

# North East Lincolnshire CCG

Attachment 10

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| **Report to:** | NEL CCG Partnership Board |
| **Presented by:** | Cathy Kennedy |
| **Date of Meeting:** | 15 January 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 Reviews****CQC Inspections of GP Practices** The following measures form the basis of the CQC inspection visits for General Practice:* Treating people with respect and involving them in their care
* Providing care, treatment and support that meets people’s needs
* Caring for people safely and protecting them from harm
* Staffing
* Quality and suitability of management

Out of the 8 practices currently inspected, 7 practices were rated in all measures as ‘all standards were being met when the service was inspected by the CQC’. Ashwood Surgery achieved this rating on ‘Treating people with respect and involving them in their care’, but the further 4 measures achieved ‘requires improvement’. CQC are undertaking a second inspection of the practice on the 7th January, 2015. Intelligence from the CQC website indicates that all local GP practices will be inspected during 2015. **B Winterbourne Concordat: Transforming Complex Care****Local Data**All North East Lincolnshire CCG clients are reported as Winterbourne compliant.**2 Patient Safety****A Infection Control** C Difficile – 22 cases to end November 2014, with 13 community acquired infections. The target for NELCCG is 22 for 2014/5 which will not be met. Each case has been reviewed and any lessons learnt have been identified. The CCG has an action plan which aims to reduce cases of C Difficile and this is monitored through the Quality Committee.MRSA - 1 case of MRSA which was reported in November 2014. The target for NELCCG is 0 for 2014/15 which will not be met. This case is classed as a community acquired case and therefore the community ICT has been informed and they will be leading the PIR investigation. The preliminary findings indicate pneumonia as the root cause / source.**B Serious Untoward Events** The NEL CCG commissions the North Yorkshire and Humber Commission 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. December 2014 report

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|  **NL&G**  | **CPG**  | **NAViGO** | **HEY** | **LPFT** **CAMHS**  | **Yarb/Clee**  |
| Serious incidents 2013/14  | 58  | 23  | 5  | 2  | 1  | 0  |
| Serious incidents at this point in 2013/14  | 43  | 21  | 3  | 1  | 1  | 0  |
| Serious incidents YTD 14-15  | 63  | 18  | 4  | 0  | 0  | 0  |
| **Never Events (NE) 14-15**  | 0  | 0 | 0  | 0 |  0 | 0  |

30 of the reported SI for NLAG are pressure ulcers; as previously reported this number has escalated due to the introduction of a new pressure ulcer assessment tool and the CCG is working to look at key themes and learning points from the RCAs and the Skin integrity board. Assurance of progress to reduce the amount of preventable pressure ulcers will be through the quality committee. Only one report is currently overdue (from NL&G).**3 Patient Experience****A SHIMI**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 SHIMI, 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) In October 2014 the Trust report shows that Diana Princess of Wales Hospital (DPOW) saw a slight increase in the most recent month (109). Scunthorpe General Hospital (SGH) show a primarily static trend over the periods shown with a figure of 107 in the most recent month. The latest national 'official' SHMI reports the Trust within the 'as expected range' with a score of 107.7. The provisional SHMI for weekend admissions is 7 points higher than the SHMI for weekday admissions (113 v 106). This is as per the national increase between the two periods. DPOW has a larger 13 point difference (119 v 106). SGH has the same figure for both weekend and weekdayThe September 2014 the Trust report shows that Diana Princess of Wales Hospital (DPOW) and Scunthorpe General Hospital (SGH) report the same SHMI (105) this month; this represents an improvement for DPOW. The latest national 'official' SHMI reports the Trust within the 'as expected range' with a score of 109. Weekend versus weekday SHMI, NLAG 103 v 110, a 7 point difference which is the same as the national average. DPOW has a larger 13 point difference. SGH 2 points lower at weekend..  **B Friends and Family Test (FFT)**Both Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have been required to introduce the Friends and Family Test for their inpatient services and during 2013-14 to introduce this into maternity services. Both Trusts achieved these requirements in 2013-14. Achieving the target in 2014-15 is a key issue. As of October 2014, NLAG achieved this response rate in the in-patient areas, maintaining in the top 50% of reporting Trusts. However, response rates within A&E continue to be problematic, remaining below the national average by Trust and by site (NLaG: 12.4%, SGH: 15.8% and DPoW: 9%).Roll out to additional areas continues to ensure that all clinics and departments are captured. AE response rates continue to be monitored closely and both managers of the respective departments have attended the Task and Finish Group. Bespoke FFT stands are being manufactured to increase visibility and additional posters are being purchased. Both teams continue to have issues around staff engagement which their line managers are discussing. Through the national CQUIN goals for 14-15, both Trusts are required to achieve a response rate of 40%+ at the end of 14-15 as well as to introduce the Staff FFT. |

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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 |  |