| Date: | 8 December 2016 |
|---|---|
| Meeting: | NLCCG Governing Body |
| Item Number: | 8.5 |
| Public/Private: | Public ☒    Private ☐ |

| **Report Title:** |
|---|
| Quality Report |

| Author:<br>*(Name, Title)* | Chloe Nicholson – Quality Manager (Coordinator of this report) |
|---|---|
| GB Lead:<br>*(Name, Title)* | Catherine Wylie |

| **Decisions to be made:** |
|---|
| None, for information |

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

**Executive Summary (Question, Options, Recommendations):**

Members of the Governing Body are asked to note the contents of this report.

| Equality Impact | Yes ☐    No ☒ | |
|---|---|---|
| **Sustainability** | Yes ☐    No ☒ | |
| **Risk** | Yes ☐    No ☒ | |
| **Legal** | Yes ☐    No ☒ | |
| **Finance** | Yes ☐    No ☒ | |

| *Patient, Public, Clinical and Stakeholder Engagement to date* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | *N/A* | *Y* | *N* | *Date* | | *N/A* | *Y* | *N* | *Date* |
| **Patient:** | ☐ | ☐ | ☒ | | **Clinical:** | ☐ | ☒ | ☐ | 02/08/06 |
| **Public:** | ☒ | ☐ | ☐ | | **Other:** | ☐ | ☒ | ☐ | 02/08/16 |

**NHS**
North Lincolnshire
Clinical Commissioning Group

**NORTH LINCOLNSHIRE CLINICAL COMMISISONING GROUP**

**GOVERNING BODY QUALITY REPORT - QUARTER 3 16/17 DATA (Unless otherwise stated)**

**Dec-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 (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 — 3
- ■ Amber — 27
- ■ Green — 48
- ■ No Data — 5
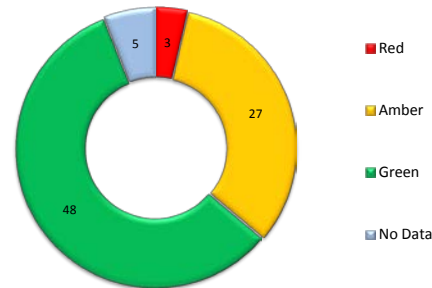
**The table below reflects the CQC status across the CCGs main providers (as at 28/11/16):**

| | | |
|---|---|---|
| **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 28/11/16):**

| | | |
|---|---|---|
| Overall rating: **Good** | 15 out of 19 GP Practices | 79% |
| Overall rating: **Requires Improvement** | 1 out of 19 GP Practices | 5% |
| Overall rating: **Inadequate \*** | 1 out of 19 GP Practices | 5% |
| **Awaiting inspection** | 2 out of 19 GP Practices | 11% |

**\* Please see Primary Care tab**

## 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 | | | 7 | | 7 |
| Falls | | 1 | 3 | | 4 |
| HCAI | | | 8 | | 8 |
| Incident Reporting | 2 | 2 | 8 | | 12 |
| Mortality | | 4 | 1 | 1 | 6 |
| MSA | | | 3 | | 3 |
| NEWS | | | 2 | 1 | 3 |
| NICE | 1 | 1 | 1 | 1 | 4 |
| Patient Harm | | 3 | | | 3 |
| Pressure Ulcers/Tissue Injury | | | 5 | | 5 |
| VTE | | 1 | 2 | | 3 |
| Patient Outcome Measure E.g. Performance indicators | | 2 | 3 | 1 | 6 |
| CAS Alerts | | | 5 | | 5 |
| CQC | | 6 | | | 6 |
| Workforce | | 3 | | 1 | 4 |
| Friends & Family | | 4 | | | 4 |
| **TOTAL** | **3** | **27** | **48** | **5** | **83** |

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

| R, A, G | Indicator Description | EMAS | HEY | NL&G | NLAG | RDASH | Spire | Hu |
|---|---|---|---|---|---|---|---|---|
| R | NICE guidance compliance | | | | 1 | | | |
| R | No. of Never Events | | 1 | 1 | | | | |
| **Total** | | | | **1** | **2** | | | |
| A | Clinical Handover (Ambulance Only) | 1 | | | | | | |
| | 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 patient falls | | | | | 1 | | |
| | No. of Serious Incidents | | | | 1 | 1 | | |
| | Patient harm (harm-free care - acute care) | | 1 | | 1 | | | |
| | Patient harm (harm-free care - community care) | | | 1 | | | | |
| | PROMS (Combined) | | | | 1 | | | |
| | Staffing Position | 1 | 1 | | 1 | | | |
| | VTE (Venous Thromboembolism) | | 1 | | | | | |
| **Total** | | **3** | **6** | **1** | **12** | **2** | **2** | **1** |
| **Grand Total** | | **3** | **7** | **1** | **14** | **2** | **2** | **1** |

**Key Points to Note**

**Red indicators:**

Never Event at NL&G
The Trust reported one never event in October 16, this incident affected a north east Lincolnshire patient. This incident is being managed as part of the Northern Lincolnshire Collaborative Serious Incident Meeting process.and lessons learnt as part of the rSI review process will be monitored via the contract management process.

Never Event at HEY
The Trust reported two never events in October 16, both incidents related to Hull patients. These incidents have been managed as part of the Hull and East Riding Collaborative Serious Incident Meeting process. The Trust is in the process of reviewing the lessons learnt from these incidents and have implemented a range of measures to reduce the risk of recurrence.

NICE compliance at NL&G
The Trust achieved 65% compliance against an internal target of 90%, as at end of Sep 16. Although performance against this indicator remains below target, the Trust has demonstrated some improvement in performance 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. The Trust has confirmed that more recent (unvalidated data) reflects an improving trend.

**Amber indicators:**

Clinical handover delays at EMAS
The time taken to clinically hand over patients from Ambulance to hospital (SGH and DPoW) is increasing. The target is currently 15 minutes and performance against this target has deteriorated since Aug 16. This position is being managed as part of the monthly EMAS County Commissioning Meeting.

Staffing position at NL&G
The vacancy position across the Trust continues to increase and the Trust has not managed to achieve its staffing target for the majority of 2016/17. The Trust has reported particular challenges in recruiting medical staff and this is having an impact on the A&E performance position, RTT performance targets and patient flow throughout the Trust.

The Trust has implemented various initiatives to support improvement in thh staffing establishment; these include the development of a recruitment web page, increased use of social media to promote the Trust as an employer, development and maintenance of a database of potential candidates, and introduction of a programme to support staff in achieving CESR to allow them to work at Consultant level. The Trust continues to utilise traditional recruitment methods (E.g. attendance at recruitment fairs, advertisements etc) and works in conjunction with external agencies to promote the area to junior doctors and student nurses.

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

| NLCCG Provider | Local CQUIN Scheme for delivery in 2016/17 | Q2 16/17 - Status Update |
|---|---|---|
| NL&G FT | Protection of Vulnerable Adults (specifically LD and dementia) **and** 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 Trust achieved 100% in all CQUIN milestones |
| 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 2, 2016/17 |
| Spire hospital | Drug Prescribing & Dispensing **and** Fluid Balance Charts **and** Workforce Development | Spire has achieved 100% in all CQUIN milestones |
| EMAS | Reducing the number of Avoidable Accident and Emergency Attendance **and** Sepsis Management | The quarter 2 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
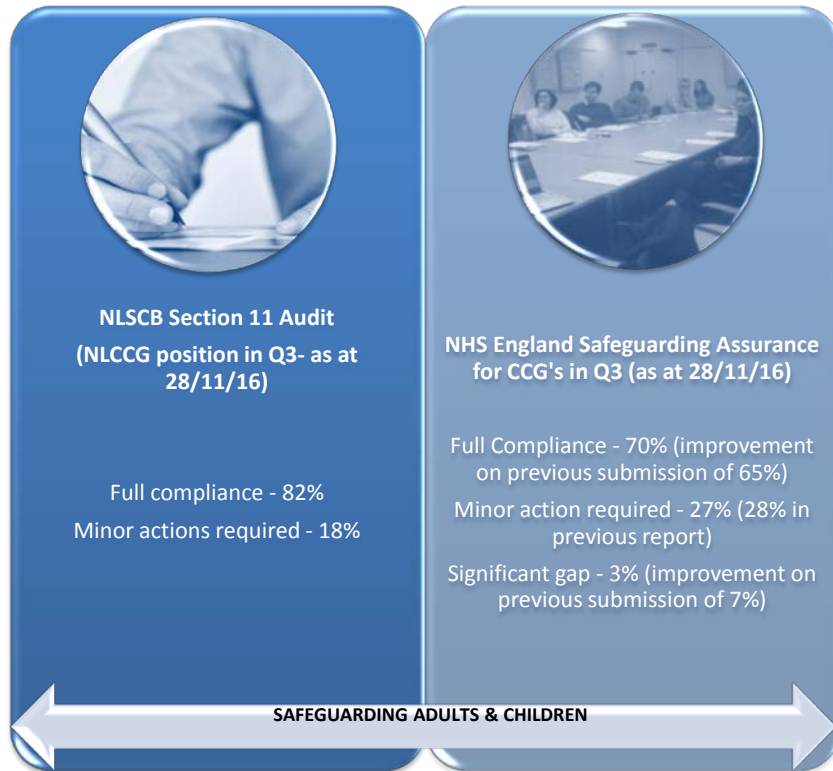Improving the uptake of flu vaccinations for front line staff within Providers

**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**

**NLSCB Section 11 Audit**

**(NLCCG position in Q3- as at 28/11/16)**

Full compliance - 82%

Minor actions required - 18%

**NHS England Safeguarding Assurance for CCG's in Q3 (as at 28/11/16)**

Full Compliance - 70% (improvement on previous submission of 65%)

Minor action required - 27% (28% in previous report)

Significant gap - 3% (improvement on previous submission of 7%)

**SAFEGUARDING ADULTS & CHILDREN**

**Key Issues & Summary of Points**

**Learning Disability Mortality Review (LeDeR) Programme**
As of 01/11/16, all CCG's in the northern patch have joined the LeDeR Progrmamme. This Programme aims to clarify any potentially modifiable factors that are associated with the  death ofthose with learning disabilities aged 4 years - 74years, and works to ensure that these factors are not repeated elsewhere.

The review process for this Programme will be coordinated by NHS England in collaboration with the University of Bristol , but requires a Lead in each CCG along with local reviewers identified from across the locality health and social care system.

The local reviewer will:
1. undertake initial review to identify whether a full multi-agency review is required
2. lead a multi-agency review to explore good practice, or  modifiable factors which changed the outcome for the individual
3. create an Action Plan for implementation at a local level. Anonymised Action Plans will be shared at a regional and national level to ensure  wider identification of themes.

NLCCG have identified the Director of Quality and Nursing as the CCG lead, and is working closely with NLC Social Care colleagues to develop the LeDeR process for use in North Lincolnshire and identify a pool of local reviewers who will be trained in January 2017. Any deaths occuring prior to the training of local reviewers will be undertaken with the support of NHS England.

This process does not replace any other statutory review processes. All deaths of under 18s will continue to be subject to Child Death Overview process, and any deaths where known abuse is a feature in the death will be subject to Serious Case or Safeguarding Adult Review processes. The LeDeR will feed into/ be incorporated into the statutory process.

**Provider Compliance Data**
The Annual Self Declaration and quarterly reports, which were due to be received by the CCG by end of November 2016, were not received at the time of writing this report. This outstanding information has been escalated to the CCG's Contract Management Team for further action.

**Assurance processes - NHS England Safeguarding Assurance Assessment  (NHSE -SAA) & NLSCB - section 11 Audit (s11)**
In response to th NHSE-SAA, the CCG has taken action on gaps identified. Compliance with the benchmarking tool is reflected with changes from previous report.
The CCG has also provided assurance to North Lincolnshire Safeguarding Children Board on compliance with its duty under s11 Children Act 2004 to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The gaps identified in both assurance frameworks are the same, and NLCCG has an action plan to close the gaps.

**Quality Dashboard - Continuing Healthcare**

**Total number of new referrals received in Quarter 3 (as at 28/11/16): 70**

The NLCCG CHC Team has received 70 new referrals to date in quarter 3, this is a decrease from the quarter 2 position (118 new referrals received in quarter 2). These new 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: 23 (as at 28/11/16)**
The total number of outstanding retrospective cases has continued to reduce.

**Total number of eligible referrals received in Q3 (as at 28/11/16): 28**
This indicates the number of people that are eligible to receive CHC funding during the quarter.

**Total number of cases outstanding in Q3 (as at 28/11/16): 70**
The current number of cases outstanding is 70, this is a reduction of 25 cases on the quarter 2 position. This reduction can be attributed to the ongoing

**Total number of Personal Health Budgets in Q3 (as at 28/11/16): 8**
The CHC Team acknowledges that further work is required to promote the availability of Personal Health Budgets (PHB). The PHB Team is currently being recruited to and this will form part of the Team's work stream.

**Key Issues & Summary of Points**

**New appointments:**
During quarter 3 16/17, the successful candidates have commenced within the positions:
a CHC Nurse Assessor
a CHC Nurse Reviewer
a CHC Procurement Officer
a CHC Administrator

**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-displinary team for each case.

**Disputes:**
All dispute cases have now been resolved.

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

## Clostridium Difficile (C.Diff)

7 C.Diff cases were reported in quarter 3 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

8 MSSA bacteraemias and 14 E.Coli bacteraemias have been reported in quarter 3 2016/17

## Outbreaks

An outbreak of diarrhoea and vomiting has been reported in 3 care homes and 3 hospital wards during quarter 3 16/17. An outbreak of scabies has also been reporting in quarter 3 16/17, affecting 2 care homes and 1 hospital ward.

## IP&C Audits

IP&C audits were undertaken in 2 GP Practices during quarter 3 2016/17 . In total, 17 GP Practices have completed IP&C audits in 2016/17, 2 GP practices remain outstanding and will be completed before 31/03/17.

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**Key Issues & Summary of Points:**

**Clostridium Difficile (C.Diff)**
Seven cases of clostridium difficile, that relate to NLCCG patients, have been reported during quarter 3. Six of the seven cases were acquired in a care establishment and one was acquired in a health care establishment. The CCG remains within it's annual trajectory for C. Diff.

**MRSA**
No cases of MRSA were reported in quarter 3, or to date in 2016/17.

**MSSA and E.Coli bacteraemias**
Twenty five MSSA bacteraemias and eighty six E.Coli bacteraemias have been reported to date in 2016/17.

In light of the increasing number of E.Coli bacteraemias reported during 2015/16 and 16/17, the Government may introduce targets and more stringent measures to control the position. It is expected that Acute Trusts will be expected to achieve a 10% reduction in the number of cases reported. The CCG awaits further detail from the Department of Health on how these measures should be applied.

**NHS**
**North Lincolnshire**
**Clinical Commissioning Group**

**Quality Dashboard - Patient Experience (Q2 data)**



**Freedom of Information (FOI) requests - Q2 16/17**

The CCG received 65 requests in quarter 2, 100% of these requests were responded to within the 20 day deadline

**Complaints**

Two new complaints were received in quarter 2. One complaint was brought forward to quarter 2 from quarter 1, this compliant has now been resolved.

**Claims**

The CCG did not receive any claims in quarter 2 and there are no outstanding/ongoing claims

**PALS contacts**

The CCG received 14 PALS contacts in quarter 2, this is a reduction on Q1 16/17 position

**Key Issues & Summary of Points:**

**NLCCG Complaints:**
The CCG's Medical Director and Director of Nursing and Quality have met with the Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Executive Team to review the concerns relating to the CAMHS that were raised as part of the complaints process.
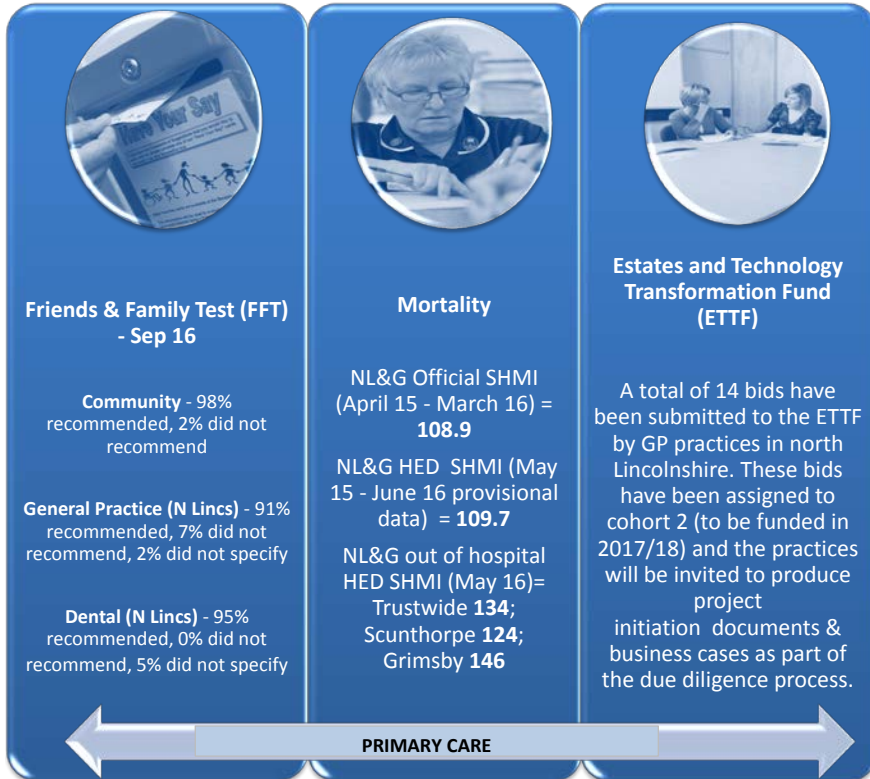
**NLCCG Patient Advice & Liaison Service (PALS):**
The main themes for Patient Advice and Liaison Service (PALS) contacts in quarter 2 related to requests for advice for contact details for local GPs and dental practices and advice on how to contact the local Acute Trust.

**Freedom of Information (FOI) requests to NLCCG:**
The FOI requests that were submitted to the CCG during quarter 2 fall within four main subject areas; Mental Health, Prescribing, Contract queries and Continuing Health.

The CCG received 3% fewer requests in quarter 3 compared to this period in 2015/16. The average number of days taken to process these requests has increased to 16 days, it is thought that this is a reflection of the increased complexity of the requests.

**Quality Dashboard - Primary Care (using most up to date data, as at 28/11/16)**

### Friends & Family Test (FFT) - Sep 16

**Community** - 98% recommended, 2% did not recommend

**General Practice (N Lincs)** - 91% recommended, 7% did not recommend, 2% did not specify

**Dental (N Lincs)** - 95% recommended, 0% did not recommend, 5% did not specify

### Mortality

NL&G Official SHMI (April 15 - March 16) = **108.9**

NL&G HED SHMI (May 15 - June 16 provisional data) = **109.7**

NL&G out of hospital HED SHMI (May 16)= Trustwide **134**; Scunthorpe **124**; Grimsby **146**

### Estates and Technology Transformation Fund (ETTF)

A total of 14 bids have been submitted to the ETTF by GP practices in north Lincolnshire. These bids have been assigned to cohort 2 (to be funded in 2017/18) and the practices will be invited to produce project initiation documents & business cases as part of the due diligence process.

**PRIMARY CARE**

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**Key Issues & Summary of Points:**

**Mortality**
Note the decline in performance across the SHMI & HED mortality measures at NL&G, since the previous report.

**Primary Care Directorate**
During quarter 3, the CCG successfully appointed to the following positions in the Primary Care Directorate:
- Head of Primary Care
- Primary Care Manager
- One dedicated role to support the development of primary medical care locally, this role will also lead the implementation of the GP Forward View across North Lincolnshire

The CCG is working in collaboration with Adult Social Care services; mental health services, community services and the GP Federation to establish a 'New Models of Care' team across the north Lincolnshire area. This team will lead the further development of the Care Networks and the emerging Accountable Care Partnership for North Lincolnshire.

**Primary Care Strategy & Primary Care Dashboard**
The Primary Care Strategy for North Lincolnshire defines how the CCG will deliver the GP Forward View across North Lincolnshire. The strategy is currently in draft form and is currently in the consultation stage of development. A Primary care dashboard is also being developed to accompany the strategy; the dashboard will include a wide range of quality performance measures relating to primary care in north Lincolnshire. Further details on the strategy and the dashboard will be provided to members at the next meeting.

**Estates and Technology Transformation Fund (ETTF)**
The General Practice Forward View has set out the importance of investment in premises and technology to enable transformation in general practice. The Estates and Technology Transformation Fund (ETTF) is a multi-million pound programme to accelerate the development of infrastructure to enable the improvement and expansion of joined-up out of hospital care for patients. Additional capital will also be invested in general practice beyond the ETTF which means that the overall total investment in capital assets up to 2020/21 will be £900 million, across the UK. The CCG is awaiting further details on the timelines and submission requirements from NHS England; this is expected to be provided to CCG's by end of April 2017.

**\*CQC inspection update**
One GP practice in the north Lincolnshire area is currently rated as inadequate (rating published 16 February 2016). The management team within this practice was changed immediately following publication of the CQC rating and there have been no concerns or issues raised in relation to this practice since that time.

**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 |