some significant increases and as a snapshot of the position it was difficult to make any rational judgements. Mrs Allardyce replied the responsibility for improving the waiting list lay with the contracting teams and Q&P members were receiving the report for information. Ms Adams asked Q&P members if they were satisfied the appropriate staff were dealing pro-actively with the situation. Mr Roberts felt it would be useful to have some additional narrative on the reasons why some of the delays were occurring and Mrs Garcha added it would be useful to know if any harm reviews had highlighted any concerns. Mrs Allardyce agreed to action those suggestions.

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Dr Ogle expressed some concern over coding issues and said coding needed to be accurate within each specialty.

Mrs Allardyce said following a media article on changes in performance targets she had produced a summary for the Interim Accountable Officer's Board report and she agreed to circulate that to Q&P members.

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Quality

Mrs Garcha reported on quality issues as follows:

EMAS – some progress was apparent around leadership, with a new Quality director in post. EMAS were able to evidence that improvements were being made in the Quality Assurance meetings. Currently under NHSE QSG enhanced surveillance, this was expected to drop to routine in May. There were no concerns from a patient safety perspective.

TASL – NHS England was chairing the oversight group meetings. The CQC report was now published and TASL had been rated as INADEQUATE

CNH (DHU) – had received a CQC announced visit and as yet no report had been received.

DHU – a new risk had been added to the Q&P risk register concerning the use of PGDs. Work continued with DHU to resolve the issues.

A discussion was held on DHU's use of PGDs and the need for the changing landscape of healthcare provision in terms of developing new types of workforce. Organisations needed to progress in order to be able to provide assurance around working practices and meeting the needs of the population in order to avoid the emergence of risks. Mrs Garcha reported that a number of measures had been established around submission of evidence towards compliance and Mrs Stead, Head of Medicines Optimisation was producing a PGD breaches report. It was

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agreed to ask Mrs Stead to give a presentation at the April Q&P on the issue and what actions were being taken towards a resolution.

Action: The Quality and Performance Committee:

- **RECEIVED** the Highlight Performance Report.

Q&P/19/024

Performance Trajectories 2019/2020

Mrs Allardyce presented paper E and explained that as part of the 2019/2020 planning round, CCGs were required to provide targets and trajectories for a number of Key Performance Indicators. These included a number of Constitution, Mental Health, Primary Care, 'Other Commitments', LD Patient indicators and a Primary Care Workforce Plan. She added that a draft submission of the trajectories was made on the 12th February to NHS England via the SDCS system, an interim submission was also required on the 12th March to NHSE, with a final submission due to be made by 4th April, in line with the CCG Operational Plan. The report provided a position on the trajectories submitted in March, and took into account discussion at JMT in February and also feedback received from NHSE on the 12th February submission.

Mrs Allardyce reported that all but 2 metrics were currently being shown as expecting to achieve the national standard in 2019/20. The exceptions related to the Referral to Treatment (RTT) metric. Work was still required on the following metrics:

- IAPT Workforce numbers
- Primary Care Workforce - an update to 18/19 numbers only

These were required for the April submission, and were contained within a new version on the template issued by NHSE on 7th March.

Dr McHugh referred to the ambulance wait times where patients in the less urgent category appeared to be treated more quickly than urgent cases. Mrs Allardyce replied that EMAS had been questioned about that and it appeared category 4 patients were considerably less in number. Mrs Allardyce agreed to include some activity numbers in the next report.

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Action: The Quality and Performance Committee:

- **RECEIVED** and **NOTED** the Performance Trajectories 2019/2020

Q&P/19/025

CCG Combined Safeguarding Report and Safeguarding Performance Report: Quarter 3 2018/19 (included next steps on CQC Report) Report

Mrs Garcha presented paper F 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. Q&P members noted:

Critical messages:

- 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
- GP Adult Safeguarding Training below 90% uptake across LLR

New and emerging issues:

- CQC Inspection of West Leicestershire CCG and East Leicestershire and Rutland CCG Safeguarding and Looked After Children Services
- Voluntary Sector compliance with Section 11 by services commissioned by CCG
 - Revised adult safeguarding training requirements for CCG Staff and GPs

Action: The Quality and Performance Committee

- **RECEIVED** and **NOTED** the CCG Combined Safeguarding Report and Safeguarding Performance Report: Quarter 3 2018/19 (included next steps on CQC Report) Report.

Q&P/19/026

Infection Prevention and Control Report

Mrs Garcha presented paper G and explained that the infection prevention and control service delivered the infection prevention and control agenda and drove the delivery of continuous sustainable improvements in the standards of infection prevention and control for the three Clinical Commissioning Groups (CCG) within Leicester, Leicestershire and Rutland (LLR). The report provided a summary of LLR Infection Prevention and Control Teams for Q3 2018/2019.

Action: The Quality and Performance Committee

- **RECEIVED** the contents of the report
- **APPROVED** recommendation **7.2.3** and agree the removal of the two policies from circulation and from the intranet for all three CCG's.
- **NOTED** The revised presentation of the HCAI data and format of the quarterly IPC information.

Q&P/19/027

Quality Assurance Framework 19/20

Mrs Garcha presented paper H a bi-annual review of WLCCG's adherence to the current Quality Assurance Framework (2013) that included an up-to date summary of the following work stream areas within the last 12 months:

- Quality Contract assurance and monitoring
- Care Home assurance and monitoring and CHC
- Hosted Specialities assurance and monitoring
- Patient Experience and Engagement

In respect of collaborative commissioning arrangements Mrs Garcha said at present it had not been possible to agree a single way of working with the other CCGs. As a consequence the narrative was draft, with areas of red markings, missing areas and track changes. She added working closer together would take some time to develop.

Mrs Barber sought clarification on the development of a quality strategy across LLR and Mrs Garcha replied that a quality strategy would be produced informed by the quality assurance framework. The clinical quality team were also quality assuring all of their contracts and were developing a quality dashboard. Ms Adam informed the Q&P that one of her aims was to see a quality review across the 3 CCGs, a part of which would be to minimise the number of committees and maximise LLR working.

Action: The Quality and Performance Committee:

- **RECEIVED** the contents of the report.
- **APPROVED** the review and refresh of the existing West Leicestershire CCG Quality Assurance Framework, 2013 and consider the development of a Quality Strategy across LLR.
- **NOTED** The implementation of any changes to current CHC process as a result of the reviews as agreed across LLR.

Q&P/19/028

Complaints Report

Mrs Rodman presented paper I and explained that the purpose of the report was to summarise the complaints that had been dealt with by WLCCG in Quarter 3 – 1 October 2018 to 31 December 2018. She added that the report aimed to provide assurance that complaints were comprehensively reported, investigated and that lessons learned were implemented via the Quality and Contract review processes. Key points of note:

- During Quarter 3 West Leicestershire CCG received a total of 2 new complaints.
- A total of 2 complaints were resolved in Quarter 3.
- The complaints received by WLCCG during Quarter 3 were both in relation to the Non-emergency Patient Transport Service (NEPTS) provided by TASL.

Mrs Barber asked who led on the multi-agency complaints and Mrs Rodman replied a joint agency protocol was in place, however that was due for a refresh.

Action: The Quality and Performance Committee:

- **RECEIVED** the content of the report
- **RECEIVED** assurances that the CCG has robust systems and processes in place to ensure that complaints are being managed effectively in accordance with both the CCG and regulatory expectations

Q&P/19/029

Approval of Complaints Policy

Mrs Rodman presented paper J and reported that in line with the CCG's procedure for reviewing the CCG's corporate policies, the Complaints Handling Policy had been reviewed to ensure that it remained fit for purpose.

A copy of the revised policy, with tracked changes, was appended to the report for approval. The proposed changes to the policy were:

- Updates to legislation referenced within the policy, i.e. Data Protection Act 2018 and GDPR
- Updates to references to the Quality and Performance Committee (formerly sub-group)
- References to 'PALS' amended to 'General Enquiries' to distinguish between the enquiries received by the CCG and those managed through the PALS/PILS Teams of our providers

- Updates to job titles, i.e. removing 'Assistant Directors'
- Remove reference to the 'Joint Working Protocol', as this has now lapsed and provide further clarity on which organisation will lead the complaint investigation.

Subject to members' approval, the revised Complaints Handling Policy would be uploaded to the WLCCG website, to meet the Constitutional requirement of having a clear and published complaints policy.

Action: The Quality and Performance Committee:

- **APPROVED** the revised Complaints Handling Policy

Q&P/19/030

Data Security Protection Policies for approval

Mrs Rodman presented paper K that sought Q&P approval of the revised Data Security and Protection Policy, Part 1 and 2 (formerly the Information Security Policy, Part 1 and 2). She added that the Information Security Policy was reviewed and approved by the Quality and Performance Committee in February 2018. However, following the introduction of the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) in May 2018, it had been necessary to review the content of the above policies to ensure that they were compliant with current legislation.

Mrs Rodman reported that the primary change within the policies was that all reference to 'information security' had been updated to 'data security and protection', which was reflected in the change of policy title, and the Information Governance Toolkit (IGT) had been replaced with the Data Security and Protection Toolkit (DSPT). The content of both policies had been reviewed by the LLR Information Governance Group and updates discussed with the Information Security Manager at LHis.

Revised iterations of both parts of the Data Security and Protection Policy were appended to the report, with the proposed changes highlighted via tracked changes. The revised policies would then be uploaded to the CCG's DSPT for 2018/19, subject to approval by the Quality and Performance Committee.

Action: The Quality and Performance Committee:

- **APPROVED** the revised Data Security and Protection Policy, Part 1 and 2

Q&P/19/030
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Information Governance Annual Report 2018/19

Mrs Rodman presented paper Ki that provided the Q&P members with the CCG's IG Annual Report for 2018/19 and also an update regarding the CCG's position on the data security and protection toolkit (DSPT) for 2018/19.

Action: The Quality and Performance Committee:

- **RECEIVED** the contents of the Information Governance Annual Report for 2018/19.
- **APPROVED** the submission of the DSPT, by the CSU's Information Governance team on the basis of the assurances provided within the above report.

Q&P/19/031 Medicines Optimisation Highlight Report

Mrs Stead presented paper L that provided a comprehensive overview of the main activities of LMSG, LLR Medicines Optimisation Committee and the WLCCGG Prescribing Strategy Group.

Mrs Stead made reference to the changes being made to ordering repeat prescriptions and said a communication was being prepared for publication once the prescribing federation QIPP schemes had been signed off to stop third party ordering. She added that some funding was available for practices to help patients to order their prescriptions on-line. Patient leaflets were also being printed for community pharmacists.

Drs Ogle and Shah said they were pleased that community pharmacists had signed up to the scheme.

Action: The Quality and Performance Committee:

RECEIVED the Medicines Optimisation Highlight Report

Q&P/19/031 Approval of Rebate Schemes

a Mrs Stead presented two new rebate schemes for Aymes Oral Nutritional Supplements and Budesonide with Formoterol (Fobumix Easyhaler) that had been reviewed by Presqipp Pharmaceutical Industry Scheme Governance Review Board and assessed and approved by the LLR Medicines Optimisation Committee. The annual rebate income based on current prescribing levels in West Leicestershire CCG was:

- Aymes Oral Nutritional Supplements (Aymes Complete (all flavours), Aymes Starter Pack, Aymes Crème (all flavours), Aymes 2kcal (all flavours), Aymes Shake Starter pack - £8800
- Fobumix Easyhaler (Low levels of prescribing as new inhaler only recently available to market and incorporated into local guidance) - £100

Dr McHugh asked what the purpose was for rebate schemes and who the beneficiaries were. Mrs Stead replied that the CCG would benefit from the schemes by receiving an income on a quarterly basis. She added the schemes acted as an incentive and provided a competitive edge for pharmaceutical companies. Details on repeat schemes had been included in LLR and COPD guidelines.

Dr Ogle informed Q&P members that in general prescribing was not based on rebates and there was no financial benefit to GP practices.

Mrs Barber asked if the schemes were time limited and Mrs Stead replied they were between one and two years, with an automatic renewal and no volume threshold.

Action: The Quality and Performance Committee:

APPROVED the rebate schemes for:

- Aymes Oral Nutritional Supplements (Aymes Complete (all flavours), Aymes Starter Pack, Aymes Crème (all flavours), Aymes 2kcal (all flavours), Aymes Shake Starter pack.
- Fobumix Easyhaler

<p>Q&P/19/031</p> <p>b</p>	<p>Rebate Schemes</p> <p>Mrs Stead presented paper Lii, that included further guidance from PrescQIPP entitled “Quick Guide To Rebates And FOI Requests”. The guidance proposed taking a proactive approach as an option to help avoid multiple FOI requests by publishing limited (appropriate) information that the CCG had signed up to schemes, and naming them, on WLCCG website. This might help to alleviate any concerns around transparency with those arrangements</p> <p>Mrs Stead said the CCG received numerous Freedom of Information requests on rebates so were already publishing details on rebates and whether or not there had been any significant issues. She confirmed that the other CCGs would be publishing details on rebates and she agreed to feedback on the level of information provided.</p> <p>Action: The Quality and Performance Committee:</p> <ul style="list-style-type: none"> • APPROVED the publication of appropriate information relating to rebates on the WLCCG public facing website. A process of review and updating would be needed to be agreed and also an agreement to make prescribers aware of the schemes.
<p>Q&P/19/032</p>	<p>Items for escalation to be agreed:</p> <ul style="list-style-type: none"> • Review of Cancer Long Waits • DHU – use of PGDs • Approval of Revision of Q&P Risk Register • CAMHs Risk • Approval of Complaints Policy • Approval of Data Security Protection Policies • Approval of Information Governance Annual Report 2018/19 • Approval of Rebate Schemes • Approval of publication of Rebate Schemes on the WLCCG public facing website
<p>Q&P/19/033</p>	<p>Quality and Performance Committee Work Plan for 2019/20</p> <p>Paper M, the Quality and Performance Committee Work Plan for 2019/20 was received for information.</p>
<p>Q&P/19/034</p>	<p>CQC Final Inspection Report</p> <p>Paper N, the CQC Final Inspection Report for Looked After Children was received for information.</p>
<p>Q&P/19/035</p>	<p>Research and Development Update</p> <p>Paper O, the Research and Development Update was received for information.</p>
<p>Q&P/19/036</p>	<p>Any other business</p> <p>DHU – Use of PGDs</p> <p>Mrs Stead reported that she would be meeting with Mrs Ribbins, Interim Lead Nurse and a senior contracts officer to discuss the next steps in</p>

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respect of the use of PGDs by DHU. DHU relied heavily on para-medics and for the service to function PGDs were required. DHU was required to report on the adherence to PGDs as part of the quality schedule and the last two reports had illustrated a 20% deviation from the PGD framework (mainly relating to the use of anti-biotics) A risk assessment was currently being undertaken, partly to determine whether there were any patient safety issues.

Mrs Stead reported the longer term plan would be to move away from PGDs and on to independent prescribing, however, in the meantime the objective was to gain a local perspective and to make a decision on how to move forward.

Ms Adams said the Q&P committee must seek assurance that the situation was being properly tackled. Dr McHugh felt the situation should be raised with Professor Lakhani. Mrs Garcha agreed to action the escalation and to also consider how the use of PGDs could be built into future audits to ensure the practice was not occurring elsewhere. Mrs Stead agreed to highlight to the contracting teams the issue around commissioning services that were based on the use of PGDs, particularly where there were no competitors.

Dr McHugh commented that huge workforce problems existed and sometimes there were less people at ground level with less available training and expertise. Mrs Barber agreed and added that working practices were changing rapidly which made it difficult to keep pace.

Action: The Quality and Performance Committee:

RECEIVED the above update.

Q&P/19/037

Date and Time of Next Meeting

The next meeting of the Quality & Performance Committee will be held on Tuesday 21st May 2019, 12.00 – 14.00, Boardrooms, Woodgate, Loughborough, Leicestershire LE11 2TZ.

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