

**AGENDA ITEM NO: 12.0.**

<b>Meeting Title/Date:</b>	Governing Body - 17 March 2020		
<b>Report Title:</b>	Quality Improvement and Assurance Report Quarter 3: October 2019 - December 2019 Exceptions		
<b>Paper Prepared By:</b>	Lorraine Evans	<b>Date of Paper:</b>	29 January 2020
<b>Executive Sponsor:</b>	Margaret Williams	<b>Responsible Manager:</b>	Sue Bishop
<b>Committees where Paper Previously Presented:</b>	Quality Improvement Committee - 4 February 2020.		
<b>Background Paper(s):</b>	The Functions and Duties of Clinical Commissioning Groups first published March 2013 Health and Social Care Act 2012 (Section 26).		
<b>Summary of Report:</b>	<p>The attached report is provided to ensure the Executive Management Team, Governing Body and Quality Improvement Committee are appraised of the MBCCG Q3 position exceptional quality activity, monitoring and actions. It should be noted that additional exceptions have been identified and added after the Q3 full report production that have been included in this exceptions report for Governing Body.</p> <p>The main report outlines how the CCG delivers its statutory duties to maintain and improve quality of services commissioned including safety and experience. The main report can be found here:-</p> <p><a href="#">G:\Corporate\Meetings, Dev Days &amp; Workshops\Governing Body - BC\MBCCG\QIC - 04_02_20</a></p> <p>The areas covered align to the delegated duties of the Executive Chief Nurse.</p>		
<b>Recommendation(s):</b>	To appraise and agree the detail covered in the report.		
			<b>Please Select Y/N</b>
<b>Identified Risks:</b> (Record related AF or RR reference number)	<p>AF199: Failure to instil a culture of continuous improvement to achieve quality outcomes.</p> <p>RR204: Quality of care below expected standard may impact patient outcome and experience.</p>		Y
<b>Impact Assessment:</b> (Including Health, Equality,	The report describes quality aspects of services commissioned for the population		Y

Diversity and Human Rights)	of Morecambe Bay.	
<b>Strategic Objective(s) Supported by this Paper:</b>		<b>Please Select (X)</b>
<b>Better Health</b> - improve population health and wellbeing and reduce health inequalities		X
<b>Better Care</b> - improve individual outcomes, quality and experience of care		X
<b>Delivered Sustainably</b> - create an environment for motivated, happy staff and achieve our control total		X
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**Quality Improvement and Assurance Report Quarter 3 (1<sup>st</sup> October 2019 – 31<sup>st</sup> December 2019)**  
**Exceptions**

**Successes this reporting period (Q3)**  
**Leadership and Workforce**

**GP Leadership Forums**

The Safeguarding GP Leadership Forums for Quarter 3 have been held in November and December 2019 for Lancaster and Barrow. The Kendal Forum is planned for January 2020. The focus was Adult Safeguarding and the session explored the thresholds for Adult Safeguarding and provided the opportunity for case discussion and shared learning from Serious Adult Reviews and Learning Events. GP's and Primary Care Staff in attendance were made aware of the practice support tools available .

The forums were an opportunity for GP colleagues to become familiar with Safeguarding thresholds guidance to consider when making future referrals. Also, to review the Intercollegiate training document to inform them on their own staff training needs and to provide an opportunity for open discussion and supervision around Safeguarding cases. Learning from a case around hoarding and self-neglect was addressed to inform future practice.

**GP Practitioner Learning Events (PLT's)**

GP PLT event was held in October across the MBCCG footprint. The topic of the session included an MCA Masterclass facilitated by Hill Dickinson Solicitors; Self Neglect and Hoarding & DNACPR delivered by Advocacy. Attendance was good and attendees are offered the opportunity to provide feedback about the event. Some of that feedback has been summarised below:-

- 68% of attendees either agreed or strongly agreed that the guest speakers were informative.
- 61% of attendees either agreed or strongly agreed that the content was pitched to the correct audience.
- 62% of attendees either agreed or strongly agreed that the whole event was useful and worthwhile.

A further event occurred in Lancaster in February 2020.

**Practice Nurses (added 10/03/2020)**

- HEE has released funds as part of the upskilling flexible cash which can be utilised as of 2020/12.
- UHMBT have invited practice nurses to join HCAI training events.

**Preventing Ill Health and Reducing Health Inequalities**

**E.Coli (Pg.11) (added 10/03/2020)**

There have been early signs of improvement in terms of cases numbers, with a reduction from 312 in 2017/18 cases to 257 in 2018/19 which is a 17% decrease. At time of reporting, it's not clear what contributed to this reduction but figures will continue to be monitored.

## Quality Improvement and Assurance Report Quarter 3 (1<sup>st</sup> October 2019 – 31<sup>st</sup> December 2019) Exceptions

Areas of concern this reporting period (Q3) Provision of high quality care
<p><b><u>12 Hour Breaches (Pg. 12)</u></b></p> <p><b>Challenges</b></p> <p>There was a spike of 26 12-hour breaches within a 96-hour period on the 6th, 7th 8th and 9th of December 2019. This was due to bay and bed closures at both RLI and FGH in respect of a flu and norovirus outbreak. All of these breaches were for patients requiring physical health care and will be cluster reported as per NHSE guidelines. NHSE have extended this guidance until March 2020.</p> <p><b>Mitigating Actions</b></p> <ul style="list-style-type: none"> <li>• A project has been established, tracking the 20 most frequent attenders at RLI ED who access mental health services. This is a collaborative project between LSCFT, UHMBT and Third Sector agencies, mapping the referral of patients to partner agencies with the aim of reducing attendances at ED.</li> <li>• From December 2019, MHLT have begun the placing of 6 additional mental health support workers within ED and partner third sector agencies.</li> <li>• The Annexe at RLI ED is being used more regularly, particularly for the assessment of patients. Work is ongoing to ensure safe staffing levels, in addition to reviewing the suitability of the environment.</li> <li>• The pathway for patients requiring mental health services was mapped against a 'best case scenario'. This revealed that the time taken from Decision to Admit to transfer would take 12 hours where a patient was subject to the Mental Health Act, and 11 hours without.</li> <li>• A tool has been developed by the Quality &amp; Safeguarding team within the CCG which allows the accurate mapping of a patient's journey through ED. It highlights the specific lengths of time between significant events during the process of finding a patient a bed or aiming for discharge.</li> </ul>
<p><b><u>Supporting the assurance of urology services including walk round processes</u></b></p> <p>The Trust believes that it has a robust SI and assurance process. The urology issue is a longstanding case which spans over 20 years. Whilst the publicity relating to this suggests a lack of robust governance processes, the Trust requested an NHSE I independent investigation to explore whether these processes have resulted in a patient safety issue in urology. The Lesson learnt from Kirkup have been widely disseminated across the Trust and external reviews into Governance, and specifically a round urology have been shared with regulators through the Urology Oversight meeting. The independent review by NICHE will provide a fair and objective assessment of how the trust has handled this. We are keen to learn any lessons that will enable us to move further forward and will ensure that we continue to share learning at each stage of the regulatory process.</p> <p>CCG attend the monthly Trust SIRI panel where all StEIS reported incidents and thematic reports are presented. the completion of RCA action plans is overseen by this group. CCG seek further assurance on the sustainability of completed actions and their effectiveness. CCG Executive Committee and Governing Body are well sighted around the assurance process the CCG is undertaking for Urology services. In addition, Clinical Executives are able to further scutinise and challenge, where required.</p> <p>The CCG have completed evidence submission for the NICHE independent review. This is anticipated to conclude at the end of 2020.</p> <p>The CCG are awaiting the outcomes of the RCS 2016 review, it is anticipated that feedback will be provided at the next Urology Oversight meeting in March.</p>
Preventing Ill Health and Reducing Health Inequalities
<p><b><u>E.Coli (Pg. 11)</u></b></p> <p><b>Challenges</b></p>

## Quality Improvement and Assurance Report Quarter 3 (1<sup>st</sup> October 2019 – 31<sup>st</sup> December 2019) Exceptions

### Areas of concern this reporting period (Q3)

Gram Negative Infection Rates continue to be reported above trajectory. E.coli rates in the North West region are noted as high in comparison to other areas of the UK.

NHS England published the draft standard contract which has, for many years, included targets relating to MRSA and C difficile (CDI). The NHS has continued to achieve year-on-year reductions in the rates of these bloodstream infections, but rates of other gram-negative bloodstream infections (E.Coli, MSSA, Klebsiella and Pseudomonas) have generally risen, and these now pose a more significant challenge. NHS England and NHS Improvement now propose to set annual targets for Trust- and CCG-level reductions in these other gram-negative bloodstream infections, it is intended that these should be reflected in the Contract.

A link to the 2020/21 contract can be found:

<https://www.england.nhs.uk/wp-content/uploads/2019/12/8-contract-technical-guidance-20-21.pdf>

#### Mitigating Actions

The ICS has identified a Senior Responsible Officer for AMR. This role will oversee the implementation and delivery of an ICS-wide AMR strategy (including IPC) with a robust governance and assurance framework to support improvement.

NHSE/I hosted an event in October for system leaders within the North West to support the development of AMR plans across health systems. The CCG have recruited a Quality and Safety Practitioner with a lead on IPC to take actions forward. The post will commence in January 2020.

It is anticipated that over the next 12 – 18 months MB will start to see improvements following support from NHSE / I and the implementation of actions agreed by the AMR strategic collaborative.

### Vulnerable, Missing, Exploited and Trafficked Children – (Pg.46)

#### Challenges

An urgent scoping meeting was held in Cumbria due to concerns that the response to Child Sexual Exploitation and Missing from Home was not consistent, Audit demonstrated issues with:

- Information sharing
- Risk assessments
- Consistent support and response to families
- Staff training
- Hearing the experiences of children and using these to shape interventions

#### Mitigating Actions

Work continues to implement the strategic action plan for Cumbria. Task and finish groups are in place to review and update the associated policies, procedures, terms of reference and risk assessment tools for child exploitation. Plans have commenced to implement a year-long awareness campaign across the county, which will include media messages, training and targeted events across the partnership.

### Children Looked After (Pg.46)

Q2 data averages (Health data)	North Lancashire	South Cumbria
CLA – Total Number	479	238
IHA	64%	66%
RHA	67%	81%

## Quality Improvement and Assurance Report Quarter 3 (1<sup>st</sup> October 2019 – 31<sup>st</sup> December 2019) Exceptions

### Areas of concern this reporting period (Q3)

#### Challenges

Initial health assessments not completed in timescales reasons include cancellation by carer, inability to obtain out of area CLA provider contact details and a late request from local authority. Delays have occurred in completing and returning RHA assessments and paperwork from Virgin Care; this has been escalated for action.

#### Mitigating Actions

The Designated Nurse is supporting improvements as a priority in both areas:

- Steering Group in Lancs to progress partnership action plan at pace. Performance reporting strengthened, escalation process in place
- Increasing timeliness of notification and consent to health teams
- Access to social care systems for health staff to promote accurate timely data
- Engagement Pathway developed to ensure there is a health plan even when children refuse to attend
- In Lancs SW's to attend initial assessments and booking system redesigned to allow for flexibility in Paediatric assessments

We will continue to progress the action plan at pace but are unlikely to see an immediate increase in performance until system and practice changes are embedded across all teams.

### Waiting List

#### Indicative Review Date (IRD) Backlog (added 10/03/2020)

#### Challenges

The backlog was highlighted in July 2019 and as of January 2020, the Trust confirmed that the backlog had stabilised at 33,156. A plan has been devised that would see this reduced by March by approximately 8,000 and a programme of recovery has been developed to achieve the March 2019 baseline position of 27,779.

The longest waiting patient at 13th January was 35 months. Processes are in place to ensure longest wait and highest risk patients are reviewed at the earliest opportunity and this issue has been reported via StEIS as a Serious Incident.

#### Mitigating Actions

A Trust wide plan to reduce the number of patients in all specialities waiting past their IRD date has been produced. IRD is reviewed fortnightly in the IRD Task and Finish Group and involves reducing follow-ups being initiated, validating existing patients and revising capacity to new demand.

#### Cancer RTT (Pg.14)

#### Challenges

The Trust is still not meeting the national target, with 60% of patients seen within the standard referral time.

Some of the causal factors for the breaches included inadequate elective capacity and inadequate outpatient capacity.

Colorectal and Urology contribute to this most significantly, although some of the factors in the breast pathway appear to have also contributed in October. The 62-day performance in the urology pathway is starting to show recovery with an improving position over the last quarter.

## Quality Improvement and Assurance Report Quarter 3 (1<sup>st</sup> October 2019 – 31<sup>st</sup> December 2019) Exceptions

<b>Areas of concern this reporting period (Q3)</b>
<p><b>Mitigating actions</b></p> <ul style="list-style-type: none"> <li>Patients receiving 1st definitive treatment for cancer within 2 months – Additional to the steps specific to the breast service, ongoing improvements to both the colorectal and urology pathways also continue to be implemented, particularly within the radiology pathways where recent process changes are expected to improve turnaround times. Appointment of a Urology locum is expected to alleviate some of the previously noted capacity pressures and support further improved performance within this speciality.</li> <li>The CCG will be undertaking an assessment in Q3 and 4 of 2019/20 to monitor the quality of service delivery.</li> <li>As part of the quality schedules within the contract, the Trust have been asked to identify any harm that has occurred to patients who breach this standard.</li> </ul>
<p><b><u>52 week waits (Pg.17)</u></b></p> <p><b>Challenges</b></p> <p>A national issue with the appointment slots on ASI was identified in August showing that 120 patients who were waiting for appointments had dropped off the waiting list. The issue continues at this time and is affecting the number of 52 week waits.</p> <p>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.</p> <p><b>Mitigating Actions</b></p> <p>The Trust have confirmed that they have daily call to micro-manage all long waits as well as RCA's being undertaken on all 52-week breaches. These are positively impacting the number of patients waiting over 40 weeks.</p>
<p><b><u>Quality premium – % of referrals completed within 28 days (Pg.39)</u></b></p> <p><b>Challenges</b></p> <p>Some issues still remain and in particular with some community teams such as Learning Disability where:</p> <ul style="list-style-type: none"> <li>The assessment process is lengthy due to the complexity of some individuals</li> <li>A number of individuals with checklists submitted by the Local Authority are not known to the team</li> <li>The time it takes to source a CHC package once a decision is made can be lengthy and impact on the team's workload capacity</li> </ul> <p><b>Mitigating Actions</b></p> <ul style="list-style-type: none"> <li>A Lancashire and South Cumbria Transformation Event took place in December with NHS and Local Authority representation from each ICP.</li> <li>The aim was to design an effective system of commissioning and delivery that transforms the funding processes relating to Continuing Healthcare. There were opportunities to work through with national and regional colleagues 'myths' about the framework that currently hinder and over burden individuals, families and staff.</li> <li>The CCG is in the process of planning additional support in the delivery of the DST process across South Cumbria as well as in reducing the number of overdue reviews across Morecambe Bay.</li> </ul>

**Quality Improvement and Assurance Report Quarter 3 (1<sup>st</sup> October 2019 – 31<sup>st</sup> December 2019)  
Exceptions**

**Areas of concern this reporting period (Q3)**

**Personalisation and Person Choice**

**PHB (Pg. 40) (updated 10/03/2020)**

PHB default offer all new home care packages is at 35%. This is below the target of 85%.

The new business case will support the PHB offer with additional staff able to support the delivery of PHB

**Learning Disability and Autism**

**LeDeR (Pg.7)- see below**

<b>Under Review</b>	<b>Awaiting allocation</b>	<b>Completed</b>	<b>To go through QA Process</b>	<b>Total Review Allocation</b>
24	6	6	2	32

LeDeR Steering Group has funded two posts to complete 30 of the unallocated reviews across the footprint, to help to address the backlog. This will include nine cases from MBCCG Events. GP's and Primary Care Staff in attendance were made aware of the practice support tools available.

**Learning Disability registers and annual health checks**

This will be reported on and update next reporting period (Q4.)