

Date:	11 August 2016
Meeting:	CCG Governing Body
Item Number:	8.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Chloe Nicholson, Quality Manager
GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Risk and Quality Assurance and Chief Nurse

Report Title:	Quality Report
Decisions to be made:	The CCG Governing Body members are asked to note the content of the report

Continue to improve the quality of services	<input checked="" type="checkbox"/>	Improve patient experience	<input checked="" type="checkbox"/>
Reduced unwarranted variations in services	<input checked="" type="checkbox"/>	Reduce the inequalities gap in North Lincolnshire	<input checked="" type="checkbox"/>
Deliver the best outcomes for every patient	<input checked="" type="checkbox"/>	Statutory/Regulatory	<input checked="" type="checkbox"/>

Executive Summary (Question, Options, Recommendations):
<p>The Quality Report presents an updated position in relation to key areas of risk and quality assurance within NHS North Lincolnshire Clinical Commissioning Group [NLCCG].</p> <p>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.</p> <p>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.</p>

Equality Impact	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Nothing to report
Sustainability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No impact identified
Risk	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No risks were identified in relation to the amendments made to this report
Legal	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No legal implications have been identified in relation to the amendments made to this report
Finance	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Clinical:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Public:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

NORTH LINCOLNSHIRE CLINICAL COMMISSONING GROUP

GOVERNING BODY QUALITY REPORT - QUARTER 1 16/17 DATA (Unless otherwise stated)

Aug-16

OUR PROVIDERS



East Midlands Ambulance Service NHS Trust (EMAS)

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

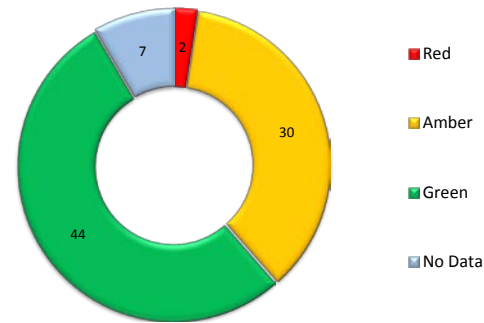
Spire Hull & East Riding Hospital (Independent Sector)

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		3	4		7
Falls			3	1	4
HCAI			8		8
Incident Reporting		4	8		12
Mortality		4	1	1	6
MSA			3		3
NEWS			2	1	3
NICE	1	1	1	1	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	4	1	6
CAS Alerts			5		5
CQC	1	5			6
Workforce		3		1	4
Friends & Family		4			4
TOTAL	2	30	44	7	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	CQC Position Update			1			
R	NICE guidance compliance			1			
Total				2			
A	CQC Position Update	1	1		1	1	1
	Friends & Family Recommendation Rate - A&E			1			
	Friends & Family Recommendation Rate - Inpatient			1			
	Friends & Family Response Rates - 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 complaints			1	1	1	
	No. of Grade 2, 3 & 4 Pressure Ulcers				1		
	No. of Never Events	1					
	No. of Serious Incidents	1		1	1		
	Patient harm (harm-free care - acute care)		1	1			
	PROMS (Combined)			1			
	Staffing Position	1	1	1			
	VTE (Venous Thromboembolism)		1	1			
Total		4	6	13	4	2	1
Grand Total		4	6	15	4	2	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 is in the final stages of developing its CQC action plan; the plan has been devised in conjunction with Commissioners and will focus on implementing the actions that were agreed at the NL&G Quality Summit. Members of the NL&G Executive Contract Board (ECB) have agreed that the CQC action plan will be monitored by Commissioners at the NL&G ECB; the action plan will then be submitted to NL&G Quality Contract Review (QCR) for information and review.

NICE compliance at NL&G

The Trust achieved 76.5% compliance against an internal target of 90%, as at end of May 16. Although performance against this indicator remains below target, the Trust has demonstrated some improvement during quarter 1. 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):

CQC compliance position at HEY

The Trust has devised a new Quality Improvement Plan for delivery in 16/17; the new plan incorporates a number of projects that have been revised and updated to consolidate the improvement work from 2015/16 and to include new objectives. The plan is being closely monitored by commissioners and providers via the contract management meeting structure. The CQC recently completed a mock visit across Trust sites; initial feedback identified some on-going concerns around the Trusts governance processes, but also identified positive assurance in relation to Board development, culture and good evidence of care across the Trust.

CQC compliance at RDASH

Following the Trust wide announced inspection of services, which commenced on 14 September 2015, the final Trust reports were published by the CQC on 19 January 2016. The Trust has developed and submitted its action plan in response to the actions recommended to the CQC. RDASH received an overall rating of 'Requires improvement'.

The following specific areas were rated as 'Requires Improvement':

- Community mental health services for people with LD or autism
- Community based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Substance misuse services

The RDASH CQC action plan, including specific areas of concern highlighted above, is closely monitored by Commissioners on a monthly basis via the RDASH Contract Management Board.

Mortality position at NL&G

The HED SHMI position is improving. The Trust falls within the 'as expected range' banding.

The Trust has implemented a targeted quality mortality evaluation and improvement programme, and as part of this programme the Trust has established work streams in the following areas. These specialties are considered to be priority areas due to their high levels of crude mortality:

- Respiratory medicine
- Cardiology
- Sepsis
- Gastroenterology
- Cancer
- Stroke

The gap between in and out of hospital mortality in North Lincolnshire is closing; this follows a renewed focus on the out of hospital position in north Lincolnshire.

CQC compliance position at St Hugh's

The St Hughs CQC Action Plan is progressing positively with CCG support. The CQC highlighted their concerns regarding the processes for managing patient safety, specifically the lack of robust systems and processes in place to manage incidents (including serious incidents). Staff at St Hugh's hospital have actively engaged with commissioners to progress the CQC action plan. The plan is monitored on a monthly basis via the contract management process. In addition to this, the local KPIs and local QUIN scheme for delivery in 2016/17 incorporates the areas of concern that were identified by the CQC in their inspection outcome report.

Quality Dashboard - Commissioning for Quality & Innovation (CQUIN) Schemes

NLCCG Provider	Local CQUIN Scheme for delivery in 2016/17	Status Update
NL&G FT	Protection of Vulnerable Adults (specifically LD and dementia) and COPD care bundle (patient discharge element of the bundle)	<p>The agreed deadline for the submission of Q1 16/17 compliance reports, by each provider to NLCCG is 30/07/16. Following this date, the evidence submitted to the CCG by each Provider will be assessed against the agreed milestones. A position statement on achievement against the Q1 position will be provided in the next report.</p>
HEY HT	Maternity Safety Thermometer; Radiology 2WW - UGI & LGI; Fast Track Hips and Knees; Patient Experience Dashboard; Nutrition and Hydration for patients from care home settings; John's Campaign and Frailty Pathway	
RDASH	SMI - Reduction in Mortality	
St Hugh's hospital	Incident Reporting & Incident Management	
Spire hospital	Drug Prescribing & Dispensing and Fluid Balance Charts and Workforce Development	
EMAS	Reducing the number of Avoidable Accident and Emergency Attendance and Sepsis Management	

Key Issues & Summary of Points:

NL&G local CQUIN schemes for 16/17:

The Trust has undertaken a baseline of compliance against measures defined in the local Vulnerable Adult scheme, this baseline provided Commissioners with a good level of assurance and has resulted in further outcomes being incorporated in to the local CQUIN scheme for NL&G.

Please note that Commissioners are required to focus CQUIN resources towards areas that require further development and/or innovation. In some of the CCG's Providers, these resources are spread across a range of schemes, in others the CCG has focused its resources on specific areas.

National CQUIN scheme for 2016/17:

The national CQUIN scheme for delivery in 2016/17 is summarised below:

Health & Wellbeing:

- Introduction of health and wellbeing initiatives
- Healthy food for NHS staff, visitors and patients
- Improving the uptake of flu vaccinations for front line staff within Providers

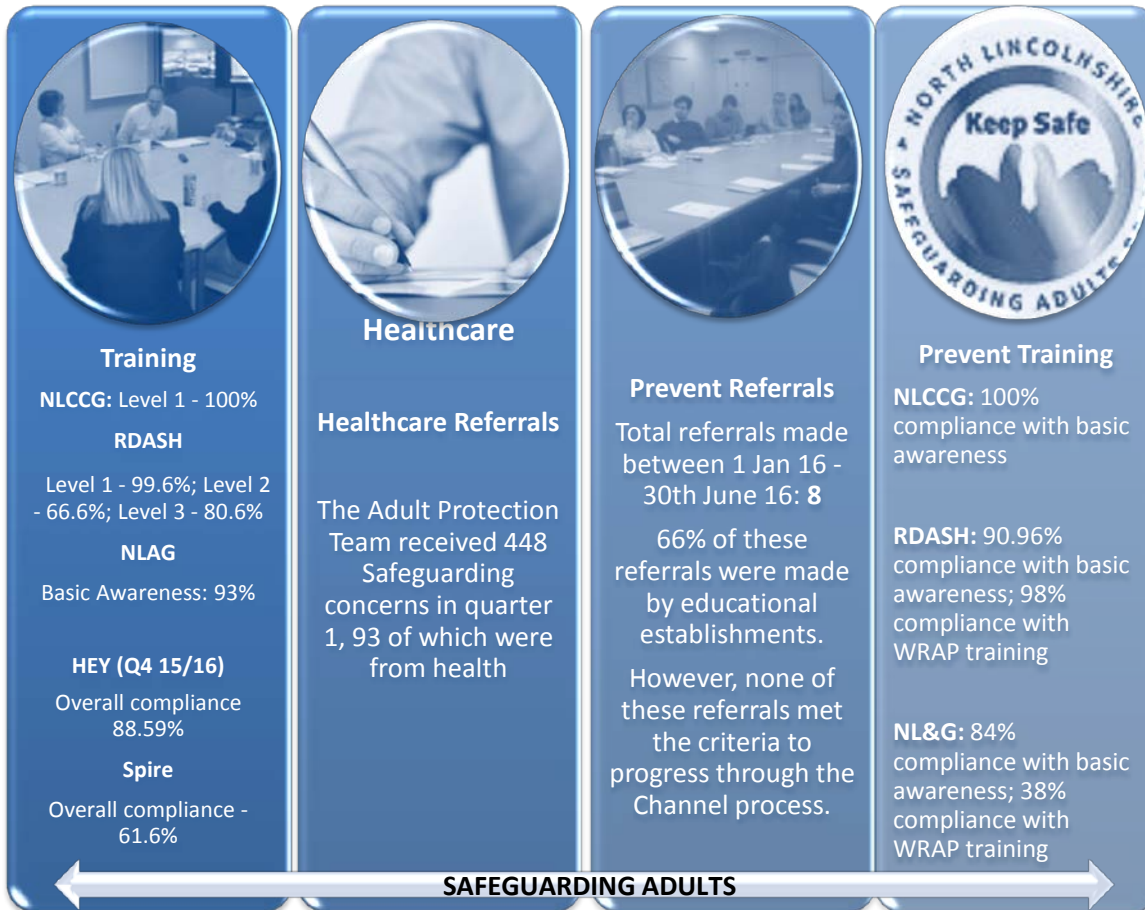
Timely identification and treatment of Sepsis

- Timely identification and treatment for sepsis in emergency departments
- Timely identification and treatment for sepsis in acute inpatient settings

Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)

- Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses
- Communication with General Practitioners
- Antimicrobial Resistance and Antimicrobial Stewardship

Quality Dashboard - Safeguarding Adults



Key Issues & Summary of Points:

St Hughs Hospital - Grimsby

The NLCCG Safeguarding Team has provided St Hugh's staff with Health WRAP training and has provided support for Prevent basic awareness training, as a result of this support St Hugh's will be able to report compliance in Prevent training and Health WRAP training from the end of quarter 2 16/17.

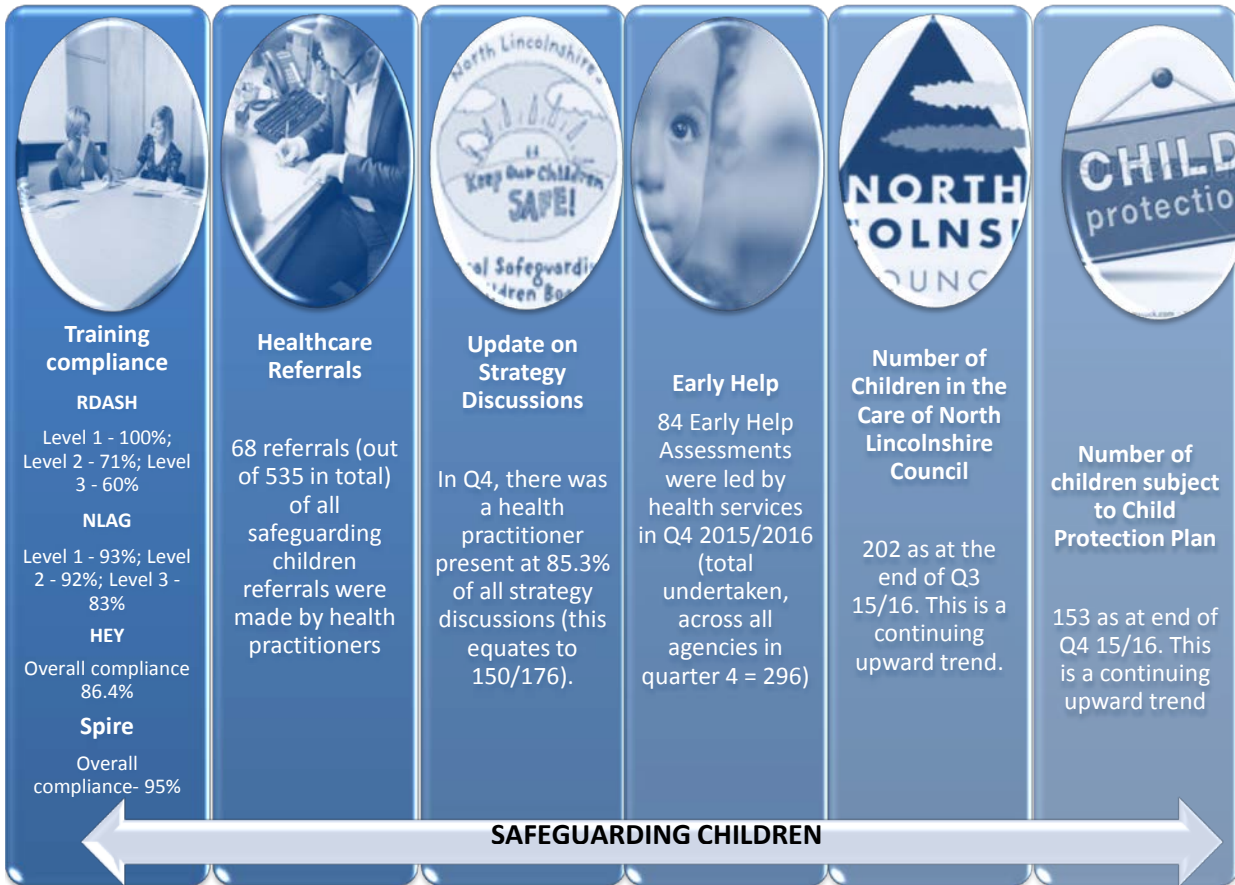
Prevent

The NLCCG Safeguarding Team has provided Prevent training to Primary Care colleagues as part of a recent learning event, the Team has also delivered level 3 Safeguarding Adults and Safeguarding Children training to Primary Care colleagues as part of this learning initiative.

Spire

NLCCG is working closely with the Safeguarding Adults Team in NHS Hull CCG (Lead Commissioner for Spire) to provide support and guidance on Safeguarding Adults training, in order to improve the training compliance position. This position is being monitored via the contract management process.

Quality Dashboard - Safeguarding Children



Key Issues & Summary of Points:

Training:

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

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

The recent CQC report for NLaG NHS Foundation Trust identified that whilst overall training figures are within acceptable limits, uptake levels by key professional groups are below the benchmark. From Q2 2016/17, providers will be required to provide training data by service and professional group. Providers will be asked to provide data for Q1 where possible.

Number of Children subject to Child Protection Plans (CPP) and Children in the Care (CiC) of North Lincolnshire Council:

There has been a steady increase in number of children subject to a statutory plan during 2015/2016 year. There has been a 26% increase in year for children subject to a CPP - 121 at 31/3/15 to 153 at 31/3/16. However, there was a peak of 168 during January and February 2016.

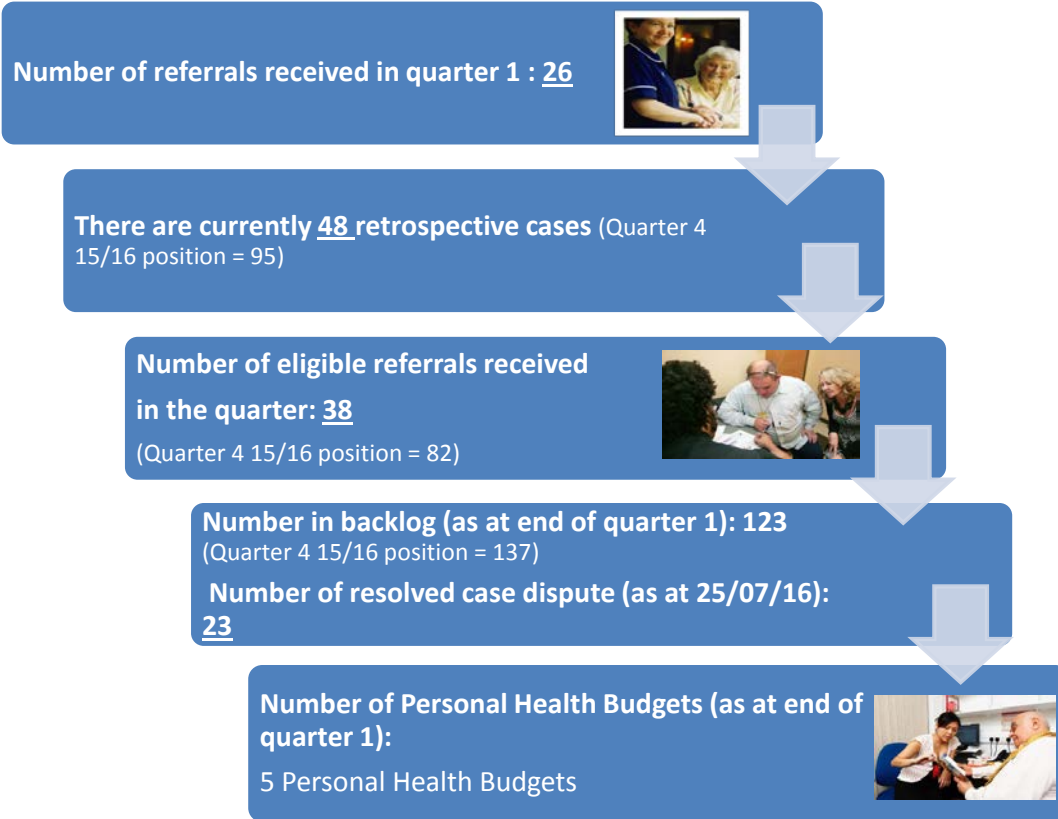
There has been a 14% increase in year in numbers of CiC of North Lincolnshire Council - 177 (31/3/15) to 202 (31/3/16). The number of children in the care of North Lincolnshire Council is the highest figure for 10 years. (At 31/3/16 - 7 children were both subject to CPP and CiC)

There is no single reason to explain the reason for increase in number of children subject to statutory plans/ arrangements.

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:

The NLCCG CHC Team continues to work collaboratively with NL Council in order to manage the retrospective CHC cases, the impact of these positive working arrangements can be seen in the reduced number of retrospective cases open at the end of quarter 1.

The CHC back log has reduced during quarter 1, this is a reflection of the good work undertaken by the NLCCG Clinical Quality Matron and the CHC Team during the quarter.

The NLCCG Clinical Quality Matron is leading on a system wide review of the CHC service and continues to provide interim support and guidance to the team.

Examples of developments that have been made as part of the CHC review:

- Implementation of a 4 day CHC master class training programme
- Design and implementation of a new template for fast track cases and FNC reviews
- Design and implementation of a template for CHC reviews
- Implementation of call screening rotas
- CHC letter response templates

Quality Dashboard - Infection Prevention & Control



Clostridium Difficile (C.Diff)

3 C.Diff cases were reported in quarter 1 2016/17



Methicillin-resistant Staphylococcus aureus (MRSA)

There were no MRSA incidents reported in quarter 1 2016/17



MSSA and E.Coli bacteraemias

8 MSSA bacteraemias and 25 E.Coli bacteraemias have been reported in quarter 1 2016/17



Outbreaks

Outbreaks of diarrhoea and vomiting were reported in 2 care homes and 2 hospital wards across the North Lincolnshire area, during quarter 1. The neonatal unit at SGH was closed for a number of days in April and May 16 due to cases of MRSA PVL colonisation, the unit reopened on 04/05/16 following a deep clean. No harm was caused as part of this outbreak.

Key Issues & Summary of Points:

3 cases of clostridium difficile, that relate to NLCCG patients, have been reported during quarter 1. The CCG remains within it's annual trajectory for C. Diff.

Of the 3 C.Diff cases reported in quarter 1, 1 was acquired in health organisations and 2 were acquired in care organisations.

In terms of MSSA and E.Coli data, members are asked to note that although these organisms fall under the banner of mandatory surveillance for Public Health England they are not subject to NHS England objectivess. This data is included in this report for information and monitoring purposes.

The Community IP&C Team continues to engage with GP practices and Care Homes across North Lincolnshire to undertake IP&C audits. During quarter 1, the IP&C Team audited 7 GP Practices, the outcome scores for these Practices ranges from 85% - 97% compliant. All 7 Practices remain wihtin the Green rating category. The IP&C Team will continue to provide on-site support and advice to these practices to encourage full compliance.

Quality Dashboard - Patient Experience



Key Issues & Summary of Points:

NLCCG Complaints:

All complaints received by the CCG in quarter 1 relate to Mental Health services; either CAMHS or adult MH services, provided by Rotherham, Doncaster & South Humber NHS Foundation Trust (RDASH). The NLCCG Medical Director has had direct input in to all three complaints. The two resolved cases have been (partially) upheld as these may be returned to the CCG from RDASH in the future for further review.

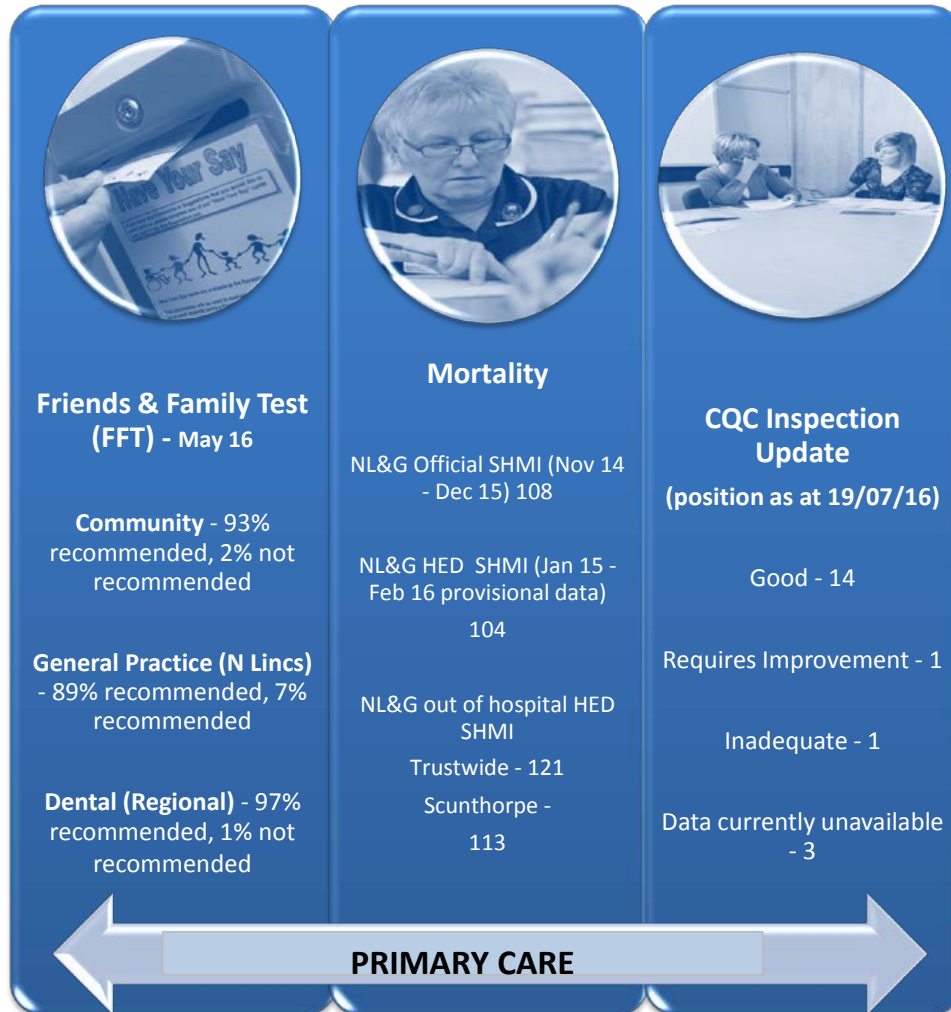
NLCCG Patient Advice & Liaison Service (PALS):

The main themes for Patient Advice & Liaison Service (PALS) contacts in quarter 1 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.

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 published 5 inspection outcome reports in relation to inspections at GP Practices since the previous submission of this report, each of these Practices were rated as good.

Mortality (NL&G)

The latest official SHMI position was published in June 16, the position remains the same, however a reduction of 4 places in the national ranking is noted, now 106/136.

Using the provisional data (HED SHMI) for the twelve months to February 2016, the Trust has made improvements in the in-hospital position, the out of hospital position and the whole mortality position. The overall HED SHMI position is 104, the falls well within the expected range.

The Trust confirms that this improving position appears to be driven by improving performance at Scunthorpe Hospital.

The Trust reports that the out of hospital SHMI at Scunthorpe continues to decrease. The out of hospital HED SHMI in North East Lincolnshire has been gradually increasing, the Trust reports that this increase is most likely linked to the implementation of a new service operating from Grimsby hospital to support patients at end of life to die in their preferred place of care.

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