


Date:	12 th October 2017
Meeting:	NLCCG Governing Body
Item Number:	Item 10.3
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:
Quality Report

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GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Risk and Quality Assurance & Chief Nurse 

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 checked="" type="checkbox"/> No <input type="checkbox"/>	Potential risk to patient satisfaction due to long waiting times at NL&GFT.
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"/>	03/010/17
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	03/10/17

North Lincolnshire CCG

Quality Report

October 2017

(Data from quarter 2 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 NHS Trust
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 North Lincolnshire Clinical Commissioning Group (hereafter, 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 provides an update on quality assurance in North Lincolnshire 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.

The data provided within this report relates to activity undertaken in quarter 2 (1 July 2017 to 30 September 2017) 2017/18, unless otherwise stated.

2. Key Points to Note

This section highlights some of the key points to note in relation to quality and outcomes that have been identified across the North Lincolnshire CCG area.

Since the previous report, Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) has confirmed that waiting times at Diana, Princess of Wales hospital and Scunthorpe hospital have increased with further pressures reported in Urology, Colorectal Surgery, Ear Nose & Throat, Ophthalmology, Gastroenterology, Cardiology, Respiratory Medicine and Rheumatology services.

NL&G has also reported challenges in recruiting and retaining medical staff at Diana, Princess of Wales hospital and Scunthorpe hospital, leading to further pressure on service areas. Long waiting times and staffing issues at NL&G remain a cause for concern. These issues continue to be reviewed closely by the CCG and NL&G as part of the NL&G System Improvement Board and the contract management process.

The patient mortality rate at NL&G has also increased since the previous report. Hospital mortality rates are measured via the national Summary Hospital Mortality Indicator (SHMI) dataset, and the latest official SHMI position at NL&G is 112 against the national average of 100. NL&G now falls into the 'higher than expected' range for patient mortality. The CCG continues to work closely with NL&G to improve the mortality position as part of the NL&G Mortality Assurance and Clinical Improvement Committee, the NL&G System Improvement Board and the contract management process.

In relation to mental health services, the CCG received several queries from service users and GP's during quarter 2 regarding access to urgent mental health services, provided by Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH) in North Lincolnshire. The CCG is working closely with RDASH to review these services and to identify the root cause of these concerns. The position continues to be reviewed by RDASH and the CCG via the contract management process.

In relation to Safeguarding Children, North Lincolnshire Council Children's Social Work Services and the Local Safeguarding Children Board were subject to an OFSTED inspection of their services for children in need of help and protection; children looked after and care leavers. The CCG's Designated and Specialist Nurses for Safeguarding participated in the inspection. The inspection outcome report was published on 4th September and both areas were rated as outstanding.

The final point to highlight in this section relates to the Care Quality Commission's (CQC) inspection process. The CQC recently issued guidance on changes made to its inspection regime, the new regime will focus more on on-going monitoring of services and will allow the CQC to undertake a risk-based approach in determining the timing of inspections.

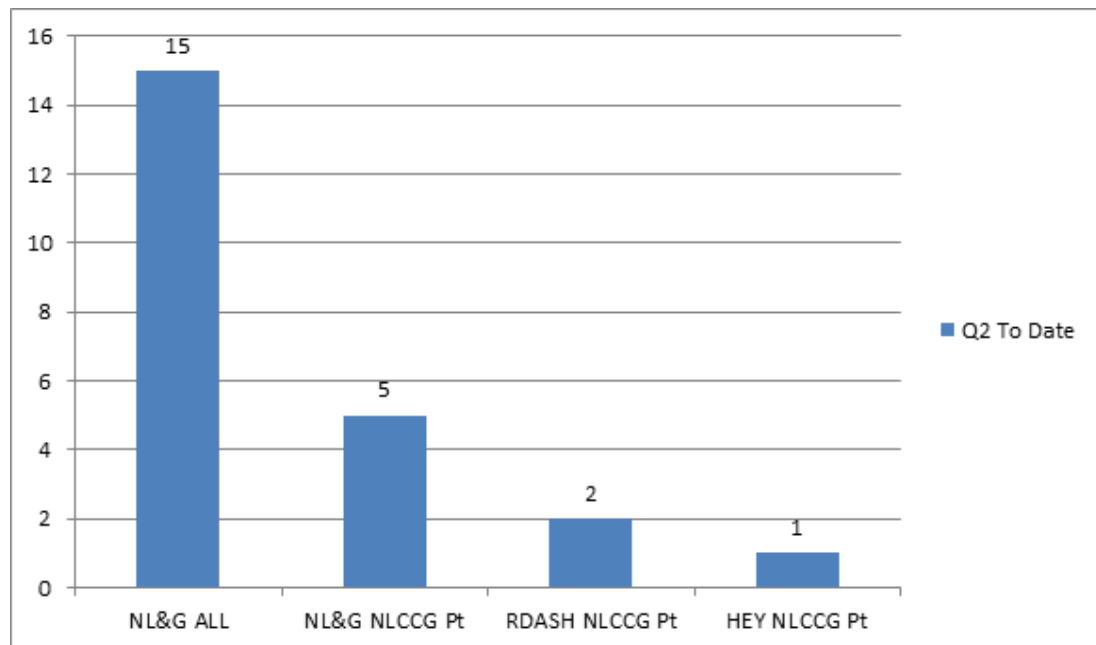
3. Serious Incidents (SI's)

Table 1 below provides an overview of SI's reported during quarter 2 2017/18, as at 18/09/17.

It should be acknowledged that the data relating to NLaG in the first column is a collaboration of data from NLaG's main commissioners. These are North Lincolnshire CCG, North East Lincolnshire CCG, Lincolnshire East and Lincolnshire West CCG and East Riding of Yorkshire CCG.

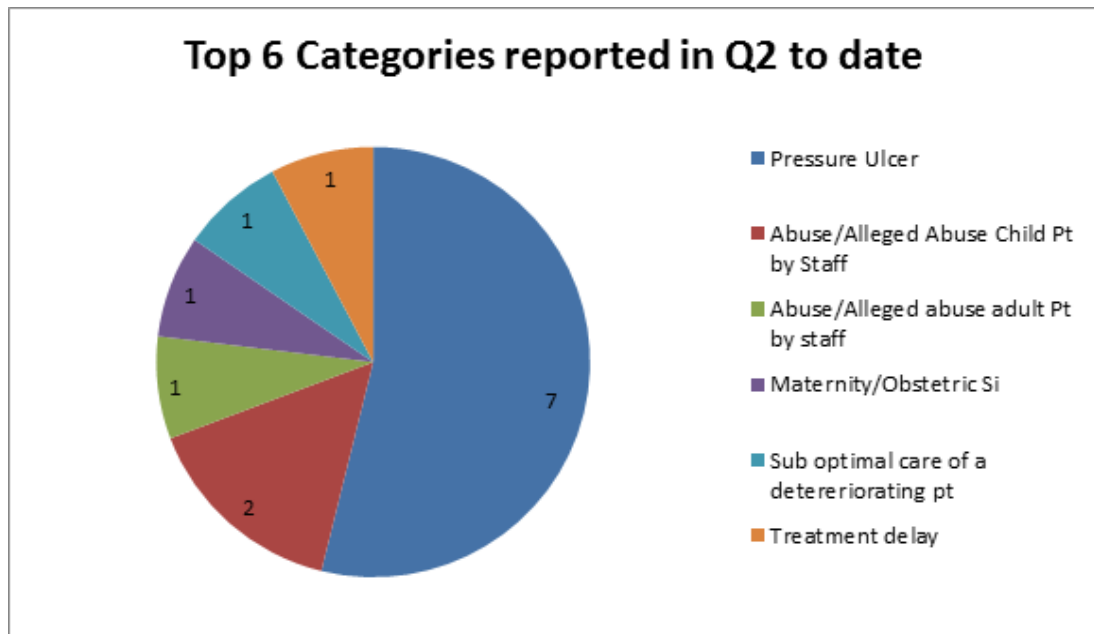
The data provided in the second column relates to NLCCG patients only at NLaG. The data provided in the third column relates to NLCCG patients only at RDASH and the data in column four relates to NLCCG patients only at HEY.

Table 1: SIs reported in Quarter 2 2017/18 (as at 18/09/17)



There have been no SI's, relating to NLCCG patients, reported by East Midlands Ambulance Service, Spire hospital or St Hugh's hospital during Quarter 2 2017/18, as at 18/09/17.

The pie chart below reflects the top SI categories reported by NLaG, RDASH & HEY, during Quarter 2 2017/18, as at 18/09/17. No key themes or trends have been identified.



Key Points to Note:

- The Collaborative SI meetings continue to be held monthly between the CCG's and providers, which further enhances 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 queries raised to be incorporated into the Terms of Reference for the SI investigation for greater assurance in the provider reports.
- 12 SI reports have been reviewed to date during Quarter 2 2017/18, no themes or trends have been identified.

4. Safeguarding

The Safeguarding Report to the CCG Quality Group has changed format with effect from September 2017. This update to the Governing Body is structured using the same format.

CCG Responsibilities

The Governing Body is receiving the NLCCG Safeguarding Annual Report 2016/2017 at the October 2017 meeting of the Governing Body.

North Lincolnshire CCG continues to maintain compliance in meeting their responsibilities to safeguard children, and adults with care and support needs, and meet the health needs of children in the care of North Lincolnshire Council (NLC), as outlined in the Annual Report. However, work to strengthen arrangements continues in some areas:

Supporting Effective Interagency Working

Since September 2015, NLCCG has provided specialist nursing input into the co-located Integrated Multi—Agency Partnership team within NLC Children’s Social Work Services (CSWS). This ensures early identification of, and response to, health issues for children referred to CSWS, as well as timely information sharing. This close working arrangement and role has been recognised as good practice in the recent Ofsted Inspection of NLC CSWS. From mid-September 2017, a trial period of weekly co-location of specialist nursing input into NLC Safeguarding Adults team has been commenced.

Effective Information Sharing

As an update to information provided in the Quality Report to the August 2017 Governing Body, North Lincolnshire will be the first local authority within the Humber locality to go “live” on the Child Protection Information Sharing (CP-IS) on 9th October.

Health staff in unscheduled care settings will have live information in respect to children who are subject to Child Protection Plans or in the care of all Local Authorities (who are live on CP-IS). NLaG A&E staff have been issued with smart cards allowing access to the system, and working is concluding to ensure GPs working within the Out of Hours service are prepared for the local roll out.

Support to Primary Care Safeguarding arrangement

The Primary Care Safeguarding Forum continues to meet on a quarterly basis. The meeting in September focused on effective safeguarding recording systems and opportunities to streamline/ maintain consistent approaches across systems.

Training continues to be available to Primary Care practices from the CCG Safeguarding team on Safeguarding Children/ Adults and PREVENT.

CCG & Health Economy Contribution to Multi-Agency Priorities

The Safeguarding Annual Report 2016/2017 provides an outline of the CCG’s contribution to NLSCB and NLSAB Priorities. Work continues to contribute to these priorities.

For the 2017/18 year, NLSCB has replaced their priority to Enhance children's emotional wellbeing and resilience, with Reduce the Harm from Neglect. In respect of this priority, NLSCB has agreed to adopt the NSPCC Graded Care profile 2 as an assessment tool to support professional assessment of Neglect. NLSCB has secured the NSPCC to train a number of organisational/ agency leads who will in turn train their staff on the awareness of/ use of the Graded Care profile tool. Key individuals from health services have been identified as organisational needs who will receive the "train the trainer" sessions. Primary care staffs are not expected to utilise the Graded Care profile tool, but will require an awareness of the tool.

OFSTED inspection of Children's Services and Review of Local Safeguarding Children Board

From 20th June to 13th July, North Lincolnshire Council Children's Social Work Services were subject to an Inspection of their ***services for children in need of help and protection; children looked after and care leavers***.

At the same time, NLSCB was subject to a Review of their effectiveness.

The Designated and Specialist Nurses were involved in practice observations and discussions with the inspectors/ reviewers, as were Safeguarding Professional Leads for NLaG & RDaSH

The OFSTED report was published on 4th September, with the following judgement(s)

Children's services in North Lincolnshire:	Outstanding
1. Children who need help and protection	Good
2. Children looked after and achieving permanence	Outstanding
<i>2.1 Adoption performance</i>	<i>Outstanding</i>
<i>2.2 Experiences and progress of care leavers</i>	<i>Outstanding</i>
3. Leadership, management and governance	Outstanding
The Local Safeguarding Children Board	Outstanding

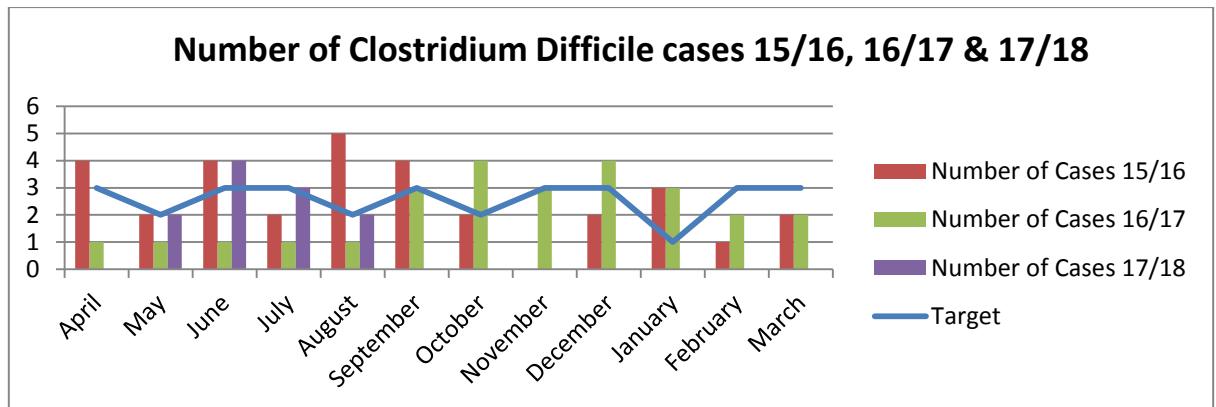
The full report can be found at: [North Lincolnshire Children Services & LSCB June-July 2017](#)

5. Infection Prevention & Control

Clostridium Difficile (C.Diff)

NLCCG has a target to remain under 31 cases of C.Diff in 2017/18. To date, during Quarter 2 2017/18, 5 cases of C.Diff have been reported relating to North Lincolnshire patients, compared to 6 cases reported during quarter 1 2017/18.

Table 1: The table below provides an overview of C.Diff cases reported to date in 2017/18, compared to the previous 2 years.



MRSA

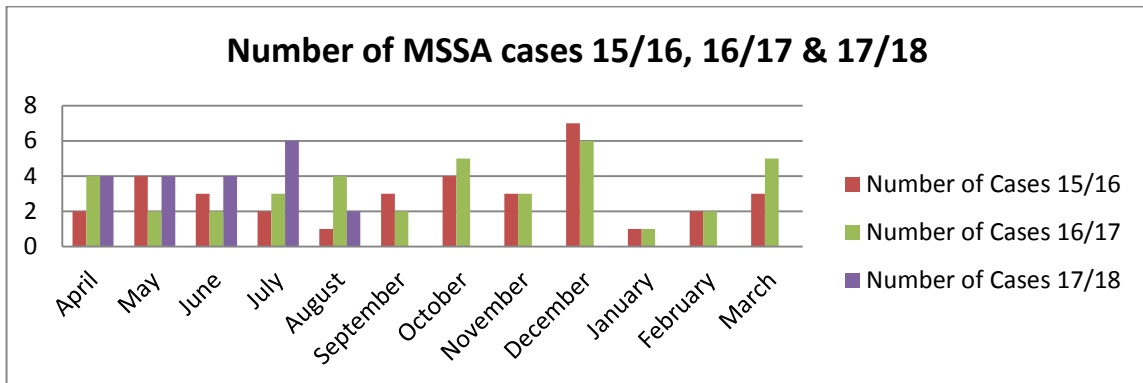
There is a national zero tolerance to MRSA. To date during Quarter 2, no cases have been reported in relation to NLCCG patients (Nil cases reported during Q1).

MSSA

To date during Quarter 2 2017/18, NLCCG has reported 5 cases of MSSA (12 cases were reported during Q1).

At present, these alert organisms are not subject to tolerance standards and objectives from NHS England but are included in this report for information.

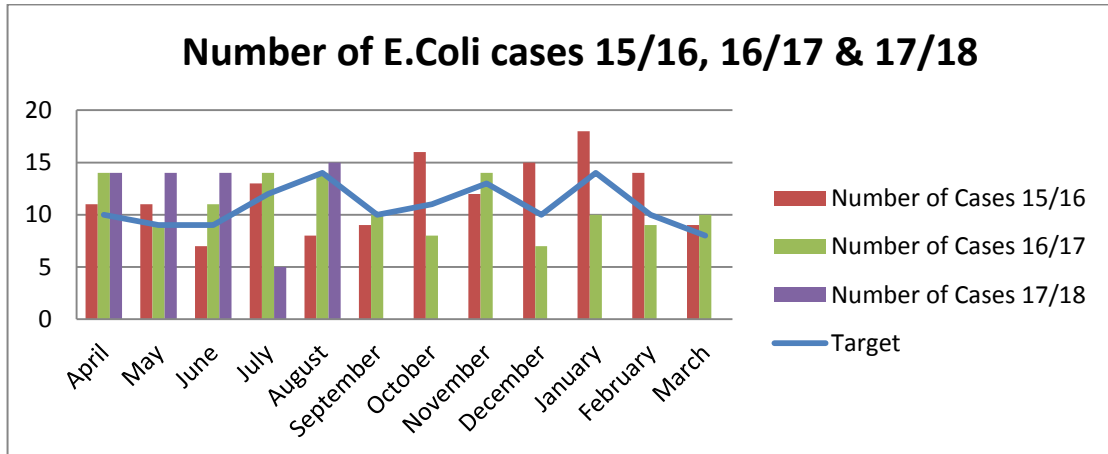
Table 2: The table below provides an overview of MSSA cases reported to date in 2017/18 compared to the previous 2 years.



E-Coli

NHS England has set a target of a 10% reduction in all E.Coli blood stream infections reported at CCG level during 2017/18. The 2017/18 E.Coli objective for the CCG is 130. To date during Quarter 2 2017/18, NLCCG has reported 20 cases (compared to 42 cases during Q1).

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 have been no outbreaks reported in North Lincolnshire to date during Quarter 2 2017/18 (Nil outbreaks during Q1).

IP&C Primary Care Audits

During Quarter 2, Primary Care colleagues have been requested to complete a self-assessment against the IP&C audit standard and submit their response to the CCG by the end of September 2017.

6. Patient Experience

Complaints (Quarter 2 2017/18)

The CCG received 1 new complaint in quarter 2; this complaint related to a request for funding under the Individual Funding Request process.

Nine complaints were carried forward to quarter 2 from quarter 1, 8 of these were closed by the CCG during quarter 2. No themes or trends were identified in relation to these complaints.

The CCG also received several concerns in quarter 2 relating to the local non-urgent patient transport service, these concerns have been redirected to the relevant provider for investigation and response.

The CCG continues to monitor and seek assurance from provider organisations in relation to the highlighted issues, via the contract management process.

Claims

No new claims were received in quarter 2 and there are no outstanding/on-going claims.

Member of Parliament (MP) Queries (Quarter 2 17/18)

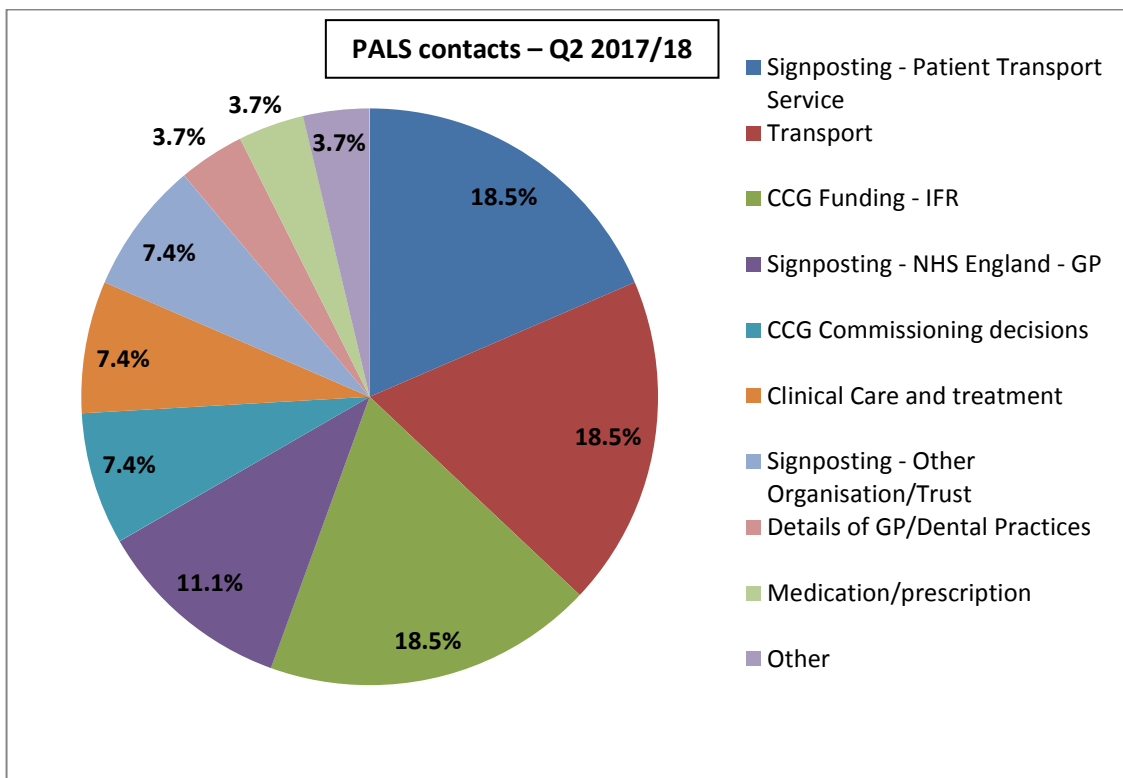
The CCG received 12 new queries from local MPs and Councillors during quarter 2, most of these queries related to the Individual Funding Request process and decisions made as part of this process. All MP queries were dealt with appropriately and remedial action was taken where necessary.

Patient Advice and Liaison Service (PALS)

The CCG received 27 PALS contacts during quarter 2 (as at 20 September 17). 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 2, by number and percentage.

Title	%	Number
Signposting - Patient Transport Service	18.5%	5
Transport	18.5%	5
CCG Funding - IFR	18.5%	5
Signposting - NHS England - GP	11.1%	3
CCG Commissioning decisions	7.4%	2
Clinical Care and treatment	7.4%	2
Signposting - Other Organisation/Trust	7.4%	2
Details of GP/Dental Practices	3.7%	1
Medication/prescription	3.7%	1
Other	3.7%	1



The majority (37%) of contacts received in quarter 2 fell under the ‘Signposting – Patient Transport Service’ and ‘Transport’ category. These contacts mainly related to calls received from patients who were trying to contact Thames Ambulance Service and East Midlands Ambulance Service (EMAS), either to book transport or to raise a complaint regarding their service.

The Patient Advice and Liaison Service has identified an increase in the number of enquiries made by the public to the service, relating to patient transport. This increase has been identified since 1 April 2017, when Thames Ambulance Service took over this service. These queries are being reviewed via the Thames Ambulance contract management meeting.

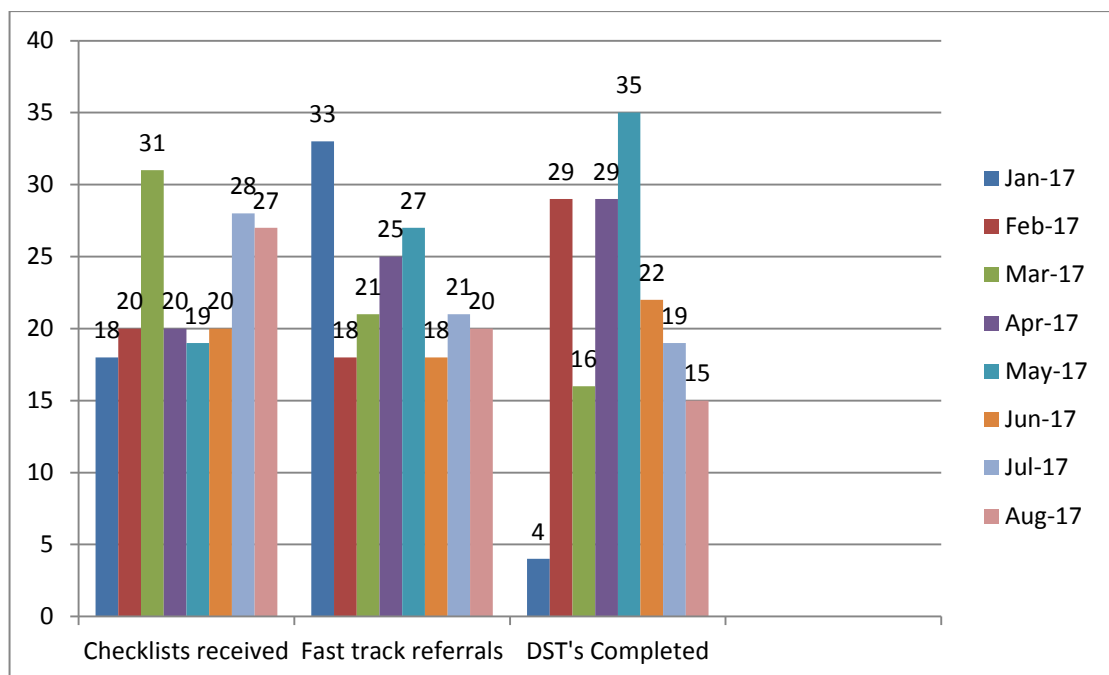
The second largest reporting category was the 'Medication/prescription' category. No themes or patterns have been identified in relation to these contacts.

7. Continuing Healthcare (CHC)

To date during Quarter 2 2017/18, NLCCG has received 55 checklists (59 received in Q1) indicating eligibility for full Continuing Healthcare assessment, and 42 Fast Track referrals (70 received in Q1).

To date during Quarter 2 2017/18, 31 Decision Support Tool Assessments (DST's) have been completed for eligibility for Continuing Healthcare funding in accordance with the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (2012) (86 during Q1) .

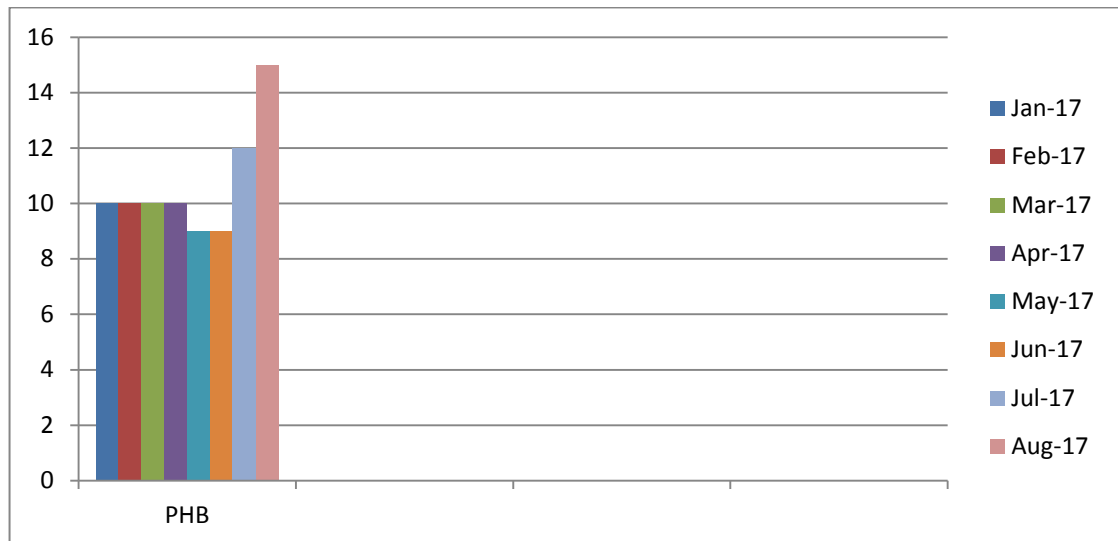
As a comparator, the chart below indicates how many have been received each month since January 2017:



Personal Health Budgets (PHB)

There are currently 15 people in receipt of Continuing Healthcare funding who have chosen to have a Personal Health Budget. The local trajectory for PHB's in 2017/18 is 70. This includes CHC, Childrens' CHC and Mental Health.

The table below identifies how many people are in receipt of a PHB on a monthly basis since January 2017:



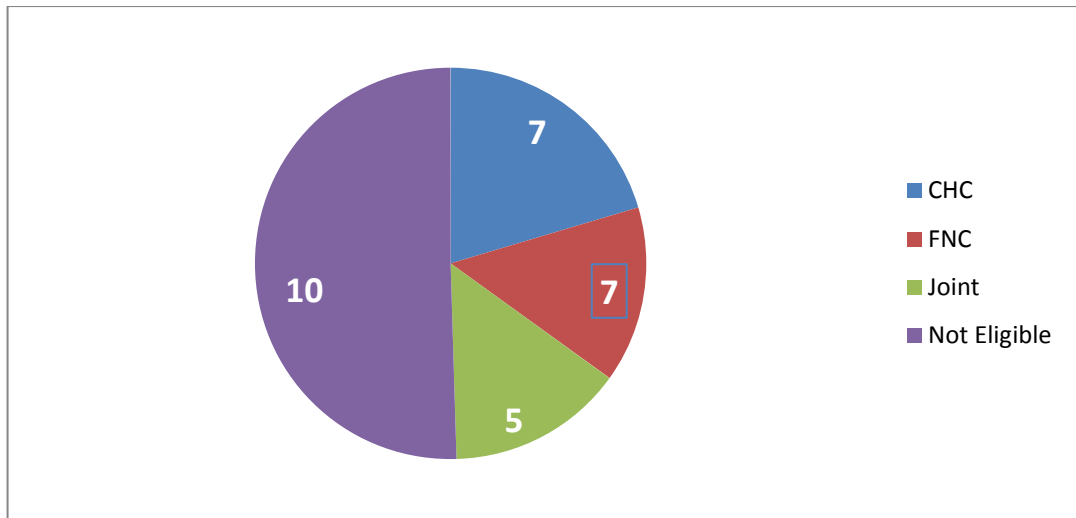
To date in Quarter 2 2017/18, there are approximately 72 people awaiting a Continuing Healthcare Assessment (60 at end of Q1). The CHC team are actively working to reduce this number. The assessment is undertaken by way of completing a DST to collate the information required for the Multi-Disciplinary team (MDT) to formulate a recommendation of eligibility for Continuing Healthcare Funding.

The pie charts below identify the eligibility from the completed DST's to date during Q2 and Eligibility data since January 2017.

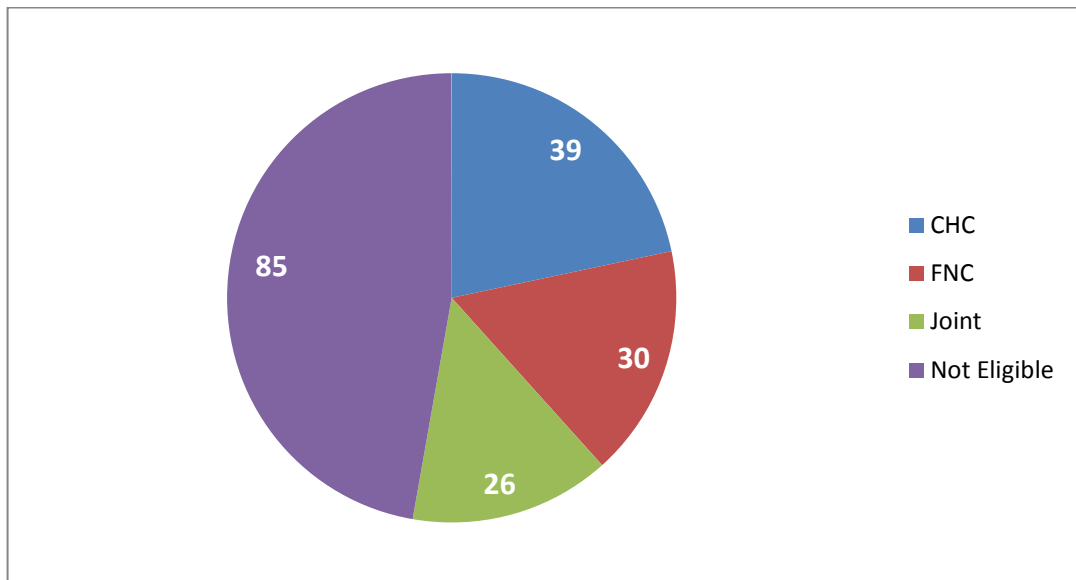
Key:

- 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 Q2 to date



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.

8. Provider Quality Update


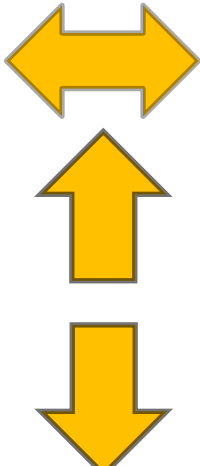
8.1. Provider Assurance

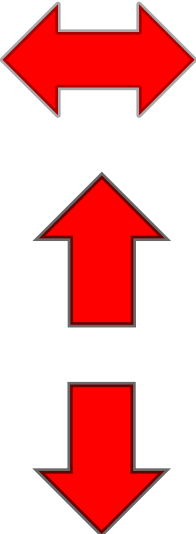
The purpose of this section is to update the Governing Body on key points to note in relation to the CCG's main providers.

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.

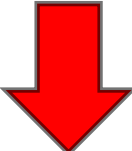

Information provided in this section is given a RAG (Red Amber Green) rating according to the levels of surveillance defined in the NLCCG Quality Team monitoring key. The monitoring key is provided below and is based on the quality surveillance process developed by NHS England.


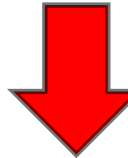
Quality Team Monitoring Key

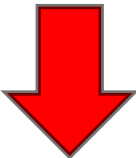
Colour Code	Level of Monitoring	Description
	Routine Monitoring	<p>Concerns / risks that are designated as green will be monitored via the CCG's routine contract, quality and performance monitoring processes.</p> <p>A horizontal arrow denotes that the position remains the same.</p> <p>An upward arrow denotes an improving position.</p> <p>A downward arrow denotes reduced performance.</p>
	Enhanced Monitoring	<p>Concerns / risks that are designated as amber will have an enhanced level of monitoring; this may necessitate the quality team asking for more information from providers. Assurance levels will be monitored via the CCG's routine contract monitoring processes.</p> <p>A horizontal arrow denotes that the position remains the same.</p> <p>An upward arrow denotes an improving position.</p> <p>A downward arrow denotes reduced performance.</p>

	<p>Active Monitoring</p>	<p>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.</p> <p>A horizontal arrow denotes that the position remains the same.</p> <p>An upward arrow denotes an improving position.</p> <p>A downward arrow denotes reduced performance.</p>
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8.1.1 Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)


Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)		RAG status
Safety		
CQC inspection	<p>The CQC inspected NL&G between October, November and December 2016. The final outcome report was published 6th April 17.</p> <p>NL&G achieved an overall rating of inadequate.</p> <p>Since the last report, NL&G has reported an increased risk to achieving its financial objectives and an increased risk to meeting the agreed waiting time targets. During quarter 2, NL&G appointed a Turnaround Director to support improvement in these areas.</p> <p>The CCG continues to work closely with NL&G to review this position, via the NL&G System Improvement Board (SIB) and the contract management process.</p>	
Mortality position	<p>The NL&G patient mortality rate increased during quarter 2.</p> <p>NHS mortality rates are measured via the Summary Hospital-level Mortality Indicator (SHMI) dataset.</p>	

	<p>The official NL&G SHMI position is currently at 112 against the national average of 100. This places NL&G in the 'higher than expected' range.</p> <p>The CCG continues to work closely with NL&G to review this position, via the contract management process and the NL&G System Improvement Board meeting structure.</p>	
Experience		
<p>Long waiting times</p>	<p>NL&G continues to report long waiting times in Urology, Colorectal Surgery, Ear Nose & Throat, Ophthalmology, Gastroenterology, Cardiology, Respiratory Medicine and Rheumatology services. NL&G has also reported an increasing number of patients waiting over 52 weeks for an appointment.</p> <p>NL&G is in the process of clinically reviewing patients that have experienced long waits, to determine whether any harm has been caused by these delays.</p> <p>NL&G has confirmed that these pressures are largely due to staffing pressures and errors within its Patient Administration System (PAS).</p> <p>In response to these concerns, NL&G has launched a new recruitment campaign and has implemented a review of the patient information system.</p> <p>The position continues to be reviewed closely as part of NL&G System Improvement Board and the NL&G contract meeting process.</p>	
Effectiveness		
<p>Cardiology service changes</p>	<p>NL&G has confirmed that its Cardiology services continue to experience challenges. These challenges largely relate to staffing issues and pressures caused by the increasing waiting list backlog in the cardiology service.</p> <p>In response to this, NLCCG & NELCCG have established a workstream that focuses on making improvements across the entire Cardiology pathway.</p>	

	The position continues to be reviewed closely as part of NL&G System Improvement Board and the NL&G contract meeting process.	
Staffing	<p>NL&G continued to report staffing challenges during quarter 2, particularly in relation to medical staffing.</p> <p>The number of medical vacancies, across all hospital sites, increased further during quarter 2 to 23.17% against a tolerance of less than 15%. NL&G is using agency/temporary staff to ensure that safe staffing levels are maintained.</p> <p>NL&G has also reported increasing challenges in filling junior doctor placements, across hospital sites.</p> <p>In response to these concerns, NL&G has revised its workforce strategy to include new workforce planning priorities and has implemented several innovative measures to support its recruitment campaign.</p> <p>The position continues to be reviewed closely as part of NL&G System Improvement Board and the NL&G contract meeting process.</p>	

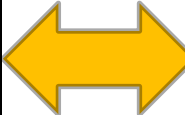

8.1.2 Hull & East Yorkshire Hospitals NHS Trust* (HEY)

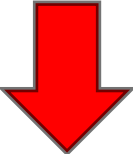
Hull & East Yorkshire Hospitals NHS Trust* (HEY)		RAG status
Safety		
Diagnostic services	<p>HEY has raised concerns in relation to its ageing diagnostic equipment, specifically Magnetic Resonance Imaging (MRI) and Computerised Tomography (CT) scanners.</p> <p>These equipment issues have led to increased waiting times, specifically in the Lung and Urology services.</p> <p>In response to this, HEY is undertaking a review of its diagnostic equipment, the outcome of this review will support a business case for new diagnostic equipment.</p>	

	The position continues to be monitored closely by NHS Hull CCG as the Lead Commissioner for this contact and is reviewed as part of the HEY contract management process.	
Experience		
No significant concerns or key points to note have been identified in relation to experience.		
Effectiveness		
Staffing	<p>HEY continued to report staffing pressures during quarter 2, with Nursing and Midwifery staffing levels falling below required levels in some services.</p> <p>In response to these concerns, HEY has strengthened its overseas recruitment campaign and has provided further executive level support to staff in areas of pressure.</p> <p>The staffing position continues to be reviewed as part of the HEY contract management process.</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
Safety		
CQC position	<p>The CQC undertook an announced inspection of EMAS in February and March 2017. The inspection outcome report was published 13 June 2017.</p> <p>EMAS was given an overall rating of requires improvement.</p> <p>In response to the outcome report, EMAS submitted an action plan to the CQC. EMAS awaits feedback from the CQC on the content of the action plan. Progress against the action plan will be monitored as part of the EMAS contract management process.</p>	
Experience		
Clinical handover of patients	EMAS continues to report delays in the handover of patients at Grimsby and Scunthorpe hospitals.	

	<p>NL&G has confirmed that these delays are largely due to staffing challenges in the Emergency Departments at Grimsby and Scunthorpe sites.</p> <p>In response to this, NL&G is undertaking a review of staffing requirements at both sites. This review forms part of the Emergency Care Improvement Partnership (ECIP) work programmes that are being led by NL&G, in conjunction with NHS Improvement.</p> <p>The handover position and the outcome from the ECIP workstreams continue to be closely reviewed via the NL&G and EMAS contract management meetings.</p>	
Effectiveness		
Response times	<p>EMAS continued to report delays in responding to emergencies, during quarter 2. These delays could have a negative impact on patient safety and patient experience.</p> <p>In response to these challenges, EMAS launched the Ambulance Response Programme (ARP) pilot on 19 July 17, to support improved response times.</p> <p>The ARP moves away from the original response time targets and focuses more on the specific needs of the patient.</p> <p>The outcome from the ARP pilot has not yet been published; further details on the impact of the ARP will be provided in the next report. The position continues to be reviewed via the EMAS contract management meetings.</p>	

8.1.4 Rotherham Doncaster & South Humber Foundation Trust (RDASH)

Rotherham Doncaster & South Humber Foundation Trust (RDASH)		RAG status
Safety		
CQC inspection	<p>The Care Quality Commission (CQC) inspected RDASH between September and October 2016, and the final outcome report was published January 2017. The CQC gave RDASH an overall rating of good.</p> <p>Following publication of the CQC outcome report, RDASH developed an action plan to progress the areas identified by the CQC as requiring further improvement.</p> <p>The main area of risk identified by RDASH, in terms of delivery of the CQC action plan, relates to the development of a combined electronic patient information record. This is being managed as part of the Unity Electronic Patient Record (EPR) programme of work that is being developed across all RDASH services.</p> <p>Progress against the action plan continues to be reviewed as part of the RDASH contract management process.</p>	
Serious Incidents (SI's)	<p>Following identification of a cluster of SI's reported by RDASH during winter 2016/17, the CCG requested that RDASH undertake a review of these incidents to identify any themes and trends.</p> <p>The review confirmed that no themes or trends were present and there was no clear correlation between these incidents.</p> <p>Incidents and serious incidents continue to be reviewed by the CCG and RDASH as part of the NLCCG Incident & Serious Incident Meeting and via the contract management process.</p>	
Experience & Effectiveness		
Access to urgent mental health services	<p>During quarter 2, the CCG received several queries from service users and GP's in relation to access to urgent mental health services, provided by RDASH in north Lincolnshire.</p> <p>In response to these concerns, RDASH is reviewing the access route to these services to identify any obstacles and anomalies in the process.</p> <p>The position continues to be reviewed by RDASH and the CCG via the contract management process.</p>	

8.1.5 Independent Hospitals

Independent Hospitals		
Provider	Quality concern / Risk	Monitoring by Quality Team
Spire Hull & East Riding Hospital	No significant concerns have been identified in relation to Spire Hull & East Riding Hospital. No further action is required	Standard monitoring arrangements via the bi-monthly Contract Management Group 
St Hugh's Hospital	Following the concerns identified in the previous report in relation to compliance with surgical safety checklists, St Hugh's has confirmed that significant improvements have been made in completion of these checklists. These improvements are reflected in the St Hugh's recent quality dashboard and monitored via the contract management meeting. No further action is required.	Standard monitoring arrangements via the bi-monthly Contract Management Group 

8.1.6 Changes to the Care Quality Commission (CQC) inspection regime

The CQC has recently issued guidance on changes to its inspection regime. The changes relate mainly to the timing and scope of inspections. The new approach will establish a new regime that will focus on on-going monitoring and will allow the CQC to undertake a risk-based approach in determining the timing of inspections.

These changes follow a consultation of the proposed changes that was undertaken during June 2017. The new arrangements were implemented from mid June 2017 and the first phase of this new type of inspection will take place between September and November 2017.

The services that are to be inspected in the first phase will be identified on the basis of risk and/or will be those that have not been inspected in the previous 12 months. The CQC has stated that it will aim to inspect each Hospital Trust once between June 2017 and spring 2019 and on an annual basis after that. Inspections will consist of an announced well-led inspection and at least one core service inspection which are likely to be unannounced. These changes will mainly affect NHS trusts and foundation trusts.