

# North East Lincolnshire CCG

Attachment 08

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Julie Taylor-Clark, Interim Director of Nursing and Quality |
| **Date of Meeting:** | 13 November 2014 |
| **Subject:** | Quality Report - Clinical Quality Committee |
| **Status:** | [x]  OPEN [ ]  CLOSED |
| **Agenda Section:** | [x]  STRATEGY [x]  COMMISSIONING [x]  OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| The report informs the Partnership Board about the quality and safety of the services it commissions and in doing so provides assurance that North East Lincolnshire CCG is fulfilling its responsibility and commitment to commission safe and effective services that meet the needs of the population of North East Lincolnshire.  |

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| **STRATEGY**  |  |
|   Effective care, patient safety and patient experience. |

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| **IMPLICATIONS** |  |
| **1 Effective Care****A External Reviews****Care Quality Commission report** at North Lincolnshire and Goole Hospitals Foundation Trust July 2014<http://www.cqc.org.uk/provider/RJL/inspection-summary#overall> Key Issues for DPOW* Sufficient qualified and experienced staff (in particular A&E, medical/surgical wards)
* Follow NICE and best practice guidance
* ITU/HDU workforce and adopting best practice
* Paediatric care
* Staff completion of mandatory training and appraisal
* Medical wards – handover, staffing
* Review Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) are recorded and are in line with good practice and Guideline.
* Nutrition access.

The Trust has submitted a draft action plan to respond to the Chief Inspector of Hospitals CQC report. It is proposed this action plan will be embedded into the Trust’s overarching improvement plan and will be monitored through the existing quality stakeholder group.**Care Quality Commission report** at Hull and East Yorkshire Hospitals NHS Trust May 2014[**http://www.cqc.org.uk/provider/RWA**](http://www.cqc.org.uk/provider/RWA)**Summary of Issues*** Lack of capacity in A&E both staffing and facilities
* Workforce and facility capacity to meet demand
* Culture of bullying

CQC found the Trust in breach of Regulations 9 (care and welfare), 10 (governance), 13 (medicines), 15 (premises), 22 (staffing) and 23 (staff support) for the regulated activities of ‘treatment of disease, disorder or injury’ and ‘diagnostic and screening procedures’.The Trust has now compiled an action plan to respond to recent Chief Inspector of Hospitals CQC report, which has been shared with Commissioners. Commissioners are monitoring progress against the action plan monthly with the Trust through the Quality Forum, a sub-group of the Contract Management Board.**B Winterbourne Concordat: Transforming Complex Care**Self-assessment Framework: National Guidance on the next phase of the annual self-assessment framework will be published by NHS England by the end of September/October.**Local Data**All North East Lincolnshire CCG clients are reported as Winterbourne compliant.**2 Patient Safety****A Infection Control**C Difficile – 19 cases to date, with 12 community acquired infections. The trajectory for NELCCG is 22 for 2014/5. Each case has been reviewed and any lessons learnt have been identified. The CCG has an action plan which aims to reduce cases of C Difficile and this is monitored through the Quality Committee.**B Serious Untoward Events**The NEL CCG commissions the North Yorkshire and Humber Commission Support to manage the Serious Incident (SI) process working collaboratively where appropriate with North Lincolnshire CCG and Humber CCGs.The monthly report gives an overview of the Serious Incidents reported by each provider, including new Serious incidents reported, the quality of completed investigations (including meeting timescales) and a review of key themes and trends from completed investigations. A monthly meeting with the provider to discuss each report also provides further assurance and scrutiny, this process also oversees the completion of action plans. November 2014 report23 of the reported SI for NLAG are pressure ulcers; this number has escalated due to the introduction of a new pressure ulcer assessment tool. The CCG is working to look at key themes and learning points from the RCAs and engaging with the Skin integrity board to review a patch wide approach to supporting people at a higher risk of developing pressure ulcers. Assurance of progress to reduce the amount of preventable pressure ulcers will be through the quality committee. No action plans or reports are overdue.**3 Patient Experience****A SHIMI**The North East Lincolnshire CCG Mortality group which is a newly established subcommittee to the Quality Committee. The group has been established to focus on mortality and premature deaths in North East Lincolnshire. The group has prioritised one of the work streams to work with Northern Lincolnshire & Goole Foundation Trust (NLAG) to understand the published reports relating to SHIMI, in particular where the Trust is a national outlier.The September 2014 the Trust report shows that Diana Princess of Wales Hospital (DPOW) and Scunthorpe General Hospital (SGH) report the same SHMI (105) this month; this represents an improvement for DPOW. The latest national 'official' SHMI reports the Trust within the 'as expected range' with a score of 109. Weekend versus weekday SHMI, NLAG 103 v 110, a 7 point difference which is the same as the national average. DPOW has a larger 13 point difference. SGH 2 points lower at weekend. The reasons for this are not yet understood. It has been agreed that there will be a joint work programme to undertake an end to end review of the deaths to gain a greater understanding of the pathway these patients underwent, this work is to be led by Dr A Spalding (CCG clinical lead for Quality) and Dr M Withers (Medical Director at NL&G FT) **B Friends and Family Test (FFT)**Both Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have been required to introduce the Friends and Family Test for their inpatient services and during 2013-14 to introduce this into maternity services. Both Trusts achieved these requirements in 2013-14. Achieving the target in 2014-15 is a key issue, the NLAG achieved this response rate in the in-patient areas, but not yet in A&E including the stretch target to be above 20% at the end of 13-14, following a targeted action plan and investment of further resources, including support by volunteers. The Trust is now focussing on ward-by-ward response rates and has shared its updated action plan with Commissioners on how the Trust plans to achieve this.For Hull and East Yorkshire Hospitals NHS Trust, the Trust is in the Top 10 Trusts in Yorkshire and the Humber for its response rate. Through the CQUIN scheme, the Trust has provided quarterly qualitative reports to commissioners showing a ‘You Said, We Did’ approach on each ward on feedback given by staff and building up an evidence portfolio of how patient feedback is making a different to patient experience. Through the national CQUIN goals for 14-15, both Trusts are required to achieve a response rate of 40%+ at the end of 14-15 as well as to introduce the Staff FFT. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT**  |
|  | Members of the Board are asked to note the content of the report and endorse the on-going monitoring of quality issues by the Quality Committee. | **Agreed?** |

|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | Y |  |
| ii) | CCG Equality Impact Assessment | Y |  |
| iii) | Human Rights Act 1998 | Y |  |
| iv) | Health and Safety at Work Act 1974 | Y |  |
| v) | Freedom of Information Act 2000 / Data Protection Act 1998 | Y |  |
| iv) | Does the report have regard of the principles and values of the NHS Constitution?[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_113613](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113613) | Y |  |