

# North East Lincolnshire CCG

Attachment 7

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Jan Haxby, Director of Quality & Nursing |
| **Date of Meeting:** | 10 Sept 2015. |
| **Subject:** | Quality Report from Clinical Quality Committee |
| **Status:** | OPEN  CLOSED |
| **Agenda Section:** | STRATEGY  COMMISSIONING  OPERATIONAL ISSUES |

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| **OBJECT OF REPORT** |  |
| The report informs the Partnership Board of key metrics for 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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| **KEY METRICS AND IMPLICATIONS** |  |
| **1 Effective Care**  **A External Reviews**  CQC inspection of St Hughes Hospital –awaiting feedback.  **B Winterbourne Concordat: Transforming Complex Care**  All North East Lincolnshire CCG clients are reported as Winterbourne compliant.  **2 Patient and Client Safety**  **A. Safeguarding Children.**  **North East Lincolnshire CCG Safeguarding Children Annual Report (April 2014- March 2015) (**Summary below).   * 1. Section 11 of the Children Act 2004 places a duty upon all NHS bodies along with partner agencies to ensure that their safeguarding children functions are discharged. NELCCG Partnership Board as the organisation’s governing body has responsibility for ensuring that this duty is appropriately discharged. An Annual Report for the 2014-2015 year has been prepared which identifies the arrangements in place in order to provide the required assurance that the above duty is being effectively discharged.   2. The Annual Report:      + sets out the updated legislative and statutory framework for 2014-2015 year; placed upon Clinical Commissioning Groups and partners.      + describes the NELCCG governance and assurance arrangements for safeguarding      + outlines the statutory role, function and priorities of North East Lincolnshire Safeguarding Children Board, and how NELCCG has contributed to        1. the statutory functions to review the deaths of all children normally resident in their locality        2. undertake Serious Case Reviews if required.   No Serious Case Reviews were published by North East Lincolnshire LSCB in the 2014-2015 year.   * + - identifies that North East Lincolnshire services have not been subject to inspections of safeguarding or looked after children arrangements by either OFSTED or the Care Quality Commission (CQC) in 2014-2015. However, learning from such reviews in other localities has been considered and as relevant reflected in the NELCCG workplan for 2015-2016     - describes the arrangements to ensure appropriate services for children who had experienced sexual harm are in place, following the emergence of a gap in such arrangements in the 2013-2014 year.   1. A Safeguarding Children work plan for North East Lincolnshire CCG for the 2015-2016 year has been developed, based on: * Maintaining compliance with legislative, statutory and organisational responsibilities * Enhancing arrangements * Learning from case reviews, local and national initiatives, and regulatory activity.   It is anticipated that this workplan will be a “live” document subject to review via the Quality Committee and the Joint CCGs’ Safeguarding Forum, as well as shared as appropriate with the LSCB and other key stakeholders.    **B. Infection Control**  **C Difficile**  A total of 15 cases have occurred in 2015/16 against the annual 2015/16 target of 35, on current trend the forecast position would be 32. Of the 15 cases, 10 were Community acquired infections and the others Acute. An increase in May and June is possibly attributed to post influenza infections and an increase in antibiotic prescribing as reported from NHS England.  Systems across both primary and secondary care are in place to undertake post infection reviews of all C Diff cases. C Diff cases are reviewed at the NEL CCG Quality Committee as a standing agenda item. We are continuing to monitor NL&G action plans and Infection Control Policies in the Quality Contracting Committee and Yorks and Humber Hospital Acquired Infection Strategy Group.  **MRSA**  We have had 2 cases of MRSA in 2015/16, this measure has a zero tolerance as the target and as such the 2015/16 target will not be achieved. All MRSA cases are fully reviewed by the infection control teams jointly with NLAG/General Practice/microbiology as appropriate, and action plans are formulated and monitored for all cases.  **C. Serious Untoward Events**  NELCCG commission Yorkshire and Humber Commissioning 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.  The table below gives an indication of all Serious Incidents reported by NELCCG providers.  The NL&G SI meetings are undertaken as a collaborative approach with NLCCG, ERYCCG and Lincolnshire CCGs the numbers shown below for NL&G include patients from all areas. The other provider figures are North East Lincolnshire patients only.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | August 2015  Report | NL&G | CPG | NAViGO | HEY | LPFT  CAMHS | Yarb/Clee | Core Care Links | Co-comm Primary Care | | Serious Incidents reported during  2014-15 (total) | 79 | 21 | 5 | 0 | 0 | 0 | 2 | 0 | | Serious Incidents reported at this point in 2014/15 | 29 | 18 | 1 | 0 | 0 | 0 | 0 | 0 | | Serious Incidents logged YTD 15-16 | 13 | 3 | 5 | 1 | 1 | 0 | 1 | 1 | | Serious Incidents De Logged YTD 15-16 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | |  |  |  |  |  |  |  |  |  | | Never Events (NE) 15-16 | 3\* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |  |  |  |  |  |  |  |  |  |  * 3x Never Events  | NEVER EVENT – Wrong Implant (NELCCG Pt.) | 1 | | --- | --- | | NEVER EVENT – Wrong Site Surgery (LECCG Pt.) | 1 | | NEVER EVENT - Retained foreign object post-procedure (NELCCG Pt.) | 1 |     **D. Standardised Hospital Mortality Index (SHMI)**  The North East Lincolnshire CCG Mortality group continues to meet to focus on mortality and potential premature deaths in North East Lincolnshire, with a particular focus on those occurring within 30 days of discharge. The CCG group has prioritised one of the work streams to work with Northern Lincolnshire & Goole Foundation Trust (NLAG) to understand the published reports relating to SHMI, in particular where the Trust is a national outlier, and the CCG clinical lead for Quality also routinely attends the NLAG mortality meetings. The Commissioning support unit also provides a SHMI analysis report that will also be routinely considered by the Mortality Action Group.  In view of recent concerns expressed regarding the SHMI trends, members of the CCG Quality Committee are planned to meet this month to undertake a review of the SHMI work programmes being taken forward by the groups described above, in order to provide assurance that the SHMI work is appropriate and in scope and focus, and that they can therefore be expected to deliver improvement over coming months.  The Trust’s latest SHMI position (using the HED system for the period March 2014 to February 2015 is a score of 112.7. This is in the ‘higher than expected’ range, and shows a slight increase from the February 2014 to January 2015 position (111.9). This performance leaves the Trust ranked 129 of the 141 NHS provider organisations included within the mortality data set. Of the three hospitals Grimsby had worse mortality ratings over the period (113.3) compared to Scunthorpe (112.4).  **3. Patient and Client Experience**  **Friends and Family Test (FFT)**   |  |  |  |  | | --- | --- | --- | --- | | 2015-16 Year to date | | | | |  | Target | Value | Status | | CB13210 - AAE ‘% recommend service’ | 87.50% | 79.60% |  | | CB13201 - AAE Response rate | 14.80% | 12.81% |  | | CB13211 - Inpatient ‘% recommend service’ | 95.50% | 96.14% |  | | CB13203 - Inpatient Response rate | 26.30% | 20.36% |  | | CB13216 - Maternity Combined ‘% recommend service’ | 95.68% | 95.77% |  | | CB13205 - Maternity (Birth) Response rate | 23.47% | 9.44% |  | | CB13002 – Employee ‘recommend care’ | 76.59% | 68.71% |  |   The year to date performance shows that at trust level we are below target for Staff ‘% recommend service’ and A&E but above target for both Inpatient and Maternity when looking at how others are performing nationally. In respect of response rate currently year to date we are below target for A&E, Inpatient and Maternity (Birth).  .  FFT was implemented within GP Practices on the 1st December 2014. Data for the first quarter is now available and is currently being analysed. | |
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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT** | | |
|  | Members of the Board are asked to note the content of the report. |  |

|  |  | **Yes/No** | **Comments** |
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|  | Does the document take account of and meet the requirements of the following: |  |  |
| i) | Mental Capacity Act | n/a |  |
| ii) | CCG Equality Impact Assessment | n/a |  |
| iii) | Human Rights Act 1998 | n/a |  |
| iv) | Health and Safety at Work Act 1974 | n/a |  |
| 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 |  |