Date: 4.4.16 Meeting: CCG Governing Body **Item No. 8.6** **Public X Private**	**REPORT TITLE:** NLCCG Governing Body Quality Report **DECISIONS TO BE MADE:** The NLCCG Governing Body Quality Report has been revised. Members are asked to provide feedback on the format and content of the revised report, to ensure that the report meets their needs.
Author (Name, Title) **GB Lead:** Catherine Wylie - Director of Risk and Quality Assurance & Chief Nurse, NLCCG	

Continue to improve the quality of services	X	**Improve patient experience**	X
Reduced unwarranted variations in services	X	**Reduce the inequalities gap in North Lincolnshire**	X
Deliver the best outcomes for every patient	X	**Statutory/Regulatory**	X

Executive Summary (Question, Options, Recommendations):
The NLCCG Governing Body Quality Report has been developed to provide the Board with a clear picture of the assurance required with regard to Quality.

Summary of revisions made to the Quality Report:

- *New sections*
  The report now includes the following additional sections:
    - Continuing Healthcare
    - Primary Care
    - Nursing Update
    - Glossary of terms
  These new sections are provided in addition to the information included in previous reports.
- *New report format*
  The report is now provided in an excel spread sheet with individual tabs provided for each separate section, it is hoped that this will make the report simpler to navigate
- *Images*
  The report now includes several images representing the specific area of reporting, it is hoped that these images will add further context to the narrative
- RAG status
  A RAG status has been applied to the Provider Assurance section of the report, the RAG status represents the level of assurance applied to that measure by members of the NLCCG Quality Committee (as opposed the RAG status applied by the provider).

Key:	
Red	Risks have been identified. Further assurance is urgently required from the provider
Amber	In development. An element of risk has been identified, further assurance is required from the provider
Green	No risks identified, but Commissioners await further information from the provider

Equality Impact	N	Nothing to report
Sustainability	N	No impact identified
Risk	N	No risks were identified in relation to the amendments made to this report.

Legal	N	No legal implications have been identified in relation to the amendments made to this report.
Finance	N	No financial implications have been identified in relation to the amendments made to this report.

Patient, Public, Clinical and Stakeholder Engagement to date								
	N/A	Y	N	DATE		N/A	Y	N	DATE
Patient:			X		Clinical:		X		31/03/16
Public:			X		Other:		X		31/03/16

NHS
North Lincolnshire
Clinical Commissioning Group

NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP

GOVERNING BODY QUALITY REPORT - QUARTER 3 DATA (Unless otherwise stated)

Apr-16

<u>**OUR PROVIDERS**</u>

Northern Lincolnshire
& Goole Hospitals
NHS Foundation Trust
(Acute NL&G)

East Midlands
Ambulance
Service NHS
Trust (EMAS)

Spire Hull & East Riding
Hospital (Independant
Sector)

Hull &
East Yorkshire
Hospitals NHS T
rust (Acute/
Tertiary - HEY)

HMT St Hughs Hospital
(Independant Sector)

Rotherham Doncaster
& South Humber
Healthcare NHS
Foundation Trust
(Mental Health -
RDASH)

**The graph below reflects the RAG Status
of quality indicators across the CCGs main providers:**

■	Red
■	Amber
■	Green
■	No Data

6
31
35
12
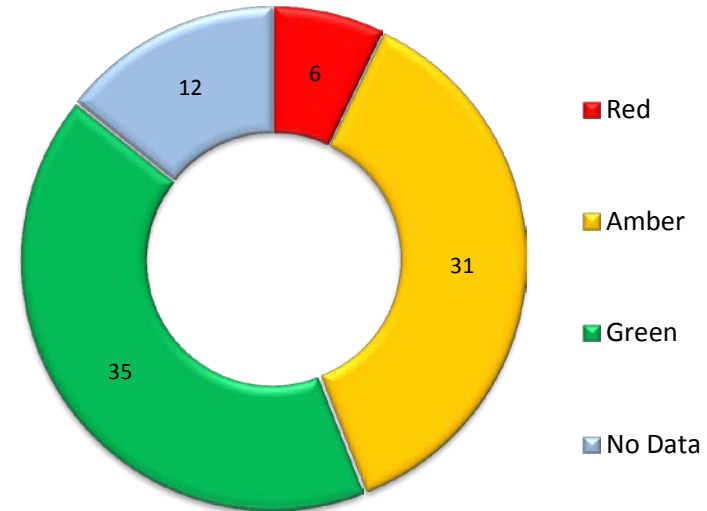
Quality Dashboard - Provider Assurance Summary

NHS North Lincolnshire Clinical Commissioning Group

The graph below provides a summary of quality indicators, across the CCG's main providers

Quality Indicator Group	Red	Amber	Green	No Data	TOTAL
Complaints		4	3		7
Falls		1	3		4
HCAI			8		8
Incident Reporting	1	5	6		12
Mortality		5		1	6
MSA			2	1	3
NEWS			2	1	3
NICE	1	1		2	4
Patient Harm		2		1	3
Pressure Ulcers/Tissue Injury		3	2		5
VTE	1	1	1		3
Patient Outcome Measure E.g. Performance indicators	1	3	2		6
CAS Alerts			4	1	5
CQC		5		2	7
Workforce		3		1	4
Friends & Family	2	1	1		4
TOTAL	6	31	35	12	84

The graph below provides a summary of quality indicators rated as red or amber

R, A, G	Indicator Description	EMAS	HEY	NLAG	RDASH	Spire	St Hughs
R	Clinical Handover (Ambulance Only)	1					
	Friends & Family Response Rates - A&E			1			
	Friends & Family Response Rates - Inpatient			1			
	NICE guidance compliance			1			
	No. of Never Events		1				
	VTE (Venous Thromboembolism)		1				
Total		1	2	3			
A	CQC Position Update	1	1	1	1	1	
	Friends & Family Recommendation Rate - A&E			1			
	Mortality – HED (HSMR)		1	1			
	Mortality – RAMI (MAT)			1			
	Mortality - SHMI		1	1			
	NICE guidance compliance		1				
	No. of complaints	1			1	1	1
	No. of Grade 2, 3 & 4 Pressure Ulcers		1	1	1		
	No. of Never Events	1		1			
	No. of patient falls			1			
	No. of Serious Incidents	1	1	1			
	Patient harm (harm-free care - acute care)		1	1			
	Staffing Position	1	1	1			
	VTE (Venous Thromboembolism)			1			
Total		5	8	12	3	2	1
Grand Total		6	10	15	3	2	1

Key Points to Note:

Please Note: a glossary of terms is provided at the end of this report.

Red indicators:

Clinical handover at EMAS
EMAS continues to report breaches against the clinical handover target; these breaches appear to relate to pre-clinical handovers as opposed to post-clinical handovers. The pre-clinical handover performance target is currently 15 minutes maximum; the Trust has reported an average pre-clinical handover time of 27 minutes at SGH.

Never Event at HEY
One never event was reported in Jan 16; this incident related to wrong site surgery and affected an NHS Hull CCG patient. Whilst this incident does not directly affect NLCCG, this is an area of concern for all Commissioners as this may indicate that there are challenges within the Trust in learning lessons from previous incidents.

VTE performance at HEY
The Trust has reported 78.39% achievement against the 95% target for this indicator in quarter 3 15/16. The Trust states that this performance is reflective of data capture issues between the paper system and the electronic system and that in reality the Trust is achieving the 95% requirement and states that this is evidenced via the VTE data submitted as part of the CQUIN submission. In addition to this, the Trust informed Commissioners that all breaches are reviewed by the Thrombosis Committee and no patients have been harmed as a result of the data issues. Commissioners continue to monitor this position closely via the monthly contract management process.

NICE compliance at NL&G
The Trust reports that they have achieved 81.4% compliance against an internal target of 90%. The Trust has reported that the majority of gaps in compliance relate to assessment of clinical guidelines and the lowest performing health group is Medicine. The Medicine Group has reported a backlog in completion of initial assessments of clinical guidelines (to establish whether the guideline is applicable and relevant), the Trust is focusing efforts and resources on Medicine to support additional recruitment; this will also support improvement in performance against the NICE indicator. The Trust has also reported that the 90% target was set by the Trust as an internal measure; the Trust is reviewing this target to determine whether it is still relevant and appropriate.

Implementation of the Friends and Family Test (FFT) at NL&G
The Trust has reported challenges achieving the performance target for FFT, the A&E target specifically. The Trust has reported an overall improvement with the inpatient FFT target.
The Trust has undertaken a number of initiates to improve this area of work:
Implementation of a weekly FFT dashboard
Brighter, more visible FFT boxes displayed in clinical areas,
Sharing positive responses with staff for re validation purposes
Increasing FFT awareness via promotion at the monthly Matrons forum
Trial of new FFT card in A&E SGH
Re launch of support from volunteers in progress

Amber indicators (summary of key points):

CQC position
NL&G:
The Trust has provided feedback to the CQC on the factual accuracy of the draft outcome report. Commissioners have now received an invitation from the CQC to attend the review of the final outcome report in April 16.

HEY: Commissioners note a good level of progress made against the Quality Improvement Plan (QIP). The Trust has reported a potential risk of slippage in relation to delivery of the Theatre and Outpatients transition plans. The Trust has also identified some risk in the timely delivery of the Orthopaedic plan. The Trust has confirmed that the QIP Project Manager will continue in their role for a while longer to oversee the mitigating actions against these risks. The Trust is focusing efforts on increasing patient flow in Theatre; the Trust has reported a risk in meeting the reduction of hospital cancelled operations KPI. The Trust will continue to provide monthly updates on progress against the QIP to Commissioners via the HEY Clinical Quality Forum.

RDASH:
The CQC has recently published its outcome report for RDASH; the CQC awarded the Trust an overall rating of 'requires improvement', the Safe and Effective inspection measures were rated as 'requires improvement'. The Trust has developed an action plan and Commissioners note the good level of progress made to date against this plan. Commissioners monitor progress against the plan via the monthly Contract Management Board meeting.

EMAS:
The CQC recently completed an inspection across the Trust. The CQC report is delayed due to key staff being off sick however it is expected to be received by the end of April 16. Commissioners await the publication of this report.

Workforce at NL&G (*NL&G Sickness rates & recruitment update*):
NL&G Clinical Support Services saw a large increase in their sickness rates during December. Estates and Facilities sickness rate remains high at 5.41% although this has fallen slightly since November 15. The Trust wide sickness rate has been consistently above target since September 15. The Human Resources operational teams are currently reviewing the Long Term Sickness Policy & Procedures which will be reported into the appropriate committees. A recruitment tour has been undertaken in Madrid, the Trust successfully recruited 10 nurses. An additional tour has taken place to Romania.

Quality Dashboard - Safeguarding Adults

Training

RDASH

Level 1 - 100%; Level 2 - 62%; Level 3 - 61%

NLAG

Basic Awareness: 93%

HEY

Overall compliance 87.51%

Spire

Overall compliance - 95%

Healthcare Referrals

194

(for the period 31.12.15 – 10.02.16)

Prevent Referrals

Nil

Prevent Training

RDASH: 100% compliance with basic awareness; 75% compliance with WRAP training.

NL&G: 95% compliance with basic awareness; 20% compliance with WRAP training

SAFEGUARDING ADULTS

Key Issues & Summary of Points:

The CCG has successfully appointed to a new Safeguarding Specialist Nurse, this post will work across Safeguarding Adults and Safeguarding Children.

The CQC has concluded its inspection of Phoenix Park Care Village; the final outcome report was published on 7.12.15. The CQC has graded the Care Village as inadequate, this now places the Care Village in special measures. The purpose of the 'special measures' category is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example to cancel their registration

The Care Village has agreed to provide the CQC and the CCG with an action plan in response to the inspection visit, the action plan will provide evidence of remedial actions taken by the Care Village in response to the CQCs inspection feedback.

There have been no Channel Panel Meetings (Prevent) in North Lincolnshire as there have been no referrals that have met the relevant criteria.

The Prevent training figures reflect training activity across the provider organisation, and are not specific to just NLCCG.

Please note, trainig data for St Hughs is currently unavailable. This is being progressed via the CCG's contract management process and it is expected that this data will be provided to memebrs in the near future.

Quality Dashboard - Safeguarding Children

Training

RDASH

Level 1 - 100%; Level 2 - 71%; Level 3 - 60%

NLAG

Level 1 - 93%; Level 2 - 92%; Level 3 - 83%

HEY

Overall compliance 86.4%

Spire

Overall compliance- 95%

Healthcare Referrals

The most recent validated data, that is available to the CCG, relates to quarter 1 15/16.

14.5% of all safeguarding children referrals were made by health practitioners

Update on Strategy Discussions

Attendance and report updates submitted to Child Protection Reviews:

70% of reports, that were required to support Child Protection Reviews, were provided

Early Help

44 Early Help Assessments were led by health services in Q1 2015/2016 (total undertaken, across all agencies in quarter 1 = 170)

SAFEGUARDING CHILDREN

Key Issues & Summary of Points:

Training:
The CCG is working to establish a mechanism to gather data relasting to update of training across primary care.

The generic training bechmarks for Safeguarding Children are:
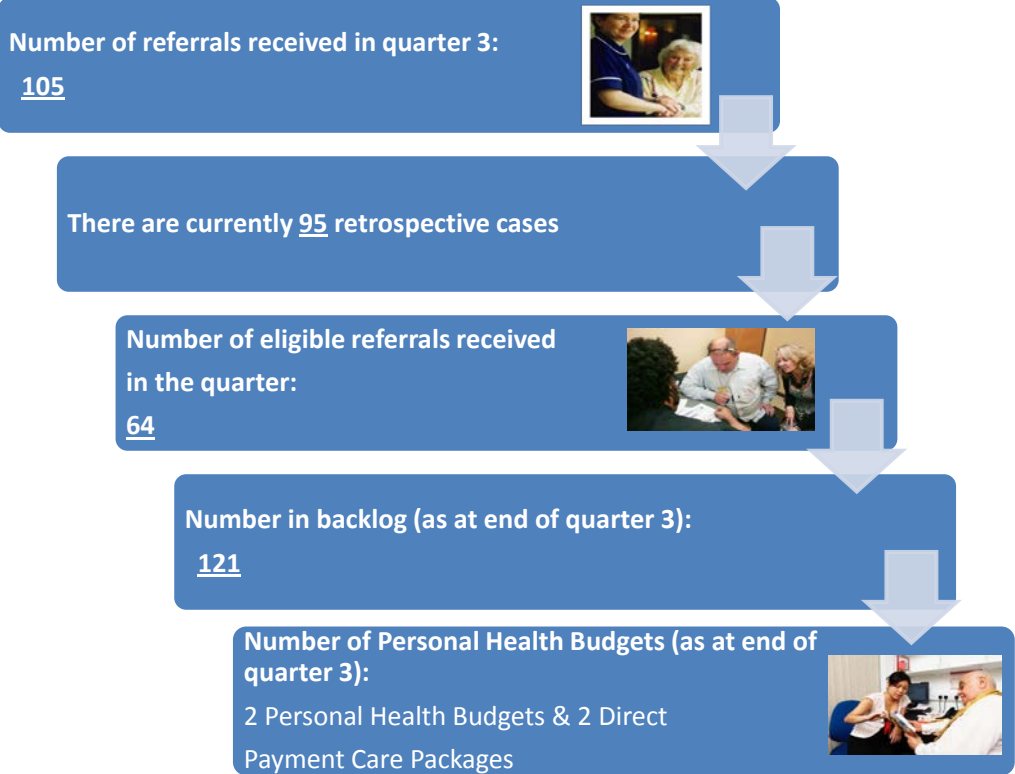Levels 1 to 3 respectively is 85%, 85% and 80%

NLaG, HEY and Spire training levels fall within acceptable limits.

RDaSH training data presents more of a concern, the Trust reports 100% compliance at Level 1, this has been achieved through the circulation of a leaflet and newsletter and Commissioners query the impact of this method of training.
The Trust reports that Level 2 and 3 training levels are below benchmark.

Please note, trainig data for St Hughs is currently unavailable. This is being progressed via the CCG's contract management process and it is expected that this data will be provided to memebrs in the near future.

Referrals
At present, Safeguarding Children referrals that have been made by health services (that have been progressed by Children's Social Care) are not yet available to the CCG as this data is owned by North Lincolnshire Council. More up-to-date crude data is available, however this data has not yet been validated and therefore cannot be shared. The CCG is liaising with the Council to agree a suitable way forward.

Quality Dashboard - Continuing Healthcare

Number of referrals received in quarter 3:

105

There are currently 95 retrospective cases

Number of eligible referrals received in the quarter:

64

Number in backlog (as at end of quarter 3):

121

Number of Personal Health Budgets (as at end of quarter 3):

2 Personal Health Budgets & 2 Direct

Payment Care Packages

Key Issues & Summary of Points:

CHC referrals continue to increase; this is partly due to the improvements that have been made with the CHC fast track funding process.

It is anticipated that these improvements will reduce the number of hospital admissions that could potentially be avoided, as the patient requires end of life care.

The NLCCG CHC Team continues to work closely with NL Council to manage the increasing number of re-referrals made to the team.

The CHC back log continues to reduce, but staffing shortages within the CHC team are adding further challenges to productivity.

Quality Dashboard - Infection Prevention & Control

Clostridium Difficile (C.Diff)

4 C.Diff cases were reported in quarter 3 2015/16

Methicillin-resistant Staphylococcus aureus (MRSA)

1 MRSA incident was reported in quarter 3 2015/16

Outbreaks

An outbreak of diarrhoea and vomiting reported at a care home in the Barton -Upon-Humber area.

An outbreak of respiratory illness and reports of chest infections at a care home in Scunthorpe.

Key Issues & Summary of Points:

31 cases of clostridium difficile, that relate to NLCCG patients, have been reported to date (as at 31 March 16) during 15/16, against a tolerance of 31

The CCG reported 1 MRSA incident in November 15, this exceeds the zero tolerance for MRSA during 15/16

The NLCCG Infection Prevention & Control Nurse has now commenced in her role, this position sits within the the Quality & Assurance Directorate

The Community Infection Prevention & Control Team continues to engage with GP practices and Care Homes across North Lincolnshire

The Care Home link network continues to function well, the new NLCCG IP&C Nurse will Chair the network meetings going forward

The NLCCG Infection Prevention & Control Nurse worked in collaboration with Public Health England to support the two Care Homes that were affected by the recent infection outbreaks

Quality Dashboard - Patient Experience

Freedom of Information (FOI) requests

The CCG received 55 requests in quarter 3, 100% of these requests were responded to within the 20 day deadline

Complaints

Two complaints were brought forward in to quarter 3 from quarter 2; 3 new complaints were received in quarter 3, 2 complaints were resolved in quarter 3

Claims

The CCG did not receive any new claims in quarter 3 and there are no outstanding/ongoing claims

PALS contacts

The CCG received 25 PALS contacts in quarter 3
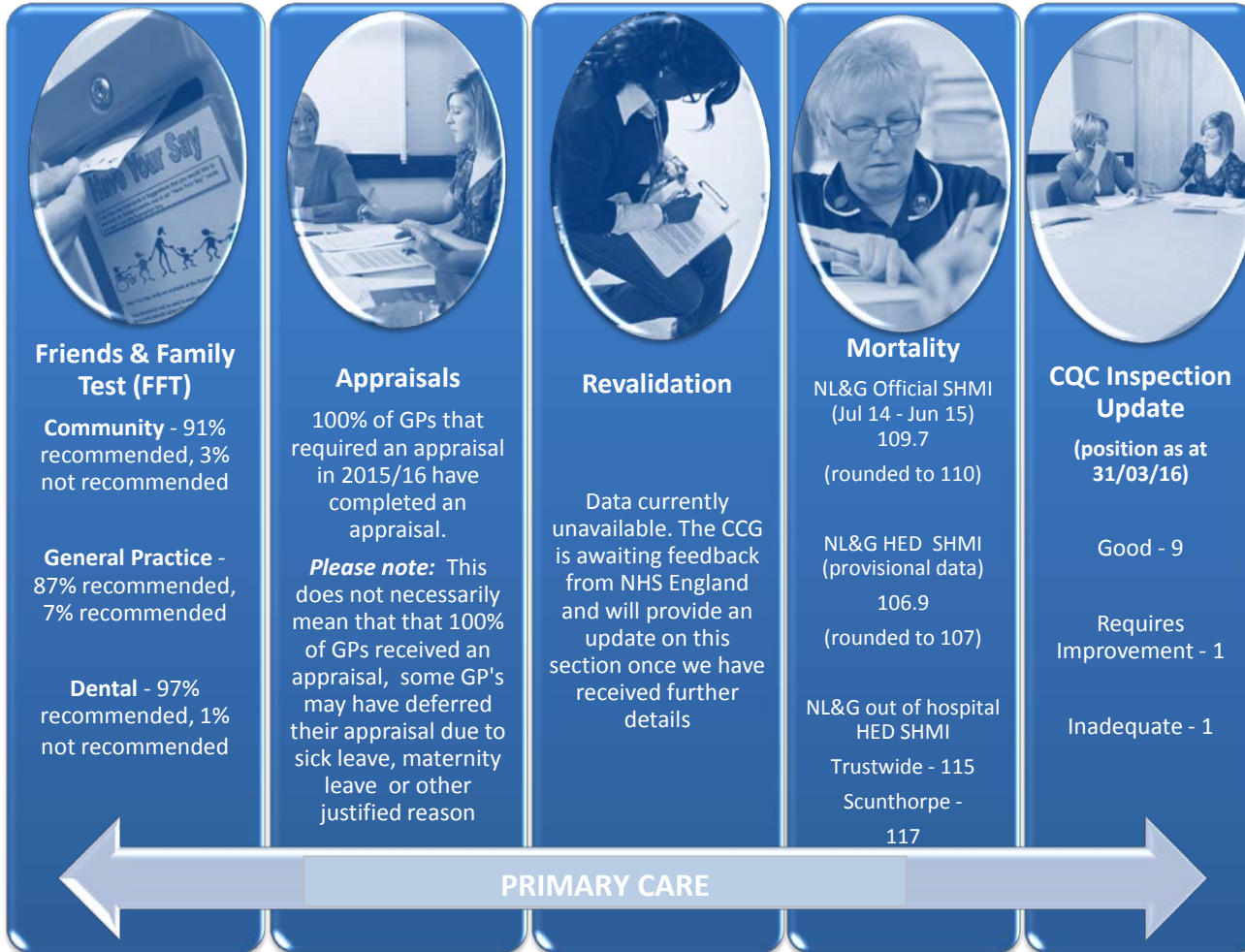
Key Issues & Summary of Points:

No themes or patterns have been identified in terms of claims activity.

In terms of Equality & Diversity, the CCG has strengthened its engagement with the LGBT community as a result of its participation in the Stonewall Health Index in 2014. Stonewall Trainig (an independent training company) delivered LGBT awareness training, and this was made available to GP practices. However, the CCG recognises that uptake for this training has been low. In response to this the CCG has asked practices to identify equality and diversity champions to attend training and share good practice and information with practice staff.

The main themes for PALS contacts in quarter 3 relate to requests for advice on how to contact the local Acute Trust and how to contact NHS England.

The main themes for FOI requests in quarter 3 relate to Mental Health services, General Practice, Diabetes services and Informatics.

NHS
North Lincolnshire
Clinical Commissioning Group

Quality Dashboard - Primary Care

Friends & Family Test (FFT)

Community - 91% recommended, 3% not recommended

General Practice - 87% recommended, 7% recommended

Dental - 97% recommended, 1% not recommended

Appraisals

100% of GPs that required an appraisal in 2015/16 have completed an appraisal.

Please note: This does not necessarily mean that that 100% of GPs received an appraisal, some GP's may have deferred their appraisal due to sick leave, maternity leave or other justified reason

Revalidation

Data currently unavailable. The CCG is awaiting feedback from NHS England and will provide an update on this section once we have received further details

Mortality

NL&G Official SHMI (Jul 14 - Jun 15) 109.7 (rounded to 110)

NL&G HED SHMI (provisional data) 106.9 (rounded to 107)

NL&G out of hospital HED SHMI

Trustwide - 115

Scunthorpe - 117

CQC Inspection Update

(position as at 31/03/16)

Good - 9

Requires Improvement - 1

Inadequate - 1

PRIMARY CARE

Key Issues & Summary of Points:

CQC inspection update
The CQC recently inspected Market Hill 8 to 8 Centre, the CQC outcome report reflects that the CQC awarded the Practice a rating of 'Inadequate'. The CQC recently inspected South Axholme Practice and awarded the Practice a rating of 'requires improvement'

Mortality (NL&G)
SHMI (Summary Hospital Level Mortality Indicator) is the 'official' NHS mortality measure. It is reported quarterly and it measures in and out of hospital mortality (deaths within 30 days of hospital discharge). The Trust falls wihtin the 'as expected' range for the ofiicial SHMI.

Using the provisional data (HED SHMI) for the twelve months to October 2015, the Trust is ranked as 108 out of the 136 NHS provider organisations included within the mortality data set, with a score of 106.9.

The split between in and out of hospital SHMI is not available in the national SHMI, via the HSCIC, but is sourced from the Healthcare Evaluation Data (HED) product. The methodology used for the split of the full SHMI is the same as the one used in the Boston Consulting Group SHMI analysis , which was undertaken on behalf of commissioners in 2013.

The Trust reports that the majority of non-elective mortality occurs at the weekend. Admissions to the Trust on a Sunday have the highest crude mortality. The majority of deaths that occur within 30 days of discharge happen 8 or more days after leaving hospital (62%).

The Trust reports that the out of hospital SHMI, at Scunthorpe at Trustwide, has been decreasing since March 2015.

Quality Dashboard - Nursing Update
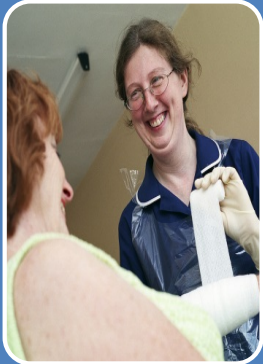
Revalidation

The CCG has signed up to an electronic revalidation system that will enable nurses and midwives to manage documents and work towards their revalidation. The CCG Quality Matron has written new guidance to support staff with the new process, the Quality Matron will be the designated lead for revalidation for NLCCG patch going forward. The revalidation process must be undertaken by nurses and midwives every three years in order to maintain their professional registration.

Clinical Supervision

The NLCCG Quality Matron is the designated lead for Clinical Supervision in the CCG.

This role includes delivering support to nursing staff within the CCG, in primary care settings and care homes in relation to clinical supervision, as defined in the Winterbourne Review and the Francis Report. The CCG Quality Matron will also be available to provide guidance and support as and when requested.

Key Issues & Summary of Points:

 Please Note: This page is under development, further detail will be provided in the next submission

Revalidation
Revalidation has replaced PREP as the new process of renewing nurse registration and came into force for all registered nurses and midwives with effect from April 1st 2016. The purpose of revalidation is to improve public protection by making sure that nurses and midwives remain fit to practise throughout the duration of your career.

Clinical Supervision
The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice.

Clinical supervision provides an opportunity for staff to:
- Reflect on and review their practice
- Discuss individual cases in depth
- Change or modify their practice and identify training and continuing development needs.

Clinical supervision can help ensure that people who use services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice.

Glossary of terms

NLCCG	North Lincolnshire Clinical Commissioning Group
GP	General Practice
CCG	Clinical Commissioning Group
EMAS	East Midlands Ambulance Service
NL&G	Northern Lincolnshire & Goole NHS Foundation Trust
HEY	Hull & East Yorkshire NHS Hospitals Trust
RDASH	Rotherham Doncaster and South Humber NHS Foundation Trust
St Hughs	HMT St Hugh's Hospital Grimsby (independent hospital)
RAG	Red Amber Green performance status
Spire	Spire Hospital Hull and East Riding (independent hospital)
SHMI	Summary Hospital Level Mortality Indicator
CQC	Care Quality Commission
A&E	Accident & Emergency department
HCAI	Health Care Acquired Infections
NEWS	National Early Warning System
MSA	Mixed Sex Accommodation
NICE	National Institute for Clinical Excellence
VTE	Venous thromboembolism
CAS	Central Alerting System
HED	Healthcare Evaluation Data (mortality data)
HSMR	Hospital Standardised Mortality Ratios
RAMI	Risk Adjusted Mortality Index
Prevent	The government's Prevent programme is aimed at stopping more people getting drawn towards violent extremism
CHC	Continuing Healthcare
PALS	Patient Advice and Liaison Service
LGBT	lesbian Gay Bisexual and Transgender