

Date:	13 th April 2017
Meeting:	NLCCG Governing Body
Item Number:	9.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Chloe Nicholson – Quality Manager (Coordinator of this report)
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Report Title:	Quality Report
Decisions to be made:	None, for information

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

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

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"/>	02/08/06
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	02/08/16

**North Lincolnshire CCG
Quality Report**

April 2017

'Patient focused, providing quality, improving outcomes'

Contents



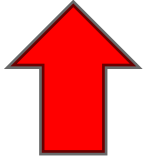
Disclaimer: Please note that the data contained in this report is published at different time intervals, only validated data and information is contained in this report.

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Glossary of Abbreviations

NLCCG	North Lincolnshire Clinical Commissioning Group
NL&G	Northern Lincolnshire & Goole NHS Foundation Trust
HEY	Hull & East Yorkshire NHS Hospitals Trust
RDASH	Rotherham Doncaster & South Humber NHS Mental Health Trust
EMAS	East Midlands Ambulance Service
Spire	Hull & East Riding Spire Hospital
St Hugh's	HMT St Hugh's Hospital (Grimsby)
IP&C	Infection Prevention & Control
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-sensitive Staphylococcus aureus
E-Coli	Escherichia coli
PALS	Patient Advice & Liaison Service

Quality Team Monitoring Key

Colour Code	Level of Monitoring	Description
	Routine Monitoring	Concerns / risks that are designated as green will be monitored via the CCG's routine contract, quality and performance monitoring processes
	Enhanced Monitoring	Concerns / risks that are designated as amber will have an enhanced level of monitoring; this may necessitate the quality team asking for more data / information from providers. Assurance levels will be monitored via the CCG's routine contract, quality and performance monitoring processes
	Active Monitoring	Concerns/ risks that are designated as red will have an active enhanced level of monitoring that may require the quality team to meet the provider outside of the normal quality, contract and/or performance meetings structure. The provider will be required to provide an action plan and may be asked to provide extra information / data to support a quality visits to the relevant service area.

1. Introduction

The CCG has a statutory duty to exercise its functions with a view to securing continuous improvements in the quality and outcomes of services which it commissions. The CCG discharges this duty via its Quality Committee and through escalation from the Quality Committee to the Governing Body; this report facilitates the escalation process.

The Quality Team reviews and scrutinises data from a variety of sources and obtains local intelligence through contract monitoring and development meetings between provider organisations and commissioners.

This report details the most recent quality issues that are being monitored and addressed by the CCG and includes a summary of activity and key points to note in relation to safeguarding (adults and children), continuing healthcare, patient experience, infection prevention and control and provider assurance.

The Governing Body is asked to review this report and to consider whether further action is required to gain assurance.

2. Local Headlines

2.1. Care Quality Commission inspection at NL&G

The CCG published its outcome report 6th April 17, following the inspection undertaken in October – December 2016. The Trust achieved an overall rating of inadequate.

2.2. IP&C audit results

The CCG has completed a series of IP&C audits and support sessions across the North Lincolnshire area. Overall, compliance with IP&C standards in GP practices and care homes (those care homes that took part in the audit) remains good, action plans have been implemented in areas that require improvement.

2.3. Continuing healthcare restructure

The continuing healthcare team has developed a range of key performance indicators to support continued compliance with the NHS CHC Framework. The team has recently undergone a restructure and new appointments have been made to support on-going delivery of the CHC portfolio.

3. Quality Team Update

3.1. Serious Incidents (SI's)

The table below provides an overview of SI's reported up to 1st March 2017, relating to NLCCG patients, across the CCG's main providers.

	NLAG	RDASH	HEY	EMAS
Serious incidents logged <u>YTD 16/17</u>	82	20	0	1
Serious incidents reported at this point in <u>2015/16</u>	30	9	0	0
Never Events (NE) YTD 16/17	2	0	0	0

There has been an increase in the number of SI's reported by NL&G and RDASH during 2016/17 (up to 1st March 17), compared to the same period in 2015/6. This increase can be attributed to increased awareness of incident reporting processes across the Trust.

NL&G reported two never events during 2016/17, both incidents were reported in Grimsby Hospital and both affected North East Lincolnshire patients.

The table below provides an overview of SI categories across the CCG's main providers reported up to 1st March 2017, relating to NLCCG patients.

Serious Incidents YTD 16/17	NLAG	RDASH	EMAS
Apparent/actual/suspected homicide meeting SI criteria	1	1	0
Blood product/ transfusion incident meeting SI criteria	2	0	0
Abuse/alleged abuse of adult patient by staff	0	1	0
Apparent/actual/suspected self-inflicted harm meeting SI criteria	0	6	0
Commissioning Incident meeting SI criteria	2	0	0
Diagnostic incident including delay meeting SI criteria (including failure to act on test results)	4	0	0
Disruptive/ aggressive/ violent behaviour meeting SI criteria	0	1	0
HCAI/Infection Control Incident	1	0	0
Major incident/ emergency preparedness. resilience and response/ suspension of services	1	0	0
Maternity/Obstetric incident meeting SI criteria: baby only	3	0	0
Maternity/Obstetric incident meeting SI criteria: mother and baby	2	0	0
Medication Incident meeting SI criteria	8	0	0

Medical equipment/ devices/disposables incident meeting	1	0	0
Pre Hospital Ambulance Care	0	0	1
Screening issue meeting SI criteria	1	0	0
Slip Trip Fall Incident meeting SI criteria	2	1	0
Surgical/invasive procedure incident meeting SI criteria	4	0	0
Treatment Delay	18	0	0
12hr Trolley breaches in A&E	16	0	0
Unexpected Neonatal Death	4	0	0
Unexpected Potentially avoidable death	1	9	0
Unexpected Potentially avoidable Injury requiring treatment to prevent death or serious harm	2	0	0

The highest category reported to date in 2016/17 (as at 1st March 17); in relation to North Lincolnshire patients is treatment delay at NL&G with 18 occurrences. The second highest category was 12hr trolley breaches in A&E at NL&G with 16 occurrences.

This reflects the increasing challenges reported by NL&G in relation to long waiting times and challenges in managing the flow of patients throughout the Trust; these issues were exacerbated by increasing demand and high acuity levels during the winter period.

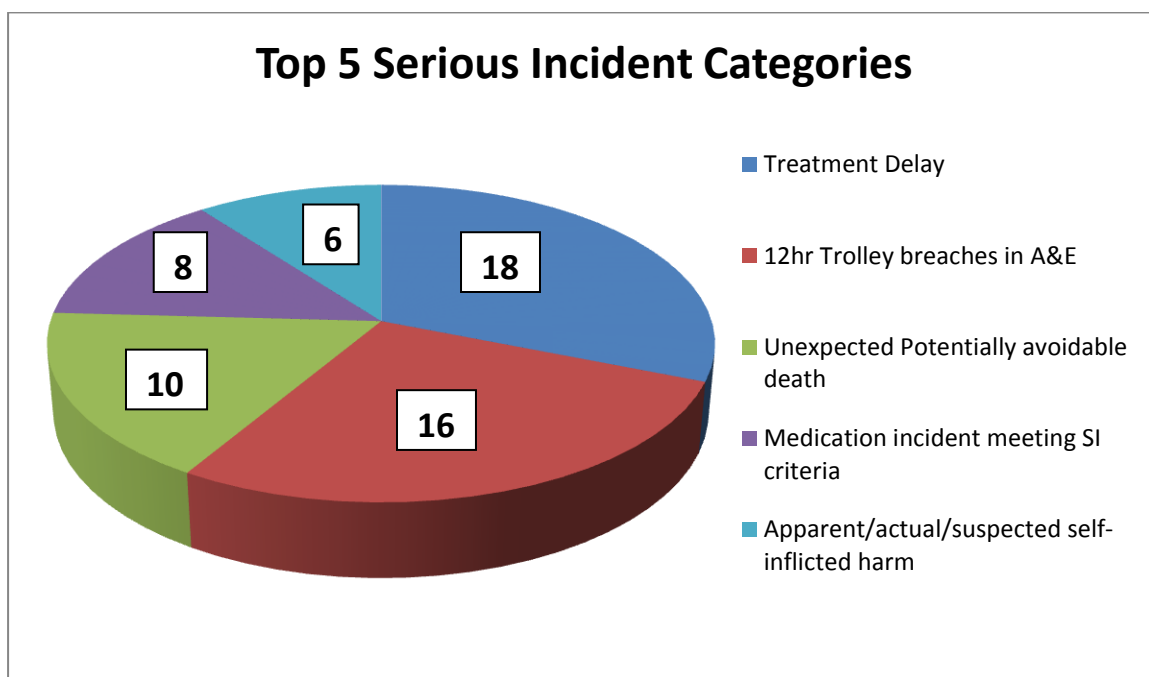
The third highest category reported during 2016/17(as at 1st March 17) is unexpected/potentially avoidable death at RDASH with 10 occurrences and the fourth highest category is apparent/actual/suspected self-inflicted harm meeting SI criteria at RDASH with 6 occurrences.

RDASH reported an increase (based on previous months data) in SI's relating to patient suicides during quarter 3 2016/17, during the Christmas period.

There were no SI's relating to North Lincolnshire patients reported by HEY during 2016/17.

In response to this the CCG has formally asked the Trust to undertake a review of the SI's reported during this period to identify any themes/trends and further action required to ensure that lessons are learnt. This outcome from this review will be monitored via the contract meeting process.

The table below provides a summary of the top 5 SI reported categories during 2016/17:



3.2. Safeguarding

Female Genital Mutilation (FGM)

There were no FGM cases reported in North Lincolnshire during quarter 3 (latest data available).

Domestic Abuse

The NLCCG Safeguarding Adults Lead Nurse is developing a policy for staff experiencing domestic violence; this policy is currently in the consultation phase of development.

A GP specific referral form has been implemented to record professional judgement in referring high risk domestic abuse cases; this process has been agreed by the local MARAC coordinator. A domestic abuse training session will take place in June 2017 at the SafeCare update; this session will be facilitated by the Blue Door domestic abuse service.

Local Safeguarding Children Board (LSCB)

Following publication of the Wood review in May 2016, Lincolnshire LSCB is making several changes to its structure and operational framework. The Wood report is an independent review of local safeguarding children boards, led by Mr Alan Wood, focusing on the role that local safeguarding children boards play in protecting and safeguarding children.

The LSCB is also beginning preparation for the next proposed Joint Targeted Area Inspection, which will have a primary focus on neglect.

Joint Targeted Area Inspections – Child Sexual Exploitation (CSE)

OFSTED published “Time to Listen” - a report based on the Joint Targeted Area Inspections with focus on CSE. This report identified a number of challenges and areas of good practice across a range of agencies. The gap analysis previously completed in response to “Time to Listen”, which is the report published by Ofsted based on their CSE inspections, has been refreshed to reflect the North Lincolnshire position across all health services irrespective of commissioner.

Serious Incident relating to Safeguarding

- There has been one serious incident relating to safeguarding in the North Lincolnshire area since the last report. This incident related to the death of an adult within a health care setting. The incident has been subject to some media coverage.
- North East Lincolnshire LSCB published a Serious Case Review (SCR) on 9th January 2017. The circumstances which resulted in the completion of the SCR have received coverage in both the local and national media during the trial of the child’s mother and her partner. The SCR provided useful learning relevant to health services in North Lincolnshire.

Prevent

The national work plan for Prevent includes a greater focus on mental health in order to gain a better understanding on the links between mental health and radicalisation. Primary care has been identified as a target area for Prevent, and as such GP’s in the Yorkshire & Humber area have been asked to complete a survey rating their confidence and competence levels in completing Prevent referrals.

3.3. Infection Prevention & Control

Clostridium Difficile performance

NLCCG has a tolerance level of 31 cases for 2016/17, as at 31st March 17 26 cases had been reported (reduction of 5 from 2015/16 year end position), of these, 19 cases were community acquired and 7 cases were hospital acquired. This is a positive year end position.

Bacteraemia performance

MRSA:

NLCCG has a zero tolerance to MRSA. One MRSA case was reported in February 17, this case was deemed to be hospital acquired. The patient was admitted to hospital from a care home, the post infection review identified that Trust policy was not applied in this case.

MSSA:

To date there have been 36 cases of MSSA detected at NL&G, 26 of these were reported at Scunthorpe Hospital. At present, there are no national trajectory/targets set for MSSA but this data will continue to be closely monitored by the NLCCG Quality Team.

E-Coli:

There are currently no national targets/tolerances for E-Coli, however from 1st April 17 a 10% reduction in all E-Coli blood stream infections is expected to be reported at CCG level. To date, there have been 124 cases reported affecting North Lincolnshire patients, 103 of these were detected at Scunthorpe hospital.

Outbreaks

The following infection outbreaks were reported in North Lincolnshire during quarter 4 16/17:

- Diarrhoea and vomiting reported in 6 care homes
- Diarrhoea and vomiting led to the closure of 1 ward at Scunthorpe hospital
- Rotavirus led to the closure of 1 ward at Scunthorpe hospital
- Suspected scabies outbreak reported in 1 care home

Seasonal flu update

There have been no influenza outbreaks reported in the North Lincolnshire area during the flu season; this includes hospitals, care homes and schools. Public Health England has confirmed that fewer flu cases were reported in the Yorkshire & Humber (Y&H) area during March 17 than in February 17, indicating that the flu season is coming to an end. The response rate for flu immunisations has been positive across the Y&H area; however the update for pregnant women has been poor (29.8% as at beginning of March 17). Influenza A (H3HN2) remains the most common strain of influenza identified in the UK.

Meeting updates

The IP&C care home forum is chaired by the NLCCG Specialist Nurse for IP&C and meets on a quarterly basis. The forum provides a valuable opportunity to share good practice, review national updates and monitor local practice with care home IP&C link nurses.

The NLCCG Specialist Nurse for IP&C is a member of the NL&G Infection Prevention & Control Committee and this Committee continues to meet on a bi-monthly basis. This group supports continued collaboration between the CCG and NL&G.

IP&C Audits

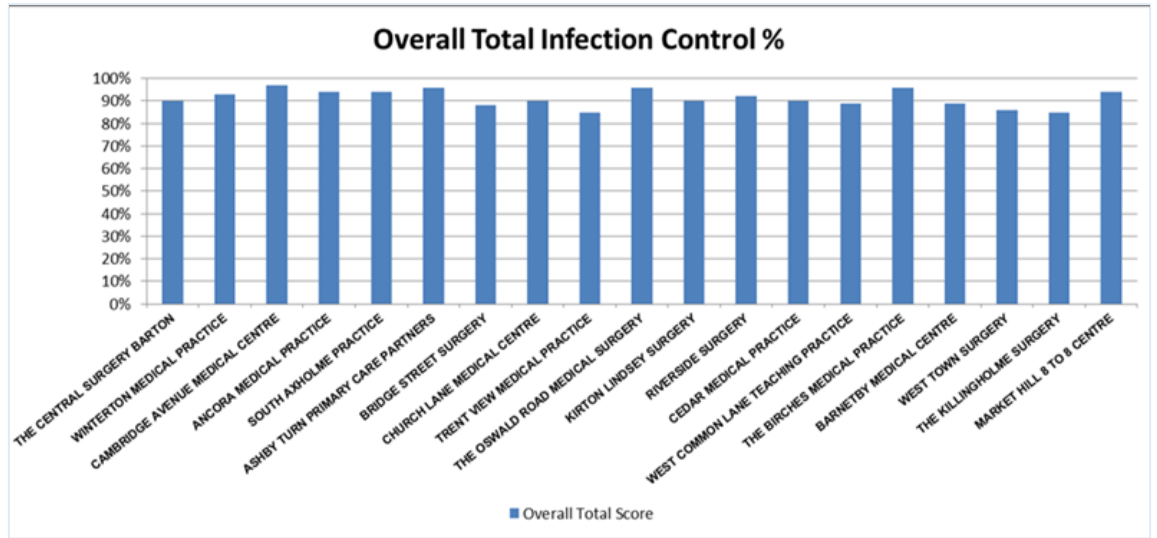
- **Care Homes**

The Quality Team has undertaken IP&C audits in 11 care homes across the North Lincolnshire area. The highest score was 96% and the lowest score was 81%, overall this reflects a good level of compliance with IP&C standards in these care homes. The CCG's Lead Nurse for IP&C has identified a correlation between those care homes that required further development (as advised by the CQC) and had little engagement with the CCG and those that achieved a lower score in the IP&C audit.

- **GP practices**

The Quality Team has undertaken IP&C audits in each of the 19 GP practices in the North Lincolnshire area. The scores ranged between 85% and 98%, reflecting a high level of compliance with IP&C standards in North Lincolnshire practices. The CCG's Lead Nurse for IP&C is undertaking 6 monthly reviews of compliance against the IP&C standards in all GP practices.

The table below provides an overview of audit results undertaken in GP practices during 2016/17:



IP&C GP audit standard:

The IP&C GP audit complies with the audit standards defined by the Infection Prevention Society (IPS) and the CCG has utilised the IPS quality improvement tool for GP Practices/Medical Centres.

The audit tool comprises 26 standards and each of these standards is mapped to the audit tool. The IPS has created a RAG rating for this audit; this rating system is structured as follows:

Score of 85% - 100% = Green

Score of 75% - 84% = Amber

Score of 0% - 74% = Red

Each practice receives a Quality Improvement Action Plan based on their level of achievement against each standard or question set.

3.4. Patient Experience

Complaints (Quarter 3 16/17)

The CCG received 2 complaints in quarter 2, 1 of these complaints remains on-going as at end of quarter 3. The CCG received 3 complaints in quarter 3, 2 of these relate to Continuing Healthcare and one relates to treatment commissioned by the CCG.

Claims

No new claims were received in quarter 3 and there are no outstanding/on-going claims.

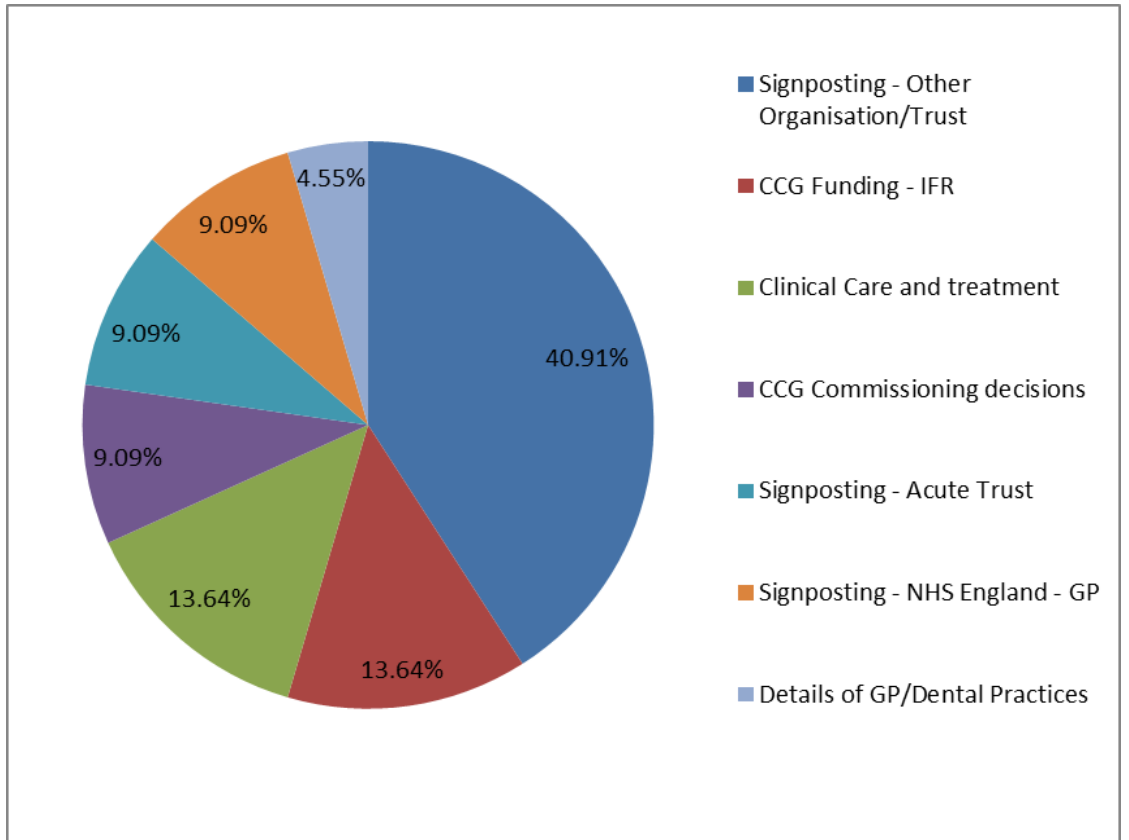
Member of Parliament (MP) Queries (Quarter 3 16/17)

The CCG received 10 queries from local MPs during quarter. No significant themes or trends have been identified.

PALS

The CCG received 22 PALS contacts during Quarter 3 (latest data available). All contacts were dealt with appropriately and remedial action taken where required.

The table below provides a summary of contact received during quarter 3.



The majority of contacts received in quarter 3 fell under the 'Signposting – Other organisation/Trust' category, these contacts related to calls received from patients that were trying to book transport with the new PTS provider, Thames UK. Patients have reported challenges in accessing this service; these issues have now been resolved.

3.5 Continuing Healthcare (CHC)

3.5.1 Activity update

(N.b. The summary below reflects Q3 data unless otherwise stated; Q4 data is currently being validated)

- The CCG received 62 new fast track cases in quarter 3, 1 of these cases was ineligible resulting in 61 eligible cases received in quarter 3
- The CCG received 35 checklists in quarter 3, 25 of these were eligible under the CHC framework
- As at the end of quarter 4, there were 10 active personal health budgets in place in North Lincolnshire
- The CHC team has reported a small number of outstanding cases relating to funded nursing care and retrospective care, these cases are currently being prioritised by the team

3.5.2 Key points to note

- The CHC team has developed a range of local key performance indicators (kpi's) to support improvements in the measurement and monitoring of CHC activity. These kpi's will help to ensure continued compliance with the NHS Continuing Health Care Framework.
- The CHC team has participated in several development days during 2016/17, these sessions support on-going development on an individual basis and as a team and ultimately improve the patients experience of the service, further development sessions are scheduled to take place during April 17
- Following a review of the CHC service in 2016, the team has been remodelled to include a Business Coordinator to progress the use of Personal Health Budgets, a Procurement Officer to monitor use of resources, a Senior Continuing Healthcare Manager to oversee operations and additional administrative personnel. These new appointments will support the team in driving forward operational and strategic change and will help to ensure continued sustainability in relation to performance, outcomes, quality and efficiencies.

4. Provider Quality Update

4.1 Site visits





The NLCCG Quality Team has undertaken announced site visits in the following areas during 2016/17:

Service Area	Key Points	RAG
Mixed Sex Accommodation at NL&G	Some areas of good practice identified. Further assurance required. Progress against the recommendations managed via the NL&G Quality Review Committee.	Amber
Maternity Services at NL&G	Some areas of good practice identified. Further assurance required. Progress against the recommendations managed via the NL&G Quality Review Committee.	Amber
Nutrition & Hydration at NL&G	A good level of assurance was provided to Commissioners. Some areas identified for further development, progress managed via the NL&G Quality Review Committee.	Green
Learning Disability Service, The Ironstone Centre, Scunthorpe	A good level of assurance was provided to Commissioners. Some areas identified for further development, progress managed via the RDASH monthly Contract Management Board.	Green




The Quality Team is in the process of developing the 2017/18 site visit schedule for implementation across the CCG's main providers. These

The purpose of the site visits is to further strengthen the CCG through routine quality assurance processes and drive continuous quality improvement by supporting providers and working in partnership.


4.2 Northern Lincolnshire & Goole NHS Foundation Trust

Northern Lincolnshire & Goole NHS Foundation Trust		RAG status										
Safety												
CQC inspection	<p>The CCG inspected the Trust between October, November and December 2016. The final outcome report was published 6th April 17.</p> <p>The Trust achieved an overall rating of inadequate. Each domain was rated as follows:</p> <table> <tr> <td>Safe</td> <td>Inadequate</td> </tr> <tr> <td>Effective</td> <td>Requires improvement</td> </tr> <tr> <td>Caring</td> <td>Good</td> </tr> <tr> <td>Responsive</td> <td>Requires improvement</td> </tr> <tr> <td>Well-led</td> <td>Inadequate</td> </tr> </table>	Safe	Inadequate	Effective	Requires improvement	Caring	Good	Responsive	Requires improvement	Well-led	Inadequate	
Safe	Inadequate											
Effective	Requires improvement											
Caring	Good											
Responsive	Requires improvement											
Well-led	Inadequate											
Serious Incidents (SI's)	There was a significant increase in the number of SI's reported by the Trust during the winter season, this increase was largely attributed to the high number of 12 hour trolley wait breaches reported during this period, these breaches were the result of high number of attendances in A&E, high level of acuity of those attending A&E and significant bed pressures across the Trust (the Trust reported purple alert several times during the Christmas period and in to the new year).											
Experience												
Mixed Sex Accommodation (MSA)	Commissioners have identified concerns with the Trust's approach to implementing the MSA exclusion criterion in the High Observation Bed (HOB) Unit. These concerns have been shared with the Trust and the Area Team. Commissioners are working with all parties to develop a local solution to these concerns; the revised approach will be reflected in the Trust's MSA Policy and HOB Policy.											
Effectiveness												
Vacancy position	The Trust wide vacancy position remains within tolerance levels (must not exceed is 7%) as the Nursing vacancy position is healthy and this reduces the Trust wide aggregated position. However, the medical vacancy position continues to rise. The vacancy position for SAS grades and other non-training grades has decreased, however the vacancy position for Consultant and training grades has increased. The Trust has also reported an increasing trend in use of agency staff for medical staff; this represents an increasing financial risk to the Trust.											




4.3 Hull & East Yorkshire Hospitals NHS Trust

Hull & East Yorkshire Hospitals NHS Trust		RAG status
Safety		
CQC inspection	The Care Quality Commission inspected the Trust on 9 June, 28 June – 1 July and 11 July 2016. The final inspection report was published 15/02/2017. The Trust achieved an overall outcome of 'requires improvement'.	
Experience		
No significant concerns identified in relation to North Lincolnshire patients		
Effectiveness		
Diagnostic performance	<p>The Trust has reported on-going challenges in meeting the diagnostic performance target. The key reason for non-achievement of the planned trajectory is due to the continued breakdown of equipment which is also impacted by the increased referrals (from the Humber area) for Cardiac imaging, cancer and other urgent tests. The impact of the increased non-elective work remains challenging for the service.</p> <p>The improvement trajectory for this standard is not being delivered and whilst plans will continue to be developed it is likely to remain significantly challenging for a while.</p>	

4.4 Rotherham Doncaster & South Humber NHS Foundation Trust

Rotherham Doncaster & South Humber NHS Foundation Trust		RAG status
Safety, Effectiveness & Experience		
CQC position (outcome following re-inspection)	<p>The Care Quality Commission recently published their outcome report following their re-inspection of the Trust.</p> <p>The Trust achieved a 'good' rating for Safe, Caring, Responsive and Well-led.</p> <p>Summary of areas identified as good practice:</p> <ul style="list-style-type: none"> • Staff at North Lincolnshire's Options Recovery College who have developed the courses they offer to the community • Teams in Rotherham who have developed social prescribing to support patients to access activities to help their mental health recovery • In Doncaster patients worked with staff from the Learning Disability Community Team and local GP practices to look at how easy it was to access the 'choose and book' service <p>However, inspectors rated community-based mental health services for adults of working age as 'requires improvement' due to the quality of risk management, care plans and not fully complying with mandatory training. The Trust has implemented several actions to improve these areas.</p>	

4.5 East Midlands Ambulance Service NHS Trust

East Midlands Ambulance Service NHS Trust		RAG status
Safety		
CQC position	<p>Work continues in relation to delivery of all actions associated with the Care Quality Commission (CQC) report and Section 29A improvement notice, with assurance shared with Commissioners via the CQC oversight group, the bi-monthly Clinical Assurance and Delivery Group (CADG) and the monthly Partnership Board.</p> <p>The Trust's CQC workforce plan is on target to deliver all actions within the stipulated timeframe.</p> <p>The CQC completed a follow-up visit on 21st and 23rd February 2017, focusing on all areas with the exception of Patient Transport Services (PTS).</p> <p>The rationale for the exclusion of PTS is that at the time of the original visit the review was on the service across North and North East Lincolnshire, and since the original visit EMAS no longer deliver this service.</p>	
Experience		
Clinical Handover	EMAS has reported a decline in performance in clinical handovers between NL&G and EMAS. This decline has been attributed to the significant bed pressures and patient flow issues and on-going staffing pressures reported by NL&G.	
Effectiveness		
Performance	<p>EMAS did not meet the local trajectories for all three performance standards, during quarter 3 and most of quarter 4.</p> <ul style="list-style-type: none"> - Red 1: 66.3% against a trajectory of 67.8%, - Red 2: 51.5% against a trajectory of 60.4%, - A19 80.0% against a trajectory of 87.2%. <p>As a Division, Lincolnshire has not achieved the national standards or the divisional minimum trajectories during 2016/17. The Red 1, Red 2 and A19 quarter 4 positions reflect a decline in performance compared to the same period last year.</p>	

4.6 Independent Hospitals

Independent Hospitals			
Provider	Quality concern / Risk	Action Taken / Required by Quality team	Monitoring by Quality Team
Spire Hull & East Riding Hospital	No significant concerns identified	No further action required	Standard monitoring arrangements via the bi-monthly Contract Management Group
St Hugh's Hospital	Concerns identified regarding quality reporting and governance processes across the hospital.	NLCCG and NELCCG is working closely with St Hugh's to revise their Quality dashboard, one to one support sessions have been provided during Q4 16/17 to develop the quality reporting processes across the hospital. The following areas require further development: - NEWS - VTE assessment - PROMs	Standard monitoring arrangements via the monthly contract management meetings