

# North East Lincolnshire CCG

Attachment 08

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Cathy Kennedy |
| **Date of Meeting:** | 14 May 2015 |
| **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 ReviewsNone to reportB Winterbourne Concordat: Transforming Complex CareLocal DataAll North East Lincolnshire CCG clients are reported as Winterbourne compliant.**2 Patient Safety****A** **Infection Control** **C Difficile** – 2014/15 target -22 CDiff cases-EXCEEDED.There were 32 incidences of C.Diff in NEL for 2014-15.  19 of those were Community acquired infections13 for the Acute Trust (12 – DPoW1 – Scunthorpe GH)2015/2016 target is 35Systems 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 – 2014/15 Target -0There were two separate incidence of MRSA in NEL for 2014-15: October 2014 and February 2015Both cases were assigned to the Community. Both cases had a post infection review MRSA 2015/16 Target -0One patient recorded as having MRSA in April 15.  Post Infection Review (PIR) were undertaken as per guidelines and results sent to NHS England. Action plans are formulated for all cases and are monitored.**B 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 (the other figures are North East Lincolnshire patients only).

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| March2015 Report | NL&G | CPG | NAViGO | HEY | LPFTCAMHS | Yarb/Clee | Core Care Links | NEL CCG GP Practice\* |
| Serious incidents reported during 2013/14 (total) | 58 | 23 | 5 | 2 | 1 | 0 | 0 | 0 |
| Serious incidents reported at this point in 2013/14 | 58 | 23 | 5 | 2 | 1 | 0 | 0 | 0 |
| Serious incidents logged YTD 14-15 | 79 | 21 | 5 | 0 | 0 | 0 | 2 | 0 |
| Serious Incidents De Logged YTD 14-15 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
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| Never Events (NE) 14-15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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\*Reporting will commence from 1st April 2015 due to co-commissioning arrangements.**3 Patient and Client Experience** The North East Lincolnshire CCG Mortality group continues to meet 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 SHMI, in particular where the Trust is a national outlier. Work is in progress on 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 being led by Dr A Spalding (CCG clinical lead for Quality) and Dr M Withers (Medical Director at NL&G FT)NLaG’s February 2015 Monthly Mortality report shows the Trust’s latest SHMI position (using the HED system for the period November 2013 to October 2014 is a score of 111.5. This is within the ‘higher than expected’ range, and shows a slight increase from the October 2013 to September 2014 position (111.3). This performance leaves the Trust ranked 132 of the 141 NHS provider organisations included within the mortality data set. Of the three hospitals Grimsby had worse mortality ratings over the period, but has demonstrated a trend of improvement up to May 2014 and the gap between the two main sites narrowed significantly. Since then Grimsby has seen an increase with latest figure being 113. Scunthorpe has shown an overall increase over the periods shown with the latest figure being 111. The Trust provisional SHMI for weekend admissions is 1 points lower than the SHMI for weekday admissions (111 v 112). DPOW provisional SHMI for weekend admissions is 6 points higher than the SHMI for weekday (117 v 111). SGH has a lower figure for weekend than the weekday (107 v 112).The latest national 'official' SHMI reports the Trust within the 'as expected range' with a score of 109.2. B Friends and Family Test (FFT)

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| 2014-15 Year to date |
|  | Target | Value | Status |
| CB13210 - AAE ‘% recommend service’ | 86.83% | 89.29% |  |
| CB13201 - AAE Response rate | 19.62% | 12.28% |  |
| CB13211 - Inpatient ‘% recommend service’ | 94.32% | 94.92% |  |
| CB13203 - Inpatient Response rate | 36.84% | 39.50% |  |
| CB13216 - Maternity Combined ‘% recommend service’ | 94.48% | 94.84% |  |
| CB13205 - Maternity (Birth) Response rate | 22.36% | 21.13% |  |
| CB13002 – Employee ‘recommed care’ | 75.61% | 55.96% |  |

The Friends and Family Test (FFT) measure for 2014/15 is undergoing a phased expansion rolling out to include staff and other services. From April 2014 there is now a measure and response rate for A&E, Inpatient, Maternity and Staff. Year to date (February 2015) performance shows that at trust level we are below target for Staff ‘% recommend service’ when looking at how others are performing nationally. In respect of response rate currently Year to date we are meeting the target for Inpatient, however at trust level we are below target for A&E and Maternity (Birth).FFT was implemented within GP Practices on the 1st December 2014, however NHS England are yet to publish any data.  |

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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. |  |

|  |  | **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 |  |