

# North East Lincolnshire CCG

Attachment 11

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Jan Haxby, Director of Quality & Nursing |
| **Date of Meeting:** | 05 November 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 inspections of St Hughes Hospital & Northern Lincolnshire & Goole Hospitals NHS Trust have taken place– awaiting final reports.  The CQC assessment for EMAS is due to take place week commencing 16th November covering the following three areas: Accident & Emergency; Patient Transport Services; and Emergency Operations Centre.  **B Winterbourne Concordat: Transforming Complex Care**  We currently have 1 person that is in a treatment and assessment unit. The person has a case manager and will follow due process, with a clear action plan in place for discharge.   1. **Patient and Client Safety**   **A. Safeguarding.**  The role of Designated Adult Safeguarding Manager (DASM) has been removed nationally as a statutory role, when the revised Care Act guidance was published. The Care Act (2014) previously required all localities to appoint a DASM, however, following consultation, the government felt that this would be a duplication of other existing roles.  The Safeguarding adults board is currently without a Chair and discussions are underway to decide a way forward that would make best use of the overarching budget for safeguarding adults and children, with a focus on closer working between the 2 boards and their subgroups.  **B. Infection Control**  C Difficile.  A total of 16 cases have occurred in the period April to September 2015/16 against the annual 2015/16 target of 35, on current trend the forecast position would be 32. Of the 16 cases, 10 were Community acquired infections and the other 6 were Acute.  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 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. Post Infection Reviews (PIR) were undertaken as per guidelines and results sent to NHS England. It was deemed that all procedures were handled correctly. Action plans are formulated for all cases and are monitored.  **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 to date.  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.  Serious Incidents, all providers, year to date and 14-15 comparative figures.   |  | **NL&G** | **CPG** | **NAViGO** | **HEY** | **LPFT**  **CAMHS** | **Yarb/ Clee** | **Core Care Links Ltd** | **Co-comm Primary Care** | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Serious incidents reported during 2014/15 (total) | 79 | 21 | 5 | 0 | 0 | 0 | 2 | N/A | | Serious incidents reported at this point in 2014/15 | 39 | 9 | 2 | 0 | 0 | 0 | 0 | N/A | | Serious incidents logged YTD 15-16 | 16 | 5 | 6 | 1 | 2 | 0 | 2 | 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 |   **Never Events.**  3x Never Events – previously reported to the CCG Partnership Board have occurred to date, 2 occurred in June 15 and 1 in July 15.  The reports and action plans for the June incidents were reviewed at the SI meeting on 30/09/15, and the outcome report for the incident that took place in July will be reviewed at the SI meeting on 28/10/15.  No significant risks have been identified in relation to the management of these never events.    **D. Standardised Hospital Mortality Index (SHMI)**  The North East Lincolnshire CCG Mortality Steering group continues to meet to focus on mortality and reducing potential years of life lost (PYLL) from causes amenable to healthcare, as part of its Mortality Action Plan. Over the last 2 months, the existing Mortality Action plan has been reviewed and built upon, and is currently in draft format awaiting discussion at the next CCG Mortality Steering group. The new mortality action plan includes some of the existing local actions set, but also draws on national guidance from NHSE (NHS England 2014: Our Ambition to Reduce Premature Mortality: resource to support commissioners in setting a level of ambition) to reduce mortality. The CCG Mortality Steering Group receives the NLG Mortality Report and a member of the CCG Mortality Group is also a member of the NLG Mortality group.    Recent SHMI data shows that we are in the “higher than expected range”, with an increase in deaths in community. In response to this, the CCG are working with NLG to discuss and agree the current position, future communications and how they will be managed, and the potential for much closer working between CCG and NLG where there are obvious areas of interface between hospital and community. See full report to the board re SHMI.  The latest SHMI position (using the HED system for the period May 2014 to April 2015 is a score of 111.5. This is in the ‘higher than expected’ range, and shows a decrease from the April 2014 to March 2015 position (113.2). This performance leaves the Trust ranked 120 of the 137 NHS provider organisations included within the mortality data set. Of the three hospitals Grimsby had worse mortality ratings over the period (112.7) compared to Scunthorpe (110.7).  **E. Key Risks within main providers**.  **Key risks - NLG**  Staffing  The Trust continues to report challenges with staffing (Medical and Nursing staff), specifically the declining position in relation to vacancy rates and difficulties training international nurses. The Trust continues to expand its international recruitment drive.  NICE guidance  The target is 90% compliance by March 2015, however this was not achieved and the target has now been amended to March 2016. The Trust was fully compliant with 82.3% of NICE guidelines as at 30/09/15. The Quality manager at NL&G is the Trusts Lead on NICE and has reported an improvement in performance over the last 2 months. The biggest challenge relates to the Medicine Health Group, and Medicine has just undergone a restructure.  Re-opened Complaints  The number of re-opened complaints is high but the Trust feels that they may need to review the process, and may be closing the complaints too early as patients often seek additional information that necessitates the compliant being re-opened. The Trust doesn’t feel that the high figure is reflective of activity/patient experience.  **Key risks - HEYH.**  Management of serious incidents  Concerns continue to be raised by Commissioners in relation to the Trusts management and monitoring of serious incidents, specifically serious incidents relating to the following:   * Deteriorating patients * Pressure ulcers (grades 3 & 4 pressure ulcers that led to significant harm to the patient. The Trust has reported 7 x SI’s relating to pressure ulcers since 01/04/15, the Trust has reported issues with staff awareness, leadership on the wads and medical rounds) * Maternity services * A&E (N.B. The SI’s were deemed to be of sufficient risk that Hull CCG requested urgent assurance from the Trust immediately after the incidents took place)   Commissioners have identified recurrences of serious incidents, suggesting that the Trust has not effectively learned from these SI’s, and Commissioners have also identified concerns regarding the timeliness of completion of SI investigations and reporting of SI’s. NHS Hull CCG and ERYCCG have drafted a joint letter to the Trust highlighting the key areas of concern re management of serious incidents.  Nurse Staffing Risks  Commissioners note that the staff vacancy rate is low but staff turnover is relatively high, this raises questions regarding whether the Trusts establishment is accurate. The Trust is reviewing this and has agreed to provide an update at the HEY CQF meeting later in November 15. Commissioners asked the Trust to clarify whether any themes or trends have been identified between staffing levels and incidents, including any risks identified as a result of this correlation.  **Key Risks - EMAS.**  Delays in clinical handover. There are clinical handover delays/breaches, from ambulance staff to NLG A&E staff, and this is affecting performance reported by EMAS. There is a need to understand and address this in preparation for winter. A joint letter will be sent on behalf of the Lead Commissioners to all CCG’s Accountable Officers and Systems Resilience Group chairs outlining the impact of handover delays from a patient risk perspective. NHS England is encouraging Commissioners to impose financial sanctions and NL&G has challenged this, saying that the breach data was not validated. However, EMAS is in the process of implementing a new electronic clinical handover system, which digitally records the time of handover, and is expected to address any current validation issues. NLG have been asked to report back to the next Quality Contract Review meeting the impact upon patients and how they are working to address this issue with EMAS.  **3. Patient and Client Experience**  **Friends and Family Test (FFT)**  The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to provide their views on the care or treatment they have received by answering one simple question:  *“How likely are you to recommend our service to your friends and family if they needed similar care or treatment?”*  See below some results from FFT.   |  |  |  |  | | --- | --- | --- | --- | | **Indicator** | **2015/16** | | | | **Target** | **Value** | **Status** | | FFT - Ambulance - % Who would recommend 'PTS' service | 90.42% | 95.42% |  | | FFT - Ambulance - % Who would recommend 'SAT' service | 94.27% | 96.08% |  | | FFT - AAE % Who would recommend service | 88.10% | 84.23% |  | | FFT - Inpatient % Who would recommend service | 95.73% | 96.17% |  | | FFT - Outpatient - % Who would recommend service | 92.20% | 89.21% |  | | FFT - Community (CPG) % Who would recommend service | 95.32% | 95.80% |  | | FFT - MH % Who would recommend service (NAVIGO) | 87.35% | 93.85% |  | | FFT - Maternity - Combined % Who would recommend | 95.64% | 91.78% |  | | FFT - Employee score | 77.89% | 50.31% |  |   ***‘% Who would recommend service’***  There are a number of new Friends and Family Test measures which are now reported on including; Ambulance, Outpatient, Community and Mental Health.  The year to date performance shows we are below target for A&E, Outpatient, Maternity and Staff who would recommend service but above target for Ambulance, Inpatient, Community and Mental Health when looking at how others are performing nationally.   |  |  |  |  | | --- | --- | --- | --- | | **Indicator** | **2015/16** | | | | **Target** | **Value** | **Status** | | FFT - Ambulance Response (PTS) | 0.46% | 0.80% |  | | FFT - Ambulance Response (SAT) | 0.17% | 0.82% |  | | FFT - AAE Response (NLAG) | 14.81 | 13.1% |  | | FFT- Inpatient Response (NLAG) | 27.0% | 19.8% |  | | FFT - Outpatient Response | 5.86% | 0.74% |  | | FFT - Community Response (CPG) | 3.55% | 1.45% |  | | FFT - MH Response (NAVIGO) | 2.41% | 13.4% |  | | FFT - Maternity Response (NLAG) Birth | 22.7% | 10.0% |  |   ***‘Response rates’***  In respect of response rate currently year to date we are below target for A&E, Inpatient, Outpatient, Community and Maternity (Birth) when looking at how others are performing nationally.  Commissioners have used two approaches with NLG and with HEYH to monitor FFT issues; firstly, via the Trusts CQUIN scheme and secondly, via the Trusts contract management process. However the uptake of FFT in both NLG and HEYH, and across all provider departments, does not meet the benchmark set by the national average of 27.6%. In addition, we currently have limited information to understand what difference or what impact FFT makes in terms of quality of services and care within provider organisations.  As a CCG we have other additional methods of seeking patient experience and feedback which provide alternative sources of information but currently react to issues rather than seeking out assurance in identified strategic areas.  Going forward, it is recommended that the Quality Committee, through the development of a Quality Strategy for the CCG, define all methods that should be adopted for collating patient experience and feedback from all providers and not just NLG and HEYH, including site visits which would include speaking to service users present at the time. The strategy should define how this information would be used by the CCG and how providers define what difference the feedback has made. | |
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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 |  |