

Agenda Item 12

Report to: Governing Body

Date of Meeting:

Subject: Quality Report

Presented by: Jan Haxby

STATUS OF THE REPORT

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:	<p>The purpose of the quality report to the CCG Governing Body is to provide information and assurance through the lens of safety, effectiveness and experience, regarding non-service specific quality issues affecting the CCG.</p> <p>The information within the report is a mix of:</p> <ul style="list-style-type: none"> • national or local policy requirements • quality themes and trends noted and emerging findings, • data and intelligence received by the CCG through the CCG Quality team where the team is most concerned or wishes to celebrate the quality of services; • information or concerns escalated from the CCG Clinical Governance Committee. 	
Recommendations:	To review and deliberate the content of the report.	
Committee Process and Assurance:	The content of this report has been assured by a true and accurate record by the senior leaders in the Quality Team and the Clinical Governance Committee.	
Implications:		
Risk Assurance Framework Implications:	Risk on the CCG risk register re: health assessment performance on standard required for looked after children.	
Legal Implications:	None identified.	
Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No
	If yes to the above – have the DPIA screening questions been completed?	Choose an item.
	Does this project involve the processing of personally identifiable or other high risk data?	Choose an item.
	If yes to the above has a DPIA been completed and approved?	Choose an item.
Equality Impact Assessment implications:	An Equality Impact Analysis/Assessment is not required for this report	<input checked="" type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising	<input type="checkbox"/>

	from the analysis/assessment	
	An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section ____ of the enclosed report	<input type="checkbox"/>
Finance Implications:	None arising from this report.	
Quality Implications:	This report details a positive impact on quality.	<input checked="" type="checkbox"/>
	This report details a neutral impact on quality.	<input type="checkbox"/>
	This report details a negative impact on quality.	<input checked="" type="checkbox"/>
Procurement Decisions/Implications (Care Contracting Committee):		
Engagement Implications:		
Conflicts of Interest	<i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available</i>	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Links to CCG's Strategic Objectives	<input checked="" type="checkbox"/> Sustainable services <input checked="" type="checkbox"/> Supporting communities	<input checked="" type="checkbox"/> Empowering people <input checked="" type="checkbox"/> Delivering a fit for purpose organisation
NHS Constitution:	https://www.gov.uk/government/publications/the-nhs-constitution-for-england	
Appendices / attachments		

Quality Report to NEL CCG Governing Body.

1. Purpose of the report

The purpose of the quality report to the CCG Governing Body is to provide information and assurance through the lens of safety, effectiveness and experience, regarding non-service specific quality issues affecting the CCG.

The information within the report is a mix of:

- national or local policy requirements
- quality themes and trends noted and emerging findings,
- data and intelligence received by the CCG through the CCG Quality team where the team is most concerned or wishes to celebrate the quality of services;
- information or concerns escalated from the CCG Clinical Governance Committee.

N.B. The report will not include single-provider related quality issues, as this is included in the CCG Integrated Performance, Quality and Finance report.

2. Safety

Safeguarding

The timeline for receipt of the quarterly provider assurance falls after this meeting. Therefore members were informed that this will be reviewed, acted upon and circulated for information to members later in the month.

A significant amount of the Quality Teams resource continues to be employed to; strengthen the Children's Safeguarding Board arrangements and implement/manage the Child Death Overview Panel process. Julie Wilburn is acting, in the interim, as CDOP manager.

Looked after Children (CLA)

The role of Designated Nurse for Looked after Children has been care taken by Julie Wilburn. The role has been appointed to and Angie Rawlings commenced in post on the 17th of February 2020.

The risk regarding CLA late notifications is reported to currently be ongoing. The LA have put in place a paper based system as an interim measure to improve the communication with the Health Team concerning children becoming looked after. The health team have informed us that notification of children becoming looked after is still not being received in a timely or accurate manner. This has been escalated to the acting Director of Children's Services. The LA have mobilised an individual to investigate this position with view to resolving the issue.

Mortality

Northern Lincolnshire and Goole NHS Trust's (NLG) Mortality Improvement strategy was tabled. The group recognised the significance of the improvement work stream within NLG. The wider agenda of out-of-hospital deaths and the strategy for the wider system is being developed currently. This workstream has been identified as a CCG quality priority, and the CCG is leading an out of hospital group to meet alongside the NLG group to focus jointly on this agenda. The CCG's SRG will receive the action plan at the next meeting for scrutiny. It was also noted that this is an area that NELCCG and NLCCG are working jointly on.

Learning from Deaths - LeDeR

CCG's are now being performance managed on the following measure:-

- LeDeR notification to review completion. The required standard is less than 6 months.

This is particularly challenging as our resource of reviewers has decreased and we are unable to allocate current cases to our pool of reviewers as they do not have the capacity to complete the reviews. Therefore there is a risk that our performance on this will decrease over the next 12 months. It was acknowledged that our neighbouring CCG, who we work closely with in this area are also in the same position (NLCCG share our reviewer pool due to shared provision with NLaG).

The CCG may be required to consider purchasing time from independent reviewers and this will be costed up for consideration by the CCG Senior Management Team.

It was agreed that the Safety Review Group (SRG) will receive a quarterly position in the performance measure.

State of Care

The CQC annual state of care report for 2018/19 was received and the summary was discussed. The following was identified as key findings which we need to digest and consider locally:-

- Quality of care given to people with learning disability or autism is frequently not acceptable. Difficulty accessing mental health services and lack of local intensive community services. Lack of a skilled workforce to provide care and support to this group.
- Urgent and emergency care under pressure, deteriorating performance and increased demand.
- Need for more and better community care services. Lack of prevention services, early stage or low-level support, community-based NHS services and social care.
- Care services and organisation must work more closely together. Delivering care in more innovative and collaborative ways.
- More time and support needs to be given for innovations in care.

The group recognised that these findings would be helpful to consider and feed into the Operational Leadership Team meeting concerning setting CCG priorities.

Detention of Young people with Autism

The SRG received the following report for consideration:-

House of Commons House of Lords Joint Committee on Human Rights (October 2019) 'The detention of young people with learning disabilities and/or autism. Second Report of Session 2019 Report, together with formal minutes relating to the report'.

Leigh Holton, Service Lead Disability and Mental Health NELCCG, joined the SRG for the discussion.

The report summarises findings regarding the pathway to detention and the need for services to diagnose earlier, work with parents/families and act more responsively to a child's needs to prevent later detention.

The report articulates a lack of confidence in the transforming care agenda to reduce the numbers of people with learning disability/autism in mental health hospitals. The report is supportive of NHSE's establishment of a taskforce to drive improvements in inpatient care.

The report also identifies a need to end inappropriate detention – where individuals are detained where they have not received appropriate medical treatment. The review found that the right housing, social care and health services to prevent people being detained inappropriately is not being commissioned. The authors therefore make the following recommendations to Number 10:-

At a minimum the Government should introduce:

- *A legal duty on Local Authorities and Clinical Commissioning Groups to ensure the availability of sufficient community-based services.*
- *A legal duty on local authorities and Clinical Commissioning Groups to pool budgets for care services for people with learning disabilities and/or autism.*

Areas for improvement were also recognised in the legal framework for detention, culture of perceiving concerns raised by families of those with learning disabilities as hostile and the condition in places of detention.

The SRG considered what this means to us locally and the link with the National Patient Safety Strategy (NHSE/NHSI, July 2019). A focus on Learning Disability care standards and specific areas of improvement activity is articulated in the National Patient Safety Strategy. The group recognised the need to be cognisant of the outcome from the recommendations made to Number 10 when they are considered, and in the interim to consider the recommendations locally.

Noise in the System

In the SRG concerns were raised regarding some practice of the Hospital Discharge Team. One recent incident was referred to where it was alleged that hospital clinical staff declared a patient not medically fit for discharge but the Hospital Discharge Team overruled and the patient was discharged but later readmitted. Group agreed that a NITS will be undertaken to review the concerns and agree a way forward. In the interim an understanding of whether the incident meets SI criteria will be attained by challenge through the NLaG SI Collaborative.

3. Effectiveness

Central Alerting System

The Effectiveness Review Group (ERG) received the quarter three report and was assured with the content. 49 alerts were received within the quarter and actioned as appropriate.

The ERG were made aware that a CAS alert was issued on the 23rd of January in respect of Wuhan Coronavirus. We have taken action to ensure a reminder about this alert is circulated to primary care and we have engaged with the community Infection Prevention and Control Team to request that the procedural flow chart is shared with the GP practice Link Nurses with the task of increasing awareness at the practice sites. Our Emergency Planning Officer has provided assurance that the national planning and public awareness messages are being received and actioned by the CCG. A Union action plan for Wuhan Coronavirus has been implemented and a weekly stakeholder meeting has been established.

NICE

Progress has been made on the rolling total of completed NICE Quality Standard assessments, 38 have now been assessed. There has been some slippage in the previously agreed timeframes to complete actions resulting from previous assessments due to capacity in the Team and the relevant service leads.

Infection Prevention and Control

Current reporting and estimated forecast for C.difficile suggests that NELCCG will achieve the target of less than 35 cases this financial year.

Escherichia coli (E.coli) - Since the Q3 report when we reported that the estimated forecast had improved considerably since the beginning of the year and that we may meet the ambition for this financial year of less than 117 cases. Based on the current reporting trajectory it is now unlikely that we will meet this ambition, however, we are likely to be significantly closer to achieving the ambition than the previous year.

Methicillin-resistant Staphylococcus aureus (MRSA) – no changes since that last report, there have been no further cases of MRSA identified. We have not met the annual threshold this year as we have had one case of MRSA.

Methicillin sensitive staphylococcus aureus (MSSA) – There is currently no ambition on this infection, our current forecast suggests that this year's annual total will be an increase on last years, mirroring the national position.

Infection Prevention and Control Provider Environmental Audits Q3 position - 3 practices not meeting the required IPC environmental audit standards. Action has been taken to seek assurance on how the practices will make the required improvements and re-inspection is planned for early 2020/21. 9 care and nursing home are not meeting the required IPC environmental audit standards. Action is being taken to seek assurance on improvement activity.

Assurance received that the IPC Strategy for 2017-20 is progressing and will be complete by the end of March.

The Northern Lincolnshire Infection Prevention and Control Group was de-established at the end of Quarter Two. The group merged with the Local Health Protection Meeting in Quarter Three. The first meeting was held, following this stakeholders met to discuss the future of the group and the local leadership of the IPC agendas. With NLCCG in agreement we have decided to re-establish the Northern Lincolnshire Infection Prevention and Control Group in Quarter Four 2019/20, increasing the frequency of meeting and the Chair to attend and feed into the Northern Lincolnshire Health Protection Meeting. NELCCG Nursing Lead for Quality will lead and set up the Northern Lincolnshire IPC Group.

Antimicrobial Resistance – Including an improvement agenda in the Primary Care PCN Quality Scheme around reducing antimicrobial prescribing.

Cognisant of the National Patient Safety Strategy for local systems to develop plans to:-

- halve healthcare associated Gram-negative blood stream infections by 2024 (25% by 2021)
- reduce community antibiotic use by 25% (from 2013/14 baseline) by 2024
- reduce use of 'reserve' and 'watch' antibiotics by 10% by 2024 from 2017 baseline
- improve the management of lower UTI in older people in all care settings by Q4 2019/20 (supported by CQUIN)
- improve antibiotic prophylaxis for colorectal surgery by Q4 2019/20 (supported by CQUIN)

The new IPC forward strategy for the CCG will include the above.

CQUIN

The ERG were apprised of work being undertaken to develop an oversight mechanism for all CQUINs so we can see at a glance what providers are working on and whether they are attaining the milestones. Going forwards the ERG will receive this and will review the position.

Academic Healthcare Science Network (AHSN) opportunities

Guest speaker from the AHSN was in attendance to introduce her role. The group discussed how we could understand the opportunities available to us and agreed mechanisms for the AHSN to feed into the ERG.

4. Experience

The Experience Group did not meet this quarter. However, the following summary has been provided by the Chair.

There has been a fall in MP enquiries this quarter, which can be accounted for by the suspension of Parliament and general election. Only one MP enquiry received and this has been converted to a complaint, with the agreement of the service user concerned.

Of the 12 complaints closed in Q3, only one was fully upheld and four were partially upheld.

After a significant improvement last quarter, the length of time to investigate and respond to complaints has increased again this quarter, with the average length of time increasing from 58 days to 112 days. This quarter has seen the closure of a number of complex, multi-agency complaint, which has required considerable liaison between the organisations concerned to agree the final response.

For the last 4 quarters the Local Government and Social Care Ombudsman has received 5 requests to review complaints responded to by the CCG. Three were rejected at the assessment stage as the Ombudsman was satisfied with the responses provided and felt an investigation could add no value and two were investigated but not upheld. This has offered reassurance that our processes are robust.

The new complaints management system called Respond, is in the final stages of being configured and it is planned to test the system during February and March 2020, with a view to going live for the next financial year.

One of the Complaints officers and the Quality and Experience Team Manager have successfully undertaken complaints handling and investigation training, leading to a BTEC Level 5 qualification in complaints handling. The second complaints officer is due to start her training in March.

5. Whistleblowing

NLaG and the CGG have been in receipt of whistleblowing concerns regarding DPoW Accident and Emergency relating to a weekend shift in early January.

NELCCG are leading the whistleblowing investigation. Jan Haxby, Director of Quality and Nursing, is the lead for the investigation.

The email articulating the whistleblowers concerns has been published by local press.

The key concerns raised can be summarised into the following areas:-

- Care rounds and affording basic care including appropriate food and nutrition, privacy and dignity and patient comfort.
- Timeliness of appropriate care in Majors dept.
- Safe staffing based on activity and complexity in the dept.
- Escalation and operational decision making that supports safe care and supports staff welfare.
- Length of time in the department.
- Safe transfer of patient out of A&E.
- Workload and wellbeing of staff.
- Staff being supported to speak out and raise their concerns and potential solutions.

6. CQC Judgements

Exceptions to note:-

- Improved rating for Bradley Complex Care – moved from Requires Improvement to Good.
- Improved rating for The Grove Care Home – moved from Requires Improvement to Good.
- Improved rating for Clarendon Hall Car Home – moved from Requires Improvement to Good.
- Newly rated, first rating – New Medica (Community Ophthalmology Provision). Overall rated Good, Good across four domains and Outstanding for Leadership.
- Blundell Park remains to be rated as Inadequate.
- Northern Lincolnshire and Goole NHS Trust – overall rating remains unchanged at Requires Improvement. However, the safety domain has deteriorated to Inadequate and the well-led domain improved from inadequate to requires improvement.

7. Quality Priorities for 2020/2021

The Operational Leadership Team have undertaken a number of meetings to plan CCG priorities for 2020/21.

Each Team/Operational Lead were asked to present what they perceive their key priorities for 2020/21 to be.

The intention was to identify any duplicate, inter-related, interconnected and interdependent work streams, and to understand the enablers.

The Quality Team Senior Leadership identified four key areas with significant deliverables for 2020/21 and onwards.

- Workforce
- Safeguarding
- Mortality and End of Life
- Safe System

The slides of a presentation received by the CGC can be found overleaf which outline the four key areas in more detail.

Workforce

Priority:	By:	Outcome(s):
Practice Nursing <ul style="list-style-type: none"> • Development – confidence and competence • Future Workforce 	2020/2021	Skilled workforce. Local career pathways for Practice Nursing. Safe Staffing. Workforce Resilience.
Social Care Nursing <ul style="list-style-type: none"> • Development – confidence and competence • Retention 	2020/2021	Skilled workforce. Decreased transience in the social care workforce. Improved retention. Safe Staffing. Workforce Resilience.
Nursing - Support and Leadership	2020/2021	Local delivery of the National Nursing Strategy. Workforce Resilience.

Enablers:

Nursing Forum. Care and Nursing Homes Forum.

Links:

Confident and competent workforce is an enabler for the other work streams.

Safeguarding

Priority:	By:	Outcome(s):
Safeguarding Children's Board Arrangements.	2020/2021	Robust and effective board.
Looked after Children (CLA).	2020/2021	CLA will receive timely health assessments.
Primary Care	2020/2021	Safeguarding leadership is established in PCN's.
Commissioning assurance of smaller providers	2020/2021	The CCG will have a mechanism in place to assure safeguarding proportionately in its smaller commissioned provision.
Child Death Review	2020/2021	New statutory arrangements in place across Northern Lincolnshire.
Review health representation at the NEL safeguarding arena.	2020/2021	Improved health representation at safeguarding strategic meetings/groups.

Enablers:

Partnership working across the statutory partners. Working with NLCCG.

Links:

Safe System, workforce and Mortality Work streams.

Mortality & End of Life

Priority:	By:	Outcome(s):
RESPECT (Recommended Summary Plan for Emergency Care and Treatment) Implementation.	2020/2021	Reduced hospital conveyance. Patients dying in their preferred place.
Implement learning across the system from the mortality reviews & LeDeR.	2020/2021	Reduced themes in mortality reviews. Improved quality of care.
Maternity - Reduce the rate of still births, neonatal deaths and asphyxial brain injury by 50% by 2025.	2025	Reduced mortality. Delivering national objective of the National Patient Safety Strategy.

Enablers:

Mortality and End of Life Strategy. Monitoring and Delivery of the Strategy. Northern Lincolnshire Unexpected Mortality Group. Workforce priority stream. Working closely with NLCCG Quality Team.

Links:

Workforce – competent and confident. Discharge improvement work streams. STP.

Safe System

Priority:	By:	Outcome(s):
Infection Prevention and Control <ul style="list-style-type: none"> Gram negatives. Antimicrobial Resistance – antibiotic usage (AB). 	2020/2021 2024	Reduced community AB usage by 25%, reserve & watch by 10% - 2024 Gram Negs reduced by 25% by 2021 and 50% by 2024.
Patient Safety Incident Response Framework – Training, support & internal system implementation.	End of Q2	New systems implemented in line with National Requirements.
Connect and review internal systems with new NRLS and STEiS.	End of Q4	New systems implemented in line with National Requirements.
Hospital Avoidance – Prevention of Admission (IVAB & community care).	2020/2021	Improved hospital flow. Patient outcomes – recovery time.
Hospital Avoidance – Supported Discharge (IVAB & community care).	2020/2021	Improved Hospital flow. Patient outcomes – recovery time.
National Quality Standards/Programmes <ul style="list-style-type: none"> NPSIP Learning Disability 	Q1 2023/24	Meeting National Patient Safety Strategy Requirements.
Pressure Ulcer Care	2020/21	Improved quality of care.

Safe System continued

Enablers:

Consulting resource supporting delivery of the IPC agenda. Renewed IPC Strategy for 2020 – onwards (likely to the completion of 2024/25).

Working closely with North Lincolnshire Quality Team on specific agendas – PU & IPC. Quality Strategy.

Links:

Other commissioning priorities/work streams.

End of Report