

**Agenda Item 13**

Report to (Board/Sub-Committee): NEL CCG Governing Body

Date of Meeting: 28th March 2019

Subject: Integrated Assurance and Quality Report

Presented by: Jan Haxby Director of Quality & Nursing

**STATUS OF THE REPORT**

For Information 

For Discussion ☒

For Approval / Ratification 

|  |  |
| --- | --- |
| **PURPOSE OF REPORT:** | The report advises the Governing Body of how NELCCG are performing against;   * six domains developed for the performance dashboard and; * three domains developed for quality dashboard.   The dashboards are managed via the Delivery Assurance Committee, the Clinical Governance Committee and the Integrated Governance and Audit Committee.  For more detail on performance and quality the latest integrated assurance report presented to the Delivery Assurance Committee and the quality dashboard report verbally presented to the Clinical Governance Committee can be found via the embedded files in the ‘Appendices / attachments’ section of this cover sheet. |
| **Recommendations:** | The Partnership Board is asked:   * to note judgements made against the domains of the dashboards * for further feedback on ways to improve the report. * to note information on Women’s and Children’s update |
| **Sub Committee Process and Assurance:** | The Delivery Assurance Committee and the Clinical Governance Committee manage and assure the performance and quality contained within these dashboards.  The Delivery Assurance Committee cross reference the performance framework with the CCG Board Assurance framework and Risk Register. This allows the Delivery Assurance Committee to identify any gaps in risk management, however none were identified at this time. |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | The dashboards associated with them are managed via the Delivery Assurance Committee and the Clinical Governance Committee. |
| **Legal Implications:** | None |
| **Equality Impact Assessment implications:** | An Equality Impact Assessment is not required for this report. |
| **Finance Implications:** | There are a number of measures within the Performance Dashboard with a financial implication such as activity and Quality Premium measures, however the detail of these are dealt with separately within the Finance Report. |
| **Quality Implications:** | Quality implications are managed by the Clinical Governance Committee and DAC and are escalated within the main body of this report. |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | None |
| **Engagement Implications:** | None |
|  |  |
| **Conflicts of Interest** | None |
| **Strategic Objectives**  *Short summary as to how the report links to the CCG’s strategic objectives* | 1. *Sustainable Services*   The performance and quality dashboards contain a number of national and local measures that support this objective. |
| 1. *Empowering People*   The performance and quality dashboards contain a number of national and local measures that support this objective. |
| 1. *Supporting Communities*   The performance and quality dashboards contain a number of national and local measures that support this objective. |
| 1. *Delivering a fit for purpose organisation*   The performance and quality dashboards contain a number of national and local measures that support this objective. |
| **NHS Constitution:** | The Performance and Quality dashboards contain measures from the NHS Constitution and the performance and quality associated with these are managed and assured through the Delivery Assurance Committee and the Clinical Governance Committee. |
| **Report exempt from Public Disclosure** | No |

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| --- | --- |
| **Appendices / attachments** |  |

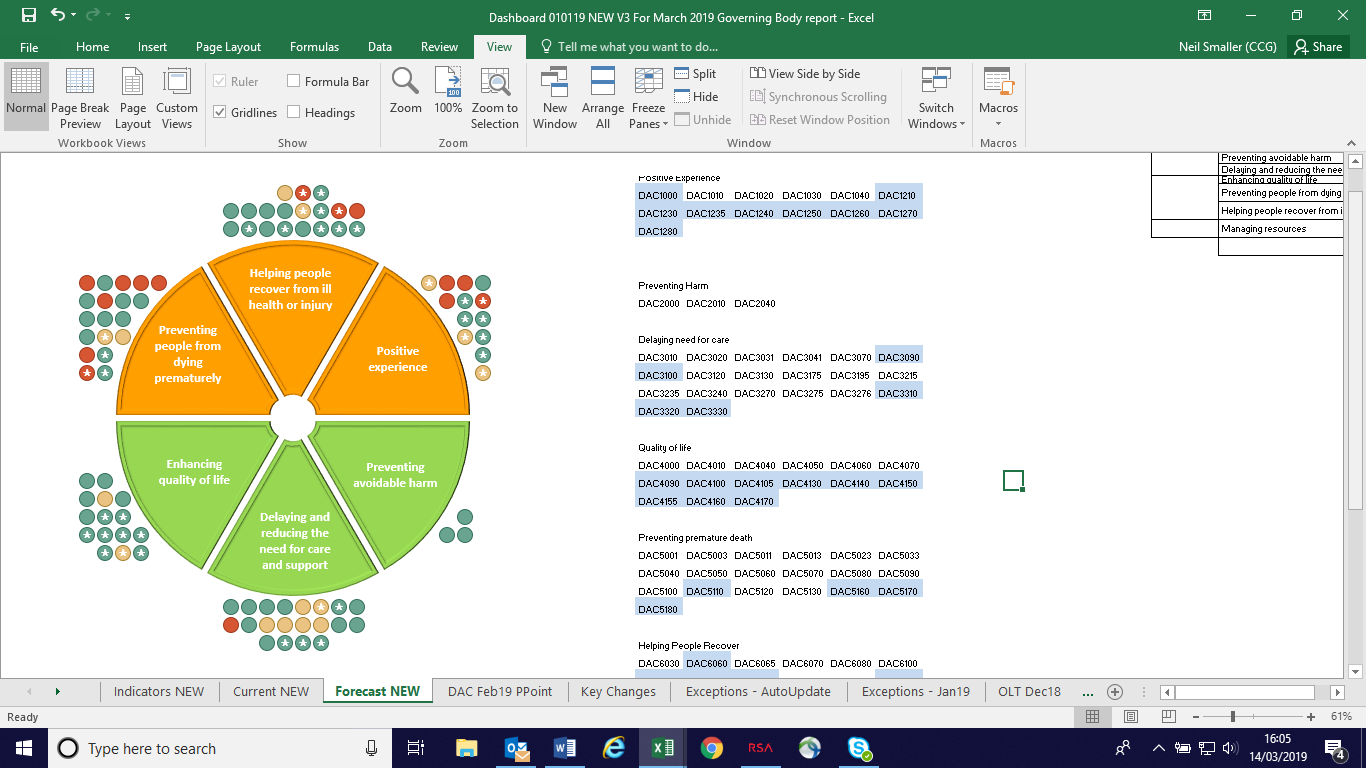
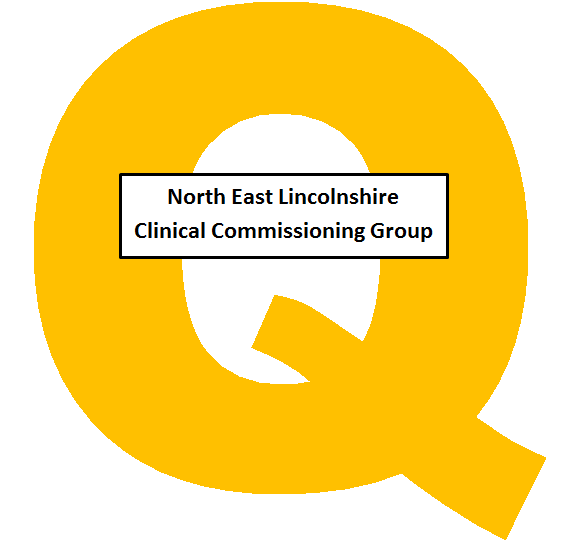
**Integrated Assurance & Quality Report**

**Introduction**

The dashboards below represent an overview of performance and quality for health and social care services across North East Lincolnshire.

The performance dashboard consists of six domains and the quality dashboard three domains that incorporate all areas that North East Lincolnshire Clinical Commissioning Group strive to improve on. A judgement has been made of the status for each domain based on the measures and intelligence underpinning them. These judgements try to balance the current position with the expected outcome at the end of the year and weightings with respect to priority. They also represent the local perspective of performance and quality for North East Lincolnshire rather than the performance against the national definition which, on occasion, covers a broader footprint. It should be noted that those issues that have an impact on the CCGs corporate performance assessment will continue to be scrutinised at the Delivery Assurance Committee. The dashboards reflect performance for the first ten months of 2018-19. The Delivery Assurance Committee and Quality Committee, respectively, are asked to make a decision on the final status of the dashboards before reporting to the CCG Partnership Board. Full exception report summaries are also included for Performance (appendix A) detailing performance of indicators that are underperforming and Provider-level Quality Dashboards (appendix B).

**Performance Quality**

***Please note the star symbol indicates a measure from the CCG Improvement and Assessment Framework (CCG IAF). These indicators focus Better Health, Better Care, Sustainability and Leadership.***

**Performance Escalation**

**Women’s and Children’s Update**

The table bellows shows CCG Improvement and Assessment Framework areas relating to women’s and children’s services;

| **Code** | **Indicator** | **Period** | **Target** | **Value** | **Status** | **2018/19** | | | **Forecast Position** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Target** | **Value** | **Status** |
| DAC1260 | Women’s experience of maternity services (125b) | 2016/17 | 85.2% | 86.18% | cid:image005.png@01D4863F.5B616C40 | No data available in 2018/19 | | | cid:image006.png@01D4863F.076F66F0 |
| DAC1270 | Choices in maternity services (125c) | 2016/17 | 60.81 | 61.83 | cid:image005.png@01D4863F.5B616C40 | No data available in 2018/19 | | | cid:image006.png@01D4863F.076F66F0 |
| DAC5170 | Maternal smoking at delivery (125d) | Q1 2018/19 | 14.51% | 22.93% | cid:image008.png@01D4863F.5B616C40 | 14.51% | 22.93% | cid:image008.png@01D4863F.5B616C40 | cid:image009.png@01D4863F.076F66F0 |
| DAC5180 | Neonatal mortality and stillbirths (125a) | 2015/16 | 3.53 | 3.23 | cid:image005.png@01D4863F.5B616C40 |  |  |  | cid:image006.png@01D4863F.076F66F0 |
| DAC6140 | Proportion of children & young people <18 receiving treatment by NHS funded community services | Q1 2018/19 | 12.77% | 11.29% | cid:image008.png@01D4863F.5B616C40 | 12.77% | 11.29% | cid:image008.png@01D4863F.5B616C40 | cid:image009.png@01D4863F.076F66F0 |
| DAC6150 | The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment. | Q2 2018/19 | 95% | 100% | cid:image005.png@01D4863F.5B616C40 | 95% | 75% | cid:image008.png@01D4863F.5B616C40 | cid:image009.png@01D4863F.076F66F0 |
| DAC6155 | The proportion of CYP with ED (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment. | Q2 2018/19 | 95% | 100% | cid:image005.png@01D4863F.5B616C40 | 95% | 100% | cid:image005.png@01D4863F.5B616C40 | cid:image006.png@01D4863F.076F66F0 |

**Performance Exceptions**

* **DAC 5170 Maternal Smoking at delivery -** North East Lincolnshire has significantly higher rates of smoking prevalence than other areas in the country and smoking rates at booking are the second to third worst in the UK. Over the last few years the CCG has worked closely with Public Health and the hospital trust to address smoking during pregnancy including; case file audit of midwifery notes to consider data quality issues, assessment against The National Institute for Health and Care Excellence (NICE) guidance to ensure compliance, all midwives provided with, and trained to use, carbon monoxide monitors, Specialist Stop Smoking Advisor employed to work in the maternity unit, pilot funding from PHE to enhance initiatives such as the Baby Clear Initiative and risk perception intervention at the 12week scan. Despite all of the above initiatives maternal smoking rates at delivery continue to be stubbornly high and when the rates are considered by ward area then the huge variation is stark in our most depraved areas. Due to changes in access to the Well-ness service (formerly Stop Smoking Service) and the recent NELCCG IAF rating, due to our poor performance in this area, maternal smoking has now been added to the CCG risk register. Turning the tide on this will require targeted focus and prioritisation, as such an in-depth action plan is being developed which will be overseen by the newly formed ‘NEL Smoking in pregnancy Focus group’ chaired by the Associate Director of Public Health.
* **DAC6140 Proportion of children & young people <18 receiving treatment by NHS funded community services -** Due to the way services are aligned / provided in North East Lincolnshire performance data from settings, other than Lincolnshire Partnership Foundation Trust (LPFT), cannot be captured on the Mental Health Services data set (MHSDS) submission therefore it does not provide an accurate picture of performance in this area. The CCG and LA are continuing to work with providers towards entering data on the MHSDS, School Nurses are working alongside LPFT on submission through the school links team and nationally Kooth, which is an online counselling and well-being platform for children and young people accessible via mobile phone, are working with NHSE to identify a solution to address this.
* **DAC6150 The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment -** Although quarter two performance was 100%, the Year to date performance has been affected because quarter one performance was below threshold, a contributing factor is due to the numbers of children and young people going through the service meaning this can have a significant effect on the overall performance.

# Wider Women’s and Children’s areas

**Special Educational Needs and Disabilities (SEND) -** The Children and Families Act of 2014 places responsibility on LA’s and CCG’s to identify and meet the needs of children and young people and those who have special educational needs and/or disability aged 0-25. In July 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of our local area to assess our effectiveness in implementing the SEND reforms as set out in the 2014 act. As a result of the findings of this inspection we are required to develop a Written Statement of Action (WSOA) because of the significant areas of weakness identified in our local area’s practice. The three areas of weakness that require improvement are:

* Local area leaders have a limited understanding of the needs of children and young people who have SEN and/or disabilities and the education, health and care outcomes they achieve. This fundamentally weakens the local area’s ability to jointly plan, commission and provide the right services, resources and support for this group of children and young people, and their families.
* The local area’s strategy for improving arrangements for identifying, assessing and meeting the needs of children and young people who have SEN and/or disabilities, and improving their outcomes, is ineffective.
* Children, young people and families have too little involvement in meaningfully co-producing the education, health and care services they need.

The WSOA has to be submitted by 12th December, after which Ofsted and CQC will review the fitness for purpose of the WSOA within 10 working days, if the statement is deemed not fit for purpose we will be required to re-submit within 20 working days. If the statement is still not fit for purpose, this is escalated to the Minister which could result in additional targeted support and monitoring.

Whilst the review identified some areas of good practice it also picked up areas for improvement across Education, Health and Social Care; of these the following areas are of specific note for the CCG / DAC and they will require additional capacity and focused work.

* Review of the transition arrangements in community nursing services
* Review arrangements, capacity, pathways, access and waiting times for Occupational Therapy, Speech &language Therapy, Orthotics and equipment
* Review of the Access Pathway including ASD assessment and post diagnosis support
* Review of access and waiting times at CDC and commission a NICE complaint ASD pathway
* Review the accessibility of health information of children with SEND held in GP records
* Ensure that the health information of Looked after children who are adopted is transferred into the new health record
* Review of the structure and contractual arrangements of the DCO and the designated nurse for children and young people who are looked after.

The LA and CCG are jointly responsible for the implementation and delivery of the objectives of the WSOA, NHSE and DofH will monitor progress throughout 2019 and a re-inspection will be announced in approximately 18 / 24 months.

**Women’s and Children’s Strategic commissioning priorities**

* SEND WSOA
* Robust delivery of monitoring and evaluation of Women’s and Children’s Commissioned Services and Pathways.
* Quality Improvement activity in patient pathways as articulated within the report.

**Quality Escalation**

**Quality Escalation**

The purpose of this report is to highlight the exceptions in Quality and to escalate items from the Clinical Governance Committee to the Board.

1. **Enhanced Quality Surveillance**

Two providers across the North East Lincolnshire healthcare system are on an enhanced level of quality surveillance. The providers are Northern Lincolnshire and Goole NHS Trust and Thames Ambulance Service Limited (TASL).

1. **Northern Lincolnshire and Goole NHS Trust (NLaG)**

The Trust remains in Special Measures for quality and finance.

Whilst the overall position is improving, further controls and improvement actions need to be put in place to ensure the improvement journey is sustainable and an organization safety culture develops.

1. **Thames Ambulance Service Limited (TASL)**

CQC inspected the service on the 23rd of October 18. The report was published on the 13th of February 2019 with an overall rating of Inadequate. The service was rated inadequate across four domains (safe, effective, responsive and well-led) and achieved good for caring. Five requirement notices were served to the provider. Four enforcement actions were served to the provider. A Section 29a warning notice was sent to the provider. The CQC identified the need for significant improvement in; safe care and treatment; safeguarding service users from abuse and improper treatment; good governance and staffing.

The CCG has mechanisms in place to enable contract challenge and oversight.

1. **East Midlands Ambulance Service (EMAS)**

EMAS divisional performance against the ARP standards remains to not be satisfactory. Further information is required to assess the risk of this position and the local impact. Concerns have been escalated to the provider and actions are progressing to attain further information and understanding.

1. **Celebrating achievements**

North East Lincolnshire has received full marks for young people’s mental health care in a nationwide study. The ‘Know Your Place’ project, run by BBC Radio One Newsbeat and BBC Visual Journalism, set out to find the best place to live in Britain for those under the age of 26. Researchers gathered data from Britain’s local authorities, pinpointing 11 areas that are relevant to the younger population, before grading them out of ten. NAViGO, the NHS mental health provider for North East Lincolnshire, received a perfect score of ten out of ten. The BBC calculated the score by considering the number of times the area has hit its mental health target out of the last 12 months, having done so on all 12 occasions.

1. **Bradley Complex Care**

NELCCG have been given the quality oversight role for Bradley Complex Care Unit. Bradley Complex Care is a non-contracted NHS services. Service users are funded by CCG’s on individual packages of care. The unit is a specialist service for adult men and women with complex needs. The service supports people with complex conditions, needs and risks who display behaviours of concern, including those with highly complex and severe challenging behaviour. The service offers time limited stabilisation, treatment and rehabilitation placements. Bradley Complex Care has an overall CQC rating of Good (5th of April 2018). The service has been rated by the CQC as Good across the domains.

1. **Clinical Governance Committee (CGC) Terms of Reference**

We have revised the Terms of Reference for the Committee. We are setting up three sub-groups to manage the business of; safety; effectiveness and experience – which will report directly into the CGC with assurance statements. The groups will be live in April and will meet quarterly.

**Appendix A - Performance Exception Summary**

| **Code** | **Indicator** | **CCG IAF** | **Latest period** | | | | **Year to date** | | | **Year End Forecast** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Period** | **Target** | **Value** | **Status** | **Target** | **Value** | **Status** |
| Positive experience | | | | | | | | | | |
| DAC1000 | Total time in A&E: four hours or less | Yes | January 2019 | 89% | 80.47% |  | 89.11% | 86.02% |  |  |
| DAC1010 | A&E: No waits from decision to admit to admission over 12 hours - Trust | No | January 2019 | 0 | 0 |  | 0 | 2 |  |  |
| DAC1020 | Cancelled Operations offered binding date within 28 days | No | Q3 2018/19 | 5.17% | 1.89% |  | 7.97% | 11.01% |  |  |
| DAC1040 | Numbers of unjustified mixed sex accommodation breaches | No | January 2019 | 0 | 0 |  | 0 | 271 |  |  |
| DAC1230 | Provision of high quality care: hospital (121a) | Yes | Q1 2018/19 | 58 | 55 |  | 58 | 55 |  |  |
| DAC1250 | Patient experience of GP services (128b) | Yes | 2017/18 | 83.98% | 80.23% |  | No data available in 2018/19 | | |  |
| DAC1280 | Cancer patient experience (122d) | Yes | 2016/17 | 8.78 | 8.65 |  | No data available in 2018/19 | | |  |
| **Preventing avoidable harm** | | | | | | | | | | |
| No exceptions | | | | | | | | | | |
| **Delaying and reducing the need for care and support** | | | | | | | | | | |  |  | | |  | |  |  |  |  |  |  |  |
| DAC3070 | Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+) - LA | No | November 2018 | 330.14 | 176.57 |  | 1598.18 | 1762.36 |  |  |
| DAC3090 | Reduction in the number of antibiotics prescribed in primary care - CCG | Yes | October 2018 | 0.965 | 1.1 |  | 0.965 | 1.1 |  |  |
| DAC3130 | The proportion of older people aged 65 and over offered reablement services following discharge from hospital - LA | No | 2017/18 | 2.00% | 1.79% |  | No data available in 2018/19 | | |  |
| DAC3195 | Total Non-Elective Spells (Specific Acute) | No | December 2018 | 1462 | 1559 |  | 12796 | 13366 |  |  |
| DAC3215 | Consultant Led First Outpatient Attendances (Specific Acute) | No | December 2018 | 3636 | 3699 |  | 37334 | 38753 |  |  |
| DAC3235 | Consultant Led Follow-Up Outpatient Attendances (Specific Acute) | No | December 2018 | 6685 | 6355 |  | 68998 | 69357 |  |  |
| DAC3240 | A&E Attendances (NEL Patients) | No | December 2018 | 4597 | 5055 |  | 43910 | 46734 |  |  |
| **Enhancing quality of life** | | | | | | | | | | |
| DAC4050 | Proportion of adults in contact with secondary mental health services living independently, with or without support | No | October 2018 | 80.00% | 68.67% |  | 80.00% | 73.73% |  |  |
| DAC4160 | The proportion of carers with a long term condition who feel supported to manage their condition (108a) | Yes | 2017/18 | 59.16% | 58.11% |  | No data available in 2018/19 | | |  |  | | |  | |
| **Preventing people from dying prematurely** | | | | | | | | | | |
| DAC5001 | ARP Category 1 Mean Response Time – Calls from people with life-threatening illnesses or injuries | No | December 2018 | 00:07:00 | 00:07:43 |  | 00:07:00 | 00:07:45 |  |  |
| DAC5011 | ARP Category 2 Mean Response Time – Emergency calls | No | December 2018 | 00:18:00 | 00:31:19 |  | 00:18:00 | 00:31:29 |  |  |
| DAC5013 | ARP Category 2 90th centile response time – Emergency Calls | No | December 2018 | 00:40:00 | 01:06:32 |  | 00:40:00 | 01:06:24 |  |  |
| DAC5023 | ARP Category 3 90th centile response time – Urgent Calls | No | December 2018 | 02:00:00 | 03:39:17 |  | 02:00:00 | 03:01:43 |  |  |
| DAC5040 | Ambulance 30 minute average turnaround time target - DPOW | No | December 2018 | 30 mins | 35.03 mins |  | 30 mins | 36.9 mins |  |  |
| DAC5110 | Cancer 62 Days Referral to Treatment (GP Referral) | No | December 2018 | 85% | 73.81% |  | 85% | 72.32% |  |  |
| DAC5120 | Cancer 62 Days Referral to Treatment (Screening Referral) - CCG | No | December 2018 | 90% | N/A |  | 90% | 85.2% |  |  |
| DAC5130 | Cancer 62 Days Referral to Treatment (Consultant Upgrade) - CCG | No | January 2019 | 90% | 0% |  | 90% | 68.18% |  |  |
| DAC5170 | Maternal smoking at delivery (125d) | Yes | Q2 2018/19 | 14.55% | 24.94% |  | 14.51% | 23.94% |  |  |
| **Helping people recover from ill health or injury** | | | | | | | | | | |
| DAC6030 | Percentage of Patients waiting <6 weeks for a diagnostic test - CCG | Yes | December 2018 | 92.8% | 88.07% |  | 92.8% | 88.07% |  |  |
| DAC6060 | RTT - Incomplete Patients: % Seen Within 18 Weeks | Yes | December 2018 | 74.3% | 78.42% |  | 74.4% | 78.42% |  |  |
| DAC6120 | IAPT recovery rate - CCG | Yes | October 2018 | 50% | 44.44% |  | 50% | 49.26% |  |  |
| DAC6140 | Proportion of children & young people <18 receiving treatment by NHS funded community services | Yes | Q2 2018/19 | 6.41% | 4.88% |  | 19.18% | 16.17% |  |  |
| DAC6150 | The proportion of CYP with ED (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment. | No | Q3 2018/19 | 95% | N/A |  | 95% | 75% |  |  |  | |

**Appendix B – Provider-level Quality Surveillance Ratings**

