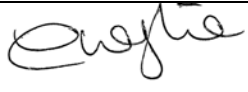


Date:	14 th December 2017
Meeting:	Governing Body
Item Number:	Item 10.1
Public/Private:	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

Report Title:	Quality Report
Decisions to be made:	For noting

Author: <i>(Name, Title)</i>	Chloe Nicholson – Quality & Experience Manager (Coordinator of this report)
GB Lead: <i>(Name, Title)</i>	Catherine Wylie, Director of Nursing & Quality
Director approval/signature (MUST BE SIGNED)	
Date:	5.12.17

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 checked="" type="checkbox"/> No <input 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"/>	4.12.17
Public:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.12.17

**North Lincolnshire CCG
Quality Report**

December 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	3
1.0	Introduction	4
2.0	Executive Summary	4
3.0	Serious Incidents	5
4.0	Safeguarding	8
5.0	Infection Prevention & Control	10
6.0	Patient Experience	12
7.0	Continuing Healthcare (CHC)	14
8.0	Provider Quality Update	18
8.1	Provider Assurance Overview	18
8.1.1	Northern Lincolnshire & Goole NHS Foundation Trust	20
8.1.2	Hull & East Yorkshire NHS Hospitals Trust	22
8.1.3	East Midlands Ambulance Service NHS Trust	24
8.1.4	Thames Ambulance Service Limited	25
8.1.5	Rotherham Doncaster & South Humber NHS Mental Health Trust	26
8.1.6	Independent Hospitals	27

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.

2. Executive Summary

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.

This report confirms quarter 2 data and includes provisional data from quarter 3, received to date as available.

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, Rheumatology and diagnostic services.

NL&G has also reported further challenges in recruiting and retaining medical staff at Diana, Princess of Wales hospital and Scunthorpe hospital, leading to increasing pressure on service areas. This position continues to be reviewed via the NL&G System Improvement Board and the contract management process.

The Care Quality Commission (CQC) has now published the progress report on action taken by NL&G, in response to the Section 29A Warning Notice. As part of their latest inspection, the CQC identified several areas for improvement, including implementation of the new Labour Ward model, and improvements in the management of patients with mental health problems in the emergency department, at Scunthorpe General Hospital. The CQC also identified several areas for further development, including staffing levels, risk management processes and escalation of deteriorating patients.

The patient mortality rate at NL&G has increased further 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 114 against the national average of 100. Overall, NL&G now falls within the 'higher than expected' range for patient mortality.

The CCG continues to work closely with NL&G to improve the patient 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.

The CCG has identified an increase in the number of Clostridium Difficile (C.Diff) cases and MRSA bacteraemia cases, relating to North Lincolnshire patients, reported by hospital and community providers during quarter 3. The CCG is reviewing these cases, as part of the Post Infection Review (PIR) process, to identify themes & trends and any further action required.

To date during quarter 3, the CCG has identified an increase in the number of people waiting for a Continuing Healthcare (CHC) Assessment; the CHC team are actively working to reduce this number. Also during quarter 3, the CCG identified an increase in the number of people choosing a Personal Health Budget (PHB); this appears to indicate that individuals are exercising greater choice and control in relation to their health and wellbeing.

Response times for urgent and emergency ambulance services, provided by East Midlands Ambulance Services NHS Trust (EMAS), continued to fall below national targets during quarter 3. Latest EMAS performance data for North Lincolnshire reflects that EMAS did not achieve the new response time targets for category one (life threatening) and category two (emergency) calls. The position continues to be reviewed as part of the EMAS contract management process.

Also during quarter 3, the CCG continued to receive a high number of queries and concerns, relating to non-urgent patient transport services, provided by Thames Ambulance Services Limited (TASL) in North Lincolnshire. These concerns largely related to delayed response times by TASL. The CCG continues to work closely with TASL, via the contract management process, to streamline and improve processes.

3. Serious Incidents (SI's)

What is a Serious Incident?

In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

Serious incidents can extend beyond incidents which affect patients directly, and include incidents which may indirectly impact patient safety or an organisation's ability to deliver on-going healthcare. Serious incidents require investigation in order to identify the factors that contributed towards the incident occurring, and the fundamental issues (or root causes) that underpinned these. Serious incidents can be isolated, single events or multiple linked or unlinked events signalling systemic failures within a commissioning or health system.

Table 1 below provides an overview of all providers cumulative reported SI's, by quarter during 2017/18.

It should be acknowledged that the data relating to NL&G in the first and third columns is the collaborative figure of all SI's reported by NL&G pertaining to its main commissioners. NL&G's main commissioners are:

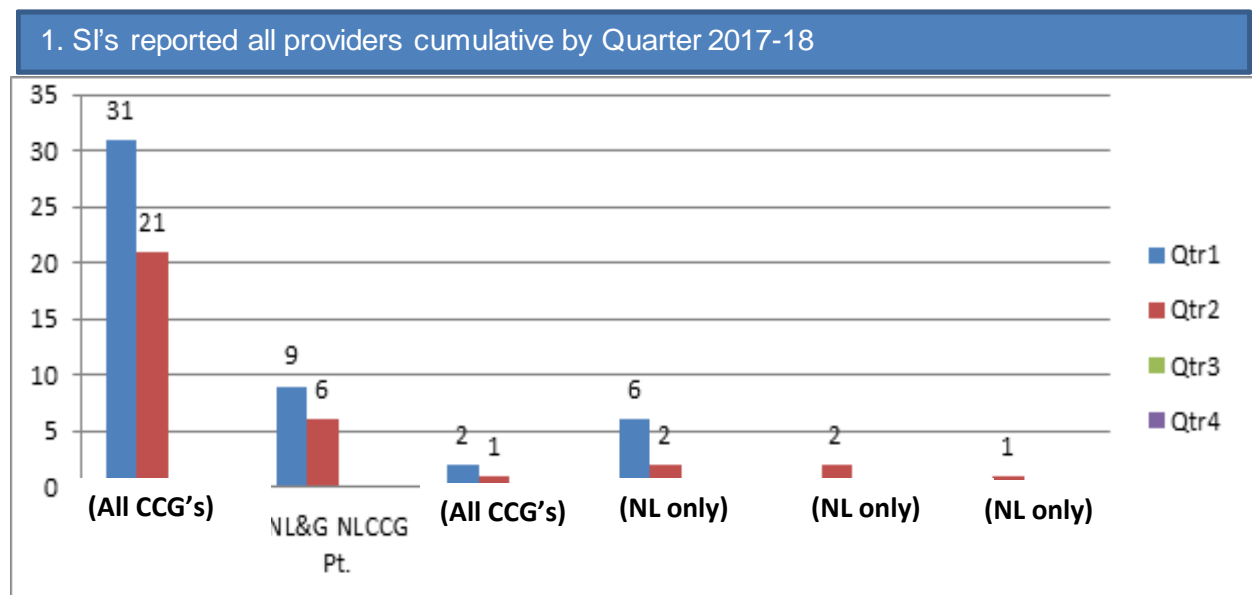
- North Lincolnshire CCG
- North East Lincolnshire CCG
- Lincolnshire East and West CCGs
- East Riding of Yorkshire CCG

The data provided in all other columns relate to NLCCG patients only and not the cumulative figure from the provider.

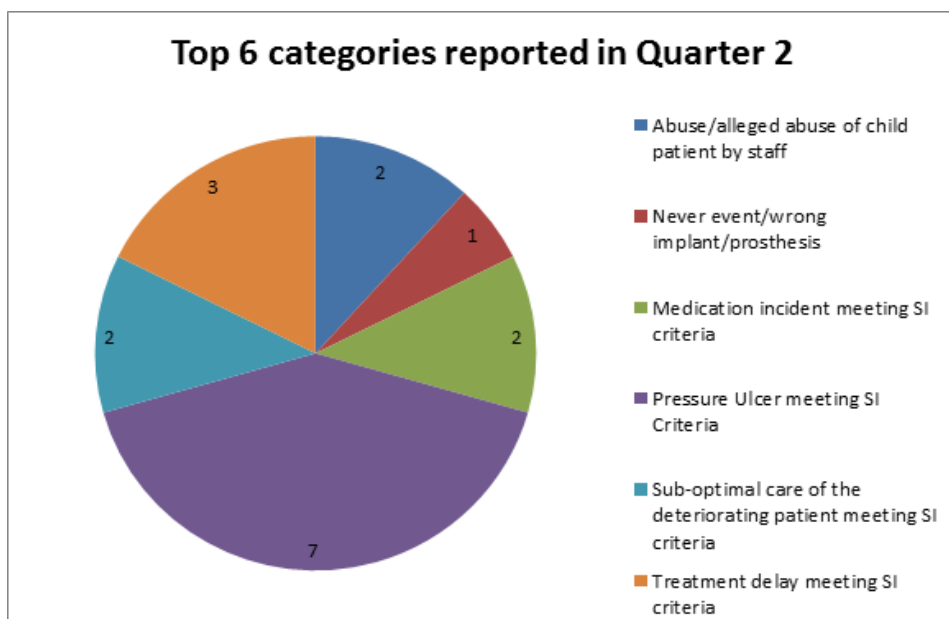
Thirty-one SI's were reported by NL&G during quarter 1, and 9 of these related to NLCCG; 21 SI's were reported by NL&G during quarter 2, and 6 of these related to NLCCG.

Two never events were reported by NL&G during quarter 1, and one was reported during quarter 2. These never events did not relate to NLCCG patients.

Table 1: SI's reported in Quarter2 2017/18 all NLCCG providers



The pie chart below reflects the top 6 categories of SI's reported in Quarter 2 2017/18. No key themes or trends have been identified; however a potential increase in pressure ulcers may be apparent at year end. During the 2016/2017, 8 pressure ulcers were reported across all sites, to date in year 2017/2017, 7 pressure ulcers have been reported. Support plans are in place within areas where these have been identified.



The following table provides an overview of the number of reports that were rated as assured/not assured, since April 2017. Reports are rated as assured if the CCG receives adequate information, of appropriate action taken, by the provider, in order to prevent the incident recurring.

NL&G Monitoring Assurance of final reports received at SI meetings, Figures from April 2017 using the RCA Review Template

	Q1	Q2	Q3	Q4	Rolling Total
Assured (all CCGs)	16	2			18
NL Assured only	9	1			10
Not Assured	17	19			36
NL not Assured only	9	6			15

Two NLCCG SI's remain open from Q1 16-17, both are assured. However, these are awaiting completed action plans.

Twenty SI's remain open from 2016/2017, 7 of which are either NLCCG patients alone or part of a multi patient incident being kept open through a variety of reasons i.e. Part of a police investigation and the provider being unable to progress, requiring further assurance or awaiting a completed action plan by the provider.

Open SI's are reviewed closely by the CCG, and the relevant provider, and remain open until sufficient assurance is submitted by the provider.

For any NLCCG SI's that require further information, the Head of Nursing meets with NL&G colleagues to seek suitable resolution at the earliest opportunity.

Key Points to Note:

The NL&G Collaborative SI meeting between the trusts main commissioners:

- North Lincolnshire CCG
- North East Lincolnshire CCG
- Lincolnshire East and West CCGs
- East Riding of Yorkshire CCG

continue to be held monthly. This further enhances the open and transparent approach to serious incidents by both commissioners and the provider. North Lincolnshire CCG also holds a separate Incident and SI monthly meeting for an open and transparent approach as above with other provider SI's being reported affecting North Lincolnshire CCG patients including out of area SI's. Rotherham Doncaster and South Humber (RDASH) are invited to attend.

The above approaches provide the opportunity to raise questions to any newly reported SI's to enable queries raised to be incorporated into the Terms of Reference for the SI investigation for greater assurance in the provider's reports.

4. Safeguarding

CCG Responsibilities

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.

Compliance returns have been submitted to both North Lincolnshire Safeguarding Children and Adult Boards in October 2017.

However, there continues to be specific areas of work to strengthen arrangements.

Supporting Effective Interagency Working

Safeguarding professionals working within NLCCG, NLaG and RDaSH, along with colleagues in NLC Children's Social Work Services have identified challenges in the operation of NLSCB Joint Working protocol for Safeguarding Children and young people with suspected Fabricated or induced illness. It has become apparent that the current process is open to interpretation around the requirement for the involvement of paediatricians, and the timing of multi-agency strategy meetings. The Designated Nurse has pulled together a task and finish group to explore the issues for health services, and will be liaising with senior social work/ LSCB colleagues to agree changes.

As a result of the Specialist Nurse – Safeguarding co-locating 1 day per week into the NLC Safeguarding Adult Team, the need for a closer working relationship between this team and some health providers. Network meetings have been developed to strengthen these working arrangements.

Effective Information Sharing

As an update to information provided in the Quality Report to the October 2017 Governing Body, the Child Protection Information Sharing (CP-IS) system went live in North Lincolnshire with effect from 16th October. Staff working in SGH A&E and GP Out of Hours are able to access live information in respect to children who are subject to Child Protection Plans (CPP) or in the care of Local Authorities (who are live on CP-IS). Information will also be available in respect of children who have been subject to a CPP or in care in the last year. Staff in these settings will not have automatic access to the information, but will be able to log into the CP-IS system, if they have any concerns about the welfare or presentation of the child.

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.

As an update to information provided in the Quality Report to the October 2017 Governing Body, training was delivered on 28th and 29th November 2017 to key individuals in LSCB partner organisations who will in turn train their staff on the awareness of/ use of the Graded Care profile tool for the assessment of child neglect.

Multi-agency statutory guidance for safeguarding children

HM Government's Working Together statutory guidance is currently being revised. This revision reflects the legislative changes introduced through the Children and Social Work Act 2017. In broad terms, these changes relate to:

- the replacement of Local Children Safeguarding Boards with local safeguarding partners
- the establishment of a new national Child Safeguarding Practice Review Panel
- the transfer of responsibility for child death reviews from Local Safeguarding Children Boards to new Child Death Review Partners

The chapters of 'Working Together to Safeguard Children' which require significant or total amendment are:

- Chapter 3: Multi-agency safeguarding arrangements
- Chapter 4: Learning from serious cases
- Chapter 5: Child death reviews

The CCG through the Designated Nurse is contributing to the LSCB response to the consultation. The CCG will also submit its own response to the consultation.

Learning Disability Mortality Review programme

Following a period of uncertainty in respect of the future of this national programme, it has now been confirmed that the programme will continue, with the deaths of all individuals who have a Learning Disability being subject to a review.

5. Infection Prevention & Control

Introduction

The remit of the infection prevention and control service for the CCG is twofold; reactive and proactive.

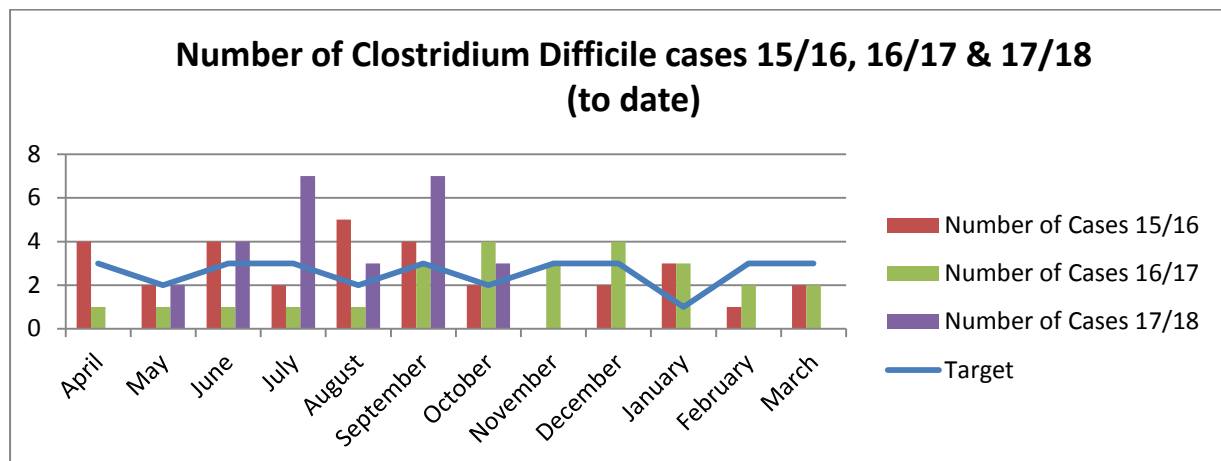
Reactive with regard to monitoring, advising and taking action (if appropriate) in conjunction with other acute and primary healthcare professionals to manage cases of infection within the wider community. Such infections may be deemed to be healthcare acquired or spontaneous infections within the community. So called 'alert organisms' as listed below are monitored closely with multiagency post infection reviews taking place, particularly for Clostridium Difficile infection and MRSA bacteraemia cases, to look for any lapses in care and to deduce if the infection could have been avoided.

Proactive with regard to IPC audit, action planning and training for GP practices and care homes within the NLCCG area. Most GP practices and a number of care homes have a member of staff who takes on the role of IPC link worker in their area of work and they strive to keep the CCG IPC nurse up to date with any problems or issues encountered. They also attend quarterly forums chaired by the CCG IPC nurse in order to be supported and updated on relevant issues.

Clostridium Difficile (C.Diff)

NLCCG has a threshold to remain under 31 cases of C.Diff in 2017/18. During Quarter 2, 17 cases of C.Diff were reported relating to North Lincolnshire patients, compared to 6 cases reported during quarter 1.

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



Root Cause Analysis (RCA) meetings are undertaken to review each case to identify learning which can be shared.

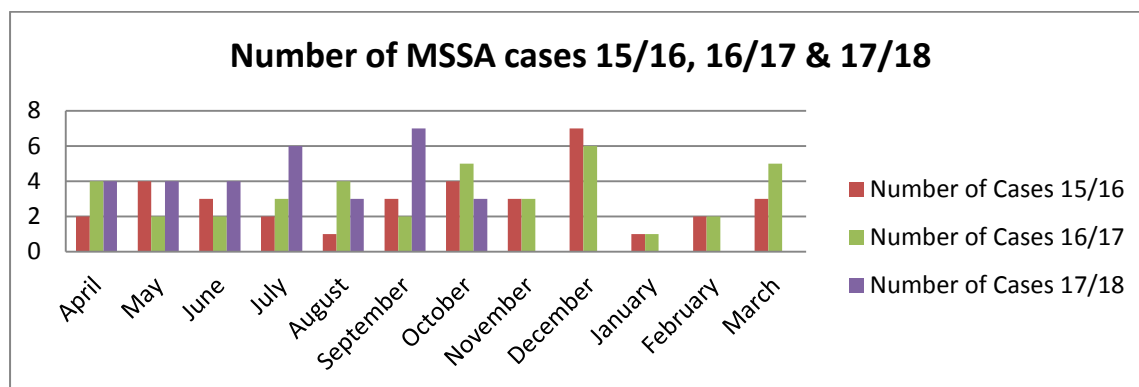
MRSA

There is a national zero tolerance to MRSA. No cases had been reported during Quarter 1 or Quarter 2 2017/2018 in relation to NLCCG patients. To date during Quarter 3, 2 cases have been identified in relation to NLCCG patients, one case attributed as a community acquired infection and one case attributed as hospital acquired. Post Infection Reviews (PIR's) are undertaken following each identified case to identify learning which can be shared.

MSSA

During Quarter 2 2017/18, NLCCG had reported 16 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. Currently, whilst these are being monitored, no action is required to be taken by NLCCG.

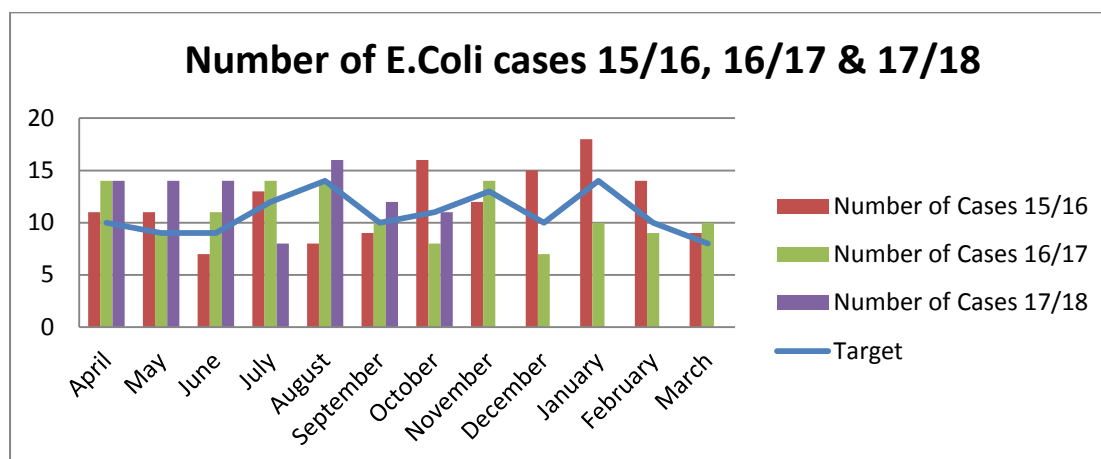
Table 2: The table below provides an overview of MSSA cases reported to date in 2017/18 compared to the previous 2 years.



E-Coli

NHS England has set an objective 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. During Quarter 2, NLCCG has reported 36 cases (compared to 42 cases during Q1). To date during Quarter 3, 11 cases have been reported. Information is sourced to identify risk factors to view themes and trends. This will enable lessons learned to potentially change practice and identify any training requirements.

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 3 2017/18 (7 outbreaks during Q1 and 6 during Q2).

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. The results from these audits are currently being collated.

6. Patient Experience

This section provides an overview of patient experience activity, relating to North Lincolnshire CCG, during quarter 3 (up to 1 December 17).

Complaints

The CCG received two new complaints in quarter 2; one complaint related to a request for funding under the Individual Funding Request process, and one complaint related to issues in relation to the complaints process of another local Provider.

In quarter 3 (as at 1 December 2017), three new complaints were received; one related to a request for funding under the Individual Funding Request process, and two related to the NHS Continuing Healthcare (CHC) process.

Four complaints were carried forward from quarter 2 to quarter 3. These complaints related to the Individual Funding Request process and the CHC process.

The CCG also received several concerns in quarter 2/quarter 3 (to date) relating to the local non-urgent patient transport service provided by Thames Ambulance Service Limited (TASL). These concerns have been redirected to TASL for investigation and direct response.

Claims

No new claims were received in quarter 2/quarter 3 to date and there are no outstanding/on-going claims.

Member of Parliament (MP) Queries

The CCG received 15 new queries from local MPs and Councillors during quarter 2. Specific areas of concern related to the Individual Funding Request process and decisions made as part of this process.

In quarter 3 (as at 1 December 2017), the CCG received 13 new queries. The local non-urgent patient transport service provided by Thames Ambulance Service Limited (TASL) is a highlighted concern for the local MPs. These concerns have been redirected to TASL for investigation and direct response. The CCG continues to monitor and seek assurance from TASL in relation to the highlighted issues, via the contract management process.

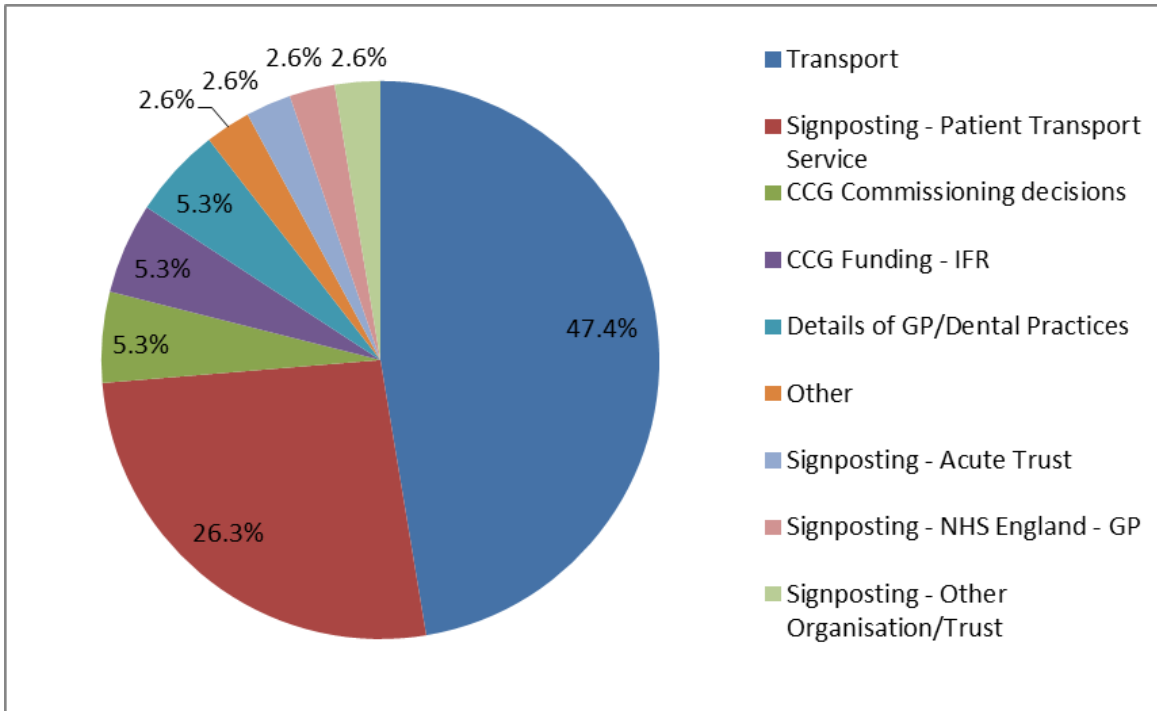
All MP queries were dealt with appropriately and remedial action was taken where necessary.

Patient Advice and Liaison Service (PALS)

The CCG received 38 PALS contacts during the period 21 September to 30 November 2017 (latest data available). 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 this period, by number and percentage.

Title		Number
Transport	47.4%	18
Signposting - Patient Transport Service	26.3%	10
CCG Commissioning decisions	5.3%	2
CCG Funding - IFR	5.3%	2
Details of GP/Dental Practices	5.3%	2
Other	2.6%	1
Signposting - Acute Trust	2.6%	1
Signposting - NHS England - GP	2.6%	1
Signposting - Other Organisation/Trust	2.6%	1



Of the PALS contacts received during quarter 3, 73% related to ‘Signposting – Patient Transport Service’ or ‘Transport’. These calls related to patients who were trying to contact Thames Ambulance Service (TASL) and East Midlands Ambulance Service (EMAS), to book transport or raise a complaint regarding the transport service. The PALS has identified an increase in the number of enquiries made regarding patient transport services, since TASL took over this service.

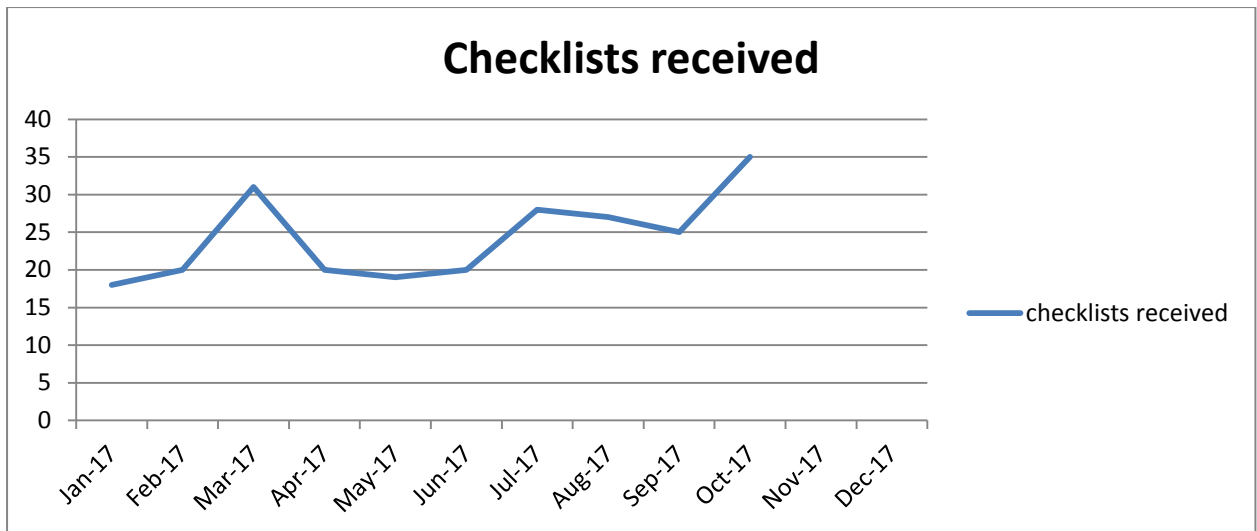
7. Continuing Healthcare (CHC)

Introduction

NHS Continuing Healthcare (CHC) means a package of ongoing care that is arranged and funded solely by the NHS, where the individual has been found to have a ‘primary healthcare need’, as set in the National Framework for NHS Continuing Healthcare and NHS –funded Nursing Care (2012).

NHS Funded Nursing care is the funding provided by the NHS to homes providing nursing to support the provision of nursing care by a registered nurse.

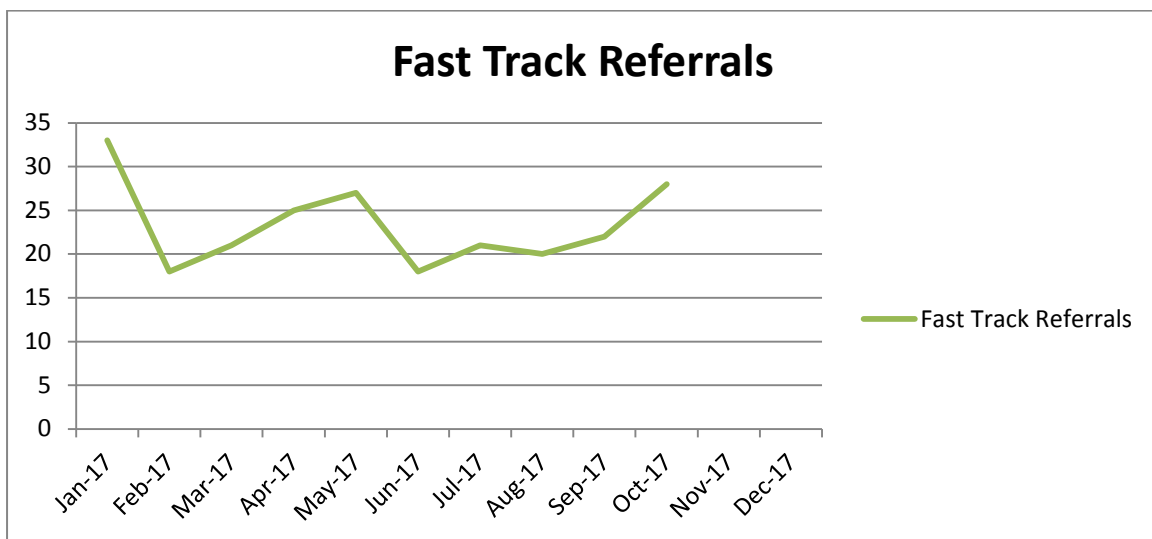
During Quarter 2 2017/18, NLCCG received 80 checklists from other agencies (59 received in Q1) indicating eligibility for full Continuing Healthcare Assessment.



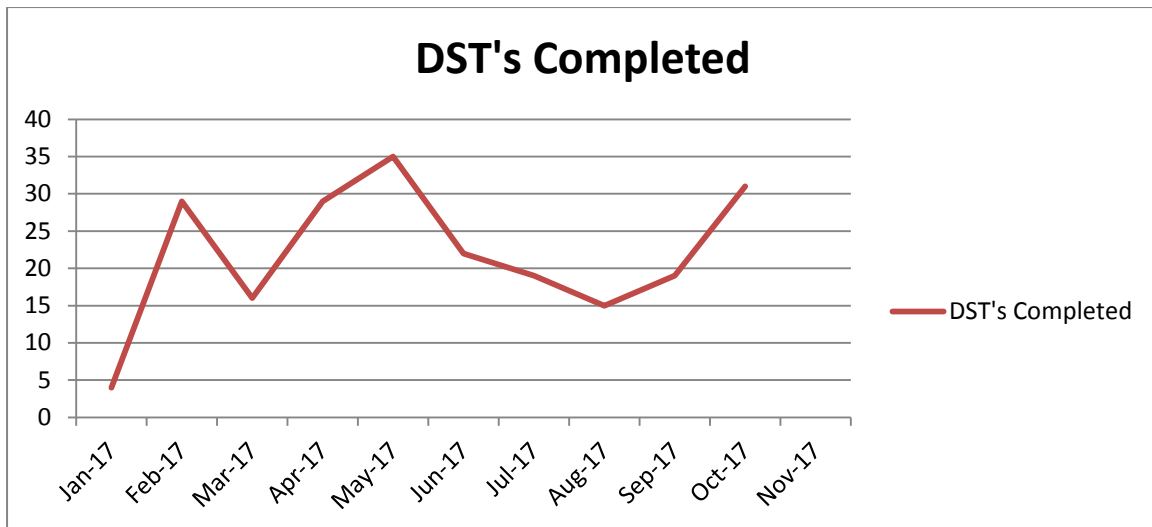
The Continuing Healthcare Fast Track Tool

The NHS CHC Fast Track Tool is used when a person has a primary health need that arises from a rapidly deteriorating condition. This might be, for example, when a patient enters a terminal phase, and therefore becomes increasingly dependent. At this stage, the patient may require CHC funding to enable their needs to be met urgently.

During Quarter 2 2017/18, NLCCG received 63 Fast Track referrals (70 in Q1).



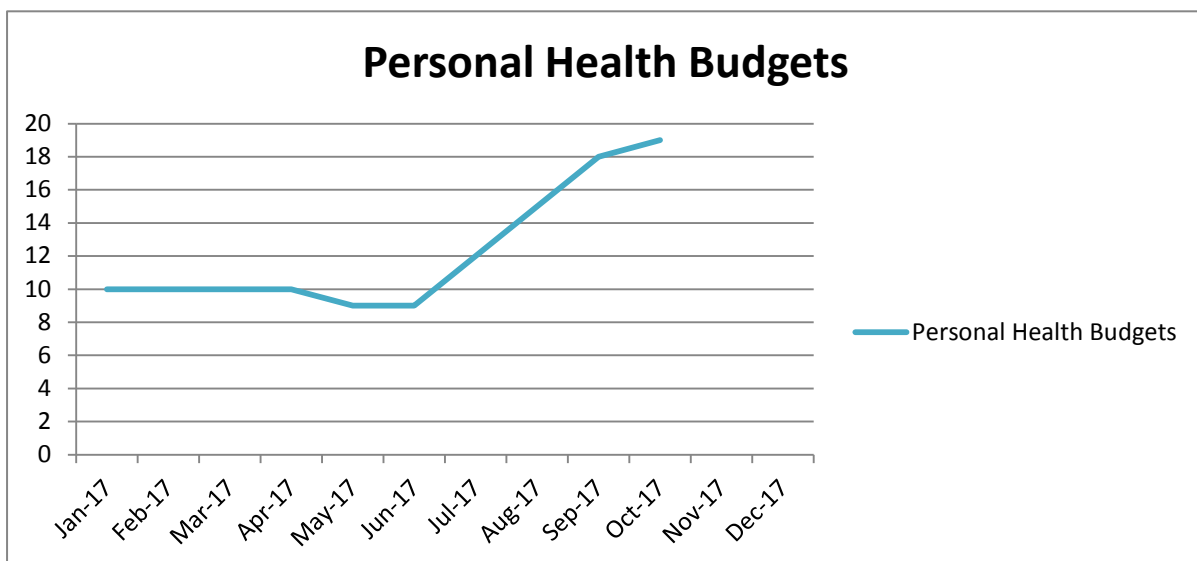
During Quarter 2 2017/18, 53 Decision Support Tool Assessments (DST's) were completed for eligibility for Continuing Healthcare funding in accordance with the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (2012) (86 during Q1).



Personal Health Budgets (PHB)

There are currently 18 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 within CHC on a monthly basis since January 2017:



At the end of Quarter 2 2017/18, there were approximately 84 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.

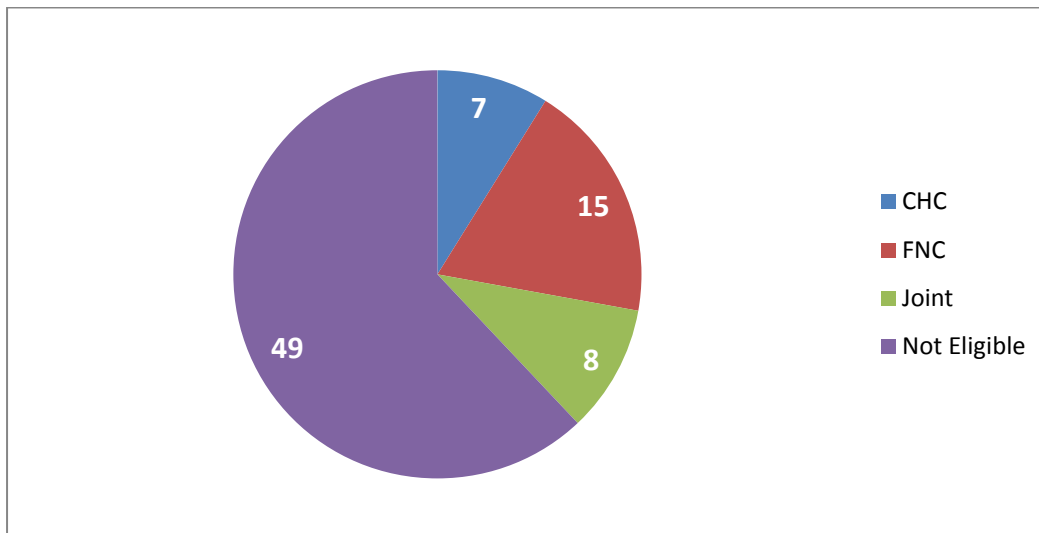
In order to identify whether an individual is eligible for a Continuing Healthcare Assessment, a checklist is completed. If the checklist indicates that the individual should receive a full NHS Continuing Healthcare assessment, a full assessment is coordinated by the CHC Nurse Assessor.

The Pie Chart below identifies the eligibility data captured since January 2017, following completion of the DST.

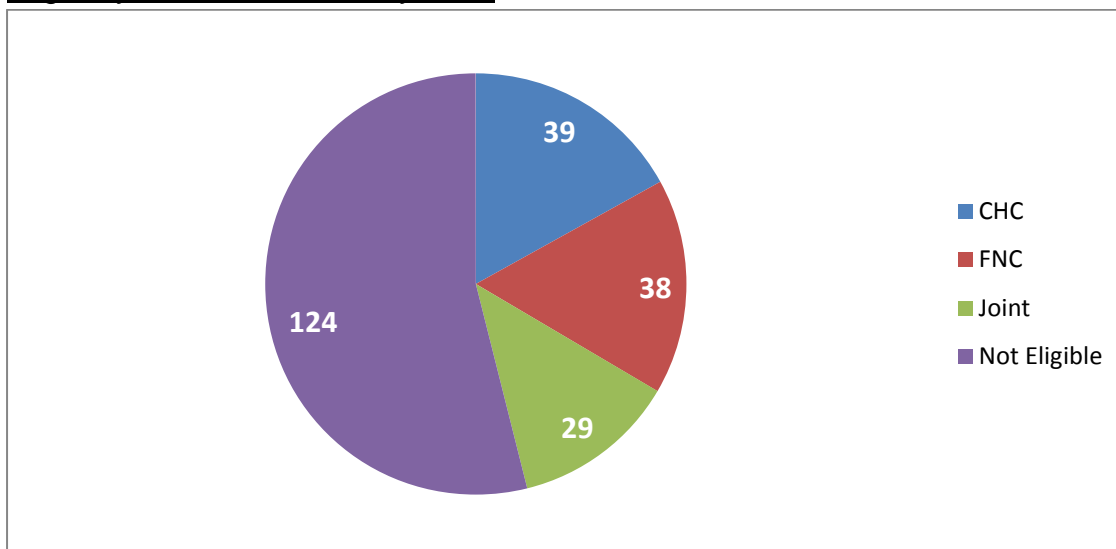
Key:

- 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 for Quarter 2 2017



Eligibility Data since January 2017



The two pie charts above reflect that the majority of DST's, received by the CCG since January 2017, did not meet eligibility criterion.

The CCG has identified concerns with the quality of DST's that are submitted to the CCG, by other providers. In response to this, the CCG has scheduled training sessions, during January 2018, to support providers in improving the quality of DST's.

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


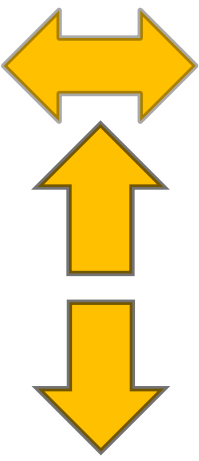
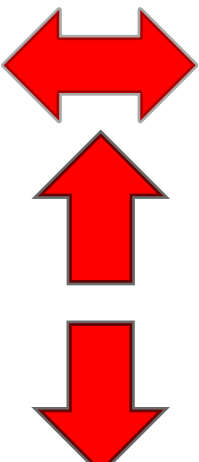
8.1. Provider Assurance

The purpose of this section is to update the Governing Body on key items to note, in relation to quality (safety, experience and effectiveness), across the CCG's main providers.

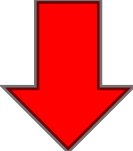
The CCG's main providers are Northern Lincolnshire & Goole NHS Foundation Trust, Hull & East Yorkshire Hospitals NHS Trust, East Midlands Ambulance Service, Rotherham Doncaster & South Humber NHS Foundation Trust, Hull & East Riding Spire Hospital and HMT St Hugh's Hospital.

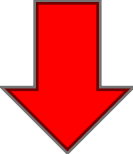
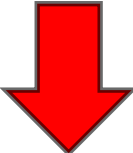
Information provided in this section is given a RAG (Red Amber Green) rating according to the levels of surveillance defined in the NLCCG Quality Team monitoring key. The monitoring key is provided below and is based on the quality surveillance process developed by NHS England.

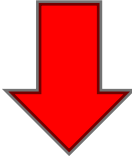
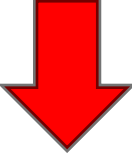
Quality Team Monitoring Key

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>
	Active Monitoring	<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>


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


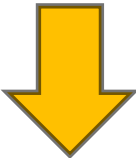
Northern Lincolnshire & Goole NHS Foundation Trust (NL&G)		RAG status
Safety		
CQC inspection	<p>The Care Quality Commission (CQC) undertook an announced inspection at Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) between the 22 and 25 November 2016; and an unannounced inspection on 8 December 2016.</p> <p>The final outcome report was published 6th April 17, and NL&G achieved an overall rating of inadequate.</p> <p>Following this, the CQC undertook an unannounced inspection of maternity & gynaecology services, and urgent & emergency services, at Scunthorpe General Hospital and Diana, Princess of Wales Hospital, on 15 June 17.</p> <p>The purpose of this latest inspection was to review action taken by NL&G, in response to the Section 29A warning notice that was issued to NL&G by the CQC in January 17. The final outcome report, from their latest inspection, was published 12 October 2017. The CQC did not provide a rating to NL&G for the latest inspection, as this was a focused inspection carried out to review improvements undertaken since the previous inspection.</p> <p>As part of the latest inspection, the CQC identified several areas of improvement within NL&G. These included implementation of the new Labour Ward model, and improvements in the management of patients with mental health problems in the emergency department, at Scunthorpe General Hospital.</p> <p>The CQC also identified several areas that require further development, including staffing levels and risk management processes.</p> <p>These areas have been incorporated into the NL&G Improving Together Programme, and are reviewed as part of the NL&G System Improvement Board (SIB) structure and the contract management process.</p> <p>The CQC's Chief Inspector of Hospitals visited Scunthorpe General Hospital on 19 October, to review the hospital's improvement journey. The CCG awaits formal feedback from this visit.</p>	
Mortality position	The NL&G patient mortality rate remains higher than expected.	

	<p>NHS mortality rates are measured via the Summary Hospital-level Mortality Indicator (SHMI) dataset. The official NL&G SHMI position is currently at 114 against the national average of 100, this is an increasing position, and places NL&G in the 'higher than expected' range.</p> <p>Diana, Princess of Wales hospital currently exceeds the national mortality rate average, and Scunthorpe General Hospital currently falls within the 'as expected' range.</p> <p>NL&G has confirmed that the services with the highest mortality rates are currently Cardiology, Gastroenterology and Stroke.</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 across a range of specialties, with particular pressures reported in Colorectal surgery, Cardiology, Gastroenterology, Ear Nose & Throat and Ophthalmology services.</p> <p>NL&G has confirmed that the outpatient review (follow-up) waiting list remains an area of particular challenge, with an increasing number of patients exceeding their planned review date.</p> <p>NL&G also continues to report an increase in the number of patients that have waited over 52 weeks for an appointment.</p> <p>In response to these concerns, commissioners continue to work with NL&G to clinically review long waiting patients, in order to mitigate potential risk of harm.</p> <p>In addition to this, NL&G continues to implement a comprehensive staff training programme, to streamline the patient information system and to improve staff understanding of the waiting list process.</p> <p>The CCG continues to work closely with NL&G, and other provider organisations, to identify innovative ways of reducing the NL&G waiting list backlog.</p> <p>The position continues to be reviewed closely as part of NL&G System Improvement Board and its subcommittees, and the NL&G contract meeting process.</p>	
<p>Mixed Sex Accommodation</p>	<p>NL&G continues to report an increase in the number of patients that are placed on a mixed sex ward, due to challenges in the lay out of the ward environment, in some areas.</p>	

	<p>As a consequence of these challenges, NL&G has implemented several supportive initiatives to protect patient's privacy and dignity.</p> <p>The position continues to be reviewed via the NL&G contract management process.</p>	
Effectiveness		
Staffing	<p>NL&G continued to report staffing challenges, with further pressures in recruiting and retaining medical staff and registered nurses.</p> <p>The Trust wide vacancy position is currently 9.06% against a target of <7%. The registered nursing vacancy position remains above target at 11.21% against a target of <6%.</p> <p>The number of medical vacancies, across all hospital sites, has further increased to 23.53% against a tolerance of less than 15%.</p> <p>NL&G continues to use agency and bank staff, to ensure that safe staffing levels are maintained.</p> <p>In response to these concerns, NL&G continues to implement various recruitment initiatives, and continues to develop their staff retention strategy.</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>	


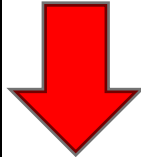
8.1.2 Hull & East Yorkshire Hospitals NHS Trust* (HEY)

Hull & East Yorkshire Hospitals NHS Trust* (HEY)		RAG status
Safety		
CQC inspection	<p>The Care Quality Commission (CQC) inspected Hull & East Yorkshire Hospitals (HEY) between June and July 2016. The final outcome report was published 15th February 17; HEY achieved an overall rating of requires improvement.</p> <p>In response to this, HEY developed a comprehensive Quality Improvement Plan (QIP) to oversee delivery of improvement actions.</p> <p>Since the previous report, good progress has been made against the QIP, with several workstreams near completion.</p>	

	The position continues to be reviewed closely as part of the monthly HEY Quality Delivery Group.	
Experience		
Quality assurance visit	<p>NHS Hull CCG, as Lead Commissioner of HEY, facilitated a commissioner quality assurance visit to Hull Royal Infirmary.</p> <p>This visit was undertaken in response to an increase in the number of serious incidents reported by the hospital, relating to pressure ulcers and falls.</p> <p>Overall, the visit was extremely positive. Commissioners received evidence of improvements made across a range of services, including improved leadership, culture and communication.</p>	
Effectiveness		
Long waiting times	<p>HEY continue to report challenges in meeting the 18 week referral to treatment target, with increasing pressures reported in Urology, Dermatology and Haematology services.</p> <p>HEY has also confirmed that several patients have waited over 52 weeks for an appointment. In response to these pressures, HEY has implemented a clinical review process for long waiting patients; no harm has been reported to date as a result of long waiting times.</p> <p>HEY has confirmed that these issues largely relate to data inputting errors within the Lorenzo patient record system, and these errors have led to some inaccuracies in the waiting list system.</p> <p>In response to these concerns, HEY has implemented a review of the Lorenzo system, and a comprehensive training programme.</p> <p>The position continues to be reviewed closely as part of HEY Contract Board meeting and the HEY Quality Delivery Group.</p>	

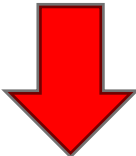
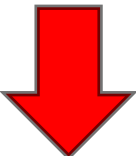
*Please note, the concerns detailed in this section do not relate specifically to NL patients.

8.1.3 East Midlands Ambulance Service NHS Trust (EMAS)



East Midlands Ambulance Service NHS Trust (EMAS)		RAG status
Safety		
CQC position	<p>The Care Quality Commission (CQC) undertook an announced inspection of East Midlands Ambulance Service (EMAS) in February and March 2017. The inspection outcome report was published 13 June 2017; EMAS was given an overall rating of requires improvement.</p> <p>In response to this, EMAS implemented a range of new workstreams, as part of their CQC action plan. These workstreams include the Lord Carter efficiency programme, the Bright Sparks initiative, an estates improvement programme and a refresh of the patient experience and stakeholder engagement work stream.</p> <p>Since the previous report, EMAS has identified increased risk to the delivery of maintenance work programmes, due to financial pressures; and increasing risk to service delivery due to staffing pressures.</p> <p>EMAS's response to the CQC's feedback continues to be reviewed via of the monthly EMAS Clinical Assurance and Delivery Group Meeting.</p>	
Effectiveness & Experience		
Response times	<p>EMAS continued to report delays in responding to emergencies, during quarters 2 and 3. In response to these performance challenges, EMAS launched the Ambulance Response Programme (ARP) pilot, to support improvements in this area.</p> <p>Further details on the ARP are available via the link below: https://www.england.nhs.uk/urgent-emergency-care/arp/</p> <p>EMAS performance data for North Lincolnshire (latest data, as at 31/10/17), taken from the ARP performance dataset, reflects that EMAS did not achieve the new response time targets for category one (life threatening) and category two (emergency) calls.</p> <p>These challenges are largely due to increasing staff sickness rates, delays in the clinical handover of patients between EMAS and NL&G, and high vacancy rate for vehicle mechanics.</p> <p>In response to these challenges, EMAS has developed a range of improvements, including a comprehensive review of the patient handover process at NL&G; a staff sickness improvement plan and a recruitment strategy for vehicle mechanics.</p>	

	The position continues to be reviewed via the EMAS Lincolnshire County Commissioning Meeting.	
--	---	--


8.1.4 Thames Ambulance Service Limited (TASL)

Thames Ambulance Service Limited (TASL)		RAG status
Safety		
CQC position	<p>The Care Quality Commission (CQC) undertook an unannounced inspection of Thames Ambulance Service Limited (TASL) in November and December 2016.</p> <p>At the time of the inspection, the CQC were not permitted to rate independent ambulance services providers; therefore an overall outcome rating has not been assigned to TASL, at this time.</p> <p>As part of their latest inspection, the CQC identified some areas of good practice.</p> <p>Including good staffing levels and skill mix, high level of compliance with staff appraisals and evidence of a patient-focused approach to the delivery of services.</p> <p>The CQC also identified several areas for further improvement, including organisational culture, organisational learning, risk management and infection prevention and control.</p> <p>This position continues to be reviewed by the CCG via the TASL contract management process.</p>	
Effectiveness & Experience		
Complaints	<p>The CCG continued to receive a high number of queries and concerns, relating to the TASL Patient Transport Service, from service users in North Lincolnshire, during quarter 3.</p> <p>These contacts largely related to delayed response times by TASL.</p> <p>In response to these concerns, the CCG continues to work closely with TASL, via the contract management process, to streamline and improve processes.</p>	

8.1.5 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 Rotherham Doncaster & South Humber Foundation Trust (RDASH) between September and October 2016. The final outcome report was published in January 2017; the CQC gave EMAS an overall rating of good.</p> <p>In response to the CQC report, RDASH developed an action plan to progress the areas identified, by the CQC, as requiring further improvement.</p> <p>Since the previous report, the CQC has held a Quality Summit with the RDASH Senior Leadership Team. The CQC confirmed that good progress has been made against the action plan to date, and a follow-up unannounced inspection will soon be undertaken, to review progress made against the action plan.</p> <p>This position continues to be reviewed as part of the RDASH contract management process.</p>	
Experience & Effectiveness		
Access to urgent mental health services	<p>The CCG continues to work closely with RDASH to review the process for accessing urgent mental health services, in North Lincolnshire.</p> <p>This review was undertaken in response to several queries received by the CCG, from service users and GP's, in relation to urgent mental health services, provided by RDASH in North Lincolnshire.</p> <p>As part of this review, the CCG has implemented revised guidance to primary care, on how to access these services. The aim of this guidance is to simplify and refine the referral process to urgent mental health services.</p> <p>The position continues to be reviewed by RDASH and the CCG via the contract management process.</p>	

8.1.6 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 quality at Spire Hull & East Riding Hospital.	Standard monitoring arrangements via the monthly Contract Management Group 
St Hugh's Hospital	St Hugh's hospital continues to develop and improve their quality reporting processes, and has maintained a consistent level of incident reporting, during quarter 3. St Hugh's also continues to implement their risk management process, throughout the hospital.	Standard monitoring arrangements via the monthly Contract Management Group 