

Date: 9.6.16 Meeting: CCG Governing Body

Item No. 7.2

Public X **Private**

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GB Lead:
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REPORT TITLE:

NLCCG Governing Body Quality Report

DECISIONS TO BE MADE:

The Governing Body members are asked to note the content of the report.

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):

This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and, in doing so, provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

A key priority includes ensuring the strategic direction for improving and maintaining quality in commissioned services. CCG quality leads are working closely with service providers to ensure that all commissioned services are assessed consistently against both national and local key performance indicators.

Key Points to Note

The Board are advised to note the following:

1] Page 1

The report considers the quality assurance of our seven key providers of services. Although they are achieving many of their performance indicators as recorded in Figure 1, the quality outcomes of the CQC inspections identifies that 6 of the 7 require improvement whilst Scunthorpe Hospital is rated 'inadequate'.

2] Page 3

The CQC have also highlighted areas of concern with Care Homes in North Lincolnshire with Phoenix Park Care Village rated inadequate and concerns raised in another care home [report awaited].

3] Page 5

Continuing Healthcare is experiencing an increase in referrals and is also challenged by a backlog of cases. Additional support is being given to the Team to address these demands.

4] Page 8

Primary Care - three CQC inspections have been undertaken in Q4 and each of the practices inspected have reviewed 'good' ratings.

The CCG is working with each of the Providers to improve their ratings and to address areas that require improvement.
 A range of Provider visits are planned to secure additional assurance in specific areas and further CQC inspections will be undertaken in each of the Providers to ensure improvements are made.

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									
	<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>DATE</i>		<i>N/A</i>	<i>Y</i>	<i>N</i>	<i>DATE</i>
Patient:			X		Clinical:		X		31/03/16
Public:			X		Other:		X		31/03/16

NORTH LINCOLNSHIRE CLINICAL COMMISSONING GROUP

GOVERNING BODY QUALITY REPORT - QUARTER 4 15/16 DATA (Unless otherwise stated)

Jun-16

OUR PROVIDERS



East Midlands Ambulance Service NHS Trust (EMAS)

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

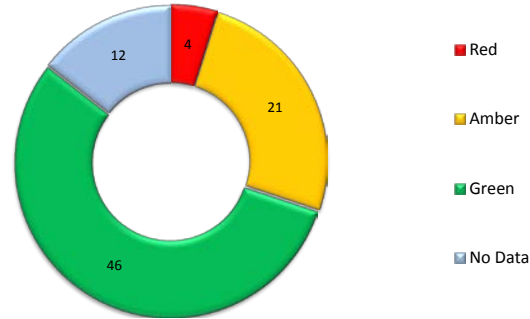
Spire Hull & East Riding Hospital (Independent Sector)

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

HMT St Hughs Hospital (Independent 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:



The table below reflects the CQC status across the CCGs main providers:

NL&G NHS Foundation Trust	Requires improvement	Latest report published April 16
NL&G - SGH	Inadequate	Latest report published April 16
HEY NHS Hospital Trust	Requires improvement	Latest report published October 15
East Midlands Ambulance Service	Requires improvement	Latest report published May 16
HMT St Hughs Hospital	Requires improvement	Latest report published March 16
Hull and East Riding Spire Hospital	Requires improvement	Latest report published May 16
RDASH NHS Mental Health Trust	Requires improvement	Latest report published January 16

Quality Dashboard - Provider Assurance Summary

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		2	5		7
Falls			3	1	4
HCAI		1	7		8
Incident Reporting		1	11		12
Mortality		4	1	1	6
MSA			2	1	3
NEWS			2	1	3
NICE	1	1		2	4
Patient Harm		2		1	3
Pressure Ulcers/Tissue Injury		1	4		5
VTE		2	1		3
Patient Outcome Measure E.g. Performance indicators	1		3	2	6
CAS Alerts			4	1	5
CQC	2	3	1		6
Workforce		2		2	4
Friends & Family		2	2		4
TOTAL	4	21	46	12	83

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

R, A, C	Indicator Description	EMAS	HEY	NLAG	RDASH	Spire	St Hughs
R	Clinical Handover (Ambulance Only)	1					
	CQC Position Update	1		1			
	NICE guidance compliance			1			
	Total	2		2			
A	CQC Position Update		1		1		1
	Friends & Family Recommendation Rate - A&E			1			
	Friends & Family Response Rates - Inpatient			1			
	Mortality – HED (HSMR)			1			
	Mortality – RAMI (MAT)			1			
	Mortality – SHMI		1	1			
	NICE guidance compliance		1				
	No. of c. difficile cases			1			
	No. of complaints			1		1	
	No. of Grade 2, 3 & 4 Pressure Ulcers			1			
	No. of Serious Incidents			1			
	Patient harm (harm-free care - acute care)		1	1			
	Staffing Position	1		1			
	VTE (Venous Thromboembolism)		1	1			
	Total	1	5	12	1	1	1
	Grand Total	3	5	14	1	1	1

Key Points to Note:

Please Note: a glossary of terms is provided in the last tab of this report.

Red indicators:

CQC position at NL&G

The Trust's draft CQC action plan has been circulated to Commissioners for comment; Commissioners have provided feedback on the content of the plan to the Trust and await the final version. It is anticipated that the final version of the action plan will be overseen by Commissioners on a monthly basis via the NL&G Executive Contract Board.

CQC position at EMAS

The CQC published their outcome report for EMAS on 10th May 16. The inspection took place during November 2015 and incorporated a review of the Emergency Operations Centre, Urgent and Emergency Care (including the Hazardous Area Response Team (HART)) and Air Ambulance and Patient Transport Services in Lincolnshire.

Overall rating for this trust - **Requires improvement**

Rating categories:

Are services at this trust caring? **Good**

Are services at this trust responsive? **Good**

Are services at this trust effective? **Requires improvement**

Are services at this trust well-led? **Requires improvement**

Are services at this trust safe? **Inadequate** The CQC has taken enforcement action in relation to the inadequate rating for safety (Section 29 Notice).

The CQC Quality Summit was held on 28th April 16, it was agreed at the summit that a single oversight committee would be established to support the delivery of the CQC action plan. The membership of the oversight committee will include Directors of Nursing (or Deputies) from Lead County CCGs EMAS, NHS England and NHS Improvement. The Chief Nurse at Hardwick CCG (Lead Commissioner) will chair the meeting, the meeting will report to the EMAS Partnership Board. The first meeting will be planned for the end of June once the action plan has been approved by EMAS.

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 24 minutes at Grimsby site and 12 minutes at Scunthorpe site. Although performance against this target remains challenging across the Trust, considerable improvements have been made in the pre-clinical handover times at the Scunthorpe site.

NICE compliance at NL&G

The Trust achieved 83.8% compliance against an internal target of 90%, as at 31st March 16. Although performance against this indicator remains below target, the Trust has demonstrated some improvement during March 16. The Trust had confirmed that this improved performance is a direct result of revisions made to the process for managing NICE guidance within the Medicine Health Group. The main challenge to compliance with this target relates to staffing levels in the Medicine Health Group.

Amber indicators (summary of key points):

St Hughs – CQC report outcome

The CQC undertook an inspection at St Hughs hospital on 25th-26th August and 10th September 2015. This was the first comprehensive inspection of St Hugh's Hospital. The CQC last inspected the hospital in December 2013 and reported compliance with all the standards inspected at that time.

Overall rating for this trust - **Requires improvement**

Rating categories:

Surgery **Requires improvement**

The CQC outcome report states that there was a lack of robust systems and processes in place to manage patient safety. However there was evidence that a review of governance arrangements had started prior to inspection. The CQC did not find evidence of thorough and robust incident investigations and there was a lack of assurance that learning from incidents was shared throughout the surgical service.

Outpatients and diagnostic imaging **Requires improvement**

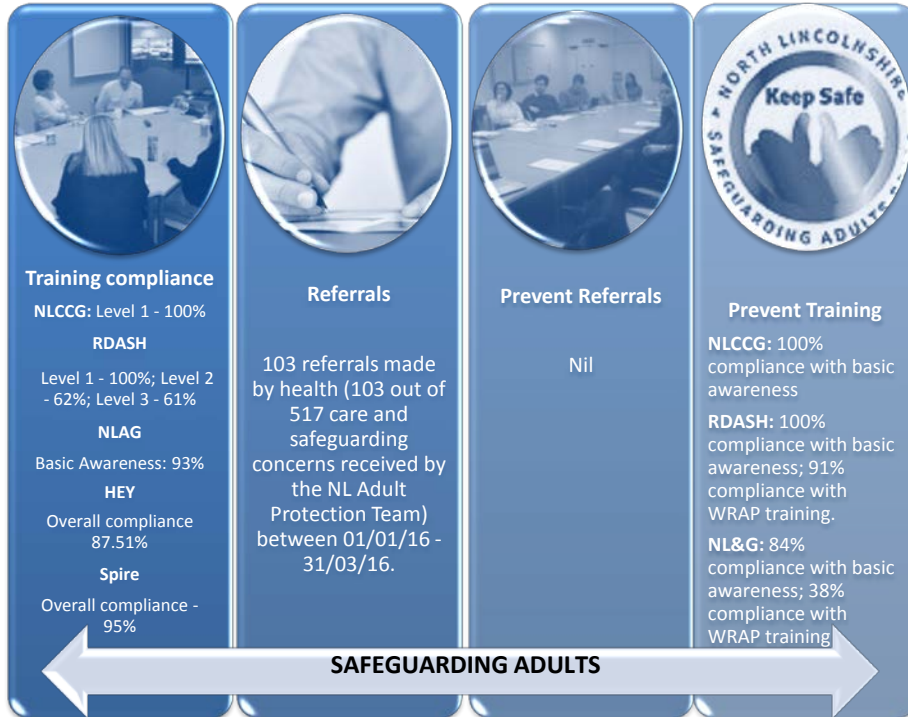
The CQC outcome report states that there was limited evidence that policies, care and treatment were evidence-based and that effective systems were in place to improve services. The lack of audit activity provided little assurance that the hospital monitored the quality of care effectively.

The CQC action plan is being monitored via the contract monitoring meeting.

Staffing position at NL&G

The Trust's vacancy rate for medical staff is increasing, current performance is 16.33% against a target of 12% in March 16, and this remains one of the Trust's main areas of risk. The vacancy position for nursing staff has improved (achieved 6.96% against 7% target in March 16); the Trust has achieved its staffing quota for unregistered nurses although the vacancy rate for registered nurses remains above target.

Quality Dashboard - Safeguarding Adults



Key Issues & Summary of Points:

Care Homes

Phoenix Park:

The CQC has published its findings following the review of Phoenix Park Care Village, the CQC rated the organisation as inadequate. The CCG is working closely with the management team at Phoenix Park, NL Local Authority and the CQC to manage the impact of the latest inspection and to mitigate any risks. E.g. The CQC Quality Team is undertaking safe and well checks on all clients residing at Phoenix Park.

Haverholme House:

The CQC inspected Haverholme House on 28th April 15. Following this inspection, a review was undertaken, the review identified the following outcomes:

There were inconsistencies in the quality of care monitoring records.

There were inconsistencies in applying the principles of the Mental Capacity Act (specifically, capacity assessments and best interests meetings).

In light of the above, the CQC has requested that the home improves the standard of care monitoring records.

Gilby House:

The CQC has inspected Gilby House Nursing Home using the new inspection process. The CQC will publish the outcome report however some concerns have initially been raised.

St Hughs Hospital - Grimsby

The NLCCG Safeguarding Team has provided guidance and support to staff at St Hughs on all aspects of Safeguarding Adults. The Team has also provided St Hughs staff with access to the Prevent basic awareness training link and a date has been scheduled to deliver Health WRAP training at St Hughs.

Prevent

Prevent policy:

The NLCCG Safeguarding Team has drafted a Prevent Policy, the Policy was approved by members of the NLCCG Quality Committee on 25th May 16 and is relevant to all NLCCG staff, including volunteers, temporary staff and seconded staff. This policy should be read alongside the National Prevent strategy, but is specific to the policies and practices of the North Lincolnshire Clinical Commissioning Group (NLCCG).

Channel Panel:

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

Quality Dashboard - Safeguarding Children



Key Issues & Summary of Points:

Training:

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

NLaG, HEY and Spire training levels fall within acceptable limits. However, the recently published CQC outcome report for NL&G indicates that whilst overall training uptake falls into acceptable limits, there are key departments/ professional groups for whom training update is below these limits. The CCG is monitoring this via the NL&G Quality Contract Review meeting.

RDASH training data, the Trust reports 100% compliance at Level 1; this has been achieved through the circulation of a leaflet and newsletter the CCG is working with RDASH to ensure that this method of training is effective.

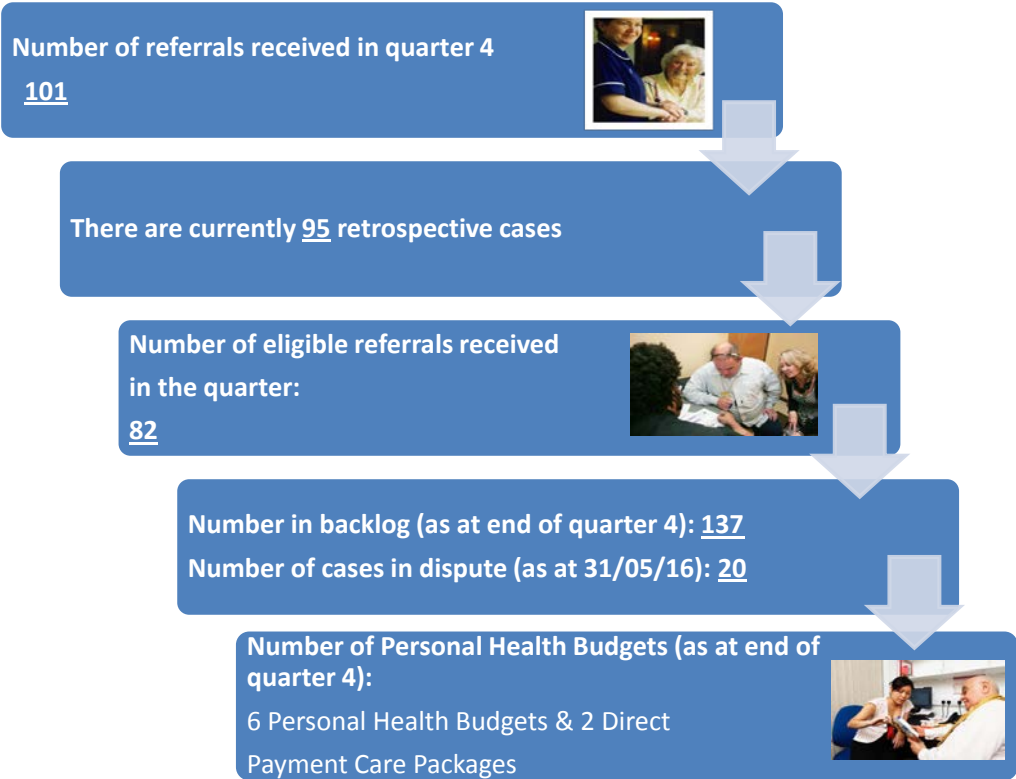
The Trust reports that Level 2 and 3 training levels are below the required benchmark. This is being monitored by the CCG via the RDASH Contract Management Board.

Please note, training 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 members in the near future.

Strategy discussions:

Where a health practitioner is not in attendance at a strategy discussion, the Specialist Nurse for Safeguarding Children who is embedded in the NLCCG Safeguarding duty team is able to ensure that relevant health information is available for consideration by members of the meeting, and will provide analysis of health information as required to inform future plans.

Quality Dashboard - Continuing Healthcare



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 has risen slightly in quarter 4, staffing shortages within the CHC team have added additional challenges to reducing the backlog.

The structure of the NLCCG CHC Team is currently being reviewed, it is hoped that the new structure will ease the pressures faced by the team. The NLCCG Clinical Quality Matron is providing interim support and guidance to the team.

Quality Dashboard - Infection Prevention & Control



Clostridium Difficile (C.Diff)

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



Methicillin-resistant Staphylococcus aureus (MRSA)

There were no MRSA incidents reported in quarter 4 2015/16

Outbreaks



Outbreaks of diarrhoea and vomiting were reported in 10 care homes, 4 hospital wards and 1 school across the North Lincolnshire area, during quarter 4. The situation has now improved.

An outbreak of Influenza A H1N1 was confirmed in a learning disability care home, during quarter 4. The situation has now improved.

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. Therefore, the CCG remained within it's annual trajectory for C. Diff.

Of the 6 C.Diff cases reported in quarter 4, 3 were acquired in health organisations and 3 were acquired in care organisations.

The NLCCG Infection Prevention & Control Team acknowledges that the norovirus season started late this year, and the influenza season appears to have peaked later than usual, although the Team has confirmed that the flu season is now subsiding. The influenza outbreak in quarter 4 mainly affected younger people (15-44 years) in one care establishment.

The Community IP&C Team continues to engage with GP practices and Care Homes across North Lincolnshire to undertake IP&C audits. During quarter 4, the IP&C Team audited 3 GP Practices, the outcome scores have ranged from 85% - 97% and all 3 Practices achieved a Green rating (according to the RAG grading scheme).

Quality Dashboard - Patient Experience



Key Issues & Summary of Points:

NLCCG Complaints:

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

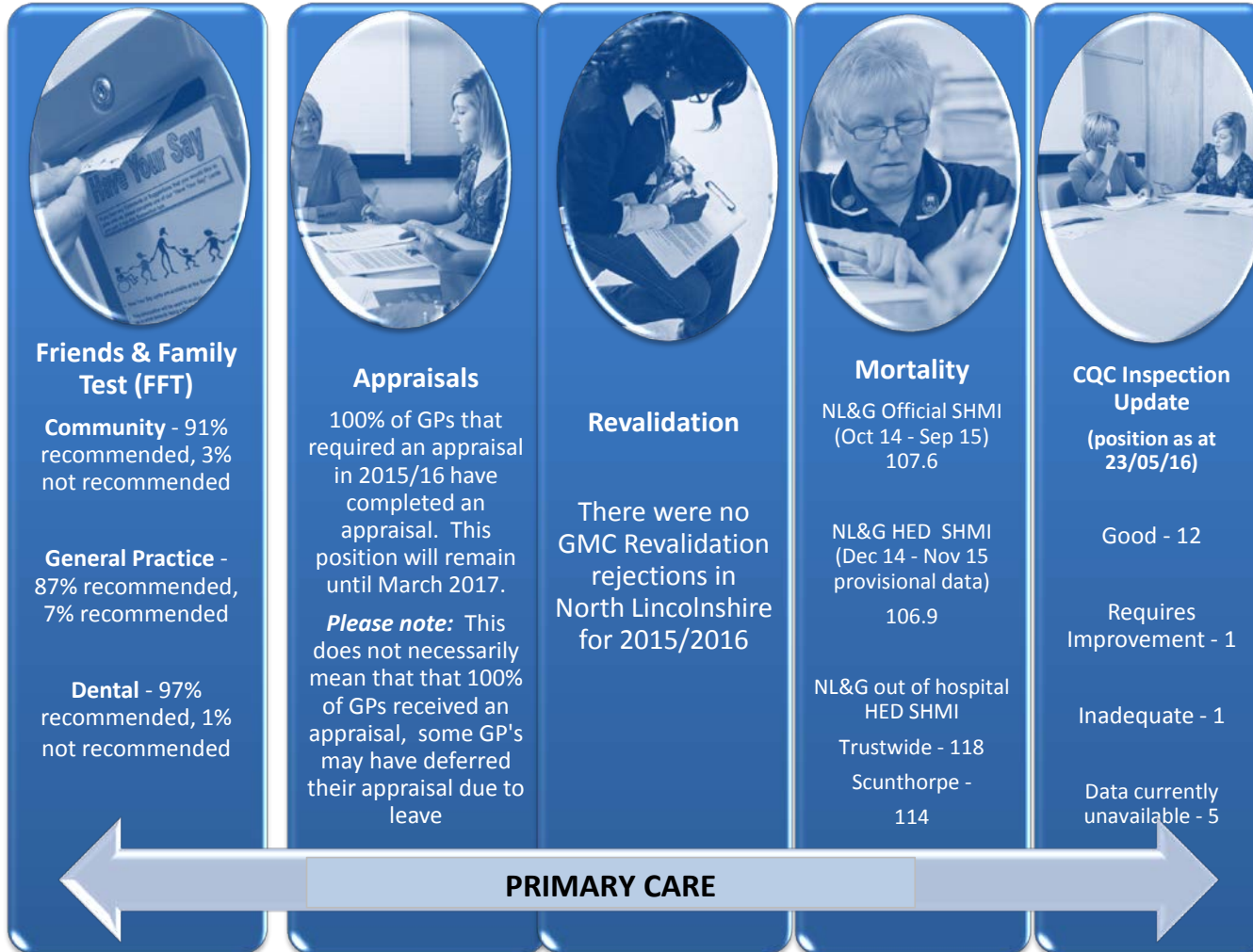
NLCCG Patient Advice & Liaison Service (PALS):

The main themes for Patient Advice & Liaison Service (PALS) contacts in quarter 4 relate to requests for advice on how to contact the local Acute Trust, contact details for NHS England and contact details for local GPs and Dental Practices. The CCG also received 1 compliment via the PALS.

Freedom of Information (FOI) requests to NLCCG:

The majority of FOI requests received by the CCG in quarter 4 were submitted to the CCG by corporate companies and individual members of the public. In total, 231 FOI requests were submitted to NLCCG during 2015/16, 100% of FOI requests received during 2015/16 were responded to within the 20 day deadline.

Quality Dashboard - Primary Care



Key Issues & Summary of Points:

CQC inspection update

The CQC has undertaken 3 inspections at GP Practices since the previous submission of this report, each of these Practices were rated as good.

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 within the expected range.

Using the provisional data (HED SHMI) for the twelve months to November 2015, the Trust is ranked as 110 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 Trust reports that the out of hospital SHMI, at Scunthorpe continues to decrease.

Update on mortality work streams:

Sepsis work stream -

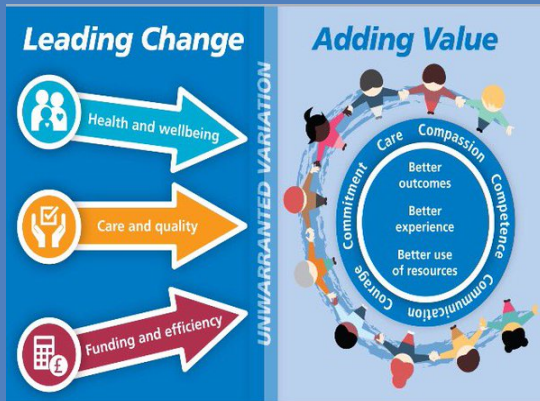
The Trust has successfully appointed a Sepsis Specialist Nurse, a Nurse Consultant for Deteriorating Patient, and Nurse Educators for Sepsis. Ongoing training in the thematic analysis of Sepsis with Professor Allen Hutchinson.

End of Life Care work stream -

A new end of life strategy group has been established. The Group is Chaired by the Trusts Deputy Medical Director and is comprised of representatives from the Trusts Commissioners and other providers of end of life care services in the area.

Quality Dashboard - Nursing Update

Leading Change - Adding Value



Health and wellbeing: A greater focus on prevention is needed to enable health improvements to continue and to counter pressure on services

- **Care and quality:** Health needs will go unmet unless we reshape care, harness technology and address variations in quality and safety
- **Funding and efficiency:** Without efficiencies, a shortage of resources will hinder care services and progress

Leading

Leading Change - Adding Value



Parish Nurses undertake:

- health assessments
- vital sign monitoring
- falls assessment
- nutritional screening
- mental health
- spiritual health
- medication checks
- care co-ordination - using volunteers.

Key Issues & Summary of Points:

Leading Change Adding Value

Jane Cummings, Chief Nursing Officer for England, has launched a new strategy for nurses and midwives. Leading Change, Adding Value is a framework for all nursing, midwifery and care staff, whatever role they are in. It builds upon Compassion in Practice and is directly aligned with the Five Year Forward View and its vision to integrate health and social care services, improve the adoption of preventative measures and narrow three crucial gaps in Health and wellbeing, Care and quality and Funding and efficiency.

Parish Nursing

Parish nursing is a recognised and reliable source of community health care. Parish Nurses are traditionally employed by Churches and are either salaried posts or volunteers. They meet the usual revalidation, registration and governance requirements for the NMC as any other nurse. They are a valuable resource and add great value to the transformation agenda.

There is currently a Parish Nurse working in Scunthorpe and as Chief Nurse, I am keen to see this role develop and reap further benefits for the population of North Lincolnshire.

At a meeting with the Chief Nursing Officer for England, Jane Cummings, NLCCG will raise the profile and integration of Parish Nurses into mainstream healthcare.

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