

Attachment 08

**North East Lincolnshire CCG**

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Jan Haxby, Director of Quality & Nursing |
| **Date of Meeting:** | 12th May 2016 |
| **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.  The report is delivered in 3 sections:   1. Effective Care 2. Patient Safety, including a summary of provider risks 3. Patient Experience |

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| **SECTION 1. EFFECTIVE CARE.** |
| 1. **External Reviews** 2. A CQC inspection of St Hughes Hospital was undertaken in August 2015. The final CQC report has rated St Hughs as “requires improvement” and St Hughs are working on delivering their action plan, supported closely by the CCG. 3. The final NLG report from CQC rated NLG as “Requires Improvement” – with “Inadequate” at SGH site, “Good” at Goole site and “Requires Improvement” at DPOWH. The CQC Summit workshop took place on April 25th 2016. The NLG CQC Action Plan will be monitored through the ECB meetings with dedicated time being made to enable focused monitoring. 4. CQC report Intermediate Care at Home (CPG) received an overall rating of “Outstanding” in March 2016, with Outstanding for Caring, Responsive and Well-Led and “Good” for Safe and Effective. 5. **Francis Report.**   The CCG Quality Team have completed a review of the Francis 2 (2014) 290 recommendations and identified 89 which still require action. An in depth gap analysis was conducted in April 2016 against those 89 recommendations, of which the CCG was Fully Compliant in 44, Partially Compliant in 33 and Non-Compliant in 12. Some of the 12 non-compliant recommendations include issues regarding HR policy, requirements within service specifications and contracts and the use of IT systems and data. Each partially compliant and non-compliant recommendation is being risk graded in order to ensure issues of non-compliancy are addressed in order of priority.  The actions needed to implement the recommendations are being given priority within the Quality Teams work plan and the delivery of the full 89 recommendations will be monitored by the Quality Committee.   1. **CQUINS**   The Commissioning for Quality & Innovation (CQUIN) is a payment scheme that encourages care providers to share and continually improve how care is delivered. Commissioners are able to allocate up to 2.5% of the provider’s whole contract value to the CQUIN scheme to develop specific quality initiatives during the year. The scheme is split into two sections; the local indicators and the national indicators (the national indicators are defined by NHS England).  Commissioners have been working closely with NL&G since November 2015 to negotiate and agree the local quality CQUINs for 2016/17. The previous Quality Report outlined the main CQUIN proposed for 2016 regarding Vulnerable Adults and the detail of this CQUIN has been agreed between all 4 commissioners. We are currently awaiting agreement by NLG.  The process for developing CQUINS will be documented and agreed in the summer of 2016, ready to develop the 2017/18 CQUIN scheme. This new process will commence in the autumn 2016 and will be shared and approved by the Quality Committee.   1. **Summary Hospital-level Mortality Indicator (SHMI)**   The summary hospital-level mortality indicator (SHMI) issued in March 2016 for the period October 2014 to September 2015, shows that the SHMI for Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) remains in the ‘as expected’ banding with a figure of 107.6.  The previous SHMI issued in January was 109.7 and this latest SHMI shows an improvement, which also corresponds with a positive shift of six places for NLaG in the overall rankings of NHS trusts nationally.  The SHMI figures are published quarterly and always refer to a 12-month time period occurring 18 to six months before the publication date. Following the acquisition of the University Hospitals Birmingham’s Healthcare Evaluation Data (HED) reporting product, the Trust is able report on more up to date SHMI data which allows for a breakdown of the data to an in-hospital and out-of-hospital level. For the 12 months to October 2015, the in-hospital SHMI is 104 and the out-of-hospital SHMI is 115.  The CCG is working closely with NL&G towards developing one strategic approach for mortality, with a number of work streams. The End of Life Strategy group is the first work stream to become a multi-agency group and is taking forward a joint strategy that spans the patient pathway.  **SECTION 2. PATIENT AND CLIENT SAFETY.**   1. **Safeguarding**   The Safeguarding Team are developing an annual work plan to support the strategic work required by the CCG. The priorities include; improving access to training across all levels for Primary Care, developing the support offered to safeguarding leads within practices, and how the team work with practices to audit & benchmark practice.  The safeguarding team is now fully established with a specialist nurse supporting both safeguarding children and adults work.   1. **Infection Control**   CDIFFICILE  A total of 33 cases have occurred in the period April 2015 to March 2016 against the annual 2015/16 target of 35. Of the 33 cases, 19 were Community acquired infections and the other 14 were Acute.  RCA of all C Diff cases take place. Themes, trends, review and action plans are revised and a proactive newsletter goes out to prescribers.  MRSA  We have 2 cases of MRSA in 2015/16, this measure has a zero tolerance as the target. Post Infection Reviews (PIR) were undertaken as per guidelines and results sent to NHS England. NHSE deemed that all procedures were handled correctly. Action plans are formulated for all cases and are monitored by Yorks and Humber Hospital Acquired Infection Strategy Group.   1. **Incident Reporting**   On 1st April 2016 the CCG introduced a new Incident reporting process through an App (replacing Datix) accessible through the CCG network. This created a 12k annual saving on the licence fee. All practices and CCG staff now trained on the New App and initial feedback from Practice staff is very positive i.e. the new process is much quicker and easier to use.  Incident reporting has generally increased in the last 12 months.  • Total number of incidents reported during 2014/2015 = 250  • Total number of incidents reported during 2015/2016 = 350  We have recently updated the App with criteria encouraging GP’s & Nurses to be able to use the refection on incidents for Revalidation purposes. We have also worked with the regional Screening & Immunisation lead from PHE to introduce new categories in the App so that practice staff can inform the CCG of issues i.e. cold chain problems, scheduling problems. This enables us to work with PHE to share a wider picture of incidents across the patch.  We have realised the benefits of incident reporting through recent work undertaken in the team to analyse and triangulate the intelligence from incident data and from other data e.g. vias the PALS route. The team identified a number of themed area that appear to be linked to the Clinical Admin Review at NLG that we have escalated to NLG for their investigation and actions. The team will continue to promote the use of the App to enable us to capture local intelligence aiming to identify themes and trends.   1. **Key Risks within Main Providers**   **Hull & East Yorkshire Hospitals**  Venous Thromboembolism (VTE) performance at HEY. The Trust continues to report low performance against the 95% target (latest data, Q3, reflects 78.39% achievement). The Trust states that this performance is reflective of data capture issues between the paper system and the electronic system, but that in reality the Trust is achieving the 95% requirement and states that this is evidenced via the VTE data submitted as part of the CQUIN submission. We will continue to monitor this via quality contract review meetings.  **Northern Lincolnshire & Goole NHS Foundation Trust**.  One never event was declared by the Trust in March 16, in total the Trust declared 4 never events during 15/16. This is discussed further in the SI report.  NICE guidance. The Trust is currently achieving 81.4% compliance against a target of 90%. The Trust acknowledges that Medicine continues to pose a challenge in terms of NICE compliance. The Trust identifies that this is mainly due to capacity, pressures within the Group resulting from staff sickness and other recruitment challenges. The Trust recognises that there is room for improvement and is undertaking an internal review of its performance against this target.  Workforce. The Trust wide vacancy position remains below target and remains one of the highest risks. The Trust has not achieved its vacancy performance targets for most of 15/16 and thus far in 16/17. The Medical and Dental Health staff group continues to be the staff group with the highest vacancy rate, closely followed by Registered Nursing staff group. The Health Education England (HEE) annual workforce planning data collection is due to be received by the Trust in May 16, once the Trust has submitted this dataset to HEE a Trust wide workforce plan will be created following the Six Steps approach (in line with the Calderdale Framework).  Clinical Administration Review. The Trust advised Commissioners in March 16 that the Clinical Admin Review (CAR) is complete. However, an element of risk remains whilst the Specialist Administration Teams are being established. The Trust continues to provide updates to Commissioners on progress with the CAR via the NL&G Executive Contract Board.  NLCCG and NELCCG have undertaken a review of all intelligence relating to the CAR (E.g. SI’s, incidents, issues raised via the NL&G Quality Contract review meting) to monitor the situation and ensure that all data relating to the CAR is triangulated and that all learning points are captured. The Trust has reported, via the NL&G Executive Contract Board (NL&G ECB), that all of the recommendations made (in Nov 15) in relation to implementation of the CAR, have now been implemented. The Trust has reported that significant transformation has taken place as a result of the CAR, and KPMG is undertaking a review of the outputs from it. These outputs will be reviewed by the Exec Team via the Trusts weekly CEO challenge and will be submitted to the NL&G ECB in due course. This item remains an area of potential risk as Commissioners continue to receive challenges in relation to the CAR from primary care colleagues, and further assurance will continue to be sought by Commissioners via the NL&G ECB.The CCG Quality Team recently reviewed all incident or complaints data and intelligence available that relates to the CAR and we are closely monitoring investigation responses by NLG to all related incidents. The Quality Team identifies key service areas where issues have been highlighted and shared this with the Trust for them to action. We are currently raising with them concerns about delays in clinic letters being received in general practice.  Ophthalmology. The Trust has confirmed, via the NL&G Executive Contract Board, that all of the Ophthalmology patients identified from the earlier validation process, whose appointments were showing on the system as overdue, have all now been seen. The NLCCG and NELCCG Patient Safety Team have confirmed that no additional SIs or incidents that relate to this issue have been reported following completion of the validation exercise at the end of December 2015. However this remains an area of concern until the SI action plan is complete later in 2016. Commissioners are also aware that there could be additional incidents/serious incidents that arise as part of the implementation of the new Specialist Administration Teams structure.  **EMAS.**  EMAS have submitted two performance trajectories (to date) to NHS Improvement, neither of which reflects that national performance standards will be achieved in 2016/17. The co-ordinating commissioner will continue to work with EMAS to agree an improvement trajectory for the 2016/17 contract. The Provider has identified a forecasted deficit and all CCGs that are party to the EMAS contract have agreed to reinvest the penalties that had been withheld in relation to EMAS not meeting national performance standards. In light of these challenges, a Contract Variation has been authorised by EMAS and the co-ordinating commissioner.  Clinical Handovers between EMAS and NLG. Hospital handovers remain an area of concern as a significant proportion of frontline operational hours have been (and continue to be) lost through delays in the clinical handover of patients.  EMAS and NL&G anticipate that the delays in clinical handovers will reduce once the new ambulance arrival screens have been fully embedded, the arrival screens are in place across all Trust sites but the Trust continues to report discrepancies with the handover data. Commissioners will monitor the handover position via the contract management process.  **SECTION 3. PATIENT AND CLIENT EXPERIENCE.**   1. We have been working with the Community Forum to develop our thinking about how we measure quality as a CCG that embraces the service users’ view. Early analysis suggests that customer care is a theme but further data analysis will be undertaken over the next few weeks. This will inform the development of our Quality Strategy and will shape how we work with providers and their reporting requirements in terms of quality deliverables. 2. Friends and Family Test (FFT). See below the most recent data showing uptake of FFT and those who would recommend the service.  |  |  |  |  | | --- | --- | --- | --- | | **Indicator** | **2015/16** | | | | **Target** | **Value** | **Status** | | FFT - Ambulance - % Who would recommend 'PTS' service | 90.68% | 95.37% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - Ambulance - % Who would recommend 'SAT' service | 94.39% | 95.52% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - AAE % Who would recommend service | 87.66% | 84.60% | Description: https://www.covalentcpm.com/lowRes/big_yellow_triangle.png | | FFT - Inpatient % Who would recommend service | 95.68% | 96.39% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - Outpatient - % Who would recommend service | 92.34% | 90.49% | Description: https://www.covalentcpm.com/lowRes/big_yellow_triangle.png | | FFT - Community (CPG) % Who would recommend service | 95.20% | 96.82% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - MH % Who would recommend service (NAVIGO) | 87.30% | 93.61% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - Maternity - Combined % Who would recommend | 95.58% | 93.05% | Description: https://www.covalentcpm.com/lowRes/big_yellow_triangle.png | | FFT - Employee score | 77.89% | 50.31% | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png |   **Friends and Family Test**  ***‘% Who would recommend service’***  The year to date Friends and Family Test 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** | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png**Status** | | FFT - Ambulance Response (PTS) | 0.48% | 0.37% |  | | FFT - Ambulance Response (SAT) | 0.14% | 0.40% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - AAE Response (NLAG) | 13.9% | 12.6% | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png | | FFT- Inpatient Response (NLAG) | 25.7% | 20.5% | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png | | FFT - Outpatient Response | 6.08% | 0.56% | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png | | FFT - Community Response (CPG) | 3.42% | 1.05% | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png | | FFT - MH Response (NAVIGO) | 2.34% | 13.2% | Description: https://www.covalentcpm.com/lowRes/big_green_circle.png | | FFT - Maternity Response (NLAG) Birth | 22.8% | 14.0% | Description: https://www.covalentcpm.com/lowRes/big_red_octagon.png |   ***‘Response rates’***  In respect of response rate currently year  to date we are below target for Ambulance (PTS),  A&E, Inpatient, Outpatient, Community and  Maternity (Birth) when looking at how others are performing nationally.   1. In an attempt to provide the Quality Committee with a degree of patient focus, an anonymised Patient Journey will be presented during each agenda that describes a patients’ experience of accessing services, whether this be positive or negative. These patient Journeys will be obtained for the agenda from either CCG Officers, lay members, providers or regional examples, where it is felt the Quality Committee can learn lessons, make recommendations or explore issues of quality further. |

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| **RECOMMENDATIONS (R) AND ACTIONS (A) FOR AGREEMENT:** | |
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|  | Members of the Board are asked to note the content of the report. |
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|  |  | **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 |  |