

<b>Date:</b>	13 October 2016
<b>Meeting:</b>	NLCCG Governing Body
<b>Item Number:</b>	8.4
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> (Name, Title)	Chloe Nicholson – Quality Manager (Coordinator of this report)
<b>GB Lead:</b> (Name, Title)	Catherine Wylie

<b>Report Title:</b>
Quality Report
<b>Decisions to be made:</b>
None, for information

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

<b>Executive Summary (Question, Options, Recommendations):</b>
Members of the Governing Body are asked to note the contents of this report.

<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>		<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02/08/06
<b>Public:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02/08/16

## NORTH LINCOLNSHIRE CLINICAL COMMISSISONING GROUP

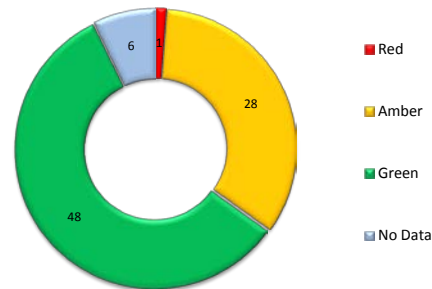
### GOVERNING BODY QUALITY REPORT - QUARTER 2 16/17 DATA (Unless otherwise stated)

Oct-16

#### OUR PROVIDERS



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 (as at 07/10/16):

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
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

The table below reflects the CQC status across GP Practices in North Lincolnshire (as at 07/10/16):

Overall rating: <b>Good</b>	15 out of 19 GP Practices	79%
Overall rating: <b>Requires Improvement</b>	1 out of 19 GP Practices	5%
Overall rating: <b>Inadequate</b>	1 out of 19 GP Practices	5%
<b>Awaiting inspection</b>	2 out of 19 GP Practices	11%

## 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	1	6			7
Falls		4			4
HCAI		8			8
Incident Reporting	3	9			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		6			6
Workforce	3		1		4
Friends & Family		4			4
<b>TOTAL</b>	<b>1</b>	<b>28</b>	<b>48</b>	<b>6</b>	<b>83</b>

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
<b>R</b> NICE guidance compliance			1			
<b>Total</b>			1			
<b>A</b> CQC Position Update	1	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		
No. of Grade 2, 3 & 4 Pressure Ulcers				1		
No. of Never Events	1					
No. of Serious Incidents			1	1		
Patient harm (harm-free care - acute care)		1	1			
PROMS (Combined)			1			
Staffing Position	1	1	1			
VTE (Venous Thromboembolism)		1	1			
<b>Total</b>	<b>3</b>	<b>6</b>	<b>13</b>	<b>4</b>	<b>1</b>	<b>1</b>
<b>Grand Total</b>	<b>3</b>	<b>6</b>	<b>14</b>	<b>4</b>	<b>1</b>	<b>1</b>

### Explanatory Note: Key Points to Note:

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

### Red indicators:

#### NICE compliance at NL&G NHS Foundation Trust

The Trust achieved 76.5% compliance against an internal target of 90%, as at end of June 16. Although performance against this indicator remains below target, the Trust has demonstrated some improvement during 2016/17. 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, specifically the successful appointment of a NICE Co-ordinator within this Group. It is anticipated that this role will help to drive improvements against the NICE compliance target.

### Amber indicators (summary of key points):

#### CQC compliance position at NL&G NHS Foundation Trust

The Trust's CQC action plan has been approved by the CQC and Commissioners and will be reviewed by Commissioners as part of the monthly NL&G quality monitoring meeting processes. The performance measures that form part of the action plan will be monitored by the CCG's Quality Team as part of the NL&G Quality Monitoring Group. The CQC will review progress made against the Trust's action plan as part of their inspection in November 2016.

#### CQC compliance position at HEY NHS Hospitals Trust

The Trust received verbal feedback from the CQC on the final day of the comprehensive inspection (1 July 2016), the CQC identified that good progress had been made in several areas since the previous inspection in 2015. Areas of good progress include implementation of an overarching five year strategy and improvements in staff culture.

#### CQC compliance at RDASH NHS Trust

Following the CQC inspection in Sep 2015, the CQC rated the following areas 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 is monitored as part of the monthly contract management meeting; good progress has been made to date, specifically in relation to staffing arrangements of the learning disability service at the Ironstone Centre.

### Other Key Points to Note:

It is considered to be good practice for the CCG to have a visible presence across the services it commissions; this also helps to ensure that the CCG effectively serves its population. Formal site visits provide the CCG with a method of gaining further assurance that the Provider is delivering the required service.

To support this process, the Quality Team has created a schedule of site visits across each of the CCG's main Providers; the schedule includes announced and unannounced visits to be undertaken during 2016/17 and will be overseen by a Core Team of clinical and managerial staff from the CCG's Quality Team.

**Quality Dashboard - Commissioning for Quality & Innovation (CQUIN) Schemes** (Please Note: the Q2 data will be available from 1st November 16)

NLCCG Provider	Local CQUIN Scheme for delivery in 2016/17	Q1 16/17 - Status Update (Q2 16/17 data is due 01/11/16)
NL&G FT	Protection of Vulnerable Adults (specifically LD and dementia) <b>and</b> COPD care bundle (patient discharge element of the bundle)	The Trust achieved 100% in all CQUIN milestones
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	The quarter 1 position is currently being reconciled, the reconciliation process is being led by NHS Hull CCG as the Lead Commissioner for the HEY contract
RDASH	SMI - Reduction in Mortality	The Trust achieved 100% in all CQUIN milestones
St Hugh's hospital	Incident Reporting & Incident Management	No milestones for delivery in quarter 1, 2016/17
Spire hospital	Drug Prescribing & Dispensing <b>and</b> Fluid Balance Charts <b>and</b> Workforce Development	The quarter 1 position is currently being reconciled, the reconciliation process is being led by NHS Hull CCG as the Lead Commissioner for the HEY contract
EMAS	Reducing the number of Avoidable Accident and Emergency Attendance <b>and</b> Sepsis Management	The quarter 1 position is currently being reconciled, the reconciliation process is being led by NHS Hardwick CCG as the Lead Commissioner for the EMAS contract

**National CQUIN scheme for 2016/17:**

The indicators within the national CQUIN scheme for delivery in 2016/17 are 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

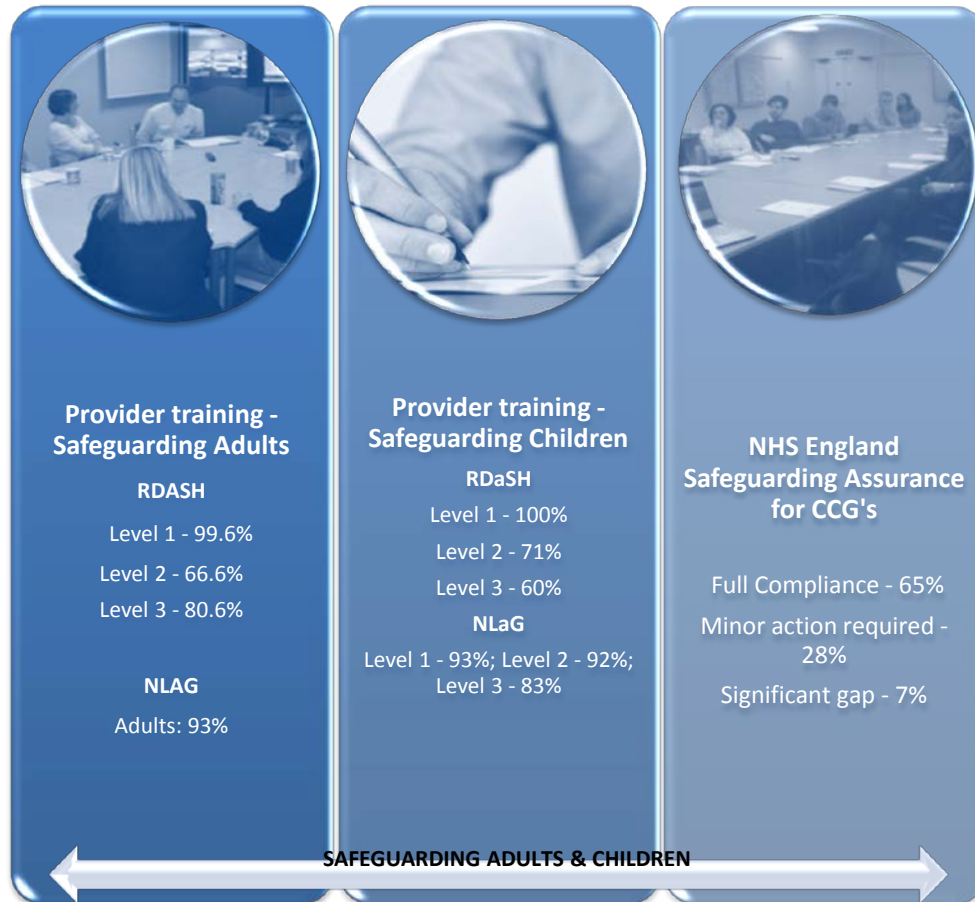
**Timely identification and treatment of Sepsis**

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 & Children**



**Key Issues & Summary of Points:**

**Provider data.**

CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. North Lincolnshire CCG has strengthened its provider safeguarding assurance framework with an Annual Self Declaration, and more robust Quarterly reporting. Following variations to contracts, the first quarterly reports will be available in November 2016 for Quarter 2 2016/2017. This Dashboard includes data gathered through previous framework. More provider data will be available in future reports.

**Multi-agency performance data.**

CCGs are responsible for ensuring effective inter-agency arrangements to work collaboratively with local authorities, and other partners. Validated data on multi-agency arrangements - assessments, referrals and multi-agency plans are available via the Local Safeguarding Children Board and Safeguarding Adult Board. The Governing Body has previously received the latest validated data. The Designated Nurse is exploring mechanisms to acquire validated data in a more timely fashion.

**PREVENT**

The CCG is responsible for seeking assurance from providers on their compliance with their PREVENT Duty. This is carried out through quarterly returns and contribution to the multi-agency action plan. The Governing Body has previously received the Q1 provider compliance position.

**NHS England Safeguarding Assurance Assessment for CCGs**

North Lincolnshire CCG recently participated in a north region safeguarding benchmarking exercise, this exercise supports implementation of the Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework. The exercise identified some gaps in the CCG's Safeguarding Assurance Framework (please note, these gaps were identified in most CCGs across the northern region), in response to this an action plan has been created to address the issues.

## Quality Dashboard - Continuing Healthcare

### Total number of new referrals received in quarter 2 2016/17: 118

The NLCCG CHC Team has received 118 new referrals in quarter 2, this is a significant increase from the quarter 1 position (26 new referrals received in quarter 1). These referrals are a combination of fast track referrals and checklists that require further assessment via the Decision Support Tool (DST).



### Total number of retrospective cases outstanding: 38 (as at end of Q2 16/17)

The total number of outstanding retrospective cases has continued to reduce, this shows a reduction of 10 cases since the end of quarter 1 16/17.



### Total number of eligible referrals received: 38 (as at end of quarter 1 16/17)

This indicates the number of people that are eligible to receive CHC funding during the quarter. Please note, quarter 2 data is not yet available.



### Total number of cases outstanding: 95 (as at end of quarter 2 16/17)

The total number of cases outstanding as at end of quarter 2 was 95, this is a reduction of 28 cases on the quarter 1 position. This reduction can be attributed to the recent review of the CHC Team's working practices.

### Total number of Personal Health Budgets: 7 (as at end of quarter 2 16/17)

The CHC Team acknowledges that further work is required to promote the availability of Personal Health Budgets (PHB), this has been identified as an area that requires further development. The PHB Team is being recruited to and this will form part of the Team's work stream.

### Key Issues & Summary of Points:

#### New appointments:

During quarter 2 16/17, the CHC Team successfully appointed to the following positions:

- a CHC Nurse Assessor
- a CHC Nurse Reviewer
- a CHC Procurement Officer

#### Collaboration with North Lincolnshire Council:

Senior Managers within the CCG and North Lincs Council continue to lead a weekly CHC decision making panel, this Panel is in place to discuss and approve recommendations made by the multi-disciplinary team for each case.

#### Disputes:

## Quality Dashboard - Infection Prevention & Control (IP&C)



### **Clostridium Difficile (C.Diff)**

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



### **Methicillin-resistant Staphylococcus aureus (MRSA)**

There were no MRSA incidents reported in quarter 2 2016/17, no MRSA cases have been reported to date in 2016/17



### **MSSA and E.Coli bacteraemias**

9 MSSA bacteraemias and 29 E.Coli bacteraemias have been reported in quarter 2 2016/17



### **Outbreaks**

No outbreaks were reported to the CCG in quarter 2 2016/17



### **IP&C Audits**

IP&C audits were undertaken in 6 GP Practices, during quarter 2 2016/17 . In total, 13 GP Practices have completed IP&C audits in 2016/17 (as at end of quarter 2).

### **Key Issues & Summary of Points:**

Five cases of clostridium difficile, that relate to NLCCG patients, have been reported during quarter 2. The CCG remains within it's annual trajectory for C. Diff.

Of the 5 C.Diff cases reported in quarter 2, 2 were acquired in health organisations and 3 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 outcome scores for all GP Practice audits ranges from 85% - 97% compliant, all 13 Practices remain within the Green rating category. Plans are in place to undertake audits in the remaining GP Practices during quarter 3.



**Quality Dashboard - Patient Experience**



**Key Issues & Summary of Points:**

*NLCCG Complaints:*

One complaint was resolved in quarter 2. The complaint received in quarter 2 related to CAMHS, which is a service provided by Rotherham, Doncaster & South Humber NHS Foundation Trust (RDASH). The CCG's Medical Director and Director of Risk and Quality Assurance met with the RDASH Executive Team to review CAMHS concerns that have been raised as part of the complaints process.

*NLCCG Patient Advice & Liaison Service (PALS):*

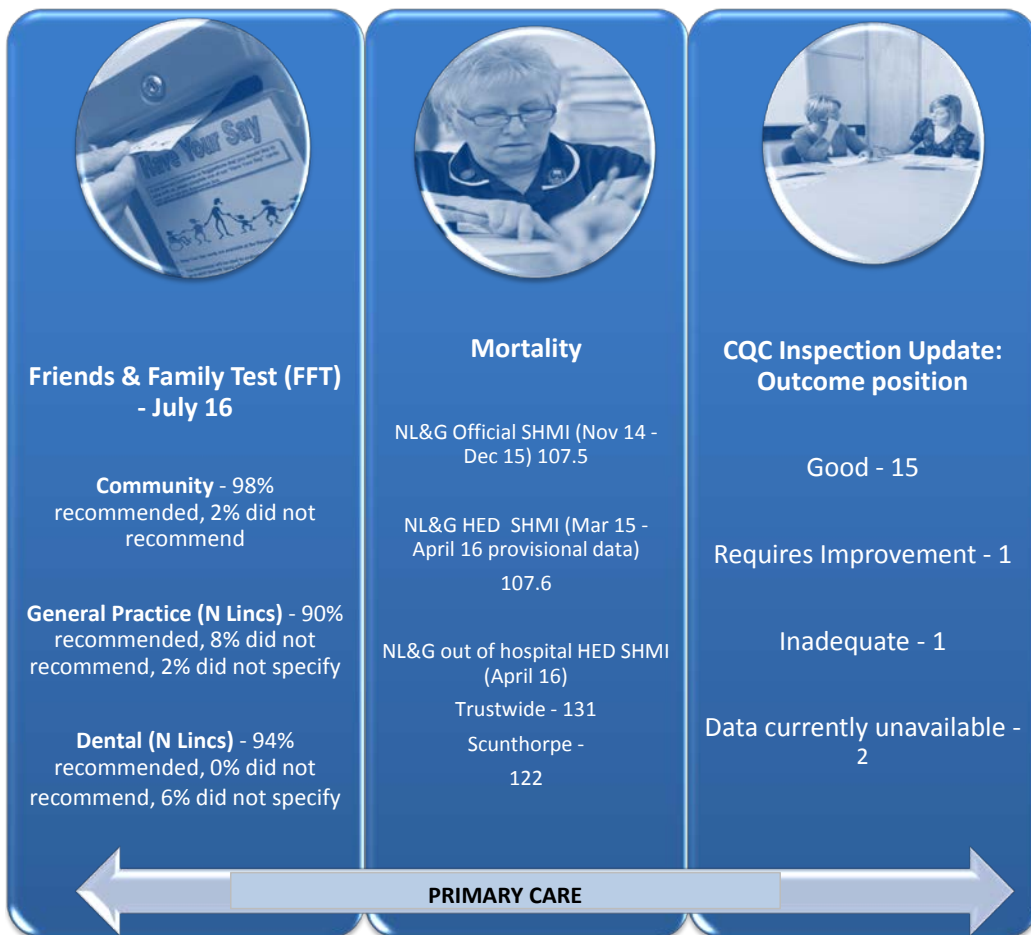
The main themes for Patient Advice & Liaison Service (PALS) contacts in quarter 1 relate to requests for advice on how to contact the local Acute Trust, contact details for NHS England and contact details for local GPs and Dental Practices.

*Freedom of Information (FOI) requests to NLCCG:*

The FOI requests that were submitted to the CCG during quarter 1 fall within three main subject areas; mental health related queries, continuing health care related queries and request for contact details. The CCG has received an increase in the number of requests made under FOI (19% increase), all FOI requests were completed within the 20 day timeframe, most were completed within 14 days. FOI data for quarter 2 will be available to the CCG by 31 October 16.



**Quality Dashboard - Primary Care (using most up to date data, as at 07/10/16)**



**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 Trust has reported a reduction in crude mortality (all deaths) to 1.48% for the period August 15 to July 16, this is a reduction of 43 deaths since the previous reporting period and places the Trust 0.03% higher than the position of national peer group.

Respiratory conditions account for the highest numbers of crude deaths.

The Trust's non-elective crude mortality position is 3.27%, this is 0.35% higher than the peer group position.

Friends & Family

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the services provided, or where improvements are needed.

The response rate across community services in North Lincolnshire continues to be relatively low, however the percentage of service users that gave a positive recommendation for community services remains above 90%.

## 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