

# North East Lincolnshire CCG

Attachment 10

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Cathy Kennedy, Deputy Chief Executive |
| **Date of Meeting:** | 9 July 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**  None  **B Winterbourne Concordat: Transforming Complex Care**  All North East Lincolnshire CCG clients are reported as Winterbourne compliant.  **2 Patient and Client Safety**  **A. Action taken by CQC**  Board members will be aware that the CQC sought, and was granted, magistrate court approval for the immediate removal of residential care registration from a Care Home based in Immingham on Monday 29th June 2015. Since that time the CCG has been working with its partners to ensure the safety of residents in the home at that time, and to arrange transfer of each resident to an appropriate alternative provider. At the time of writing this report it is anticipated that all residents will have moved, and the home closed, by Friday 3rd July 2015. A full verbal update will be brought to the board meeting.  **B. Infection Control**  **C Difficile**  A total of 5 cases have occurred in 2015/16 against the annual 2015/16 target of 35, on current trend the forecast position would be 30. Of the 5 cases, 4 were Community acquired infections and the other was 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 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/GPs/microbiology as appropriate and 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. The NL&G SI meetings are undertaken as a collaborative approach with NLCCG & ERYCCG and the numbers shown below include patients from all 3 areas. The other provider figures are North East Lincolnshire patients only.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | May2015 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 | 5\* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | Serious Incidents logged YTD 15-16 | 4 | 1 | 3 | 1 | 1 | 0 | 0 | 1 | | Serious Incidents De Logged YTD 15-16 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | |  |  |  |  |  |  |  |  |  | | Never Events (NE) 15-16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |  |  |  |  |  |  |  |  |  |  * 1 of the 5 occurred at DPoW site (theatres).     **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 is now providing a SHMI analysis report that will also be routinely considered by the Mortality Action Group. The most recent report is embedded below.    In view of recent concerns expressed regarding the SHMI trends, the CCG Quality Committee is to undertake a review of the SHMI work programmes being taken forward by the groups described above to provide assurance that they are appropriate in scope and focus, and that they can therefore be expected to deliver improvement over coming months.      **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% | 14.14% |  | | CB13211 - Inpatient ‘% recommend service’ | 94.32% | 95.50% |  | | CB13203 - Inpatient Response rate | 26.30% | 19.11% |  | | CB13216 - Maternity Combined ‘% recommend service’ | 95.88% | 97.01% |  | | CB13205 - Maternity (Birth) Response rate | 23.57% | 10.06% |  | | CB13002 – Employee ‘recommed care’ | 76.59% | 68.71% |  |   The year to date performance shows that at trust level NLAG are below target for ‘Staff ‘% recommend service’ and A&E, but above target for both Inpatient and Maternity. The quality concerns arising from these scores are discussed with NLAG, to gain assurance that appropriate actions are in place.  In respect of response rates, the year to date position is below target for A&E, Inpatient and Maternity (Birth). The CCG Patient Experience manager is working closely with the hospital to seek improvement in the areas with below target response rates.  FFT was implemented within GP Practices on the 1st December 2014. Data for the first quarter has is now available and is currently being analysed . This will be routinely included in future reports. | |

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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 note that the quality committee, assurance and reporting arrangements shall be the subject of a board workshop once the new Director of Quality & Nursing has come into post. |  |

|  |  | **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 |  |