

# North East Lincolnshire CCG

Attachment 09

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Jan Haxby, Director of Quality & Nursing |
| **Date of Meeting:** | 14 January 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. | |

**STRATEGY – 1. Effective Care 2. Patient Safety & 3. Patient Experience.**

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| **KEY METRICS AND IMPLICATIONS** |  |
| **1 Effective Care**  **A External Reviews**   1. Announced CQC inspections of St Hughes Hospital, Northern Lincolnshire & Goole Hospitals NHS Trust and EMAS have taken place in Autumn 2015. We are still awaiting all final reports, however we are able to provide some information from the early feedback provided for NLG and EMAS.   NLG CQC Inspection:  Main feedback points from the CQC to NLaG were as follows:  Open and Honest staff answers to questioning  Lots of good practice  Improvements in HDU have been acknowledged  Staff went above and beyond their duties  CQC raised concerns about:  Current Outpatient review  Some concerns for staffing  Sustainability of Chief Executive to progress HLHF  Questioning of sign offs of Serious Case Reviews  Issues about Maternity outliers  The use of cameras on wards  NLG should now have received their Draft report, and a Quality Summit was scheduled for Dec 2015 where NLG were required to present an action plan in response to the CQC’s feedback. An Action Plan will then be submitted to Commissioners, from NLaG by the end of January 2016.  An unannounced inspection of NLG was also undertaken by the CQC the first week in January. We are awaiting any feedback from this.  EMAS CQC Inspection. The CQC assessment for EMAS took place during November covering the following three areas: Accident & Emergency; Patient Transport Services; and Emergency Operations Centre.  Main feedback points from the CQC to EMAS were as follows:  Innovation Mental Health triage received very positive feedback with no major concerns. There were issues highlighted within medicines management  no issues re Intensive Care Paramedics  It was noted staff are very caring & compassionate  A Quality Summit has been arranged for 26th February, the outcome report is expected to be completed by end of January 2016.  **B Winterbourne Concordat: Transforming Complex Care**  We continue to have 1 person that is in a treatment and assessment unit as part of a long-term arrangement. The person has a case manager and will follow due process, with a clear action plan in place for discharge. The Transforming Complex Care arrangement for this person has recently been reviewed with NHSE, who were assured by our processes.  2.  **Patient and Client Safety**  **A. Safeguarding.**  In line with the Prevent Duty guidance, the Channel Panel is established and is meeting regularly. Prevent training has been delivered to the staff of the CCG with a further session to be arranged for any staff who may have missed this training.  Following a report of a Serious Case Review in Spring 2015 a number of recommendations were made in respect of the need for greater professional curiosity around babies with injuries, and responding to reports of domestic violence. North East Lincolnshire CCG, through the Designated and Specialist Nurses, has taken the lead on the development of a multi-agency protocol for the assessment and reporting of injuries to non-mobile babies and children.  North Lincolnshire Safeguarding Children Board published a Serious Case Review in October 2015, following the death of a young person in a Tier 4 CAMHS placement. The young person had been a resident of North East Lincolnshire until a year before her death, so organisations from North East Lincolnshire were actively involved in the review process. The SCR highlighted;   * gaps in the understanding of frontline professionals, including GPs, and their confidence to respond to the reasons that young people self-harm * the importance of assessment and availability of support arrangements to identify and address the needs of such young people in a holistic manner.   There is a significant focus nationally on Female Genital Mutilation. Acute Trusts have a responsibility to report to the Health and Social Care Information Centre, all patients who have experienced FGM from 1st April 2015. This responsibility was extended to include mental health trusts and GP practices from 1st October 2015. In addition, a mandatory duty for health professionals to notify the police of any FGM identified in under 18s was introduced on 31st October 2015. The Designated Nurse, with support from the Quality Team in NELCCG, is ensuring all GP practices have appropriate arrangements and support to fulfil these functions.  The CCG Safeguarding Children Policy, which includes standards to be included in relevant provider contracts, is currently subject to review and as part of the review, it will be amalgamated with safeguarding adult responsibilities, to create one single Safeguarding Policy for the CCG. The Designated Nurse for Safeguarding Children and Designated Professional for Safeguarding Adults are finalising this, before circulation to key stakeholders for comments.  **B. Infection Control**  Clostridium Difficile.  A total of 25 cases have occurred to date in the period April to January 15/16 against the annual 2015/16 target of 35, on current trend the forecast position would be within the target.  Of the 25 cases, 14 were Community acquired infections (2 cases were on Navigo Home from Home unit and end of life patients) and the other 11 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 BSI  We had 2 cases of MRSA BSI in April 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.  **B  Serious Untoward Events**  NELCCG 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).   | **Taken from December 2015 NELCCG Serious Incident Report** | **NL&G** | **CPG** | **NAViGO** | **HEY** | **LPFT**  **CAMHS** | **Yarb/ Clee** | **Core Care Links Ltd** | **Co-commissioning 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 | 60 | 18 | 4 | 0 | 0 | 0 | 0 | N/A | | Serious incidents logged YTD 15-16 | 27 | 9 | 8 | 3 | 2 | 0 | 2 | 1 | | Serious Incidents De Logged YTD 15-16 | 0 | 3 | 2 | 0 | 0 | 0 | 0 | 0 | |  |  |  |  |  |  |  |  |  | | **Never Events (NE) 15-16** | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |     **D. Standardised Hospital Mortality Index (SHMI)**  Recent SHMI data showed that we are in the “higher than expected range” (111.5), with an increase in deaths in community. The gap between acute and primary care is widening in N Lincolnshire, and the NLG are working with NL CCG re this.  In response to the recent increase in SHMI, the CCG are working with NLG to develop 1 strategic approach to reducing mortality and aim to create 1 strategy document with appropriate action plans that will be monitored by a group focusing on areas of interface between primary/community and secondary care. This work has been delayed since January by the retirement of the mortality lead in NLG, however the new lead is now in post and the CCG will be prioritising this work. NLG has established internal work streams in the following areas, as these specialties are considered to be priority areas due to their high levels of crude mortality:  • Respiratory medicine  • Cardiology  • Sepsis  • Gastroenterology  • Cancer  • Stroke  As part of this work, the CCG are developing a dataset that will help to show the journey towards improving mortality rather than relying on SHMI as the only indicator of a change in mortality in NEL.  **E. Key Risks within main providers**.  **Key risks - NLG**  *Dementia Screening*  The Trust has reported that the dementia screening target has not been achieved since May 2015. The target relates to completion of the initial screening question within the first 72 hours of admission, but this has not been achieved. NLG Quality Matron is looking into the current system for flagging these patients, to see how it can be improved, and she is working with these areas to better facilitate partnership working. Commissioners recently requested further assurance at the NL&G Quality Contract Review meeting, that patient safety has not been compromised and this should be discussed at the 18th January 2016 QCR meeting.  *Staffing*  The Trust has failed to achieve its staffing performance targets during most of 2015, and they have reported a decline in performance in the following measures:   * Establishment * Medical vacancies * Nursing (Registered & Unregistered) * Completion of staff appraisals * Compliance with Statutory & Mandatory training   However, the Trust did demonstrate an improvement in each of the above measures during September 2015 & October 2015, although this improvement was not sufficient to meet the performance target. This improvement could be attributed to a wide range of recruitment initiatives undertaken by the Trust since May 2015.  The main areas of risk, in relation to staffing are summarised as follows:   * Recruitment challenges in the Medicine Division * Integration of new nursing staff (potential challenges re language and skill mix with new nursing staff) * Fluctuating fill rates on ward 26 (NL) and NICU (There are current vacancies on Ward 26, where possible the staff bank system is utilised for the night shifts. At the last confirm and challenge meeting it was agreed that the establishment would be to recruit to 3 midwives at night. Acuity levels do not alter at night and if we are unable to cover this shift escalation is that community are called in to maintain safety, although there is some impact on community work the following day as a consequence).   Workforce issues were highlighted in the November inspection of NLG by CQC and the CCG will continue to focus on workforce through QCR meetings. The CCG Quality Committee is planning a focused workshop for March 2016 which will explore the workforce issues and will look further into recruitment within NLG. The workshop will be jointly delivered by CCG and providers.  **Key risks - HEYH**  *Cancer waiting lists*  HEYH continues to report significant challenges in meeting the Cancer 18 RTT performance target. In light of this, Commissioners have requested assurance on the clinical review of 18 weeks RTT performance, with particular focus on the Trusts process to mitigate harm to patients. The Trust has confirmed that this assurance information will be provided as part of its response to the Contract Performance Notice, which was raised by Commissioners in November 2015. Assurance will be monitored via the HEYH Contract Monitoring Board.  *Quality Improvement Plan*  Monitoring achievement of the Quality Improvement Plan – Commissioners have requested further assurance of HEYH’s approach to delivering the sepsis action plan, the current arrangements are not sufficiently robust  *Management of Serious Incidents*  Concerns continue to be raised by Commissioners in relation to the Trusts management and monitoring of serious incidents, specifically in relation to the Trusts SI escalation process and the backlog of SI action plans, see summary below for further context.   * Delay in reporting Serious Incidents in a timely manner. Commissioners are aware of a delay in declaring grades 3 and 4 pressure ulcers (noted and increase in pressure ulcer SI’s) * The Trust is in the process of clearing the backlog of serious incident action plans, 12 action plans remain outstanding out of 64. A deadline of 31st Jan 16 for completion of all outstanding action plans has been agreed. The backlog relates to SI’s reported up to beginning Oct 15 only, SI’s received since Oct 15 are not (and are not expected to be) included in the backlog.   *Failure to print Radiology reports*  Following an enquiry from a HEY Hospitals Trust Consultant Neurologist as to why some reports were arriving late, an investigation revealed that the printing of some reports was being delayed by up to 6 weeks, and a higher proportion of reports had not printed at all. This anomaly was found to affect all types of investigations referred from multiple sources. Further investigation has shown this issue predates the introduction of the Lorenzo system, but the situation has worsened over time.  In response to this, members of the HEY Clinical Quality Forum have requested   * that the Trust reviews potential risk to patients, as a result of the printing failure, and; * that the Trust provides timescales to the actions defined in the summary report   HEYH has already provided some of this information and further assurance will be provided to and monitored by the HEYH Clinical Quality Forum.  **Key Risks - EMAS**  *Delays in clinical handover between EMAS and NL&G (both sites), reported to the Board in December 2015.*  Hospital handovers remain an issue, with a significant proportion of frontline operational hours lost through handover delays. Both pre and post handovers continue to increase.  In response to this, members of the NL&G QCR invited the Trust to provide an update on action taken to improve this;  NLG reported that they were not forewarned of the needs of the patients arriving in A&E, and as such the Trust is put under further pressure. In light of this, the Trust will ensure the provision of a nurse on every shift to oversee the patient’s handover (for major injury) and to reduce the patient’s wait on arrival at the Trust.  implementing live handover updates in the Trusts Operations Centre.  the new EMAS arrival screens will resolve any resolve disputes re clinical handover times as the screens will digitally record arrival times. The new arrival screens will be linked to the Symphony system and will provide details of the patient’s journey.  These initiatives will improve the timeliness of the patient handover process, and also improve the patients’ experience.  *Performance (across Lincolnshire)*  Performance for all three standards – A19, Red 1 and Red 2 performance, continues to fall below the national standard. The trajectory within it showed a combined Red trajectory of 72.7% for November, but actual performance was 57.3%.  In response to this declining performance, Commissioners have asked for a Remedial Action Plan (RAP) to focus on five or six key actions (“silver bullets”), that will have the greatest impact on delivering improved performance, and will contain key deliverables, identified impact, clear milestones, clear owners, and will be monitored both through the EMAS Partnership Board and through the monthly county level contract meetings.  **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 results from FFT;  ***‘% 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 continue to be below target for A&E, Outpatient, Maternity and Staff who would recommend service, but above target for Ambulance, Inpatient, Community and Mental Health, when comparing ourselves to how others are performing nationally.  ***‘Response rates’***  In respect of response rate currently, year to date, we are below target for A&E, Inpatient, Outpatient, Community and Maternity (Birth), again when comparing ourselves with 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 and it is our intention to start to draw together all feedback to provide a more holistic picture of patient experience. This approach should start within the next 3 months, once we have staff into current vacant posts within the Quality Team. | |
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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 |  |