NHS
Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 10.0.

Meeting Title/Date:	Governing Body - 23 May 2017		
Report Title:	Quality Improvement and Assurance Report		
Paper Prepared By:	Paul Magee/ Margaret Williams	**Date of Paper:**	10 May 2017
Executive Sponsor:	Margaret Williams	**Responsible Manager:**	Paul Magee
Committees where Paper Previously Presented	Executive Team (9 May) Membership Council (18 May)		
Background Paper(s):	• The Functions and Duties of Clinical Commissioning Groups first published March 2013 • Health and Social Care Act 2012 (section 26)		
Summary of Report:	The attached report is provided to ensure the Executive Management Team; Quality Improvement Committee, Membership Council and Governing Body are appraised of MBCCG's quality activity, monitoring and actions. It outlines how the CCG delivers its statutory duties to maintain and improve quality of services commissioned including safety and experience. The areas covered align to the delegated duties of the Executive Chief Nurse.		
Recommendation(s):	1. To agree and appraise the detail covered in the report		
			Please Select Y/N
Identified Risks:	Associated operational and corporate risks are recorded on the Risk Register.		
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	The report describes quality aspects of services commissioned for our population.		
Strategic Objective(s) Supported by this Paper:			**Please Select (X)**
To Improve the health of our population and reduce inequalities in health			X
To reduce premature deaths from a range of long term conditions			X
To develop care closer to home			X
To commission safe, sustainable and high quality Hospital Health Care			X
To commission safe, sustainable and high quality Mental Health Care			X
To improve capacity and capability of primary care services to respond to the changing health needs of our population			X
Please Contact:	Paul Magee Interim Quality Manager, MBCCG		

Final v1.7

NHS
Morecambe Bay
Clinical Commissioning Group

CCG Quality Improvement and Assurance Report

Progress report on the CCGs delivery of its Quality Improvement and Assurance Standards

April 2017

Report Template 0.7

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Introduction

Purpose of the Report

The following report provides an update on the CCGs delivery of its Quality Improvement and Assurance Standards.

For each quality heading, the report summarises:

- The current position
- A summary of the key actions being taken to address quality activity or risk
- A summary of the key risks and barriers

Report prepared for: MBCCG Governing Body

NB: Team/Committee/Governing Body members are reminded that the information contained within this report is as up to date as is available at the time of writing. NHS England, Public Health England, Health & Social Care and others publish data and information at different times for different periods, depending on the submission requirements for each activity. Within the report the source and date is noted and comparisons made where possible/appropriate (or is available).

Reporting under review following boundary change (April 2017)

CCG Sustainability Rating

The report includes a traffic light rating system which highlights where the Quality team have concerns over the delivery or sustainability of the target or standard. This rating is based on both hard and soft intelligence and has been developed so that the CCG can flag where delivery is at risk, even if the target performance appears to be on track.

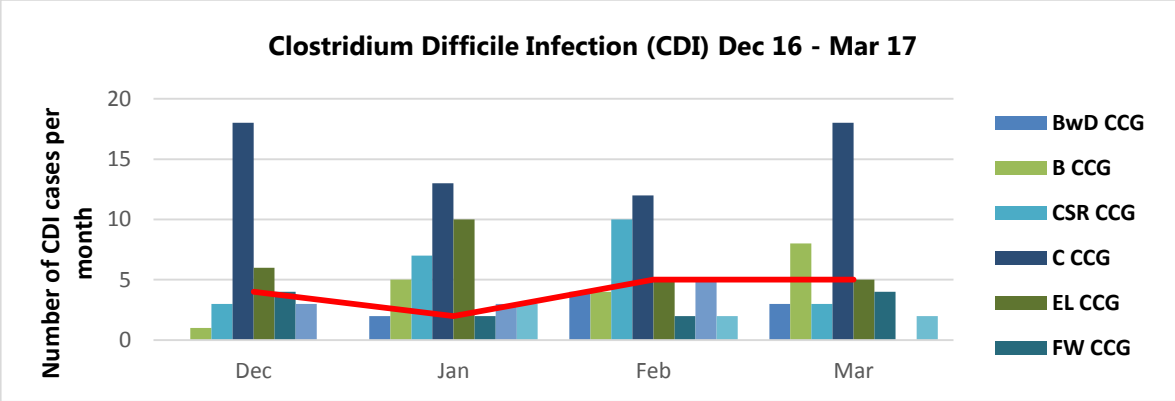
CCG Rating	Definition
Green	• The quality standard is being achieved by the CCG and / or provider • The CCG is confident that the delivery can be sustained for the next 6-12 month
Amber	• The quality standard has not been achieved by the CCG and/ or provider • Additional ongoing activity is in place to monitor this rating • The CCG lacks confidence that delivery can be sustained for the next 6-12 month
Red	• The quality standard has not been achieved by the CCG and / or provider • The CCG lacks confidence that delivery can be sustained for the next 1-3 months • The deterioration in quality was not forecasted by the CCG or its providers

To ensure information provided by Morecambe Bay Clinical Commissioning Group (MBCCG) is accessible, information can be made available (upon request) in a variety of formats. The CCG can also provide help for people who require information in languages other than English.

Patient Safety

Clostridium Difficile / D&V outbreak information

CCG Lead: Margaret Williams	Management Forum: HCAI Infection Control Steering Group	Sustainability Rating: Amber
Current Position / Issues	**Actions**	**Risks**
Lancashire The IPCN team monitor the current outbreaks of D&V in care homes (not linked to CDI) across Lancashire. There was Zero (0) outbreaks in LN locality care homes April 2017. A D&V outbreak log is provided weekly to MBCCG Chief Nurse and Safeguarding team There were 5 CDI cases reported in March 2017 bringing the total to 43 cases April-March 2017. The majority of cases continue to be non-acute (community). Data Source: *Public Health England, March 2017* *Cumbria* *At present disaggregated data is not available for Cumbria CDI cases. The CCG is aware of 3 CDI cases reported it April, but this figure requires qualification from Cumbria Country Council Public Health Team (see 3rd action point to the right)*	• One of the boundary Quality work stream activities is to align the Cumbria and Lancashire North Post Incident CDI Review processes. This will ensure learning points are communicated across the 'Bay' wide community of general practice. • The Antimicrobial Resistance Stewardship Group (ARC) continues to develop its delivery plan. Building on the work undertaken so far, it aims to accelerate momentum to reduce the misuse and overuse of antibiotics, improve IPC practices and minimise HCAIs • Discussions are underway with Cumbria LA (PHE) to gain equivalent D&V log for South Lakes and Furness locality	Ability to successfully implement Antimicrobial Strategy 'Bay' wide. The CDI objectives for 2017/18 set by NHSI need to reflect the boundary change of MBCCG. PHE and LA's are working through the process of realigning. Improvement/collaborative activity continues
Supporting Analysis		

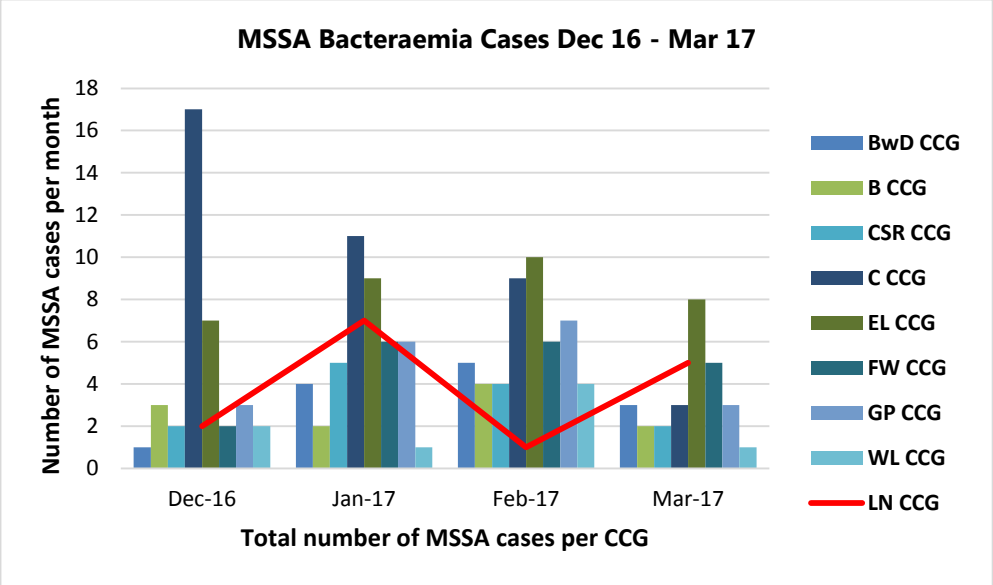


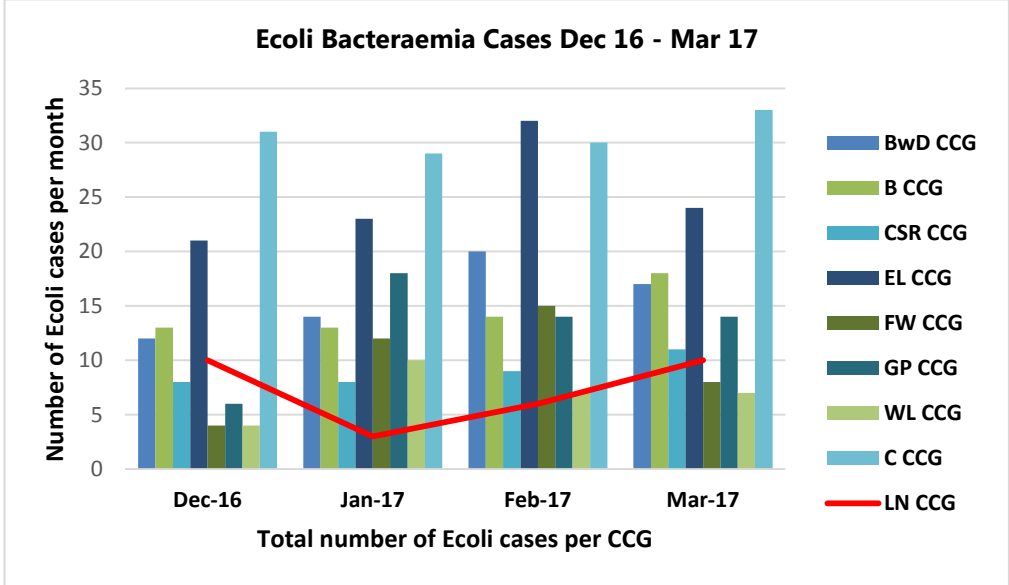
Methicillin-Resistant Staphylococcus Aureus (MRSA) / Methicillin-Susceptible Staphylococcus Aureus (MSSA) / E. Coli

CCG Lead: Margaret Williams	Management Forum: HCAI Infection Control Steering Group	Sustainability Rating: Green

Current Position / Issues	Actions	Risks
A zero tolerance for MRSA bacteraemia continues. There are 0 (zero) MRSA bacteraemia cases reported to April 2017 with the last case in August 2015. For MSSA there is no trajectory, but the numbers continue to be monitored. There have been 38 cases April 2017, with a slight increase in cases during January 2017. There is no current trajectory for E coli bacteraemia, but the numbers are increasing locally. Between April and March 201 there were 125 cases; an increase on the same period last year. (April data not yet reported) Data source: *Public Health England, March 2017*	• MBCCG need to consider the NHS England Quality Premium for 2017/19 which provides a recommendation of a 10% reduction in E coli bacteraemia with the aim of reducing gram neg. bacteraemia by 50% by 2020. • This will continue to be monitored via the Anti-Microbial Resistance (ARC) Collaborative Steering Group with a specific focus on urinary tract infections caused by ecoli bacteraemia • Following confirmation of the Morecambe Bay CCG numbers, infections will be provided, with rates being reported in comparison with other CCGs.	None delivery of AMR strategy.

Supporting Analysis

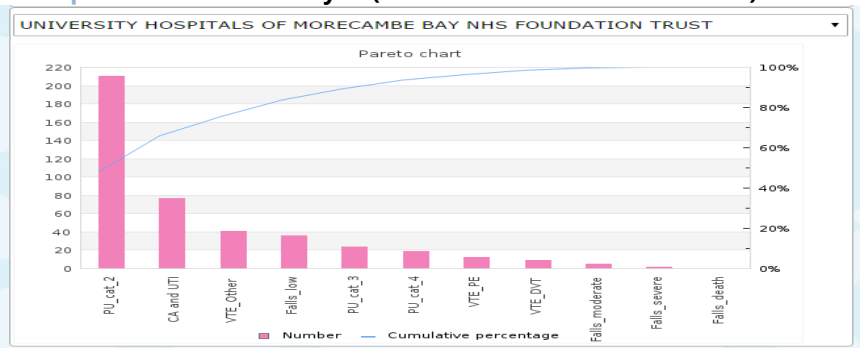
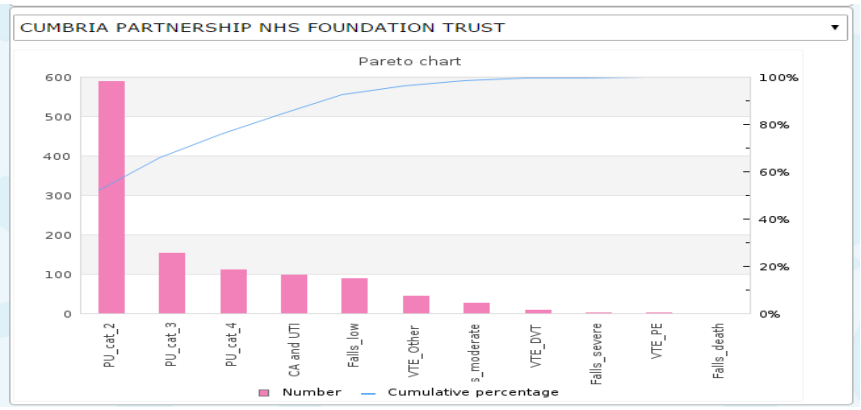




Safeguarding

CCG Lead: Margaret Williams	Management Forum: Local Children's Safeguarding Board		Sustainability Rating: Amber
Current Position / Issues	Actions		Risks
Safeguarding have developed a specific reporting chapter that will record progress against statutory duties and partnership working			

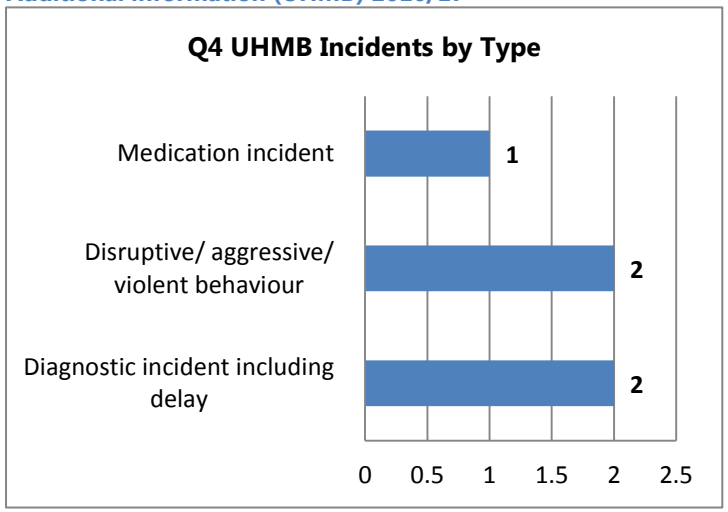
Harm Free Care (HFC)

CCG Lead: Margaret Williams	Management Forum: UHMB Joint Quality Assurance Meeting		Sustainability Rating: Green
Current Position / Issues	Actions	Risks	Supporting Analysis
UHMB The Pareto analysis shows that approximately 90% of harms in the Trust continue to be caused by: • Grade 2 pressure ulcers • Catheters and urinary tract infections (UTIs). • Venous Thromboembolisms (VTEs) In April on average 92.78% of patients received harm free care (all harms) ***CPFT*** The Pareto analysis shows that over 90% of harms in the Trust are caused by: • Stage 2 pressure ulcers • Stage 3 pressure ulcers • Stage 4 pressure ulcers In April on average 94.77% of patients received harm free care (all harms)	UHMB safety thermometer data continues to be monitored via the CCG joint quality meeting MBCCG will agree with CPFT how the safety thermometer data will be monitored Future work will including bringing the 'Bay' economy together to collectively look at levels of harm and implementation of good practice for improvement	Inability to optimise learning across the health economy	**HFC April 2017 – Pareto analysis (burden of harm UHMB and CPFT)**  

Care Homes This section is currently under review (see risks) *Data source: NHS safety thermometer April 2017*		Quality of submissions from the care home sector. Some homes do not submit regularly. Others only submit for Patients on NHS Contracts.	**Care Home reporting under review following boundary change (April 2017)**

Serious Incidents (StEIS), Never Events and HM Coroner Regulation 28

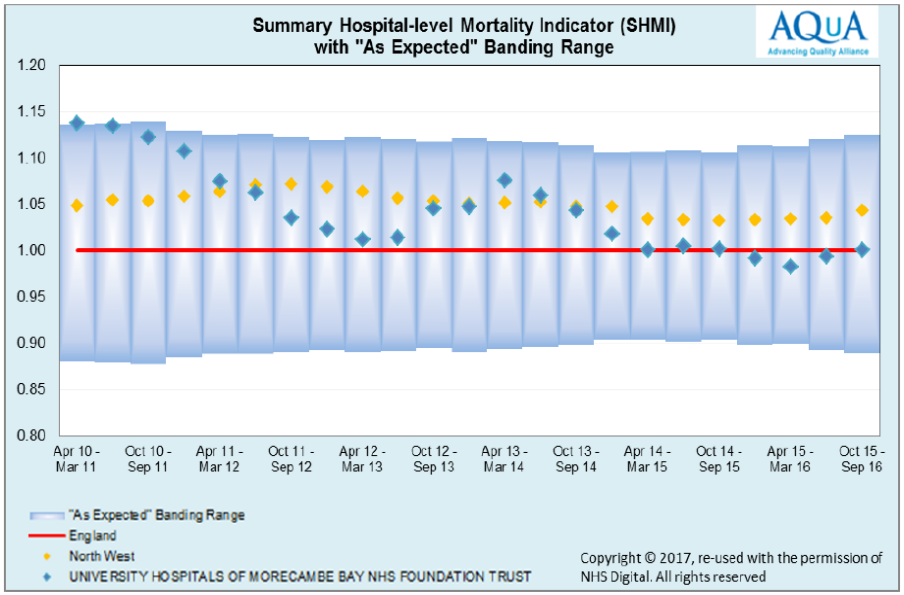
CCG Lead:	Margaret Williams	Management Forum:	MBCCG Serious Incident Group (SIG)	Sustainability Rating:	Green

Current Position / Issues	Actions	Risks	Supporting Analysis
Strategic Executive Incident System (StEIS) As at 23 April 2017 there were 36 serious incidents open on StEIS. There have been three (3) StEIS incidents reported by UHMB in April (23rd). There has been two (2) new StEIS incidents reported by LCFT in April (23rd) 2017. There have been zero (0) new StEIS incidents reported by CPFT in April 2017. During Q4 there has been one (1) StEIS reportable incident and twenty-two (22) Serious Incidents (SI's) reported by LN care home providers. **Never Events** There has been zero (0) never events reported by UHMB in March. No HM Coroner Regulation 28 letters in March 2017. Data Source: *MLCSU SI team*	• The presentation of how SI data and learning is reported is again under review, this is to facilitate better use of the StEIS system to capture lessons learned across Morecambe Bay. This work has formed part of the boundary change Quality activity along with MLCSU and NECSU with the aim to produce one 'Bay' wide report. • From July 2017 the CCG will review UHMB evidence that actions identified in RCA reports has been completed and that lessons have been learned and shared. • The StEIS reportable incident of a Stage 4 Pressure Ulcer harm is being investigated as per the NHSE SI framework. • All the remaining incidents are being investigated. **Learning from National Regulation 28 prevention of future deaths** The quality team aim to review the Courts and Tribunal Judiciary for outcomes of Coroner Preventable death review. Learning will be communicated across our services for consideration. ○	Inconsistency and quality of RCA reports by Providers.	**Additional information (UHMB) 2016/17**  **Reporting is Qly. CPFT will feature post Q1 review**

DATIX Incident Reporting and Soft Intelligence

CCG Lead: Margaret Williams	Management Forum: MBCCG Serious Incident group (SIG)	Sustainability Rating:	Green
Current Position / Issues	Actions	Risks	Supporting Analysis
During the period 15 March 2017 to 26 April 2017 there have been a total of 23 incidents reported through Datix. Technical issues are still ongoing with GPs now reporting similar issues like those they were experiencing in October and November. Care Homes are still unable to access the site. This has been raised with the Senior Manager for Performance, Business Intelligence and Elective Care who has identified a number of potential remedies with their suitability being assessed. During the period 15 March 2017 to 26 April 2017 there have been a total of 3 incidents reported through South Cumbria SIRMS The main theme from 15/03/2017 – 26/04/2017 incidents is: • Discharge documentation • Monitoring of Care: Pressure ulcers Reoccurring themes year to date are: • Medication errors • Monitoring of Care: Pressure ulcers • Discharge documentation Data source: *LNCCG Datix and NECS SIRMS*	• A newsletter is being shared each month with all appropriate stakeholders (GP's and Care Homes) to encourage reporting and refresh the understanding of DatixWeb. The newsletter also highlights positive outcomes from reporting incidents. • The Quality team are linking closely with the safeguarding team to make them aware of any safeguarding issues reported through Datix.	System not utilised, learning not applied.	**Reporting under review following boundary change (April 2017)**

Mortality

CCG Lead: Margaret Williams	Management Forum: None	Sustainability Rating: Green	
Current Position / Issues	**Actions**	**Risks**	**Supporting Analysis**
SHMI: Summary Hospital level Mortality Indicator (SHMI) is the hospital-level indicator which reports all deaths in hospital and all deaths that occur within 30 days of discharge from hospital. SHMI adjusts for fewer factors than HSMR and does not adjust for palliative care. The relative risk for UHMB of 1.00 (North West 1.04) represents as expected performance when compared to hospital trusts nationally and taking into account the trust's case mix. **HSMR:** Hospital Standardised Mortality Ratio (HSMR) are complex mortality indicators which are used by hospitals and regulators to measure whether the number of people who die in hospital is higher or lower than expected. HSMR measures in-hospital mortality and adjusts for a number of factors including demographics, co-morbidities and palliative care. The HSMR national benchmark is 100. The Deputy Medical Director at UHMB is overseeing a review of HSMR and mortality due to a steady upward trend against the requirement to remain at or below 100. UHMB YTD figure is 97.06 *HSMR data is published approx. 3 months in arrears. Data source: AQuA, April 2017	The AQuA reports are received quarterly and continue to be monitored MBCCG has requested the minutes and actions from the UHMB Mortality Review Group. Headlines will be reported here.	Deteriorated outcomes and higher risks	Chart and table below: UHMB SHMI time series 	

Period	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16
Trust	1.00	1.00	1.00	0.99	0.98	0.99	1.00
North West	1.03	1.03	1.03	1.03	1.03	1.04	1.04

Patient Experience

Complaints and PALS

CCG Lead: Jacqueline Thompson	Management Forum: Equality and Engagement Committee		Sustainability Rating: Green
Current Position / Issues	Actions	Risks	Supporting Analysis
NB: not currently a MBCCG view During the year April 2016–March 2017, LNCCG received 20 complaints, one less than the previous year. The majority of complaints related to Continuing Healthcare and changes to the availability of various prescription medicines. Other complaints were received about the NHS 111 service, Out of Hours service, acute services and commissioning policies. The CCG also received 60 concerns/enquiries during the year, 47 more than the previous year. These related to continuing health care, changes in prescribing, GP practices, community and acute services. During the year all but one complaint were responded to and resolved within the statutory timeframe. One complaint remains open due to the complexity of the issues and investigation required. Data source: MBCCG Corporate Services, April 2017	• The CCG reviews all complaints, concerns and PALS it receives through the Equality and Engagement Committee. We receive a monthly SITREP from MLCSU and they submit a national quarterly report re number of complaints on our behalf.		

Assurance Visits / Walk rounds / Clinical Insights / Listening in Action

CCG Lead: Margaret Williams	Management Forum: MBCCG Quality Assurance Meeting (UHMB/MBCCG)	Sustainability Rating: Green
Current Position / Issues	Outcomes	Actions
A programme of walk rounds is to be agreed from April 2017	• Walk rounds following the boundary change in April will include Cumbria Partnerships NHS Trust	

Quality Transition arrangements and progress

CCG Lead: Margaret Williams	Management Forum: Quality Transition Group	Sustainability Rating: Green
Current Position / Issues	Actions	Risks
	• Report Completed • Ongoing information sharing and collaborative working between MBCCG and CCCG	

Clinical Work Streams & support to ICCs

CCG Lead: Margaret Williams	Management Forum: Quality & Safeguarding Team	Sustainability Rating: Amber
Current Position / Issues	Actions	Risks
The team members from Quality and Safeguarding Team have aligned themselves to each clinical Work stream and ICC. The aim is to support, advice and guide these Work stream and facilitate improved safeguarding and quality leadership Integration of team members will bring about local application of Bay wide improvement programme Data Source: MBCCG named Quality/Safeguarding Leads		

Patient Group Updates

CCG Lead: Margaret Williams	Management Forum: None		Sustainability Rating: Green
Current Position / Issues	Actions	Risks	Supporting Analysis
Healthwatch Lancashire ***Healthwatch Cumbria*** Data source: Healthwatch Lancashire, Healthwatch Cumbria, April 2017	• No new enter and view reports available (April) • No new enter and view reports available (April)		A future meeting with Health Watch Lancashire and Health Watch Cumbria is planned

Patient Feedback, Surveys and Friends and Family Test (FFT)

CCG Lead: Margaret Williams	Management Forum: MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Green
Current Position / Issues	Actions	Risks	
NB: CPFT not featured this report ***UHMB FFT*** In February 2017, the percentage response rate for Accident and Emergency was 26.4% (BTH,	• The Trust is able to identify the services with the fewest responses, the lowest 5 star score and the most negative comments. Work with these departments will be tailored and specific, with the aim to provide support in order to improve	• There is a particular challenge for Outpatients, as NHS England measure feedback collected for each and every visit. For patients, who are frequent attenders, the request for them to complete the test on every hospital visit (even if they are	

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	
13.4%, LTH, 13.9%, England 12.7%) against a target of 20%. The percentage who would recommend the department was 88% a small decrease on the December figure. The percentage response rate for inpatients was 33.9% (target 40%) a slight increase on the January figure. The percentage who would recommend the department was 95%, a slight decrease on the December figure. The number of returns for the outpatient department was 2,935 against an eligible population of 24,508. There is currently no target for outpatient returns. The percentage who would recommend the department remains at 94%. ***UHMB Maternity FFT*** In February 2017 the Trust received 16 responses from an eligible total (number of births) of 217 which equates to a 7.4% response rate of which 100% would recommend. This compares with BTH; 73 responses from 194 (37.6%), 100% recommend and LTH; 26 from 231, (11.3%), 100% would recommend.		results. Progress will be carefully monitored. • This update includes Primary Care data for both Lancashire North and all Cumbria practices. • The latest information / data release in April from NHSE relates to February 2017		visiting the same clinic) is proving to be ambitious. • Patients, whilst happy to provide feedback, are struggling to understand why they are asked on multiple occasions in sometimes, what can be a very small time window. • Although there is a genuine challenge in respect of collecting feedback from outpatients after each visit, the Trust recognises that considerable work needs to be done to raise the current response rates which are being recorded.	
Primary Care FFT The response rate in General Practice is generally low, so the significance of the data should be treated with caution. LNCCG GP Practices (February 2017) 92% would recommend (England 89%) CCCG GP Practices (February 2017) 96% would recommend (England 89%)					
Blackpool Community FFT In February 2017, the number of returns for community services was 1,353 against an eligible		The February data, published in April 2017 for Community services; • Children's and Family Services; 94% would recommend			

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	
population of 32,199. The percentage who would recommend services is 97%. (England 96%) ***Cumbria Partnerships Community FFT*** In February 2017, the number of returns for community services was 338 against an eligible population of 17,546. The percentage who would recommend services is 99%. (England 96%) Data source: NHSE, April 2017		• Community Healthcare Other; 97% would recommend • Community Nursing Service; 100% would recommend • Rehabilitation and Therapy Service; 99% would recommend • Specialist services; 97% would recommend • Children's and Family Services; 100% would recommend • Community Nursing Service; 100% would recommend			

Clinical Effectiveness

Care Quality Commission (CQC) Ratings

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues				Actions	Risks
Primary Care During 2015/16 all of the CCG's general practices underwent their CQC inspections and had their reports published. The practices have all received a 'good' rating. In South Cumbria the majority of Practices received a "Good" or "Outstanding" rating. The CQC start the next primary care inspection programme in October 2017. ***University Hospitals of Morecambe Bay (UHMB)*** The CQC latest report was published on the 9 February 2017 the CQC rated UHMB as overall "Good". With caring being rated as "outstanding", but safe rated as "requires improvement" mainly relating to A&E 4 hour waiting. ***Lancashire Care NHS Foundation Trust (LCFT)*** In the latest report published on the 11 January 2017 overall the Mental Health Trust was rated as "Good". Although it should be noted that Community adult services "Requires Improvement". ***Cumbria Partnership NHS Foundation Trust (CPFT)*** In the latest report published on the 23 March 2016 overall the Mental Health Trust was rated as "Requires Improvement". ***North West Ambulance Service (NWAS)*** In the latest report published on the 19 January 2017 overall the service was rated as "Requires Improvement". **MBCCG Care Home Sector: Reporting under review following boundary change (April 2017)** Data source: CQC website April 2017				**The full report can be found at the link below.** **http://www.cqc.org.uk/sites/default/files/new_reports/AAAF9483.pdf**	**None currently**

Commissioning for Quality and Innovation (CQuIn)

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG / UHMB)	Sustainability Rating:	Green

Current Position / Issues	Actions	Risks	Supporting Analysis
UHMB ***Quarter 3 2016/17*** ***National CQuIn position*** A full CQuIn report will follow the Q4 submission from UHMB due on 21 April 2017	The 2016/17 National CQUIN indicators / measures / milestones agreed are being monitored and reviewed regularly by MBCCG, NCCCG and UHMB the outcome(s) are reported quarterly. *In November the Trust formally requested LNCCG to consider a review of the baseline for the AMR target due to late changes to reporting arrangements by NHSE. This meant the Trust would not meet the target set in Q1 for Q3 or Q4. However the Trust continues to show improvement in AMR consumption, this has to be balanced with the improved AMR prescribing to reduce sepsis, where the Trust again is showing improvement. MBCCG is seeking clarification, advice and guidance from the national CQuIn lead at NHSE / I. To note: It is a Clinical Leads role to review evidence to approve CQuIn activity / outcomes each quarter.	Non delivery of quality improvement and transformational change.	National CQuIn Summary by Qtr

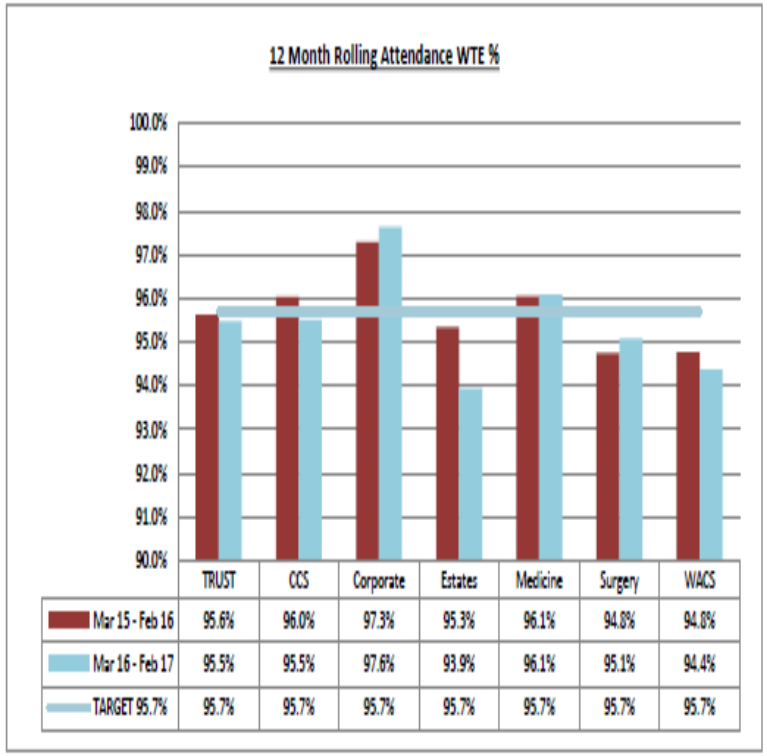
UHMB National	Q1	Q2	Q3	Q4
Healthy Staff				
Healthy food				
Flu vaccinations				
Sepsis (A&E)				
Sepsis (Inpatients)				
antibiotic consumption			*	
antibiotic prescriptions				

BTH Community Services ***Quarter 3 2016/17*** ***National CQuIn position*** A full CQuIn report will follow the Q4 submission from UHMB due on 21 April 2017 Data source: MBCCG Quality Team	The 2016/17 National CQUIN indicators / measures / milestones agreed are being monitored and reviewed regularly by MBCCG and BTH Community Services, although the measures for community services are limited to improving the flu vaccination rate in line with PHE standards.	Non delivery of quality improvement and transformational change.	

BTH Community National	Q1	Q2	Q3	Q4
Healthy Staff				
Healthy food				
Flu vaccinations				
Sepsis (A&E)				
Sepsis (Inpatients)				
antibiotic consumption				
antibiotic prescriptions				

Workforce (UHMB only)

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber

Current Position / Issues	Actions	Risks	Supporting Analysis
Workforce Recruitment continues to be a key focus for UHMB and positive progress continues in both Registered Nursing and Registered Midwifery recruitment with residual vacancy factors of 1.3% for Nursing and 6.9% for Midwifery. Consultant Recruitment continues to improve and the current residual vacancy factor for consultant staff has reduced to 1.2% (although there are 20.1 WTE new consultant posts not yet in establishments / planned vacancies). **Attendance** UHMBT (95.5%) continues to perform better than the North West regional average (August 2016, 95.4%). See chart opposite Data source: UHMB Board Report, March 2017	• The residual vacancy factor position is improving; a high number of the remaining posts going through pre-employment will join the Trust into 2017 so the full effect of the improving recruitment position is not being felt on the front line at present. • Work continues in developing and improving their recruitment activity, with a Listening into Action scheme having commenced, and making better use of resources within the Trust through improved roster utilisation, better forward planning and use of the SafeCare system. • UHMB Modern Apprentice update; the first cohort of Health Care Apprentices (February 2015) completed their apprentice programme in February 2017. Whilst many have or will go on to access RN study; there are 15 (3 at RLI, 12 FGH) who wish to continue their employment with the Trust as a HCSW. • The continued and sustained attendance rates reflect the revised UHMB policy and supportive approach to managing attendance. The ongoing development of the *#Flourishatwork* campaign, to improve employee health and wellbeing, will support sustaining the improved trajectory.		**UHMB 12 months attendance compared to 2015/16** 

	TRUST	CCS	Corporate	Estates	Medicine	Surgery	WACS
Mar 15 - Feb 16	95.6%	96.0%	97.3%	95.3%	96.1%	94.8%	94.8%
Mar 16 - Feb 17	95.5%	95.5%	97.6%	93.9%	96.1%	95.1%	94.4%
TARGET 95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%

Safe Staffing (UHMB only)

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber

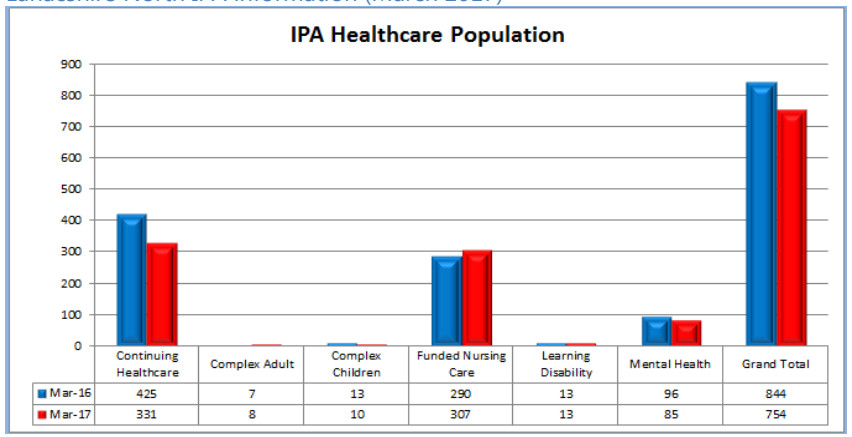
Current Position / Issues	Actions	Risks	Supporting Analysis
NHS Improvement has been working with clinical and academic professionals and the RCN to develop of a suite of safe and sustainable staffing improvement resources across seven different clinical areas. The resource is based on the National Quality Board's expectations to ensure safe, effective, caring, responsive and well-led care; trusts will employ the right staff with the right skills in the right place and at the right time. The table opposite shows a comparison of Nursing and Midwifery establishments between February 2016 and February 2017. The figures show a stabilised staffing level over the last 12 months. Data source: UHMB, Board Report, March 2017	• UHMB has reviewed the resource and has confirmed that Trust practice is in line with the recommendations in the resources. • There are no explicit examples of how Trusts might cover maternity leave. Although the UHMB Board took the step of agreeing to replace maternity leave vacancies with substantive appointments, with the knowledge that natural wastage will cover these, UHMB have been asked to write their approach as a case study. • Within UHMB, they have an average of 70 WTE unavailable to work at any one time due to maternity leave.	Increased risk of incidents across the Trust. Fall in staffing levels below recommended standards	

	Feb-16				
	Staff in Post v Establishment				
Nursing	Budgeted Establishment WTE	Staff in Post WTE	Staff in Post Headcount	Variance WTE	Vacancy Factor
Registered Nursing	1394.4	1276.7	1467.0	117.70	8.44%
Midwives	170.9	154.4	181.0	16.50	9.65%
Clinical Support Worker	607.4	642.7	771.0	-35.30	-5.81%
Grand Total	2172.70	2073.80	2419.00	98.90	4.55%
	Feb-17				
	Staff in Post v Establishment				
Nursing	Budgeted Establishment WTE	Staff in Post WTE	Staff in Post Headcount	Variance WTE	Vacancy Factor
Registered Nursing	1427.5	1275.2	1483.0	152.34	10.67%
Midwives	168.9	150.4	180.0	18.51	10.96%
Clinical Support Worker	622.1	670.2	833.0	-48.09	-7.73%
Grand Total	2218.45	2095.69	2496.00	122.76	5.53%

Primary Care

CCG Lead:	Margaret Williams	Management Forum:	Primary Care Quality Improvement Group	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	Supporting Analysis
Cumbria's Out Of Hours GP service rated Outstanding by the CQC The out of hours primary care doctor service is the first in the country to receive an 'outstanding' rating under the new inspection regime. The regulators praised the way CHoC meets the needs of a largely rural population, uses telehealth appointments, and close working with NWAS to avoid unnecessary hospital admissions as examples of outstanding practice. Data Source: Primary Care / CQC		Leadership and governance has also been praised by the CQC – particularly for the efforts and innovation shown towards recruitment. The report says services provided by CHoC are tailored to meet the needs of the local population. The CQC found that CHoC engages and involve the local community and partner organisations when developing services. The CQC found that the service values outstanding governance and always strives to drive a culture that focuses on delivering high-quality and person-centred care. Last month Healthwatch Cumbria published a survey which found that 91 per cent of patients are largely satisfied or very satisfied with their experience of the CHOC service. The CQC inspected the service in November and December 2016.		

Care Home Sector / Continuing HealthCare (CHC)

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues		Actions	Risks	Supporting Analysis	
IPA/CHC updates will be reported here. CHC overview for Morecambe Bay CCG;		• The IPA Board is undergoing a review specifically to establish system leadership to deliver the 5 year forward view, to restore and maintain financial balance and to deliver core access and quality standards for patients Continuing Health Care.		Lanacshire North IPA information (March 2017)  Graph below: Nursing Home beds by ICC (April 2017)	

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber

Current Position / Issues	Actions	Risks	Supporting Analysis

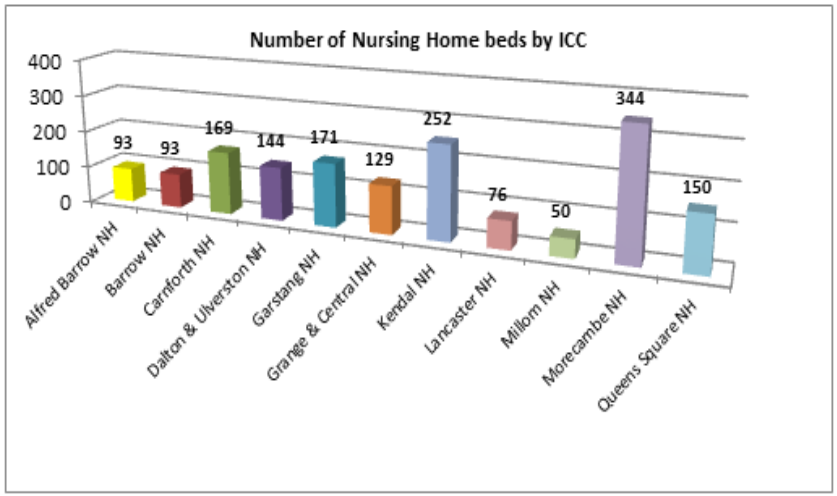
- Average annual spend £35 million
- 98 Nursing and/or Residential Care Providers
- 2880 beds
- 78% of Nursing Homes rated Good by CQC
- 68% of Residential Care Homes rated Good by CQC
- 21% of Nursing Care Homes rated as Requiring Improvement or Inadequate by CQC
- 543 Nursing Care beds 'vulnerable'
- 25% of Residential Homes rated as Requiring Improvement or Inadequate by CQC
- 360 Residential Care Beds 'vulnerable'

Number of ICC Providers rated as *Requiring Improvement(RI)* or *Inadequate(I) by the CQC:*

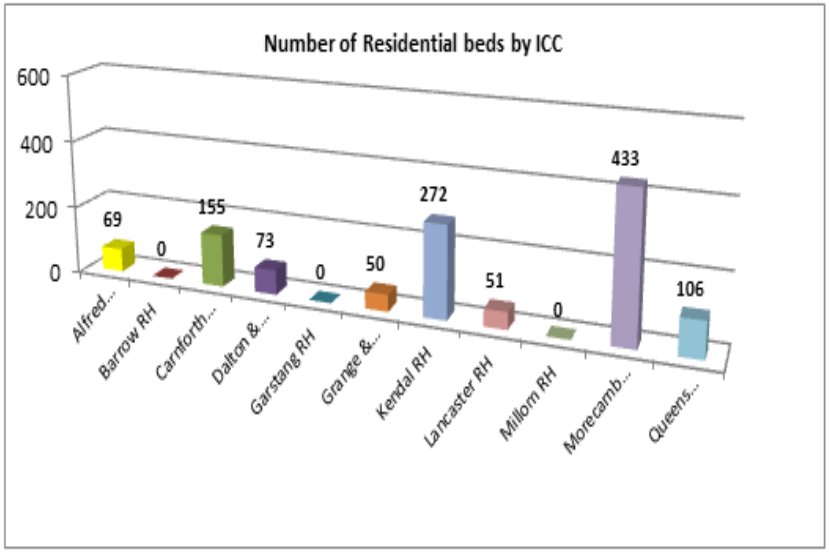
ICC	Nursing	Residential	Domiciliary	Supported Living
Grange			(RI)	
Carnforth	(RI)			
Dalton & Ulverston		(RI) (RI)		
Kendal	(I) (I) (RI)	(RI) (RI) (RI)	(RI) (RI)	
Lancaster		(I)		
Millom				
Morecambe	(RI) (RI) (RI)	(I) (RI) (RI) (RI)		
Queen Square		(RI)		
Total (RI)	5	9	3	0
Total (I)	2	2	0	0
Overall Total	7	11	3	0

Data source: MBCCG, Quality and Safeguarding Team (April 17)

- MBCCG Quality and Safeguarding Team are working with CCC, and the CQC to support two large care homes in South Cumbria



Graph below: Residential Beds by ICC (April 2017)



Learning Disabilities (Transforming Communities)

CCG Lead:	Jeanette Buckland	Management Forum:	None	Sustainability Rating:	Red
Current Position / Issues		Actions/Progress to Date	Risks	Supporting Analysis	
NHSE have expressed concerns regarding the impact of south Cumbria cohort on MBCCG ability to remain on target with transforming care trajectory Data source: *MBCCG LD lead*		• LCC exploring how they will decide their funding responsibilities for inpatient cases for people with LD/autism (outside of the Mersey care long stay cohort) • Discharge coordinators gathering themes and challenges, Presented to LD commissioners network each month. • Review of new LD/autism admissions carried out by LD commissioners each month. Systems issues and themes reported to NHSE. • MBCCG currently has 3 in-patient LD clients deemed to be at risk of delayed discharge. Weekly monitoring by NHSE to ensure progress to discharge remains on track. • Providers have now been identified for 2 of the 3 clients and transition has commenced. Panel arranged to identify provider for 3rd patient. • Hand-over of patients with LD and/or ASD from Cumbria CCG is progressing. The picture is still emerging and new patients to be included in the Transforming Care cohort are still being identified. • Priority actions identified: complete dynamic risk register; ensure all CTR's are up to date; work with providers to implement governance structure. • Commenced work with NECS to agree support required in short and medium term to deliver Transforming Care agenda.	Capacity to maintain delivery of growing agenda i.e. LeDeR mortality review programme Understanding and assessing the current LD activity within South Cumbria geography. Capacity within MBCCG to absorb volume and complexity of South Cumbria patients		

External Investigations / Reviews / National Changes

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	
From April 2017 the NHS Litigation Authority changed its name to NHS Resolution and launched a five year strategy underpinning the change. NHS Resolution will be more involved in incidents at an earlier stage and as part of this strategic shift has launched a new approach to the way in which it responds to incidents involving brain damage at birth. They have already approached trusts to ask them to report all maternity incidents that occur on or after 1 April 2017 which are likely to result in severe brain injury in order to increase the level of support provided		The focus of NHS Resolution will be on prevention, learning and early intervention, to avoid unnecessary distress to families and court action. This will improve the experience for those who are injured as well as address the level and cost of negligent harm. NHS Resolution will: ○ Improve the experience for patients, families and healthcare staff, with support for candour and the learning which goes hand in hand with a claim for compensation. ○ Resolve concerns and disputes fairly and effectively to deliver resolution in its broadest sense, which is about more than just		Importance of mitigating risk through independent reviews which align to CCG assurance process	

when these rare incidents occur. Data source: MBCCG Quality Team	money. ○ Provide analysis and expert knowledge to the healthcare and civil justice systems, to drive improvement. ○ Deliver in partnership, interventions and solutions that prevent harm, improve safety and save money. ○ Expand its role of sharing learning through the development of interventions, in partnership with others, to improve patient safety and prevent future harm. Their primary focus for the future is to resolve concerns fairly. They also have a duty to use what they know, to help to prevent the same thing happening again. While they are not a patient safety body, they do have a unique contribution to make to the patient safety system. By working with and through others they can help drive improvements in patient safety and inform policy decisions.	

Other Exceptions to Report (including system wide issues)

- 12 Hour breaches

CCG Lead:	Margaret Williams	Management Forum:	Finance and Performance Committee	Sustainability Rating:	Red
Current Position / Issues	Actions		Risks	Supporting Analysis	
12 hour breaches	One (1) 12 hour breach StEIS reportable (Patient harm) case was identified in February 2017. This incident is being investigated by UHMB outcomes expected end May In April 5 12 hr breaches were reported, no patient harm was noted. NB: everything is done to maintain optimum patient experience during any long wait.		Patient safety and experience may be compromised.		