

Date:	8 th June 2017
Meeting:	NLCCG Governing Body
Item Number:	Item 10.2
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Author: <i>(Name, Title)</i>	Chloe Nicholson – Quality & Experience 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"/>	
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**North Lincolnshire CCG
Quality Report**

June 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.

Item	Subject	Page
	Glossary of Abbreviations /Quality Team monitoring key	
1.	Introduction	4
2.	Key Points to Note Relating to North Lincolnshire	4
3.	Serious Incidents	5
4.	Safeguarding	7
5.	Infection Prevention & Control	8
6.	Patient Experience	10
7.	Continuing Healthcare (CHC)	12
8.	Primary Care Update	14
9.	Provider Quality Update	15
9.1	Site Visits	15
9.2	Provider Assurance Overview	15
9.2.1	NL&G	15
9.2.2	HEY	17
9.2.3	RDASH	18
9.2.4	EMAS	18
9.2.5	Independent Hospitals	19

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.

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.

2. Key points relating to North Lincolnshire

This section highlights some of the key issues relating to quality and outcomes that have been identified across the North Lincolnshire footprint:

2.1. CQC position at NL&G

The CCG inspected the Trust between October, November and December 2016. The final outcome report was published 6th April 17. The Trust achieved an overall rating of inadequate.

Since the previous report, the NL&G Trust Board has developed a holistic improvement programme entitled the 'Improving Together Programme'. This programme is a collaborative approach to managing the improvement actions undertaken by the local health system in response to the latest CQC outcome report. The outputs from this programme will be reviewed by Commissioners as part of the monthly contract monitoring process and the new

2.2. Long waiting times at NL&G

The Trust continues to report long waiting times in the 18 week Referral to Treatment (RTT) incomplete waiting time measure. Trust performance in quarter 4 16/17 fell below the national target, potentially leading to increased risk of instability in the local health system and negative patient experience.

- 2.3. Delayed clinical handover between EMAS and NL&G at SGH
Both EMAS and NL&G continue to report delays in the handover of patients between ambulance and A&E. This could potentially lead to negative patient experience and delayed treatment. The CCG continues to work with both providers, via the monthly contract management meeting structure, to understand the reasons for these delays and to improve the handover position.
- 2.4. Workforce challenges in the North Lincolnshire area
NL&G, HEY and primary care colleagues in north Lincolnshire continue to report challenges in recruiting and retaining clinical nursing staff and medical staff. Service delivery could be negatively affected by reduced workforce and reduced skill mix. In response to this, providers continue to undertake national and international recruitment drives to promote the local area.
- 2.5. Learning disability and mental health service provision
There is a risk that provision for specialist learning disability and mental health care will be compromised due to the closure of a specialist care home in the north Lincolnshire area. The CCG is working closely with the local authority and the provider to ensure that all residents receive the necessary support.

3. Serious Incidents (SI's)

The table below provides an overview of SI's reported in year 2016/17. It should be acknowledged that NL&G data is a collaborative of all CCG data whilst the other provider data relates to NLCCG only.

	NLAG	RDASH	HEY	EMAS
Serious incidents logged <u>YTD 16/17</u>	88	21	0	1
Serious incidents reported at this point in <u>2015/16</u>	35	11	0	0
Never Events (NE) YTD 16/17	2	0	0	0

An increase has been seen in the number of SI's reported by NL&G and RDASH during 2016/17 in comparison to the same period in 2015/6. The CCG continues to monitor this position closely.

NLAG reported two never events during 2016/1; however these did not involve NLCCG patients.

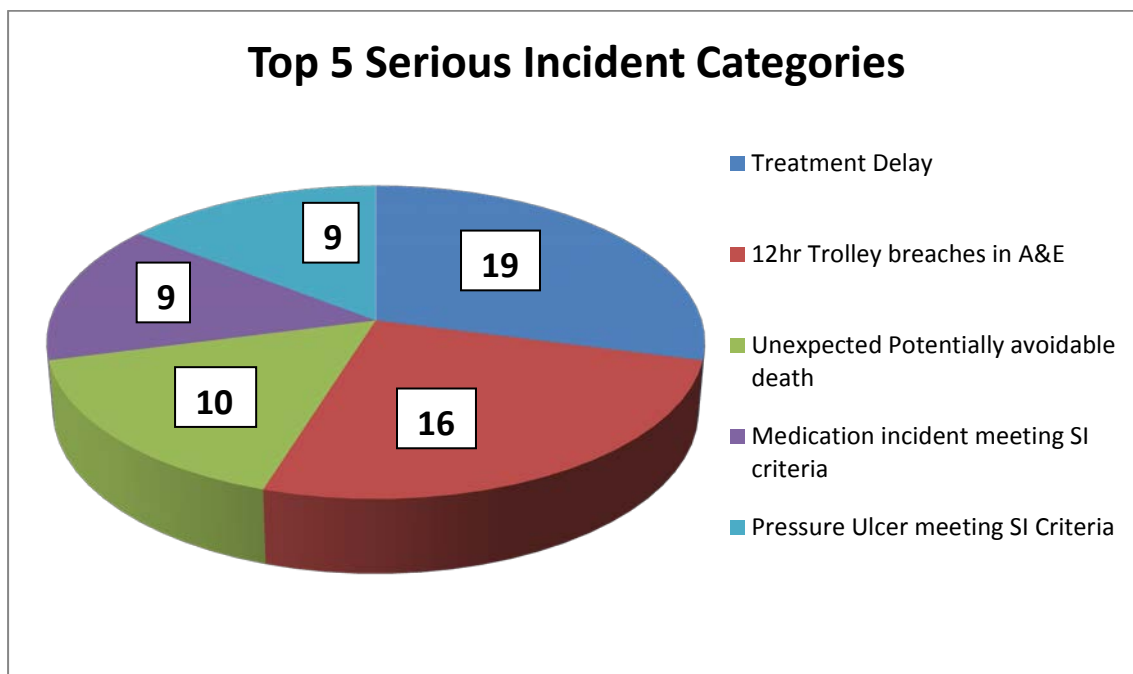
The table below provides an overview of SI categories across the CCG's main providers reported up to 1st April 2017 (NL&G data as described above).

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	7	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	9	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	3	1	0
Surgical/invasive procedure incident meeting SI criteria	5	0	0
Treatment Delay	19	0	0
12hr Trolley breaches in A&E	16	0	0
Pressure ulcer meeting SI criteria	9	0	0
Unexpected Neonatal Death	4	0	0
Unexpected Potentially avoidable death	1	10	0
Unexpected Potentially avoidable Injury requiring treatment to prevent death or serious harm	2	0	0

RDASH reported an increase (based on previous months data) in SI's during quarter 3 2016/17. The CCG continues to monitor this position closely.

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

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



4. Safeguarding

Learning Disabilities Mortality Review (LeDeR) Programme

The Learning Disabilities Mortality Review (LeDeR) Programme has been established as a result of one of the key recommendations of the Confidential Inquiry into the premature deaths of people with learning disabilities (CIPOLD).

The LeDeR programme has been commissioned by NHS England to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points and
- Provide support to local areas in their development of action plans to take forward the lessons learned

There are two specific ways that healthcare professionals may be involved in the LeDeR Programme:

1. One is with regard to notifying the death of any of their patients with a learning disability.

2. The other is to input into a review into the circumstances leading to the death, of those aged 4 years and over. This may involve sharing information about a patient who has died or participating in a multi-agency review where knowledge and perspectives in primary care will be of significant importance. More detailed information about this is in the attached FAQs.

North Lincolnshire has a structure in place in line with this process. This process will also be built into the contracts of the CCG's provider organisations.

LeDeR Team Contact Details:

Email: leder-team@bristol.ac.uk Website: www.bristol.ac.uk/sps/leder

Female Genital Mutilation (FGM)

The Local Safeguarding Childrens Board (LSCB) has received assurance from the results of the GP safeguarding self-assessment that North Lincolnshire GP's are aware of the mandatory duty to report self-disclosed or identified FGM in under 18's. In addition to this, 68% of North Lincolnshire GP practices have registered with NHS Digital for enhanced reporting of FGM.

Mental health placements for children

The British Medical Association published the following report in April 2017; 'Breaking down barriers – the challenge of improving mental health outcomes'

This report identifies that 7 out of 10 children and adolescents with severe mental health problems were admitted to hospitals outside of their area in 2016/17, this indicates that access to specialist beds is becoming more difficult.

In Mental Health Awareness Week, figures obtained from NHS England under the Freedom of Information (FOI) Act by BMA News reveal that 69% of children and adolescent admissions were classed as 'out of area' in 2016/17, this is a 12% point increase on the previous year.

5. Infection Prevention & Control

Clostridium Difficile performance

NLCCG has a tolerance level of 31 cases for 2016/17, as at end of Q4 16/17, 26 cases had been reported (reduction of 5 from 2015/16 year end position). 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. No further cases were reported during quarter 4 16/17.

MSSA:

At present, there are no national trajectory/targets set for MSSA. NLCCG reported 26 cases as at end of quarter 4 16/17. This data will continue to be closely monitored by the NLCCG Quality Team and further updates will be required in due course.

E-Coli:

From 1st April 17 a 10% reduction in all E-Coli blood stream infections is expected to be reported at CCG level. NLCCG has reported 103 cases as at the end of quarter 4 16/17. This data will continue to be closely monitored by the NLCCG Quality Team and further updates will be required in due course.

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

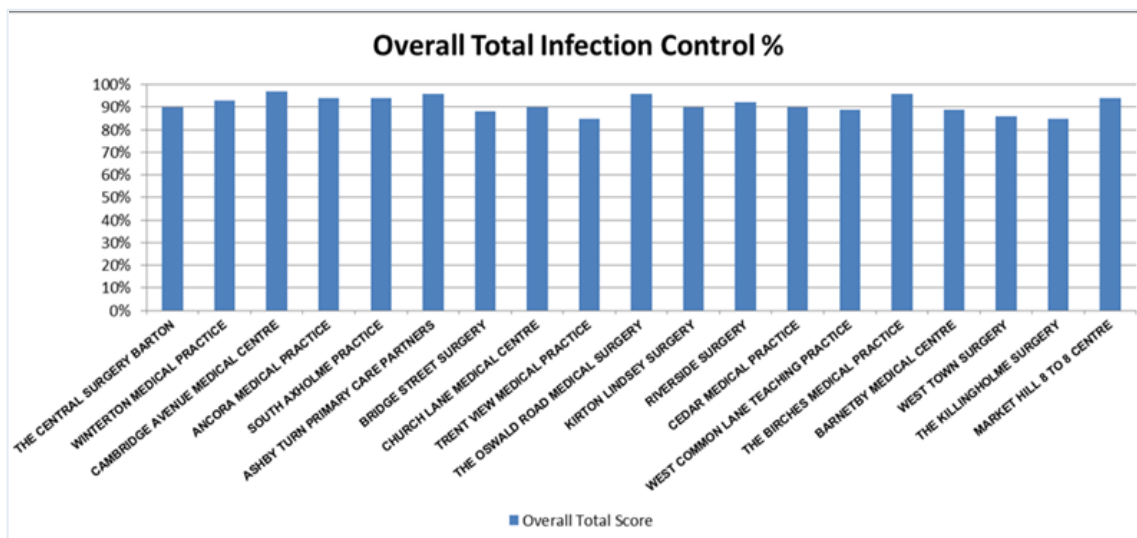
IP&C Primary Care Audits

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.

6. Patient Experience

Complaints (Quarter 4 16/17)

The CCG received 5 complaints in quarter 4; 1 complaint related to Continuing Healthcare, 3 related to treatment commissioned by the CCG and 1 related to an Individual Funding Request.

Two complaints were carried forward to quarter 4 from quarter 3, 1 complaint related to Continuing Healthcare and 1 related to treatment commissioned by the CCG.

Claims

No new claims were received in quarter 4 and there are no outstanding/on-going claims.

Member of Parliament (MP) Queries (Quarter 4 16/17)

The CCG received 13 queries from local MPs during quarter 4. No significant themes or trends have been identified.

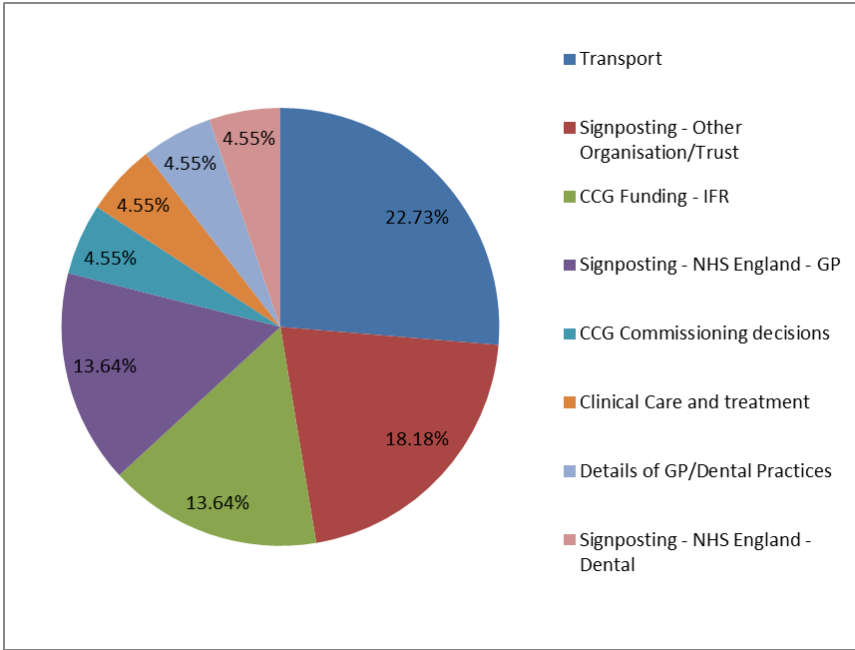
Compliments

The CCG received 1 compliment during quarter 4, this compliment related to staff at Scunthorpe General Hospital and staff from the Brigg and Barton Community Midwifery Team.

Patient Advice and Liaison Service (PALS)

The CCG received 19 PALS contacts during Quarter 4. All contacts were dealt with appropriately and remedial action taken where required.

The table below provides a summary of contacts received during quarter 4.



The majority of contacts received in quarter 4 fell under the 'Transport' category.

Most of these contacts related to concerns regarding the Thames Ambulance Service, the CCG has identified an increase in the number of enquiries regarding patient transport since Thames Ambulance Service took over this service.

The second largest reporting category related to 'Signposting – Other organisation/Trust', the majority of these contacts also related to concerns in accessing the Thames Ambulance Service.

These issues have been fed back to the service provider and the CCG continues to work with the Thames Ambulance Service to resolve these concerns.

Key points to note:

Independent NHS Complaints Advocacy Service: North Lincolnshire

From 1 April 2017, the Independent NHS Complaints Advocacy Service for residents in North Lincolnshire ceased to be provided by the Carers Federation. This service is now provided by Cloverleaf Advocacy Services.

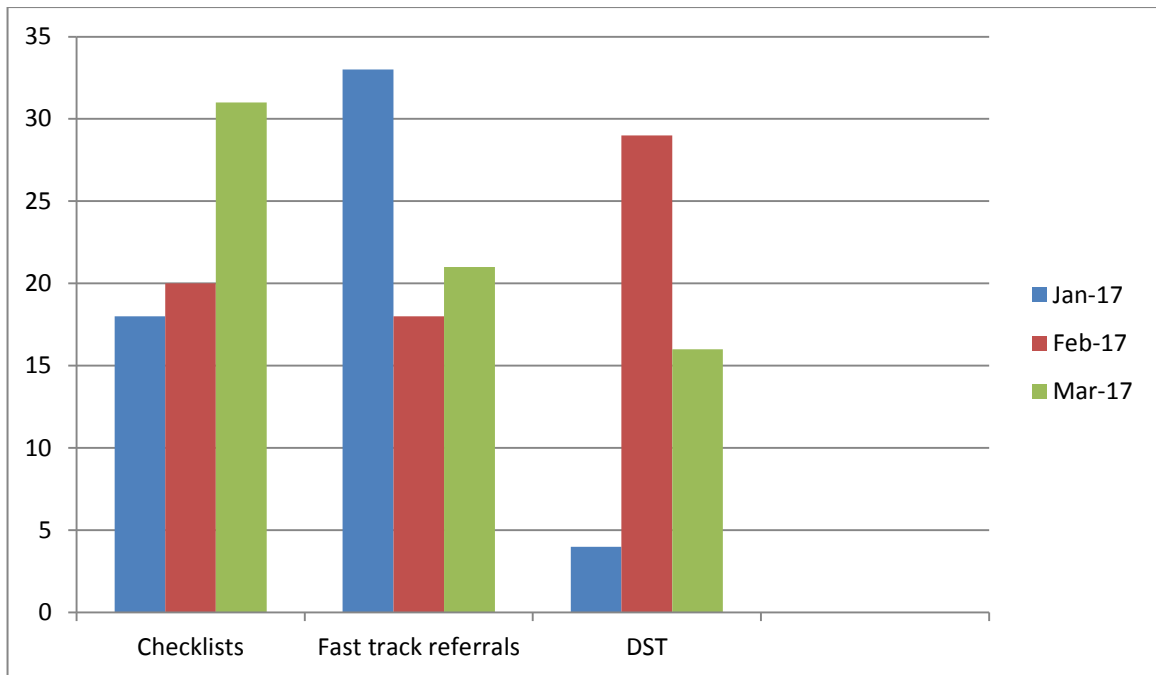
www.cloverleaf-advocacy.co.uk

7. Continuing Healthcare (CHC)

7.1 Activity update for Quarter 4

- During Quarter 4, the CCG received 72 Fast Track referrals and 69 checklists indicating eligibility for full Continuing Healthcare assessment. As a comparator, the chart below indicates how many were received each month during the quarter.
- During Quarter 4, the Continuing Healthcare team completed 48 assessments (DST'S) for eligibility in accordance with the National Framework for NHS Continuing Healthcare and NHS –funded Nursing Care (2012).

The chart below indicates how many assessments were completed and approved during the quarter.

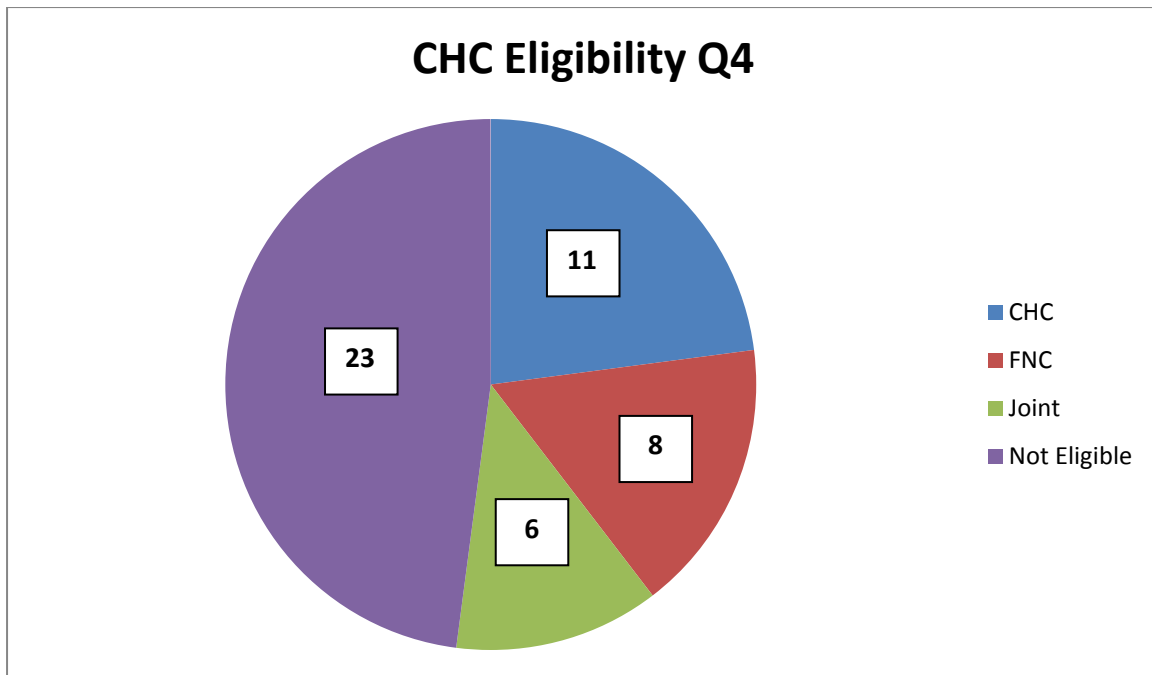


- There are currently 10 people who are in receipt of Continuing Healthcare funding who have chosen to have a Personal Health Budget.
- As at the end of Q4, there are approximately 60 people awaiting a Continuing Healthcare assessment. The CHC team are actively working to reduce this number.

The assessment is undertaken by way of completing a Decision Support Tool (DST) to collate the information required for the Multi-Disciplinary team (MDT) to formulate a recommendation of eligibility.

The pie chart below identifies the eligibility from the completed DST's during quarter 4.

- CHC - Eligible for Continuing Healthcare Funding
- FNC - Eligible for Funded Nursing Care
- Joint - Eligible for a joint package of care with the Local Authority
- Not Eligible - Not Eligible for CHC funding as in accordance with the National Framework



7.1.1. Key points to note

- Various key performance indicators (KPI's) have been developed within the CHC team to support and measure improvements within CHC activity. These are monitored on a monthly basis.
- The team continue to work towards developing and supporting the number of people who are eligible to receive a Personal Health Budget (PHB). This is in line with national guidance and provides more flexibility in how a person manages their healthcare and support in a way which suits them. The local trajectory for PHB's in 2017/18 is 70.

8. Primary Care Update

Primary Care Dashboard

The Primary Care Dashboard (hereafter referred to as 'the dashboard') is an on-going development tool devised by the Primary Care Directorate to monitor performance in General Practice.

The dashboard is currently in development stage. Once complete, the dashboard will provide the NLCCG Joint Commissioning Committee with a brief overview of how North Lincolnshire practices are performing in the following areas:

- Friends and Family Test
- GP Patient Survey

- Quality Outcomes Framework
- Public Health Statistics – GP Practice Profiles for Mortality, Adults and Older Adults
- Infection Prevention and Control Audits
- CQC Ratings
- Prescribing
- Quality Issue Reporting

Please note the above list is not exhaustive, the content of the dashboard will alter in line with national and local requirements and data availability at that time (E.g. flu data provided during the winter months), this ensures that the CCG is able to capture the most relevant and up to date data available.

The dashboard represents data from 19 practice members split into three Care Networks East, West and South.

Through the triangulation of data collated as part of the dashboard, the CCG is attempting to identify the following:

- Further opportunity to share good practice initiatives aimed at reducing risk, improving health, reducing or delaying unnecessary admissions, and improving end of life care
- Further opportunity to target public health interventions at high risk vulnerable residents, and increasing uptake of early detection and intervention services such as cancer screening, stop smoking and weight management services in communities with low take up

The draft dashboard can be accessed via NLCCG Business Intelligence Zone (BIZ), using the link below:

<http://biz.nyhcsu.org.uk/nlccg/data/uploads/current/local-health-outcomes/pcdashboard.pdf>

9. Provider Quality Update

9.1 Site visits

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

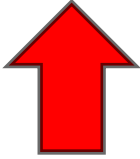

The purpose of these visits is to further strengthen the CCG through routine quality assurance processes and drive continuous quality improvement by supporting providers and working in partnership.

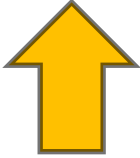


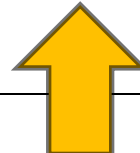
Further details on the 2017/18 site visit schedule will be provided in the next submission of this report.


9.2 Provider Assurance

The purpose of this section is to update the Governing Body on key points to note in relation to the CCG's main providers.


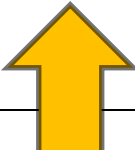
9.2.1 Northern Lincolnshire & Goole NHS Foundation Trust

Northern Lincolnshire & Goole NHS Foundation Trust		RAG status										
Safety												
Governance & assurance processes	<p>NHS Improvement is working closely with NL&G and its Commissioners to establish a new governance and assurance framework. This framework is in place to support the Trust in addressing its systemic issues, such as those identified by the CQC in their most recent inspection report.</p> <p>The Service Improvement Board (SIB) will support continued and sustainable quality improvement in NL&G and will provide appropriate challenge to the Trust, and to commissioners, to ensure that the most robust approaches are being considered. The SIB will also resolve system issues where these cannot be resolved in other forums.</p> <p>The SIB, with support from its sub-committees, will provide a collective oversight of progress against quality improvement within the trust and across the wider health system.</p>											
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 border="0"> <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> <p>Since the previous report, the Trust Board has developed a holistic improvement programme entitled the 'Improving Together Programme'.</p> <p>The aim of this programme is to bring together the development of a safety culture, allowing quality improvement activities to be undertaken within the organisation in order to improve patient outcomes and experience.</p>	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											

	<p>Progress against the programme will be reviewed by Commissioners as part of the SIB and its sub committees, and via the NL&G Quality Review Meeting.</p>	
Pressure Ulcers	<p>The Trust has identified an increasing trend in the prevalence of pressure ulcers across six ward areas.</p> <p>In response to this the Trust has implemented a review to identify themes and trends.</p> <p>The outcome from this review will be reviewed by Commissioners at the monthly NL&G Quality Review Meeting.</p>	
Experience		
Friends & Family Test – positive response rate in A&E	<p>The percentage of positive recommendation made by patients in A&E deteriorated between December 2016 and March 17.</p> <p>In response to this, the Trust is piloting a new text system to capture patient feedback via mobile telephone; this system was launched in May 17. Further updates on this pilot will be provided in this report in due course.</p>	
Long waiting times	<p>The Trust continues to report long waiting times in the 18 week Referral to Treatment (RTT) incomplete waiting time measure. Trust performance in quarter 4 16/17 fell below the national threshold of 92% and below the NHSI trajectory of 92.71% at 79.50%.</p> <p>The Trust has reported an increase in the number of patients waiting over 52 weeks during quarter 4, and it is anticipated that further breaches may be identified as the Trust progresses with the data validation process. Necessary recovery actions have been and continue to be put in place in response to these breaches.</p> <p>A more formal governance structure will be put in place to oversee the next steps and will link to the Improving Together process. This structure, subject to completion of the technical validation of data, will lead to a recovery trajectory being agreed by the end of Q2.</p>	
Effectiveness		
Medical & dental vacancy position	<p>The Trust's medical & dental vacancy position remains above tolerance levels at 21.23% against a target of <12%. This position is declining.</p> <p>The Trust's Improving Together programme</p>	


	<p>incorporates a work stream on medical establishment and includes key milestones and plans to support improvement in this area.</p> <p>The Trust has also implemented a structured medical training programme, in collaboration with the Royal College of Physicians and Surgeons.</p>	
Transfer of patients for non-clinical reasons	<p>The Trust continues to exceed agreed tolerance levels for the transfer of patients for non-clinical reasons. The agreed standard is 10% of transfers and the Trust has not met this target since September 2016.</p> <p>The Trust has confirmed that this decline in performance is largely due to capacity and patient flow issues on ward areas. Commissioners will review this position via the monthly NL&G Quality Review Meeting.</p>	

9.2.2 Hull & East Yorkshire Hospitals NHS Trust



Hull & East Yorkshire Hospitals NHS Trust		RAG status
Safety		
No significant concerns or key points to note have been identified in relation to safety.		
Experience		
Complaints	<p>There has been an increase in the number of complaints received by the Trust during March 2017. The reasons for this are unclear as no obvious pattern or trend has been identified. The Trust's Patient Experience team has reviewed the way complainants contact the organisation to raise concerns and has been active in making the service more accessible for all to communicate.</p> <p>In March 2017, 34% of complainants used electronic means rather than letter or telephone. This will need to be monitored over time as it may be possible that by opening up the access in this way may result in the Trust receiving more complaints.</p>	
Effectiveness		
A&E 4 hour wait target	The Trust saw a slight improvement in performance against the 4-hour wait target during quarter 4 2016/17, although this falls below the national target.	


	The Trust is taking remedial action in response to this position including a review of ambulance handover process and review of the process for accessing specialist clinical opinion in A&E.	
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9.2.3 Rotherham Doncaster & South Humber NHS Foundation Trust



Rotherham Doncaster & South Humber NHS Foundation Trust		RAG status
Safety		
Incident reporting	<p>The Trust reported an increase in the number of incidents reported by the Trust during 2016/17, compared to the previous year. However, there are no clear reasons for this increase other than the variability in patients on Ward areas.</p> <p>The CCG will continue to work with the Trust to review this position as part of the monthly Contract Management Board.</p>	

9.2.4 East Midlands Ambulance Service NHS Trust

East Midlands Ambulance Service NHS Trust		RAG status
Safety		
CQC position	<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> <p>The CQC outcome report has not yet been published due to purdah; it is not likely to be published until mid-June.</p>	
Experience		
Clinical Handover	The Trust continues to report challenges in meeting the clinical handover target, resulting in increased delays and reduced patient satisfaction.	

	In response to this, the Trust is working with NL&GHT to re-launch the Ambulance Handover Meeting and NL&GHT have successfully appointed to two A&E Handover Nurse positions.	
Effectiveness		
Performance	Operational performance improved slightly during quarter 4 16/17 as some of the external pressures that the Trust experienced during winter began to reduce.	

9.2.5 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	CQC inspection of Endoscopy service The CQC published their latest inspection report for St Hugh's, following the inspection undertaken 14 November 2016, on 17th May 17. The CQC carried out an unannounced visit to the hospital on 14 November 2016 in response to information received from the public about endoscopy services. This was a focused inspection,	Since the inspection and prior to the publication of the report, the hospital has implemented a range of remedial actions to improve the endoscopy service. These improvements have been shared with Commissioners and continue to be monitored as part of the monthly contract meeting. The hospital has provided a good level of assurance of progress in this area.	Standard monitoring arrangements via the bi-monthly Contract Management Group 

	<p>reviewing endoscopy services only.</p> <p>The following domains were inspected:</p> <ul style="list-style-type: none">• Safe: requires improvement• Well-led: requires improvement		
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