


<b>Date:</b>	10 <sup>th</sup> August 2017
<b>Meeting:</b>	Governing Body
<b>Item Number:</b>	10.2
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

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<b>Director approval</b> <i>(Name)</i>	 2.8.17

<b>Report Title:</b>	Quality Report
<b>Decisions to be made:</b>	No decision required.

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input 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 checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Potential risk to patient satisfaction due to long waiting times.
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**North Lincolnshire CCG**

**Quality Report**

**August 2017**

**(Data from quarter 1 2017/18)**

*'Patient focused, providing quality, improving outcomes'*

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**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

## **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 Group and through escalation from the Quality Group 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, patient safety, 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 CCG footprint:

### **2.1 CQC position at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)**

The CQC inspected NL&G between October, November and December 2016. The final outcome report was published 6th April 17. NL&G achieved an overall rating of inadequate.

Since the previous report, NL&G has reported risk in delivering some elements of the Improving Together plan. The Improving Together plan 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 continue to be reviewed by Commissioners as part of the monthly contract monitoring process.

The areas of risk identified as part of this programme relate specifically to funding and staffing requirements to support the clinical assessment element of the deteriorating patient workstream, the emergency department workstream and the paediatric workstream.

The position continues to be monitored on a regular basis via the contract management process.

## **2.2 Long waiting times at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)**

NL&G continues to report long waiting times against the 18 week Referral to Treatment (RTT) incomplete pathway standard, with significant pressures reported in Neurology, Ophthalmology, Cardiology, General Surgery. NL&G did not achieve the national performance target of 92% during quarter 1 2017/18. NL&G has also reported an increase in 52 week breaches during quarter 1 2017/18.

## **2.3 Ambulance handovers in A&E at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)**

NL&G continues to have challenges in the clinical handover of patients at SGH and DPoW, particularly in relation to the <15 mins pre-clinical handover performance standard.

## **2.4 Service changes at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)**

NL&G has confirmed that changes are required in their Ear Nose & Throat (ENT) inpatient care services and Urology emergency inpatient care services. These changes need to be made in order to ensure that sufficient bed capacity and staffing levels are maintained. NL&G has submitted a recommendation to its Board that ENT services are provided from the Grimsby site only and Urology services are provided at the Scunthorpe site only from 1<sup>st</sup> September 17.

## **2.5 CQC position at East Midlands Ambulance Service (EMAS)**

The CQC completed a comprehensive inspection of EMAS in November 2015. The CQC served a warning notice in July 16, some elements of the warning notice require EMAS to make improvements to the quality of health care provided, specifically in relation to staffing levels and staff skill set.

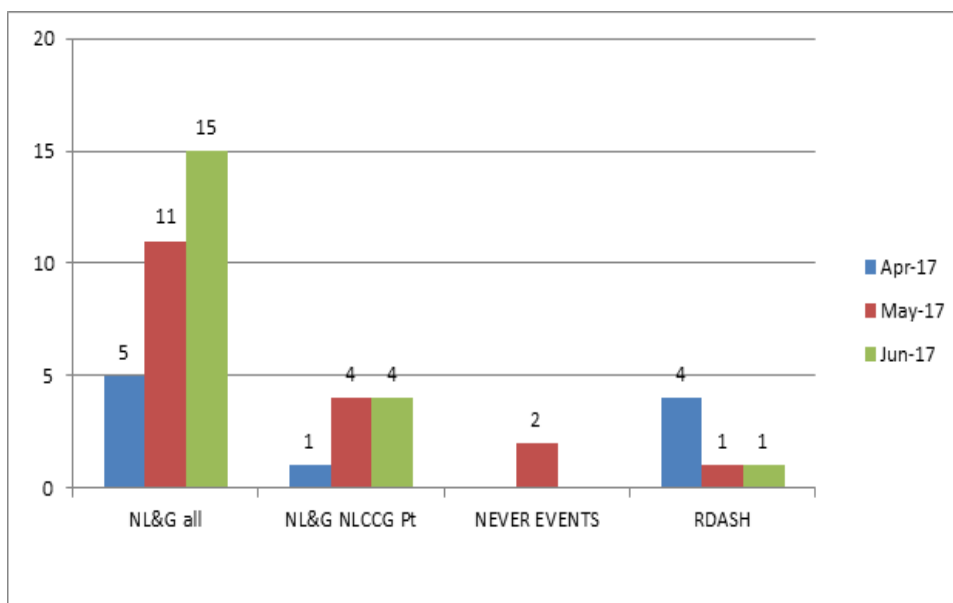
The CQC carried out a follow-up inspection of EMAS in February & March 2017 and the final outcome report was published 13<sup>th</sup> June 17. EMAS achieved an overall rating of requires improvement, this rating is unchanged from the previous inspection due to remaining concerns relating to response times. EMAS continue to work on improvements in meeting response time standards.

### 3. Serious Incidents (SI's)

Table 1 below provides an overview of SI's reported in quarter 1 2017/18. It should be acknowledged that the data relating to NLaG in the first column is a collaboration of data from NL&G's main commissioners (North Lincolnshire CCG, North East Lincolnshire CCG, Lincolnshire East CCG and Lincolnshire West CCG).

The data provided in the second column relates to NLCCG patients only at NL&G. The data provided in the third column relates to two never events reported by NL&G in May 17, neither of these SI's related to NLCCG. The data provided in the fourth column relates to NLCCG patients only at RDASH.

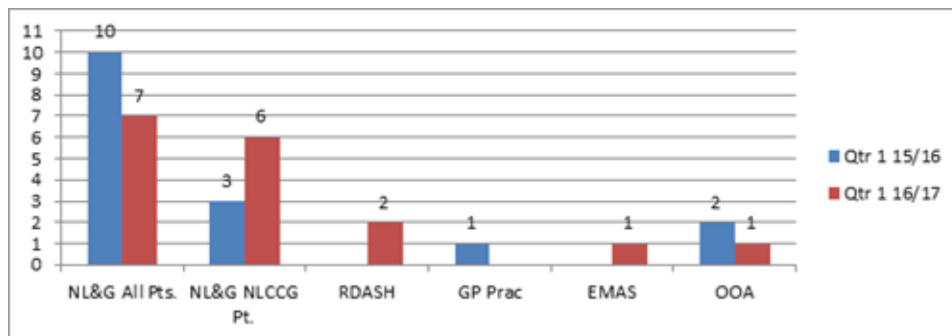
Table 1: SIs reported in Quarter1 2017/18



There were no SI's, relating to NLCCG patients, reported by Hull & East Yorkshire Hospitals, East Midlands Ambulance Service, Spire hospital and St Hugh's hospital during quarter 1 17/18.

Table 2 below provides an overview of SI's reported in quarter 1 2016/17 and quarter 1 2015/16.

Table 2: Comparison of SI's reported in the same period (Q1) in the previous 2 years

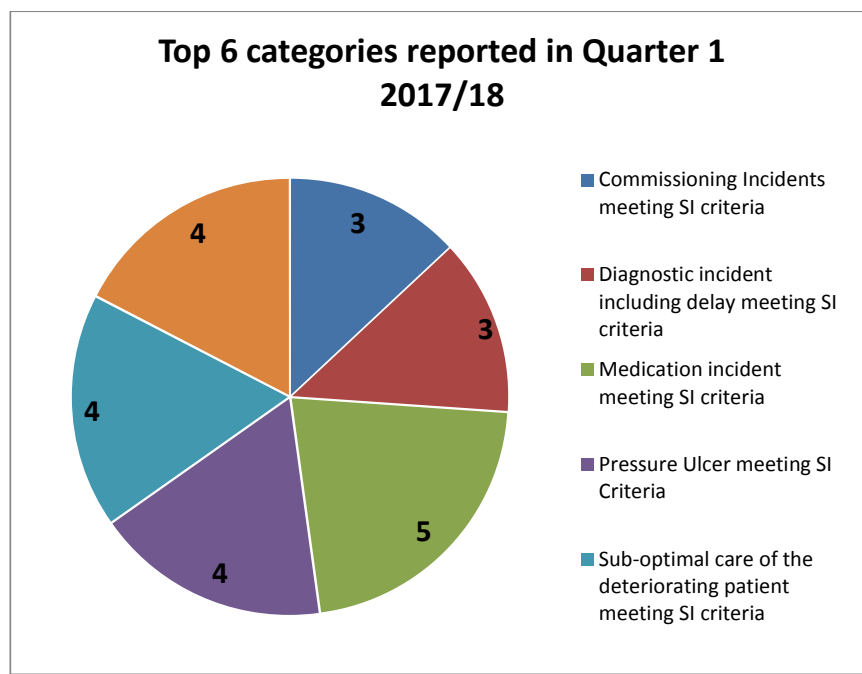


The data in the 'OOA' column above denotes SI's relating to North Lincolnshire patients that are funded in out of area placements.

There were no SI's, relating to NLCCG patients, reported by Hull & East Yorkshire Hospitals, East Midlands Ambulance Service, Spire hospital and St Hugh's hospital during quarter 1 2016/17 or quarter 1 2015/16.



Table 3: The pie chart below reflects the top SI categories reported by NL&G, RDASH & EMAS during quarter 1 2017/18.



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It should be noted that 'Commisiosning incidents' relate to SI's that do not fall into another category within NHS England's web-based serious incident management system (Strategic Executive Information System (STEIS)).

The three SI's that were reported under the 'Commisiosning incidents' category during quarter 1 17/18 related to staffing issues, communication and patient identification. Two of these SI's did not relate to NLCCG patients, the third SI related to a NLCCG patient and was a patient mis-identification incident.

### **Key Points to Note:**

- NLaG have seen an increase in the number of SI's reported in Qtr.1 17/18 in comparison to the same period in 2016/17. NL&G reported 31 SI's in Q1 17/18 and 9 of these related to NLCCG patients, in comparison NL&G reported 7 SI's in Q1 16/17 and 6 of these related to NLCCG patients.

This increase could indicate improved reporting processes across NL&G and demonstrates continued commitment to openness and transparency.

- NLaG continue to attend the Collaborative SI meetings with CCGs to further enhance the open and transparent approach to Serious Incidents by both commissioners and providers. This approach provides the opportunity to raise questions to any newly reported SIs to enable NL&G to incorporate queries raised into the Terms of Reference for the SI investigation for greater assurance in provider reports.
- Two Never Events were reported by NLaG in May 17. Neither of these incidents related to NLCCG patients

## **4. Safeguarding**

### **Children living with Domestic Abuse**

The subject of 'children living with domestic abuse' was the theme for Joint Targeted Area Inspections in 5 localities nationally from November 2016 – April 2017, and the 4 inspectorates published their report. The CCG Safeguarding Team have reviewed this document and identified key themes which need reflecting in commissioning arrangements and within primary care services.

North Lincolnshire health provider services are engaged in multi-agency activity to support victims of domestic abuse and their children. Police information in respect of high risk victims (including those with children) is proactively shared into on a multi-agency basis. Police information in respect of low and medium risk victims is shared with the Integrated Multi-agency Partnership, with the CCG Safeguarding Team taking an active role in identifying/ sharing information with health providers including primary care.

Primary care staff received training on domestic abuse and services available to support victims in North Lincolnshire as part of the Safecare Network and North Lincolnshire CCG GP Training event on 14th June

### **Suicide Real Time Surveillance**

North Lincolnshire services, led by Public Health, have developed a process whereby details & circumstances in respect to deaths which may be by suicide are shared, and agencies are working together to consider whether there is any evidence that deaths by suicide, or suspected suicides, are linked by social, geographical or psychological proximity, which could indicate a potential suicide cluster or contagion. If it is believed that there is either cluster or contagion, the North Lincolnshire Community Action Plan would need to be enacted. The process introduced has also allowed for a coordinated approach to support those affected by loss/ bereavement through suicide.

There has been some excellent practice identified within primary care ensuring support to wider family members.

### **Humberside Digital Road Map & Child Protection Information Sharing**

As part of wider work to enhance digital infrastructure, IT services in Northern Lincolnshire working with safeguarding professional leadership within health and social care services have progressed the roll out of the national Child Protection Information Sharing (CPIS) project. North Lincolnshire is expected to be the first area within Humberside to adopt the process, though there are earlier adopters in other parts of England & Wales.

Urgent care settings, Emergency Department and GP Out of Hours service will have live access to details of children and unborn babies subject to child protection plans or who are in care. If any individual attends an urgent care setting, a notification will be sent by the system to the named social worker for the child to advise of attendance. This information & notification will be available in any locality where the system has been adopted. Once rolled out nationally, urgent care settings will be able access information in relation to any subject child who is ordinarily resident in England or Wales.

### **Primary Care Support and Training**

The Primary Care Safeguarding Forum continues to meet on a quarterly basis. The meeting in June had a focus on referral processes for Adult Safeguarding concerns.

In addition to the Domestic Abuse training provided as referenced above, the Training event on 14th June included information in respect of availability of safeguarding support to practices.

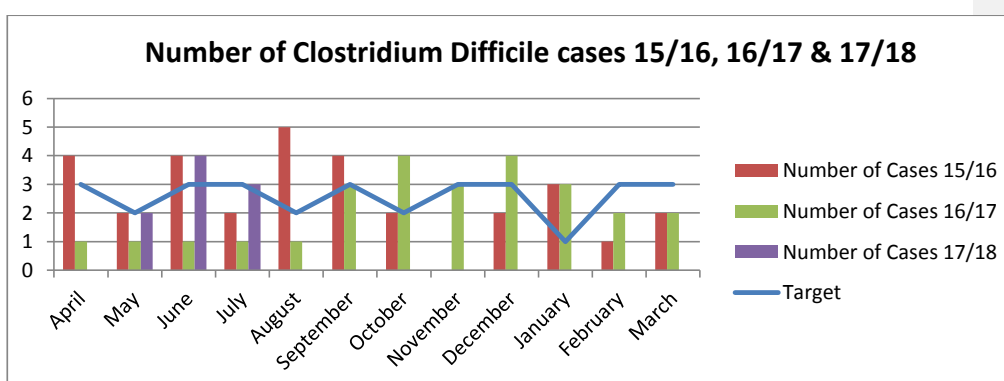
GP practices have also been given the opportunity for PREVENT training for all clinical staff to be delivered in individual practices.

## 5. Infection Prevention & Control

### Clostridium Difficile (C.Diff)

NLCCG has a target to remain under 31 cases of C.Diff in 2017/18. As at end of Q1 17/18, 6 cases of C.Diff had been reported relating to North Lincolnshire patients. Of these, 4 cases were acquired in a community setting and 2 were acquired in a hospital setting.

Table 1: The table below provides an overview of C.Diff cases reported to date in 17/18 compared to the previous 2 years.



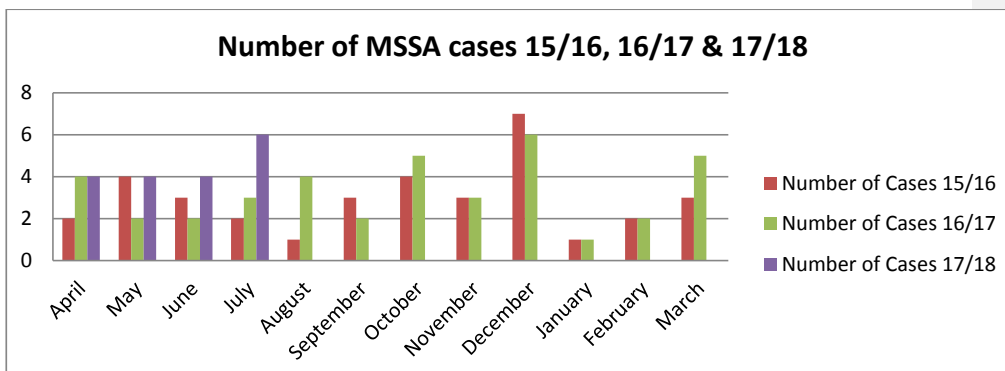
### MRSA

There is a national zero tolerance to MRSA. No cases were reported in relation to NLCCG patients during Quarter 1 17/18.

### MSSA

NLCCG reported 12 cases of MSSA as at end of Quarter 1 17/18. At present, these alert organisms are not subject to tolerance standards and objectives from NHS England but are included in this report for information and provide vital information of the threat of emerging antibiotics strains of infection.

Table 2: The table below provides an overview of MSSA cases reported to date in 17/18 compared to the previous 2 years.

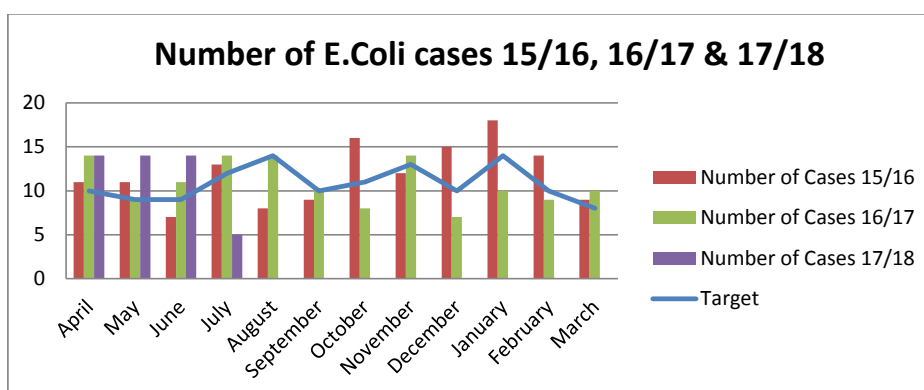


### E-Coli

NHS England have set a target of 10% reduction in all E.coli blood stream infection reported at CCG level during 2017/18. The 2017/18 E.coli objective for the CCG is 130.

NLCCG reported 42 cases as at the end of Quarter 1 17/18. Of these, 37 cases were acquired in a community setting and 5 cases were acquired in a hospital setting. As at the end of Quarter 1, the CCG exceeded its tolerance level for the Quarter.

Table 3: The table below provides an overview of E.Coli cases reported to date in 17/18 compared to the previous 2 years



## **Outbreaks**

There were no outbreaks reported in North Lincolnshire during Quarter 1 17/18.

## **IP&C Primary Care Audits**

No Primary Care IP&C audits have been undertaken in Quarter 1 2017/18.

## **6. Patient Experience**

### **Complaints (Quarter 1 2017/18)**

The CCG received 6 new complaints in quarter 1; 3 related to continuing healthcare, 2 related to the CCG's community respiratory service and 1 related to a service users experience of local healthcare services.

Five complaints were carried forward to quarter 1 from quarter 4 2016/17, 3 complaints related to treatment commissioned by the CCG, 1 related to continuing healthcare and 1 related to an individual funding request.

### **Claims**

No new claims were received in quarter 1 and there are no outstanding/on-going claims.

### **Member of Parliament (MP) Queries (Quarter 1 17/18)**

The CCG received 5 new queries from local MPs during quarter 1, this is a reduction on the quarter 4 position although it should be noted that from 21 April to 8 June 2017 "purdah" was in force. No themes or trends were identified.

### **Compliments**

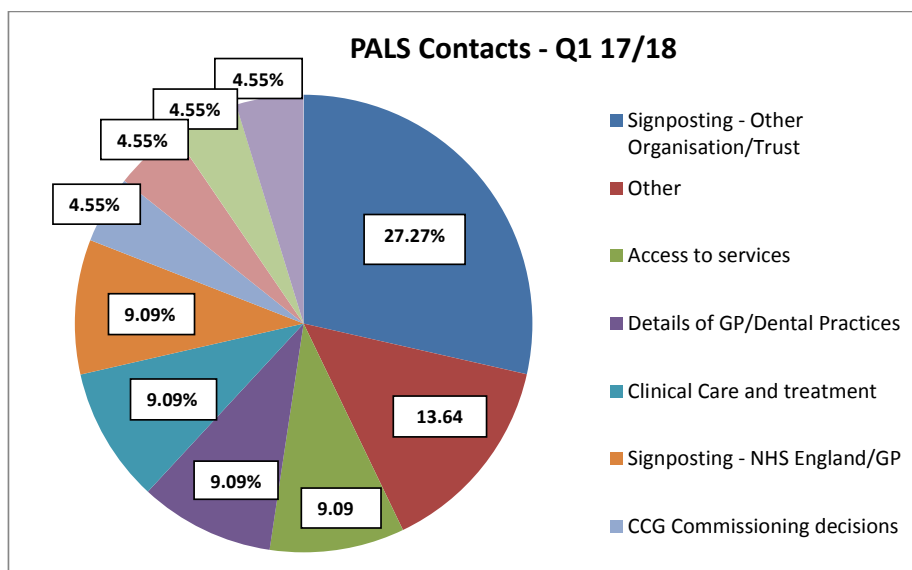
The Patient Relations Team received 1 compliment during quarter 1, this related to the approach taken by the Patient Relations Team in solving a problem with a GP practice.

### Patient Advice and Liaison Service (PALS)

The CCG received 21 PALS contacts during quarter 1. All contacts were dealt with appropriately and remedial action was taken where required.

The tables below provide an overview of the nature of PALS contacts received during quarter 1, by number and percentage.

Title	%	Number
Signposting - Other Organisation/Trust	27.27%	6
Other	13.64%	3
Access to services	9.09%	2
Clinical Care and treatment	9.09%	2
Details of GP/Dental Practices	9.09%	2
Signposting - NHS England - GP	9.09%	2
CCG Commissioning decisions	4.55%	1
CCG Funding - IFR	4.55%	1
Medication/prescription	4.55%	1
Signposting - Acute Trust	4.55%	1



The majority of contacts received in quarter 1 fell under the 'Signposting – Other organisation/Trust' category, these contacts mainly related to calls received from patients who were trying to contact Thames Ambulance Service, either to book transport or to raise a complaint regarding their service.

The CCG has identified an increase in the number of enquiries regarding patient transport since Thames Ambulance Service took over this service. The CCG has discussed these issues with the service and continues to work closely with Thames Ambulance Service to resolve these concerns.

The second largest reporting category was the 'Other' category, this related to one-off enquiries. No themes or patterns have been identified in relation to these contacts.

**Key points to note:**

- Patient and Community Assurance Group

The CCG is currently seeking enthusiastic local people to join the new Patient and Community Assurance Group (PCAG). The group will consist of patients from across the Care Networks and representatives from the voluntary and community sector including the Youth Council. Recruitment and selection will be carried out over the summer of 2017, followed by a period of induction, training and group development before formal meetings commence in November 17.

The purpose of the PCAG will be to provide independent assurance to the CCG Governing Body that effective robust structure, processes and accountabilities are in place for engagement with local people. This group will inform the commissioning decisions of the organisation and will help to ensure that the CCG appropriately and effectively fulfils the statutory duty for public involvement outlined in the Health and Social Care Act (2012) and the NHS Constitution (2013).

This group will help to make a real difference to the way local NHS services are developed and improved.

Further information on this group is available via the link below:

<http://www.northlincolnshireccg.nhs.uk/data/uploads/publications/board-meetings/8-june-2017/item-7.0.pdf>

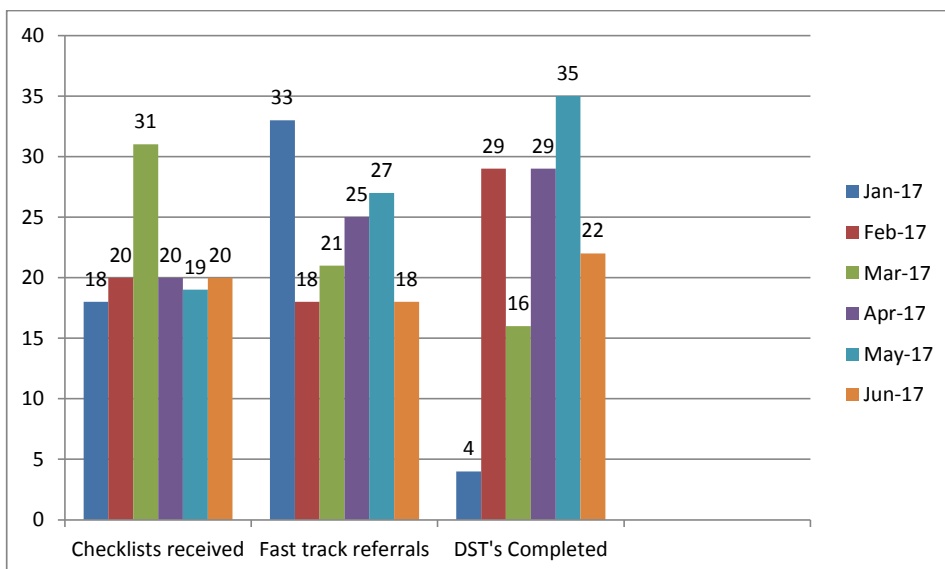


## 7. Continuing Healthcare (CHC)

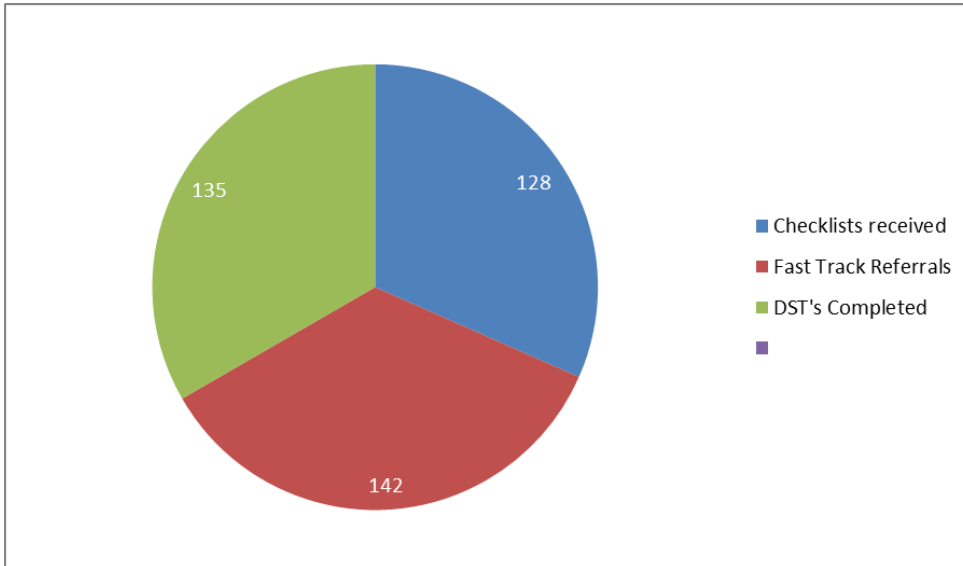
During quarter 1 2017/18, NLCCG received 59 checklists (69 received in Q4) indicating eligibility for full Continuing Healthcare assessment, and 70 Fast Track referrals (72 received in Q4).

During quarter 1 2017/18, 86 Decision Support Tool Assessments (DST's) (48 received in Q4) were completed for eligibility for Continuing Healthcare funding in accordance with the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (2012).

As a comparator, the chart below indicates how many were received each month since January 2017:



**Data since January 2017 as Pie Chart:**



There are currently 13 people who are in receipt of Continuing Healthcare funding who have chosen to have a Personal Health Budget.

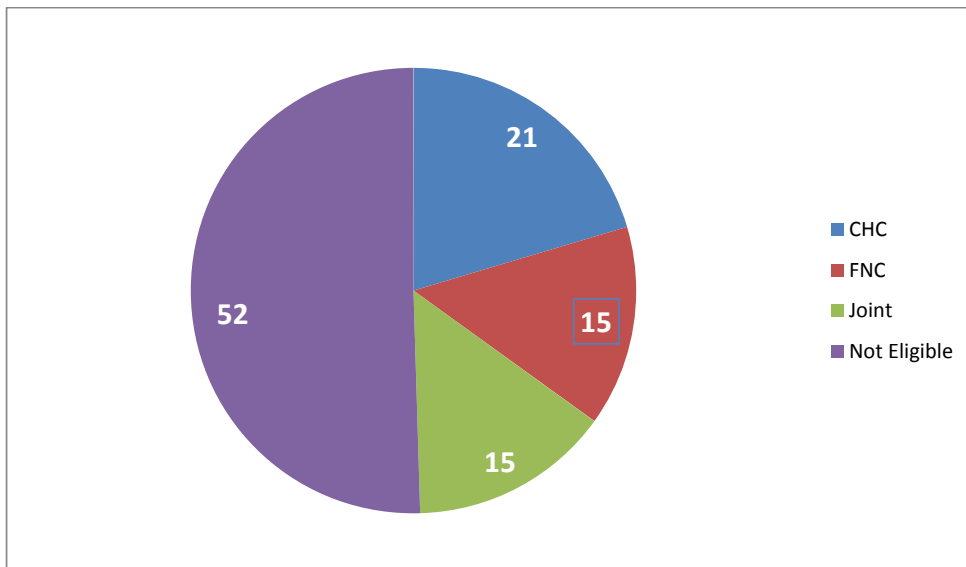
As at the end of Q1, there are approximately 60 people awaiting a Continuing Healthcare assessment. The CHC team are actively working to reduce this number.

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

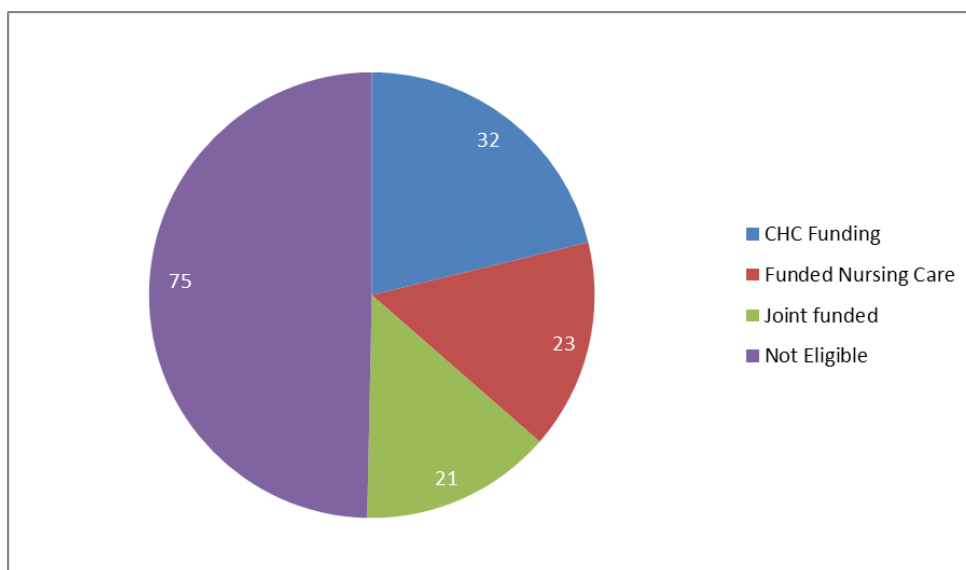
The pie charts below identify the eligibility from the completed DST's during Q1 and Eligibility data since January 2017.

- 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

**Eligibility Data Q1**



**Eligibility Data since January 2017**



### **Key points to note**

- Key performance indicators (KPI's) have been developed 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. Provider Quality Update


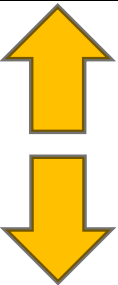
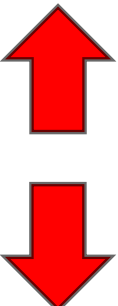
### 8.1. Provider Assurance

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



The CCG's main providers are Northern Lincolnshire & Goole NHS Foundation Trust, Hull & East Yorkshire Hospitals NHS Trust, East Midlands Ambulance Service, Rotherham Doncaster & South Humber NHS Foundation Trust, Hull & East Riding Spire Hospital and HMT St Hugh's Hospital.




Information provided in this section is RAG rated according to the levels of surveillance defined in the NLCCG Quality Team monitoring key. The monitoring key is based on the surveillance monitoring process developed by NHS England.

#### 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.  An upward arrow denotes an improving position.  A downward arrow denotes reduced performance.
	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.  An upward arrow denotes an improving position.  A downward arrow denotes reduced performance.

### 8.1.1 Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)

Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)		RAG status										
<b>Safety</b>												
CQC inspection	<p>The CCG inspected NL&amp;G between October, November and December 2016. The final outcome report was published 6<sup>th</sup> April 17.</p> <p>NL&amp;G 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> <p>NL&amp;G's CQC action plan is incorporated into the Improving Together plan, which is submitted to the NL&amp;G Trust Board on a monthly basis.</p> <p>Since the previous report, NL&amp;G has reported an increased risk to delivering some elements of the Improving Together plan. The risk relates specifically to funding and staffing requirements to support the deteriorating patient workstream, the emergency department workstream and the paediatric workstream.</p> <p>The CCG continues to work closely with NL&amp;G to review this position, via the contract management process.</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											
<b>Experience</b>												
Diagnostic services	<p>NL&amp;G has not met the national diagnostic performance standard during 17/18 and for the majority of 16/17.</p> <p>This reduced performance is largely due to an increase in ageing diagnostic equipment and reduced capacity due to staff sickness and the current vacancy position. NL&amp;G has also reported an increase in demand for diagnostic services due to the prioritisation of the waiting list backlog and urgent referrals.</p> <p>In response to this, NL&amp;G has secured additional capacity to be delivered across all Trust sites in order to manage the waiting list backlog and emerging waiting lists.</p>											

	NL&G is also reviewing the possibility of utilising capital investment to replace existing equipment. The position continues to be reviewed via the contract management process.	
Long waiting times	<p>NL&amp;G continues to report long waiting times against the 18 week Referral to Treatment (RTT) incomplete pathway standard, with significant pressures reported in Neurology, Ophthalmology, Cardiology, General Surgery.</p> <p>NL&amp;G did not achieve the national RTT performance target of 92% during quarter 1 2017/18.</p> <p>NL&amp;G has also reported an increase in the number of patients waiting in excess of 52 weeks for their appointment during quarter 1 2017/18. These breaches have been identified as part of the Trust wide data validation project. NL&amp;G anticipates that further breaches may be identified as the data validation process progresses.</p>	
<b>Effectiveness</b>		
ENT and Urology service changes	<p>NL&amp;G has submitted a recommendation to its Board in July 17 that Ear Nose &amp; Throat (ENT) inpatient care services are provided from the Grimsby site only, as opposed to Grimsby and Scunthorpe, and Urology emergency inpatient care services are provided at the Scunthorpe site only. NL&amp;G has stated that these service changes are required in order to ensure that sufficient bed capacity and staffing levels are maintained.</p> <p>NL&amp;G proposes that these service changes take effect from 1st September 17.</p> <p>The position continues to be closely reviewed via the contract management process.</p>	
Staffing	<p>NL&amp;G has confirmed that several wards (mainly at Scunthorpe site) have been identified as having a substantive fill rate of &lt;60%. This may have an impact on the continuity of care and staff skill mix in these ward areas. .</p> <p>In the majority of these ward areas, NL&amp;G has utilised agency/temporary staff to ensure that the overall fill rate falls within acceptable parameters, leading to further cost pressures.</p>	



### 8.1.2 Hull & East Yorkshire Hospitals NHS Trust (HEY)


Hull & East Yorkshire Hospitals NHS Trust* (HEY)		RAG status
<b>Safety</b>		
No significant concerns or key points to note have been identified in relation to safety.		
<b>Experience</b>		
Long waiting times	<p>HEY has confirmed that the RTT waiting list continues to grow with particular pressures reported in the Ophthalmology service.</p> <p>HEY continues to work closely with the Lead Commissioner (NHS Hull CCG) to manage this demand as a system.</p>	
<b>Effectiveness</b>		
Diagnostic services	<p>HEY has identified a risk in relation to ageing diagnostic equipment, specifically MRI and CT scanners impacting the Lung and Urology pathways.</p> <p>HEY is undertaking a Trustwide capacity and demand review of diagnostic equipment and is in the process of reviewing the Lung and Urology pathways. The output from these reviews will inform the Trust's service improvement projects.</p>	

\* Please note, the concerns detailed in this section do not relate specifically to NL patients.




### 8.1.3 East Midlands Ambulance Service NHS Trust (EMAS)

East Midlands Ambulance Service NHS Trust (EMAS)		RAG status
<b>Safety</b>		
CQC position	<p>The CQC completed a comprehensive inspection of EMAS in November 2015. In July 2016, the CQC served a warning notice in which some elements required EMAS to make improvements to the quality of health care provided. The warning notice was specifically in relation to ensuring there were sufficient staff with the right skill mix and sufficient vehicles in place.</p> <p>The CQC carried out a follow-up inspection of EMAS in February &amp; March 2017 and the final outcome report was published 13th June 17. EMAS achieved an overall rating of requires improvement, this rating remains unchanged due to remaining concerns relating to response times.</p> <p>However, the CQC confirmed that the section 29a warning notice has been lifted and no enforcement actions remain. The CQC acknowledged that EMAS narrowly missed a rating of good [under the Effectiveness domain] but challenges in meeting response times prevented EMAS from achieving this improved position.</p> <p>The CQC and NHSI confirmed that they had received good assurance during the most recent inspection and the position is improving.</p> <p>The position continues to be closely reviewed via the EMAS contract management process.</p>	
<b>Experience</b>		
Clinical Handover	<p>EMAS continues to report challenges in meeting the clinical handover target, resulting in increased delays and potentially leading to negative patient experience.</p> <p>In response to this, EMAS is working with NL&amp;G to re-launch the collaborative Ambulance Handover Meeting and a business case has been developed by NL&amp;G for additional nursing staff to facilitate seamless clinical handover of patients between EMAS to NL&amp;G at Scunthorpe and Grimsby sites.</p>	

	The position continues to be closely reviewed via the NL&G and EMAS contract management processes.	
<b>Effectiveness</b>		
Response times - Ambulance Response Programme (ARP)	<p>EMAS continues to report challenges in meeting national and local response times, these delays could have a negative impact on patient safety and patient experience.</p> <p>In response to this, EMAS has agreed to pilot the Ambulance Response Programme (ARP). The ARP moves away from the current response time standards and focuses more on specific patient outcomes/patient pathways, in line with the sustainability and transformation partnerships (STPs) based delivery model.</p> <p>There are three key elements of the ARP, these are summarised below:</p> <ol style="list-style-type: none"> <li>1. The use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call; NoC).</li> <li>2. Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition; DoD).</li> <li>3. A new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement</li> </ol> <p>Progress with implementation of the ARP continues to be closely reviewed via the NL&amp;G and EMAS contract management processes.</p>	

### 8.1.4 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	<p><i>Clinical audits:</i> The CCG has identified deterioration in compliance with the WHO surgical checklist.</p> <p><i>IP&amp;C audits:</i> Compliance rates with the IP&amp;C audits remain relatively low, however the updated performance position may reflect improvement and we await receipt of updated position.</p> <p><i>Incidents:</i> The hospital has reported an increase in the number of incidents reported by the hospital during Q4 16/17 and Q1 17/18. This provides the CCG with positive assurance of the improved structure and approach to ensuring the safety of patients.</p>	<p>The CCG has requested details on action to be taken to ensure that the sign out section of the WHO surgical checklist is completed in future.</p> <p>The CCG has requested an update from St Hugh's on action taken to improve the position during Q4 2016/17 and Q1 17/18.</p>	Standard monitoring arrangements via the bi-monthly Contract Management Group 