

**AGENDA ITEM NO: 11.0.**

<b>Meeting Title/Date:</b>	Governing Body - 21 March 2017		
<b>Report Title:</b>	Quality Improvement and Assurance Report		
<b>Paper Prepared By:</b>	Paul Magee/ Margaret Williams	<b>Date of Paper:</b>	8 March 2017
<b>Executive Sponsor:</b>	Margaret Williams	<b>Responsible Manager:</b>	Paul Magee
<b>Committees where Paper Previously Presented</b>	Quality Improvement Committee (7 February 2017)		
<b>Background Paper(s):</b>	<ul style="list-style-type: none"> <li>The Functions and Duties of Clinical Commissioning Groups first published March 2013.</li> <li>Health and Social Care Act 2012 (section 26).</li> </ul>		
<b>Summary of Report:</b>	The attached report is provided to ensure the Executive Team; Quality Improvement Committee, Membership Council and Governing Body are apprised of LNCCG's quality activity, monitoring and actions. The areas covered align to the delegated duties of the Executive Chief Nurse.		
<b>Recommendation(s):</b>	<ol style="list-style-type: none"> <li>To agree the detail covered in the report supports LNCCG to:- <ul style="list-style-type: none"> <li>Deliver its statutory duty.</li> <li>Demonstrating outcomes which show the effectiveness of the services commissioned, the safety of the services provided, and the quality of the experience of the patient.</li> </ul> </li> <li>To note the contents of the report.</li> </ol>		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b>	Associated operational and corporate risks are recorded on the Risk Register.		
<b>Impact Assessment:</b> (Including Health, Equality, Diversity and Human Rights)	The report describes quality aspects of services commissioned for our population.		
<b>Strategic Objective(s) Supported by this Paper:</b>			<b>Please Select (X)</b>
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
<b>Please Contact:</b>	Paul Magee, Interim Quality Manager, LNCCG		

Final v1.5

# CCG Quality Improvement and Assurance Report

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

January 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: [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).

### 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 CCGs can flag where delivery is at risk, even if the target performance appears to be on track.

CCG Rating	Definition
Green	<ul style="list-style-type: none"><li>• The quality standard is being achieved by the CCG and / or provider</li><li>• The CCG is confident that the delivery can be sustained for the next 6-12 month</li></ul>
Amber	<ul style="list-style-type: none"><li>• The quality standard has not been achieved by the CCG and/ or provider</li><li>• Additional ongoing activity is in place to monitor this rating</li><li>• The CCG lacks confidence that the delivery can be sustained for the next 6-12 month</li></ul>
Red	<ul style="list-style-type: none"><li>• The quality standard has not been achieved by the CCG and / or provider</li><li>• The CCG lacks confidence that the delivery can be sustained for the next 1-3 months</li><li>• The deterioration in quality was not forecasted by the CCG or its providers</li></ul>

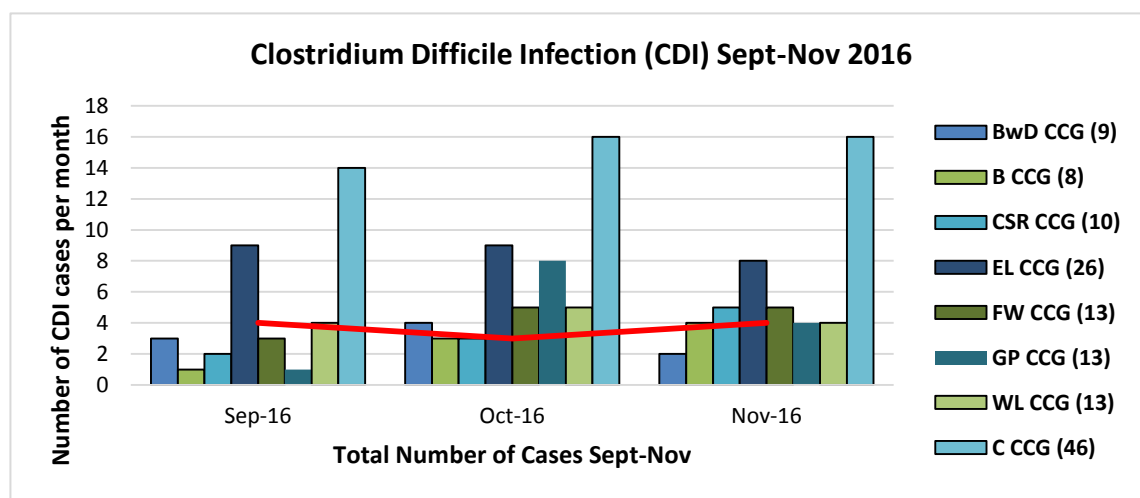
To ensure information provided by Lancashire North Clinical Commissioning Group (LNCCG) is accessible, information is available (upon request) in a variety of formats. We can also provide information in languages other than English.

## Patient Safety

### ● Clostridium Difficile / D&V outbreaks

CCG Lead: Margaret Williams	Management Forum: HCAI Infection Control Steering Group	Sustainability Rating: <b>Amber</b>
Current Position / Issues	Actions	Risks
<p>There were 4 CDIs reported in <b>November</b> bringing the total to 27 cases Apr-Nov 2016. The majority of cases continue to be non-acute (community).</p> <p>The table below reflects the number of cases across Lancashire CCG's for the period Aug-Nov 2016.</p> <p>LN CCG is comparable to other CCG's within Lancashire, whereas Cumbria CCG has a higher overall number of CDI cases to date, in comparison.</p> <p>The IPCN team is monitoring the current outbreaks of D&amp;V in care homes across Lancashire (1 care home in LNCCG)</p> <p>Data Source: <i>Public Health England, 9 January 2017</i></p>	<ul style="list-style-type: none"> <li>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.</li> <li>Appropriate process for communicating learning into primary care is being reconsidered.</li> <li>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</li> <li>An outbreak log is provided weekly to LNCCG Chief Nurse and Safeguarding team</li> </ul>	<p>Ability to successfully implement Antimicrobial Strategy 'Bay' wide.</p> <p>Cumbria CCG CDI data is not broken down to General Practice Level therefore hinders 'Bay' understanding of contributory factors</p> <p>*Cumbria CCG rates are significantly higher than LNCCG, Lancashire and national rates with no proven epidemiological explanation.</p>

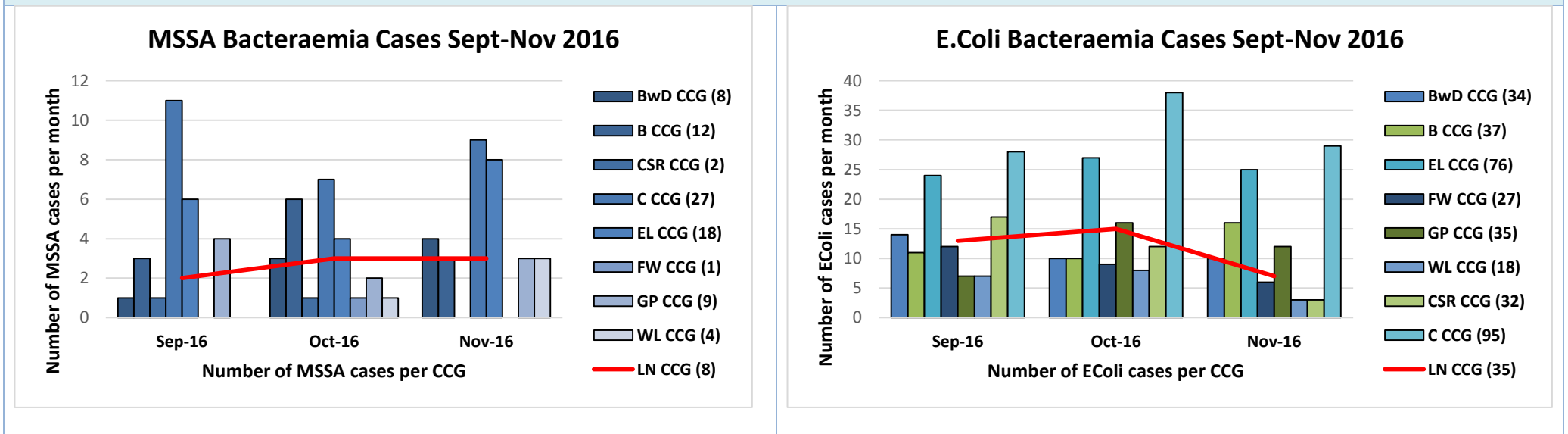
#### Supporting Analysis



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: <b>Green</b>
<p><b>Current Position / Issues</b></p> <p>A zero tolerance for MRSA bacteraemia continues. There are 0 (zero) MRSA bacteraemia reported to November 2016 with the last case in August 2015.</p> <p>For MSSA there is no trajectory, but the numbers continue to be monitored. There have been 23 cases April – November, with a slight increase in cases during Nov.</p> <p>There is no current trajectory for E coli bacteraemia, but the numbers are increasing locally. Between April and November there were 96 cases; an increase on the same period last year, however, for the period Sept-Nov 2016 there has been a decrease in number of E.coli cases for LN CCG.</p> <p>Data source: Public Health England, 9 January 2017</p>	<p><b>Actions</b></p> <ul style="list-style-type: none"> <li>This will continue to be monitored via the Anti-Microbial Resistance (ARC) Collaborative Steering Group.</li> <li>LNCCG 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 as recommended in the O'Neill report.</li> </ul>	<p><b>Risks</b></p> <p>None delivery of AMR strategy.</p>

Supporting Analysis



● Safeguarding

CCG Lead: Margaret Williams	Management Forum: Local Children's Safeguarding Board	Sustainability Rating: Amber
Current Position / Issues	Actions	Risks
	See separate safeguarding report / dashboard	

● 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																																				
<p><b>UHMB</b></p> <p>The Pareto analysis shows that approximately 90% of harms in the Trust continue to be caused by:</p> <ul style="list-style-type: none"> <li>• Grade 2 pressure ulcers</li> <li>• Catheters and urinary tract infections (UTIs).</li> <li>• Venous Thromboembolisms (VTEs)</li> </ul> <p>In November on average 92.82% of patients received harm free care (all harms) No update available for December 2016</p> <p><b>Care Homes</b></p> <p>This section is currently under review (see risks)</p> <p><i>Data source: NHS safety thermometer January 2017</i></p>	<p>UHMB safety thermometer data continues to be monitored via the CCG joint quality meeting</p>	<p>Inability to optimise learning across the health economy</p> <p>Quality of submissions from the care home sector. Some homes do not submit regularly. Others only submit for Patients on NHS Contracts.</p>	<p><b>UHMB HFC November 2016 – Pareto analysis of burden of harm</b></p> <table border="1"> <caption>UHMB HFC November 2016 – Pareto analysis of burden of harm</caption> <thead> <tr> <th>Category</th> <th>Number</th> <th>Cumulative percentage</th> </tr> </thead> <tbody> <tr> <td>PU_cat_2</td> <td>230</td> <td>~85%</td> </tr> <tr> <td>CA and UTI</td> <td>100</td> <td>~95%</td> </tr> <tr> <td>VTE_Other</td> <td>55</td> <td>~98%</td> </tr> <tr> <td>Falls_low</td> <td>35</td> <td>~99%</td> </tr> <tr> <td>VTE_PE</td> <td>30</td> <td>~100%</td> </tr> <tr> <td>PU_cat_4</td> <td>25</td> <td>~100%</td> </tr> <tr> <td>PU_cat_3</td> <td>25</td> <td>~100%</td> </tr> <tr> <td>s_moderate</td> <td>5</td> <td>~100%</td> </tr> <tr> <td>VTE_DVT</td> <td>5</td> <td>~100%</td> </tr> <tr> <td>Falls_severe</td> <td>2</td> <td>~100%</td> </tr> <tr> <td>Falls_death</td> <td>2</td> <td>~100%</td> </tr> </tbody> </table>	Category	Number	Cumulative percentage	PU_cat_2	230	~85%	CA and UTI	100	~95%	VTE_Other	55	~98%	Falls_low	35	~99%	VTE_PE	30	~100%	PU_cat_4	25	~100%	PU_cat_3	25	~100%	s_moderate	5	~100%	VTE_DVT	5	~100%	Falls_severe	2	~100%	Falls_death	2	~100%
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● Serious Incidents (StEIS), Never Events and HM Coroner Regulation 28

CCG Lead: Margaret Williams		Management Forum: UHMB Serious Incidents Requiring Investigation Panel		Sustainability Rating: Amber													
Current Position / Issues	Actions	Risks	Supporting Analysis														
<p><b>Strategic Executive Incident System (StEIS)</b> As at 8 January 2017 there were 35 serious incidents open on StEIS.</p> <p>There have been zero (0) StEIS incidents reported by UHMB in January (8<sup>th</sup>).</p> <p>There have been zero (0) new StEIS incidents reported by mental health providers in January (8<sup>th</sup>) 2017.</p> <p>There have been twenty two (22) Serious Incidents (SI's) reported by LN care home providers during Q3; none of these were StEIS reportable.</p> <p>There has been one (1) never events reported by UHMB in January.</p> <p>No HM Coroner Regulation 28 letters in January 2017.</p> <p>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.</p> <p>Data Source: MLCSU SI team</p>	<ul style="list-style-type: none"> <li>The presentation of how SI data and learning is reported is under review, this is to facilitate better use of the StEIS system to capture lessons learned. This work will form part of the boundary change Quality activity with the aim to produce one 'Bay' wide report.</li> <li>Of these 22 incidents, 15 occurred at Hillcroft sites. LNCCG are meeting with the Provider.</li> </ul> <p><b>Learning from National Regulation 28 prevention of future deaths</b></p> <ul style="list-style-type: none"> <li>Category of Incidents to be reviewed include: <ul style="list-style-type: none"> <li>MH related deaths</li> <li>Care Home Sector Deaths</li> <li>Child Deaths</li> <li>Community and Emergency Care related Deaths</li> <li>Hospital Deaths</li> </ul> </li> </ul>	<p>Inconsistency and quality of RCA reports by UHMB.</p>	<p>Serious Incidents open on StEIS (11 December, 2016) relating to LNCCG residents</p> <table border="1"> <caption>Serious Incidents open on StEIS (11 December, 2016) relating to LNCCG residents</caption> <thead> <tr> <th>Category</th> <th>Number of Incidents</th> </tr> </thead> <tbody> <tr> <td>UHMB</td> <td>19</td> </tr> <tr> <td>BTHFT</td> <td>3</td> </tr> <tr> <td>LCFT - Community</td> <td>1</td> </tr> <tr> <td>LCFT - Mental Health</td> <td>10</td> </tr> <tr> <td>LTH</td> <td>2</td> </tr> </tbody> </table>			Category	Number of Incidents	UHMB	19	BTHFT	3	LCFT - Community	1	LCFT - Mental Health	10	LTH	2
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● DATIX Incident Reporting and Soft Intelligence

CCG Lead: Margaret Williams		Management Forum: None		Sustainability Rating: <b>Green</b>																							
Current Position / Issues	Actions	Risks	Supporting Analysis																								
<p>During the period of 09 November 2016 – 17 January 2017 there have been a total of 32 incidents reported through Datix.</p> <p>Due to technical issues in accessing DatixWeb, reporting of incidents has declined within this period. Access to the site was intermittent until the end of October and many users in care and nursing homes are unable to access the site currently. Incident reporting has increased in December and January as GP colleagues regained access to the DatixWeb system.</p> <p>8 incidents were reported as resulting in moderate harm and therefore were escalated or investigated.</p> <p>Themes from 09/11/2016-17/01/2017 incidents are:</p> <ul style="list-style-type: none"> <li>• Medication</li> <li>• Pressure Ulcers</li> <li>• Medical Equipment</li> </ul> <p>Reoccurring themes year to date are:</p> <ul style="list-style-type: none"> <li>• Medication</li> <li>• Monitoring of Care: Pressure ulcers</li> <li>• Discharge documentation</li> </ul> <p>Data source: LNCCG Datix</p>	<ul style="list-style-type: none"> <li>• Key lines of enquiry are identified for walk rounds /assurance visits from intelligence collected on Datix</li> <li>• The most reported themes are over ordering of medication by community chemists and documentation.</li> <li>• CCG is currently reviewing Datix access availability and usage within the care home sector.</li> <li>• All reported incidents are reviewed and escalated if or as appropriate e.g. StEIS.</li> <li>• A provider newsletter will be shared in January with all appropriate stakeholders to encourage reporting and refresh the understanding of DatixWeb.</li> <li>• A representative of the quality team attended the LNCCG Care Home Forum in December and presented an item on Datix. A provider reporting guide was positively received and a discussion was had regarding the communication from the CCG to reporters, about how the information reported on to Datix is utilised.</li> </ul>	System not utilised, learning not applied	<p>Number of Incidents Reported 2016/2017 (Year to Date)</p> <table border="1"> <caption>Number of Incidents Reported 2016/2017 (Year to Date)</caption> <thead> <tr> <th>Month</th> <th>Number of Incidents</th> </tr> </thead> <tbody> <tr><td>Apr 2016</td><td>23</td></tr> <tr><td>May 2016</td><td>32</td></tr> <tr><td>Jun 2016</td><td>27</td></tr> <tr><td>Jul 2016</td><td>38</td></tr> <tr><td>Aug 2016</td><td>15</td></tr> <tr><td>Sep 2016</td><td>17</td></tr> <tr><td>Oct 2016</td><td>9</td></tr> <tr><td>Nov 2016</td><td>6</td></tr> <tr><td>Dec 2016</td><td>16</td></tr> <tr><td>Jan 2017</td><td>10</td></tr> </tbody> </table>			Month	Number of Incidents	Apr 2016	23	May 2016	32	Jun 2016	27	Jul 2016	38	Aug 2016	15	Sep 2016	17	Oct 2016	9	Nov 2016	6	Dec 2016	16	Jan 2017	10
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Mortality

CCG Lead: Margaret Williams	Management Forum: None	Sustainability Rating: Green	
Current Position / Issues	Actions	Risks	Supporting Analysis
<p><b>SHMI:</b> 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 0.98 (North West 1.03) represents as expected performance when compared to hospital trusts nationally and taking into account the trust's case mix.</p> <p><b>HSMR:</b> 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 relative risk for UHMB of 91 represents significantly better than expected performance when compared to hospital trusts nationally and taking into account the trust's case mix.</p> <p>Data source: November 2016 Advancing Quality Alliance</p>	<p>The AQUA reports are received quarterly and continue to be monitored</p>	<p>Deteriorated outcomes and higher risks</p>	<p><b>Summary Hospital-level Mortality Index (SHMI) with "As Expected" Banding Range</b></p> <p>AQUA Advancing Quality Alliance</p> <p>Legend:      - "As Expected" Banding Range (Red line)      - England (Blue shaded area)      - North West (Yellow diamond)      - UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST (Blue diamond)</p> <p>Copyright © 2016, re-used with the permission of NHS Digital. All rights reserved.</p>

## 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		
A detailed update was provided for the October report a further update will be provided in a future report.	<ul style="list-style-type: none"> <li>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.</li> <li>Key messages will be reported as available and with relatively small numbers themes and trends are difficult to identify.</li> </ul>				

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

CCG Lead: Margaret Williams		Management Forum: UHMB Joint Quality Assurance Meeting (UHMB/CCCG/LNCCG)		Sustainability Rating: Green	
Current Position / Issues	Outcomes	Actions			
One walk rounds took place during December 2016. The Chief Nurse (LNCCG) and Chief Nurse (CCCG) visited Maternity services at FGH as part of an assurance review.	<ul style="list-style-type: none"> <li>To be reported when complete</li> </ul>				

### ● Quality Transition arrangements and progress

CCG Lead: Margaret Williams		Management Forum: Quality Transition Group		Sustainability Rating: Green	
Current Position / Issues	Actions	Risks			
Quality Transition Group  Quality Transition overview report (to be reported separately)	<ul style="list-style-type: none"> <li>The quality transition group meeting took place on the 14 December between LNCCG and CCCG Quality representatives.</li> <li>A programme of activity agreed with functional leads is reporting progress into the Quality transition group.</li> <li>Safeguarding will be the first detailed report fed into the Transitioning Executive for consideration</li> </ul>	Loss of quality assurance / monitoring / reporting continuity			

● Women's and Children's Services

CCG Lead: Julia Westaway		Management Forum: Maternity Commissioning and Development Meeting	Sustainability Rating: Amber
Current Position / Issues	Actions	Risks	
An Antenatal & Newborn Screening QA Visit was undertaken recently. The full report is not yet available. The overall visit went well.	Once the full report is released, the Trust will formulate an action plan (as appropriate). Action plan progress will be monitored via NHSE and reported via the Maternity Commissioning, Performance and Development Group.		

● Patient Group Updates

CCG Lead: Margaret Williams		Management Forum: None	Sustainability Rating: Green
Current Position / Issues	Actions	Risks	Supporting Analysis
<p><b>Healthwatch Lancashire</b></p> <p>The report described below was published on the 2 December 2016. Healthwatch Lancashire is committed to listening to patients and members of the public in Lancashire and making sure their views and experiences are heard by those who run, plan and regulate health and social care services.</p> <p>On Tuesday 20th September and Thursday 22nd September 2016, two project officers from Healthwatch Lancashire gathered survey responses from patients at <b>York Bridge Surgery in Morecambe</b>, to obtain the views of people using the service and to observe the environment. This report summarises reviews from 36 patients.</p>	<p>Summary Headlines</p> <ul style="list-style-type: none"> <li>• The majority of the patients we spoke to make their appointment by phone, however, although some booked at reception due to difficulties getting through on the phone.</li> <li>• The majority of the patients did not use the online booking facility. The main reason given was that patients did not want to use the service, although some did not use a computer.</li> <li>• The majority of the patients received a reminder for their appointments on the days of the visits.</li> <li>• The majority of the patients we spoke to said they had difficulty getting same day /urgent appointments, although 22% did say they had no difficulties. The main issues raised were: waiting longer in order to see your designated GP, trying to get through on the phone and the lines being constantly engaged.</li> <li>• 53% of the patients we spoke to said their experience of booking appointments could be improved, 25% said it was poor and 22% said it was excellent.</li> <li>• The majority of patients did not have any difficulties getting to the surgery.</li> <li>• The majority of patients found the opening times of the surgery convenient. However, some patients said evening and</li> </ul>		<p><a href="http://healthwatchlancashire.co.uk/wp-content/uploads/2014/06/20161014_PED_York-Bridge-Surgery-V1.pdf">http://healthwatchlancashire.co.uk/wp-content/uploads/2014/06/20161014_PED_York-Bridge-Surgery-V1.pdf</a></p> <p>The detailed report can be found through the above link.</p>

	<p>weekend appointments would be helpful.</p> <ul style="list-style-type: none"><li>• The majority of patients were happy with most of the staff at the surgery.</li><li>• The majority of patients felt that they were listened to during their appointments and found the information they received helpful. However, some patients felt that the time allocated was not enough to talk about your health related issues, felt rushed and had to make two appointments to talk about two different issues.</li><li>• 58% of the patients we spoke to were satisfied with the care provided whilst 33% were very satisfied.</li><li>• 90% of the patients had not heard of the surgery's Patient Participation Group and most were not interested in joining. 30% said they may or were interested in joining.</li></ul>		
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● Patient Feedback, Surveys and Friends and Family Test (FFT)

CCG Lead:	Margaret Williams	Management Forum:	UHMB Joint Quality Assurance Meeting	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	
<p><b>UHMB FFT</b></p> <p>In <b>November</b> 2016, the percentage return rate for Accident and Emergency was <b>22.9%</b> (BTH, 25%, LTH, 13.5%) against a target of 20%. The percentage who would recommend the department was <b>90%</b> a small increase on the October figure.</p> <p>The percentage response rate for inpatients was <b>31.4%</b> (target 40%) a slight decrease on the October figure. The percentage who would recommend the department was <b>95%</b>, a slight increase on the October figure.</p> <p>The number of returns for the outpatient department was <b>3,011</b> against an eligible population of <b>24,971</b>. There is currently no target for outpatient returns. The percentage who would recommend the department remains at <b>95%</b>.</p> <p><b>*UHMB Maternity FFT</b></p> <p><b>GP FFT</b> to be reported in February / March</p>		<ul style="list-style-type: none"> <li>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 results. Progress will be carefully monitored.</li> </ul> <p>*The November figures released by NHSE have been challenged by LNCCG as they indicate that UHMB had only 38 births during November 2016. The CCG is awaiting the outcome of an investigation by the Director of Midwifery, Gynaecology and Obstetrics at UHMB.</p>		<ul style="list-style-type: none"> <li>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 visiting the same clinic) is proving to be ambitious.</li> <li>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.</li> <li>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.</li> </ul>	
<p><b>Blackpool Community FFT</b></p> <p>In <b>November</b> 2016, the number of returns for community services was <b>1,291</b> against an eligible population of <b>33,350</b>. The percentage who would recommend services is <b>99%</b>. Data source: NHSE November 2016</p>		<p>The <b>November</b> data, published in <b>January2017</b> for Community services;</p> <ul style="list-style-type: none"> <li>Children’s and Family Services; <b>97%</b> would recommend</li> <li>Community Healthcare Other; <b>100%</b> would recommend</li> <li>Community Nursing Service; <b>100%</b> would recommend</li> <li>Rehabilitation and Therapy Service; <b>99%</b> would recommend</li> <li>Specialist services; <b>98%</b> would recommend</li> </ul>			

## Clinical Effectiveness

### Care Quality Commission (CQC) Ratings

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues				Actions	Risks
<p><b>Primary Care</b> 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.</p> <p><b>UHMB</b> The Trust moved from 'special measures' to 'requires improvement' in December 2015. CQC revisited and undertook an inspection on the 11 to 14 October 2016. <a href="#">The 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&amp;E 4 hour waiting.</a></p> <p><b>Lancashire Care NHS Foundation Trust (LCFT)</b> 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".</p> <p><b>Cumbria Partnership NHS Foundation Trust (CPFT)</b> In the latest report published on the 23 March 2016 overall the Mental Health Trust was rated as "Requires Improvement".</p> <p><b>North West Ambulance Service (NWAS)</b> In the latest report published on the 19 January 2017 overall the service was rated as "Requires Improvement".</p> <p><b>LN CCG Care Home Sector</b> There are a total of 24 homes in the CCG assurance framework</p> <p><b>Homes included in the CCG Assurance Framework</b></p> <p><b>Holywell Residential Home , Learning Disabilities, Morecambe</b> <a href="#">No further update provided by CQC (January 2017)</a></p> <p><b>Homes not included in the CCG Assurance Framework (for information only)</b></p> <p><b>Malvern House Residential Home, Heysham</b> <a href="#">No further update provided by CQC (January 2017)</a> The Provider received a further inspection in April, report published September. The service was rated as "Inadequate and placed in "special measures"</p> <p>Data source: CQC website <a href="#">January 2017</a></p>				<p>The full report can be found at the link below. <a href="http://www.cqc.org.uk/sites/default/files/new_reports/AAAF9483.pdf">http://www.cqc.org.uk/sites/default/files/new_reports/AAAF9483.pdf</a></p> <p>No actions required by CCG. Improvement actions are being monitored by LCC and the CQC.</p> <p>Improvement actions monitored by LCC and the CQC. <i>No LNCCG commissioned placements at this home</i></p>	<p>None currently</p>

● Commissioning for Quality and Innovation (CQuIn)

CCG Lead:	Margaret Williams	Management Forum:		Sustainability Rating:	Green																																										
Current Position / Issues	Actions		Risks	Supporting Analysis																																											
<p><b>UHMB - Quarter 2 2016/17 National CQuIn position</b></p> <p>The next CQuIn update will appear following the Q3 submission from UHMB due on 20 January 2017</p>	<p>The 2016/17 National CQUIN indicators / measures / milestones agreed are being monitored and reviewed regularly by LNCCG, CCCG and UHMB the outcome(s) are reported quarterly.</p> <p>The Trust and BCT Partners are currently negotiating the local CQUIN indicators / measures for 2016/17</p>		None identified	<p>National CQuIn Summary by Qtr</p> <table border="1"> <thead> <tr> <th>UHMB National</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Healthy Staff</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Healthy food</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Flu vaccinations</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sepsis (A&amp;E)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sepsis (Inpatients)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>antibiotic consumption</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>antibiotic prescriptions</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				UHMB National	Q1	Q2	Q3	Q4	Healthy Staff					Healthy food					Flu vaccinations					Sepsis (A&E)					Sepsis (Inpatients)					antibiotic consumption					antibiotic prescriptions				
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<p><b>BTH Community Services Quarter 2 2016/17 National CQuIn position</b></p> <p>The next CQuIn update will appear following the Q3 submission from UHMB due on 20 January 2017</p> <p>Data source: LNCCG Quality Team</p>	<p>The 2016/17 National CQUIN indicators / measures / milestones agreed are being monitored and reviewed regularly by LNCCG and BTH Community Services, although the measures for community services are limited to improving the flu vaccination rate in line with PHE standards.</p>		None identified	<table border="1"> <thead> <tr> <th>BTH Community National</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Healthy Staff</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Healthy food</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Flu vaccinations</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sepsis (A&amp;E)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sepsis (Inpatients)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>antibiotic consumption</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>antibiotic prescriptions</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				BTH Community National	Q1	Q2	Q3	Q4	Healthy Staff					Healthy food					Flu vaccinations					Sepsis (A&E)					Sepsis (Inpatients)					antibiotic consumption					antibiotic prescriptions				
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Workforce (UHMB only)

CCG Lead: Margaret Williams		Management Forum: None	Sustainability Rating: Amber																																																																			
Current Position / Issues	Actions	Risks	Supporting Analysis																																																																			
<p><b>Workforce (Table 1)</b> UHMB are submitting a regular workforce update / dashboard to LNCCG for information. Exceptions will be reported here.</p> <p><b>Attendance (Graph 1)</b> UHMB are submitting a regular workforce update / dashboard to LNCCG for information. Exceptions will be reported here.</p> <p>Data source: UHMB workforce assurance report (November 2016)</p>	<ul style="list-style-type: none"> <li>E-appraisal system in place for Leadership appraisal. Weekly follow up with individual emails to appraisees and appraisers.</li> <li>Activity continues to improve compliance - some appraisals are being deferred due to continuing acute service pressures. A significant number of new staff have joined the organisation in recent months, some of whom will not yet have had their appraisal scheduled.</li> <li>Trust attendance levels for 2016/17 are equal to the same period in 2015/16. Overall attendance was showing a downward trend since a peak in March but the improvement in September has remained in October. UHMBT has performed slightly better than the North West regional average (August 2016, 95.4%).</li> <li>Advice and support continues for Divisional teams to improve attendance from the Workforce Delivery Team and Occupational Health &amp; Wellbeing Services. Long term absence cases are reviewed on a monthly basis by the divisional workforce teams, supported by Occupational Health &amp; Wellbeing advice and recommendation, including regarding reasonable adjustments to facilitate a return to work.</li> </ul>		<p><b>UHMB Staff Appraisal Rates (November 2016)</b></p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Appraisal</th> </tr> <tr> <th>2015/16 Actual</th> <th>2016/17 Actual</th> <th>November</th> </tr> </thead> <tbody> <tr> <td>Leadership Appraisals</td> <td>100%</td> <td>95%</td> <td>95%</td> </tr> <tr> <td>All Other Staff Appraisal</td> <td>95%</td> <td>87%</td> <td>78%</td> </tr> </tbody> </table> <p><b>Graph 1 Staff attendance UHMB (November 2016)</b></p> <table border="1"> <caption>12 Month Rolling Attendance WTE % Nov-Oct</caption> <thead> <tr> <th></th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>Jun</th> <th>Jul</th> <th>Aug</th> <th>Sep</th> <th>Oct</th> </tr> </thead> <tbody> <tr> <td>Last Year</td> <td>95.2%</td> <td>95.2%</td> <td>95.0%</td> <td>95.0%</td> <td>95.1%</td> <td>95.1%</td> <td>95.1%</td> <td>95.1%</td> <td>95.3%</td> <td>95.2%</td> <td>95.5%</td> <td>95.5%</td> </tr> <tr> <td>This Year</td> <td>95.5%</td> <td>95.7%</td> <td>95.4%</td> <td>95.6%</td> <td>95.8%</td> <td>95.6%</td> <td>95.6%</td> <td>95.5%</td> <td>95.5%</td> <td>95.4%</td> <td>95.5%</td> <td>95.5%</td> </tr> <tr> <td>Target</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> <td>95.7%</td> </tr> </tbody> </table>		Appraisal			2015/16 Actual	2016/17 Actual	November	Leadership Appraisals	100%	95%	95%	All Other Staff Appraisal	95%	87%	78%		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Last Year	95.2%	95.2%	95.0%	95.0%	95.1%	95.1%	95.1%	95.1%	95.3%	95.2%	95.5%	95.5%	This Year	95.5%	95.7%	95.4%	95.6%	95.8%	95.6%	95.6%	95.5%	95.5%	95.4%	95.5%	95.5%	Target	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%	95.7%
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● Safe Staffing (UHMB only)

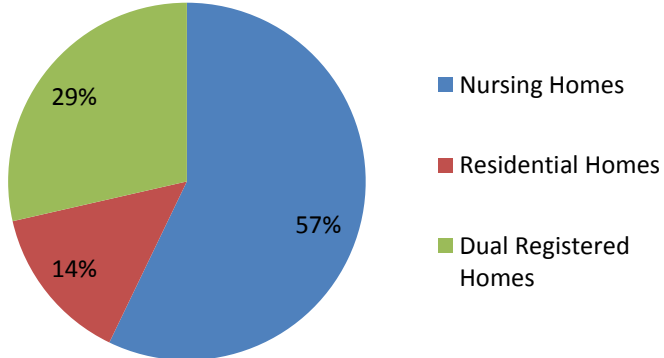
CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber																					
Current Position / Issues	Actions		Risks	Supporting Analysis																						
<p>UHMB are submitting a monthly detailed workforce dashboard to LNCCG for information. Exceptions will be reported here.</p> <p>.</p> <p>Data source: UHMB workforce assurance report (November 2016)</p>	<ul style="list-style-type: none"> <li>• Successful focus on Consultant recruitment continues, reducing establishment staffing levels to 2.8% once appointees take up post. Nursing and Midwifery recruitment has been successful. Following the recent campaign in India, and social media campaign for registered nursing, all vacancies will be filled once appointees take up post.</li> <li>• Midwifery staffing is within 6.7% of establishment once new starters commence.</li> <li>• EU recruitment is currently being explored for Midwives. Focused activity continues for both Consultant and Registered Nursing and Midwifery roles.</li> <li>• 7.3 WTE Registered Nurses, 4 WTE Midwives and 3 Consultants commenced in post in November 2016.</li> </ul>		<p>Increased risk of incidents across the Trust and low levels of staffing on a number of wards</p>	<table border="1"> <caption>Staff movement 12 month WTE</caption> <thead> <tr> <th></th> <th>Registered Nursing</th> <th>Midwives</th> <th>Clinical support workers</th> <th>Consultants</th> <th>All Other Medical</th> <th>AHP</th> </tr> </thead> <tbody> <tr> <td>Nov-15</td> <td>1272.0</td> <td>124.4</td> <td>656.3</td> <td>203.6</td> <td>177.4</td> <td>243.8</td> </tr> <tr> <td>Nov-16</td> <td>1278.17</td> <td>149.40</td> <td>661.81</td> <td>208.41</td> <td>168.61</td> <td>252.63</td> </tr> </tbody> </table>			Registered Nursing	Midwives	Clinical support workers	Consultants	All Other Medical	AHP	Nov-15	1272.0	124.4	656.3	203.6	177.4	243.8	Nov-16	1278.17	149.40	661.81	208.41	168.61	252.63
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● Primary Care

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Green
Current Position / Issues	Actions		Risks	Supporting Analysis	
<p>The Primary Care Improving Quality Group (PCIQG) met in December to review its terms of reference and future focus up to and following the LNCCG Boundary change.</p>	<ul style="list-style-type: none"> <li>• Reviewed the December dashboard (provided by the LNCCG BI /Performance team) and noted the improvement in C Diff and antibiotic prescribing.</li> <li>• Considered a system called Aristotle which may provide the CCG and Practices with comparative data to help identify priorities and address variation, but for now will continue to review the dashboard provided by the LNCCG performance team.</li> <li>• Considered triangulation data and Right Care information both of which will inform a work plan for the group and GP.</li> <li>• Respiratory care should remain a focus, and the Group noted that Spirometry training is planned for delivery in Primary Care as it has a major impact on secondary care.</li> <li>• Discussed in detail the role of the ICC's and the future work of the PCQIG following boundary change.</li> </ul>				

<p>A Safeguarding Leadership Forum for Primary Care and for the Care Home Sector will commence from January 2017 in Lancashire North with a view to extend to include ICC footprints in South Lakes and Barrow</p> <p>Data Source: Chair, PCIQG, LNCCG</p>			
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● Care Home Sector / Continuing HealthCare (CHC)

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber								
Current Position / Issues	Actions	Risks	Supporting Analysis										
<p>The Individual Patient Activity (IPA) Board was established to include representatives from all Lancashire CCGs.</p> <p>Further IPA/CHC updates will be reported here.</p> <p>7 LN providers are currently in the multiagency RADAR process (December 2016):</p> <ul style="list-style-type: none"> <li>• 3 nursing homes (Morecambe)</li> <li>• 1 nursing home under review (Morecambe)</li> <li>• 1 residential homes (Morecambe)</li> <li>• 2 dual registered (Residential/Learning Disabilities) (Heysham and Morecambe)</li> </ul> <p>Of those:</p> <ul style="list-style-type: none"> <li>• 3 providers placed under CQC special measures</li> <li>• 2 under formal suspension for new placements (no CCG commissioned placements)</li> <li>• 2 residential provider in QIP process</li> </ul> <p>Morecambe Bay Care Home is currently under additional review by LNCCG, MLCSU and LCC due to an increase in safeguarding alerts.</p> <p>Data source: RADAR meeting minutes (Dec 16)</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Actions include:</p> <ul style="list-style-type: none"> <li>• Compliance action plan in place.</li> <li>• Specialist learning disability nurse involved with homes and providing substantial support.</li> <li>• CCG safeguarding team continue to work with providers to ensure full compliance across all standards,</li> </ul> <p><b><u>Emerging Provider themes and trends from RADAR</u></b></p> <ul style="list-style-type: none"> <li>• Ineffective leadership and management</li> <li>• Lack of staffing and high agency use</li> <li>• Inadequate levels of training</li> <li>• Inadequate care plan documentation</li> </ul>		<p>Seven (7) CHC Providers in RADAR Process (December 2016)</p>  <table border="1"> <caption>CHC Providers in RADAR Process (December 2016)</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Nursing Homes</td> <td>57%</td> </tr> <tr> <td>Residential Homes</td> <td>14%</td> </tr> <tr> <td>Dual Registered Homes</td> <td>29%</td> </tr> </tbody> </table>			Category	Percentage	Nursing Homes	57%	Residential Homes	14%	Dual Registered Homes	29%
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● Learning Disabilities (Transforming Communities)

CCG Lead:	Jeanette Buckland	Management Forum:	None	Sustainability Rating:	Red
Current Position / Issues	Actions/Progress to Date		Risks	Supporting Analysis	
<p>NHSE are very positive regarding the LNCCG position for LD.</p> <p>The Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) found that people with learning disabilities were dying younger than other people.</p>	<ul style="list-style-type: none"> <li>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)</li> <li>Discharge coordinators gathering themes and challenges, Presented to LD commissioners network each month.</li> <li>LNCCG compliance rate for 14/15 was 53%. This was the best performance rate of all Lancashire CCG's but there is still some way to go. Data for 15/16 has been requested from NHSE.</li> <li>Weekly returns and teleconferences are currently being held with NHSE</li> </ul> <p>The new work is called <b>Learning Disabilities Death Review Programme (LeDeR Programme)</b></p> <ul style="list-style-type: none"> <li>The LeDeR team in Bristol will be collecting information for all deaths of people who have a learning disability</li> <li><a href="http://www.bristol.ac.uk/sps/leder">http://www.bristol.ac.uk/sps/leder</a></li> <li>The completed review and action plan if needed will be sent to the national LeDeR team and the local area contact</li> </ul> <p>Purpose: To help health and social care professionals and policy makers to</p> <ul style="list-style-type: none"> <li>Identify the potentially avoidable contributory factors related to deaths of people with learning disabilities.</li> <li>Identify variation and best practice in preventing premature mortality of people with learning disabilities.</li> <li>Develop action plans to make any necessary changes to health and social care service delivery for people with learning disabilities.</li> <li>Death notification – centrally – collection of core data. Deaths reported to Local Area contact and allocated to local reviewer.</li> <li>Local reviewer conducts initial review. Initial review involves completion of filter questions based on discussion with someone who knew the deceased person well, and review of a relevant set of notes.</li> <li>If no further review necessary – completed form (and any action plan) returned to Local Area contact and LeDeR team.</li> <li>If further review is indicated, multiagency review led by local reviewer. This involves collation of case documentation, holding a multiagency meeting at which potentially contributory factors leading to death are discussed, learning points, recommendations and action plan agreed.</li> <li>Completed form (and any action plan) returned to Local Area contact and LeDeR team.</li> </ul>		<p>Capacity to maintain delivery of growing agenda i.e. LeDeR mortality review programme</p> <p>Understanding and assessing the current LD activity within CCG</p>		

CCG Lead:	Jeanette Buckland	Management Forum:	None	Sustainability Rating:	Red
Current Position / Issues	Actions/Progress to Date		Risks	Supporting Analysis	
Data source: LNCCG LD lead	<ul style="list-style-type: none"> <li>Lessons learned, themes and recommendations are brought to the Local Steering Group, and cascaded to Local Child and Adult Safeguarding Boards, Quality Surveillance Group and Transforming Care Board.</li> </ul>				

● External Investigations and Reviews

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Green
Current Position / Issues	Actions		Risks		
<p><b>Cancer of Unknown Primary (UHMB Peer Review)</b> Following the self-assessment undertaken by UHMB earlier in the year several areas of concern were raised by NHSE, Lancashire quality surveillance team.</p> <p>MIAA Audit "Quality of Commissioned Services"</p> <p>Data source:</p>	<ul style="list-style-type: none"> <li>Action plan developed by UHMB for monitoring by CCG and LNCCG.</li> <li>Full action plan disclosed at the Assuring Quality Group 21 November by UHMB Medical Director</li> <li>In January 2017 LNCCG Primary Care clinical leads reviewed the action plan and agreed to feedback to UHMB through the Quality Assurance Group in February.</li> <li>During December, as part of the agreed Internal Audit programme MIAA undertook an audit of the LNCCG processes for developing, monitoring and reporting CQuIn and quality schedules within the NHS Contract. The draft was received January 2017 and is under LNCCG review.</li> </ul>				

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	
<b>12 hour breaches</b>	<p>The Executive Team will only receive reports in the Quality Improvement and Assurance report regarding 12 hour breaches which result in patient harm(s) NHS England has confirmed that 12 hour breaches do not need to be StEIS reported unless harm occurred to the patient. No 12 hour breach StEIS reportable cases identified in November 2016 <a href="#">The A&amp;E Delivery Board will receive a update position report in January 2017</a></p>		Increasing number of long waits in the ED.		