

AGENDA ITEM NO: 10.0.

Meeting Title/Date:	Governing Body - 17 September 2019		
Report Title:	Quality Improvement and Assurance Report Quarter 2 July 2019 - August 2019 Exceptions Report		
Paper Prepared By:	Lorraine Evans	Date of Paper:	9 September 2019
Executive Sponsor:	Margaret Williams	Responsible Manager:	Sue Bishop
Committees where Paper Previously Presented:	Executive Committee - 10 September 2019.		
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:	<p>The attached report is provided to ensure the Executive Management Team, Governing Body and Quality Improvement Committee are appraised of the MBCCG Q2 July and August position exceptional quality activity, monitoring and actions.</p> <p>Please refer to Appendix I for the main report. The main report outlines how the CCG delivers its statutory duties to maintain and improve quality of services commissioned including safety and experience.</p> <p>The areas covered align to the delegated duties of the Executive Chief Nurse.</p>		
Recommendation(s):	To appraise and agree the detail covered in the report.		
	Please Select Y/N		
Identified Risks: (Record related AF or RR reference number)	AF199: Failure to instil a culture of continuous improvement to achieve quality outcomes RR204: Quality of care below expected standard may impact patient outcome and experience.		Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	The report describes quality aspects of services commissioned for the population of Morecambe Bay.		Y
Strategic Objective(s) Supported by this Paper:			Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities			X
Better Care - improve individual outcomes, quality and experience of care			X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total			X
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MBCCG Quality Improvement and Assurance Report

Successes this reporting period (July/August 2019)

LeDeR – (Pg.7)

Under Review	Awaiting allocation	Completed	To go through QA Process	Total Review Allocation
22	4	5	3	34

The funding commitment from NHSE/I to commission CSU & ICS reviewers, has resulted in the historic backlog being addressed. This has had a direct impact on the Risk Register rating for MB CCG which has now reduced.

MBCCG Quality Improvement and Assurance Report

Areas of concern this reporting period (July/August 2019)

E.Coli – (Pg.8)

Challenges

Gram Negative Infection Rates continue to be reported above trajectory.

Mitigating Actions

ICS have identified a lead SRO in their area for AMR. This role will oversee the implementation and delivery of an ICS-wide AMR strategy (including IPC) to drive improvement with a robust governance and assurance framework to support improvement.

NHSE/I are hosting an event in October to support the development of AMR plans across health systems.

The MB AMR Collaborative will meet again in September to continue to progress local developments including:

- Develop guidance on reducing the risk of UTIs, preventing dehydration
- Utilise available surveillance
- Develop and arrange training sessions

- Link in with primary care nurses.

12 Hour Acute Breaches (Pg.11) - Zero tolerance

The number of 12-hour breaches for July and August 2019/20 has shown a 40% decrease, compared with July and August 2018/19. In July and August 2019/20, patients solely requiring mental health care comprised the majority of breaches (a total of 10) compared to 2 patients requiring physical health care with follow-on mental health care. During this period, 1 breach occurred at FGH whereas 11 occurred at RLI.

Challenges

Some of the root causes for breaches identified during July and August 2019 are as follows:

- Site Pressures
- Higher Acuity Patients in ED
- Wait for Mental Health beds.

Mitigating Actions

- Two additional mental health bays within RLI ED which are now awaiting full risk assessment.
- NWAS revised Standard Operating Procedures to reduce delays in transporting patients from ED to other health care facilities or to their place of residence.
- Invited to police to participate in the weekly 12-hour breach meetings, when appropriate.

Cancer waiting Times-treated within 62 days from national screening to treatment (Pg.13)

Challenges

In June, MB only achieved 66.67% against target of 90%. This equates to 2 patients. It has been identified that bowel screening is a contributing factor as there are difficulties with accessing colonoscopy at certain sites and an increase in demand for colonoscopies. It is anticipated that the introduction of Faecal Immunochemical Testing (FIT) will also increase demand.

Mitigating actions

Concerns have been escalated with request for detailed information of any patients who have come to harm.to be provided in the September Assuring Quality Group.

RTT-52 week waits (Pg.15)

Challenges

RTT continues to be an issue.

Mitigating actions

Concerns over the number of 52-week breaches have been escalated to the Elective Care Board with a number of resulting actions. (Please refer to the ICP Constitutional Performance Report). There have been no reported safety issues at this time and some of the causal factors include DNA and patients cancelling appointments.

EMSA (Pg.14)

EMSA continues to be an issue.

Challenges

The trust report breaches on ICU where patients remain on the unit longer term but no longer require ICU interventions. This is due to issues with bed flow.

Mitigating actions

The CCG is seeking assurance from UHMB that actions are in place to reduce EMSA on its ICU and how they can better manage flow of patients out of ICU. Following an assurance visit to the RLI ITU, the CCG are arranging a visit alongside UHMB to Lancashire Teaching Hospitals to understand how they manage their EMSA breaches.

CHC Quality Premiums (Pg.33)

The CCG are not achieving the Quality Premium as set nationally by NHSE.

Challenges

- There are a number of organisations involved within the CHC process with different interpretation of the CHC framework.
- Ceasing of spot purchase of placements within care homes has affected DST within an acute setting.
- Workforce capacity alongside confidence to undertake DSTs.
- Different information recording systems.

Mitigating Action

- Discharge to Assess pathway continues to mature to determine the future model for undertaking DSTs out of an acute setting
- CHC transformation workshops continue involving a number of organisations involved in the CHC pathway. A number of actions emerge from these and are taken forward to improve the pathway.
- Data provided to CCG is improving enabling a deeper dive of gaps and issues with regards to individuals waiting over 28 days for a DST. Actions from the outcomes of these are being taken forward whilst deep dives continue.
- ICP have set its improvement projection for improvement against the CHC Quality Premium standards. Though overall not meeting national standards, local ICP Protected improvement met in Q1.