

AGENDA ITEM NO: 10.0.

Meeting Title/Date:	Governing Body - 22 May 2018		
Report Title:	Quality Improvement and Assurance Report		
Paper Prepared By:	Lorraine Evans	Date of Paper:	4 May 2018
Executive Sponsor:	Margaret Williams	Responsible Manager:	Russell Thompson
Committees where Paper Previously Presented:	Executive Committee - 8 May 2018 Membership Council - 16 May 2018		
Background Paper(s):	<ul style="list-style-type: none"> 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; Quality Improvement Committee, Membership Council and Governing Body are appraised of MBCCG's quality activity, monitoring and actions.</p> <p>It 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 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.		Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	The report describes quality aspects of services commissioned for the population of Morecambe Bay.		
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:	Lorraine Evans, Quality and Performance Support Officer lorraine.evans@lancashirecsu.nhs.uk		

Draft v4.0

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

February 2018

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 Executive Team](#)

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 Rating	Definition
Green	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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
Grey	<ul style="list-style-type: none">• Area under development – rating will be applied when out of development phase.

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.

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.

Patient Safety

● Serious Incidents (StEIS), Never Events, 12 Hour Breaches and HM Coroner Regulation 28

CCG Lead: Margaret Williams	Management Forum:	MBCCG Serious Incident Group (SIG)	Sustainability Rating: Amber																																																																																																																																																																
<p>Current Position / Issues</p> <p>Strategic Executive Incident System (StEIS) MBCCG As of 28 February 2018, there were 92 serious incidents open on StEIS; 61 for UHMBT, 14 CPFT, 4 Lancashire Teaching Hospitals, 9 LCFT, 1 NWAS, 2 reported by Greater Preston CCG and 1 reported by Morecambe Bay CCG.</p> <p>Of these, 48 serious incidents relate to South Cumbria residents: 33 UHMBT, 14 CPFT and 1 LTHFT.</p> <p>In February, UHMBT reported 12 StEIS incidents, LCFT reported 1 StEIS incident and Lancashire Teaching Hospitals also reported 1 StEIS incident involving a Morecambe Bay CCG patient. CPFT reported 2 new serious incidents via StEIS.</p> <p>During February 2018 there have been 0 StEIS reportable incidents and 0 serious Incidents (SI's) reported by MB care home providers.</p>	<p>Actions</p> <p>The Quality team with support from the CSUs continue to work alongside their counterparts in UHMBT and CPFT to develop the systems and processes to improve the quality and timeliness of 60 day RCA reports and to ensure that subsequent assurance is received of any completed actions that arise from the recommendations identified within the RCA process.</p> <p>The Quality team have noticed a rise in the number of 72 hour StEIS reports showing delayed diagnosis and a rise in pressure ulcers. The CCG have asked for a report on any emerging themes and have asked UHMBT to thematically review pressure ulcers reported on StEIS</p> <p>The CCG has been asked to provide a report to NHSE of overdue RCAs. The CCG is working with both CSUs to reduce these</p> <p>MBCCG receive quality reports from LCFT, CPFT and BMI to gain quality information and assurances from the lead commissioners. Anything of exception will be reported.</p>	<p>Risks</p> <p>Inconsistency and quality of RCA reports by Providers which shows that learning from incidents is not sustained.</p>	<p>Supporting Analysis</p> <p>Additional information: Comparison of StEIS Incidents – up to and including Q3 2017/18 for MBCCG patients by area and Provider.</p> <table border="1"> <caption>StEIS Incidents by Area and Provider (Q3 15-16 to Q3 17-18)</caption> <thead> <tr> <th>Quarter</th> <th>BTH FT</th> <th>CPFT</th> <th>ELHT</th> <th>GP CCG</th> <th>LCFT MH</th> <th>UHMBT</th> <th>LTHFT</th> <th>CMHUT</th> <th>NWAS</th> <th>MB CCG</th> </tr> </thead> <tbody> <tr> <td>Q3 15-16</td> <td>2</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q4 15-16</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>8</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q1 16-17</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q2 16-17</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q3 16-17</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>4</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q4 16-17</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q1 17-18</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q2 17-18</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>11</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q3 17-18</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>14</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Q3 has seen an increase in the number of StEIS incidents compared to the previous quarter.</p> <p>Q3 Incidents for MB CCG patients, by reporting organisation and type</p> <table border="1"> <thead> <tr> <th>Incident type</th> <th>LCFT MH</th> <th>LTHFT</th> <th>GP CCG</th> <th>UHMB</th> </tr> </thead> <tbody> <tr> <td>Apparent/ actual/ suspected self-inflicted harm</td> <td>3</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commissioning Incident Meeting SI criteria</td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Diagnostic incident including delay</td> <td></td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>Operation/ treatment given without valid consent (Never Event)</td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Pressure ulcer meeting SI criteria</td> <td></td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Sub-optimal care of the deteriorating patient</td> <td></td> <td></td> <td>1</td> <td></td> </tr> <tr> <td>Surgical/ invasive procedure incident</td> <td></td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>Treatment delay</td> <td></td> <td>1</td> <td></td> <td>7</td> </tr> <tr> <td>Total 19</td> <td>3</td> <td>1</td> <td>1</td> <td>14</td> </tr> </tbody> </table>	Quarter	BTH FT	CPFT	ELHT	GP CCG	LCFT MH	UHMBT	LTHFT	CMHUT	NWAS	MB CCG	Q3 15-16	2	3	0	0	0	0	0	0	0	0	Q4 15-16	1	1	0	0	0	8	0	0	0	0	Q1 16-17	2	0	0	0	0	6	0	0	0	0	Q2 16-17	3	0	0	0	0	0	0	0	0	0	Q3 16-17	1	0	0	0	4	6	0	0	0	0	Q4 16-17	2	0	0	0	0	0	0	0	0	0	Q1 17-18	1	0	0	0	1	0	0	0	0	0	Q2 17-18	2	0	0	0	0	11	0	0	0	0	Q3 17-18	1	0	0	0	0	14	0	0	0	0	Incident type	LCFT MH	LTHFT	GP CCG	UHMB	Apparent/ actual/ suspected self-inflicted harm	3				Commissioning Incident Meeting SI criteria				1	Diagnostic incident including delay				2	Operation/ treatment given without valid consent (Never Event)				1	Pressure ulcer meeting SI criteria				1	Sub-optimal care of the deteriorating patient			1		Surgical/ invasive procedure incident				2	Treatment delay		1		7	Total 19	3	1	1	14
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<p>Overdue StEIS reports LTHFT: 1 overdue (Extension approved) GP CCG: 1 overdue. LCFT: 3 overdue (Extensions approved).</p> <p>UHMBT: MLCSU had 28 open incidents being managed as at 28/02/18. Of these, 5 were overdue with extension request approved.</p> <p>There are currently 2 serious incidents that are overdue and without agreed extension for South Cumbria: CPFT 2 UHMBT 0</p> <p>Never Events There has been 0 never events reported in February 2018 by UHMB. There has been 0 never events reported by CPFT in February. Three Never Events have been reported since April 2017.</p> <p>HM Coroner Regulation 28 letters There have been 0 HM Coroner Regulation 28 letters in January 2018 for UHMB or concerning MBCCG patients</p> <p>Data source: <i>MLCSU/ NECS SI Teams</i></p>	<p>The CCG have requested a report on progress of recommendations and actions following the 3 Never events reported since April 2017.</p> <p>NCCCG have received a Reg 28 letter and as a response have advised GPs to review all duplicate opiate prescribing. The details have since been shared for a MBCCG response. A medication error occurred in a nursing home leading to significant harm. The CCG have reported this on StEIS.</p> <p>The CCG were informed of an unexpected maternal Death. This was reported on StEIS and the responsible organisation will be required to ensure those providers involved are aware of the RCA process and their responsibilities in providing reports and identifying any lessons learned.</p>		
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Child Health Information System (CHIS)		Identified Risks	
<p>Potentially children may have their immunisation delayed. It is thought this is due to the way the EMIS system prioritises children and the way practices are not clinically suspending children.</p> <p>The PHE Health Protection Team report that there were no known cases of infectious disease in children, to date, whose immunisations have been delayed.</p> <p>NHS England LSC Serious Incident Management Group has continued to manage the incident on a day-to-day basis. MBCCG are part of the regular teleconference calls.</p> <p>Data Source: MBCCG Quality and Safeguarding team</p>	<p>NHS England has sent communications to practices regarding the situation and advice to mitigate the risks including cleansing of waiting lists.</p> <p>As part of the incident management process practices have been asked to cross reference their data against the list sent by CHIS. .</p> <p>Following the last incident meeting Midlands and Lancashire CSU and Child Health Department have supported a data cleanse of the waiting list for practices that this incident relates to in Morecambe Bay. This has shown a reduction in children potentially affected</p> <p>Support offered to the practices who identified capacity issues.</p> <p>NHS England are satisfied with the response from practices and the support offered by CCGs and are assured that this incident is being managed well.</p> <p>Public Health Protection report that there have not been any cases of vaccine preventable disease linked to this incident.</p> <p>MBCCG will continue to liaise with practices and the Serious Incident Team (SIT)</p>	<p>Children may contract infectious diseases before they are immunised due to practice waiting lists.</p> <p>Children may be scheduled for immunisations that they have already received resulting in a risk of unnecessary immunisation and impacting on primary care capacity</p> <p>Reporting is not robust due to data quality issues.</p> <p>Practices are experiencing resource issues with a plan in place to support.</p>	<ul style="list-style-type: none"> • Incident management is on track as per NHSE plan • All practices will be invited to attend Sharing Best Practice events in March 2018, to explain/clarify the way CHIS operates and to facilitate an improved data exchange of children's recorded vaccinations.

12 hour A&E Breach

MBCCG reported 23 breaches of individuals waiting longer than 12 hour in ED during February 2018. Twenty one of the cases related to physical health breaches where no medical/ surgical beds were available. The remaining two breaches related to mental health.

There continues to be zero harm from any of the breaches received to date.

NHSE confirmed that they no longer require that breaches exceeding 24 hours are reported via StEIS unless harm has occurred. Any withdrawal requests for previously reported breaches occurring post 9th November 2017 will be accepted by NHSE.

Data Source: *MLCSU SI teams*

During February 2 patients waited an excess of 50 hours. Both patients presented with mental health needs. These occurrences have been raised at the Quality Assurance Meeting with UHMBT.

LCFT have a number of patients in out of area beds. The reduction in long ED waits for mental health patients may be attributed to this.

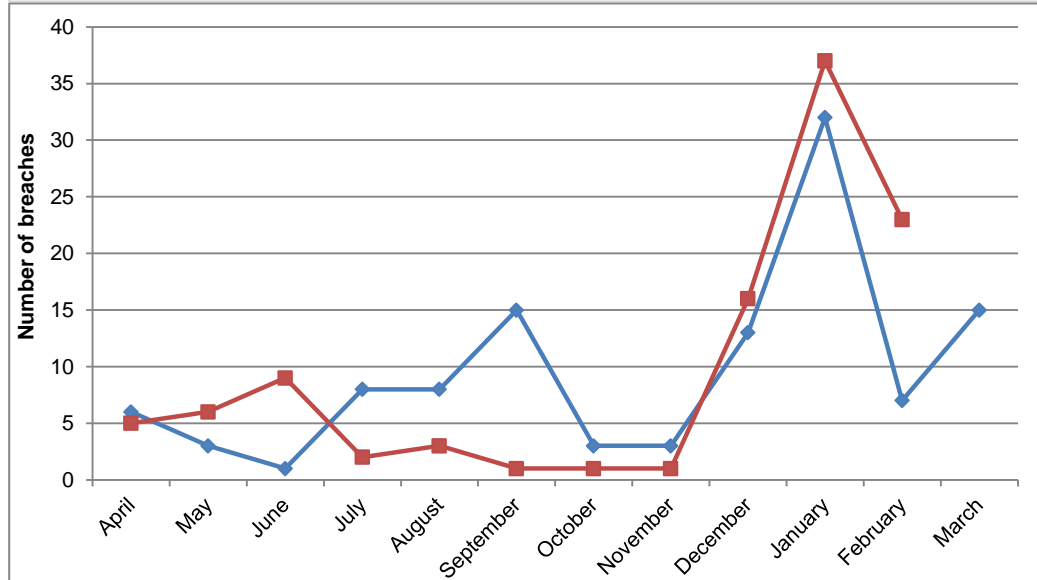
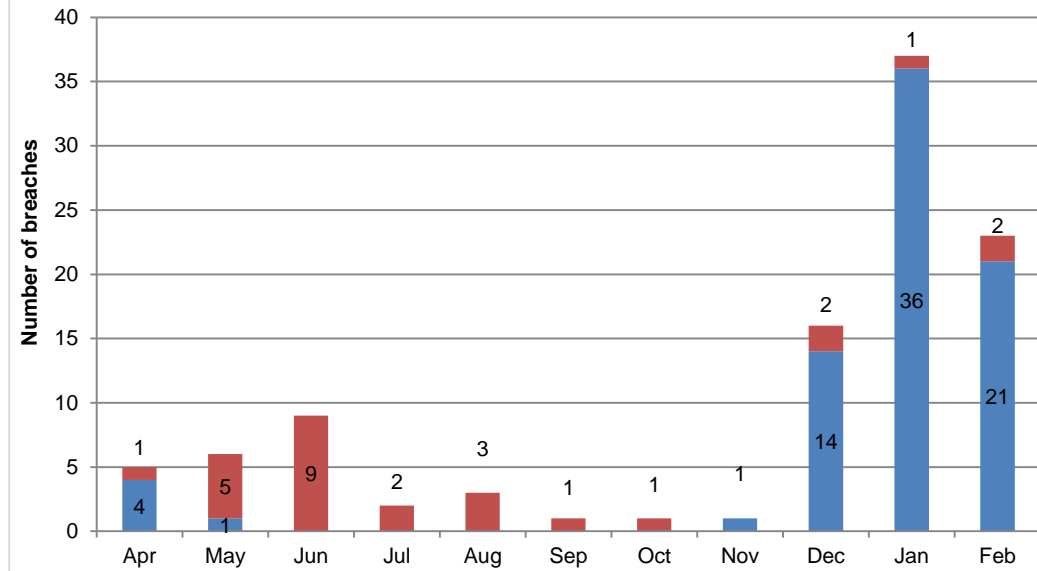
A proactive approach continues to be adopted at both sites for reviews and discharge. Additional medical staff are being called into ED when required to help manage demand.

The CCG produced a thematic report on StEIS reported 12 Hour Breaches that occurred March 2017-August 2017 showing improvements made within the system to mitigate risks. Of those affected in the report, no patient harm occurred.

Reporting will begin to capture source of the admission i.e. self presentation, OOH provider or care home. The outcome of each attendance will also be reported upon with the results being available in future reports.

An interim solution remains in place for appropriate medical cover across CPFT footprint to maintain the ability to legally section patients. A more permanent model for the system is being developed.

Breaches per site - 2017/2018



Mixed Sex Accommodation Breaches (EMSA)

UHMB has reported 20 breaches of the Mixed Sex Accommodation target in January 2018.

This brings the CCG YTD total reported breaches for UHMB to 197.

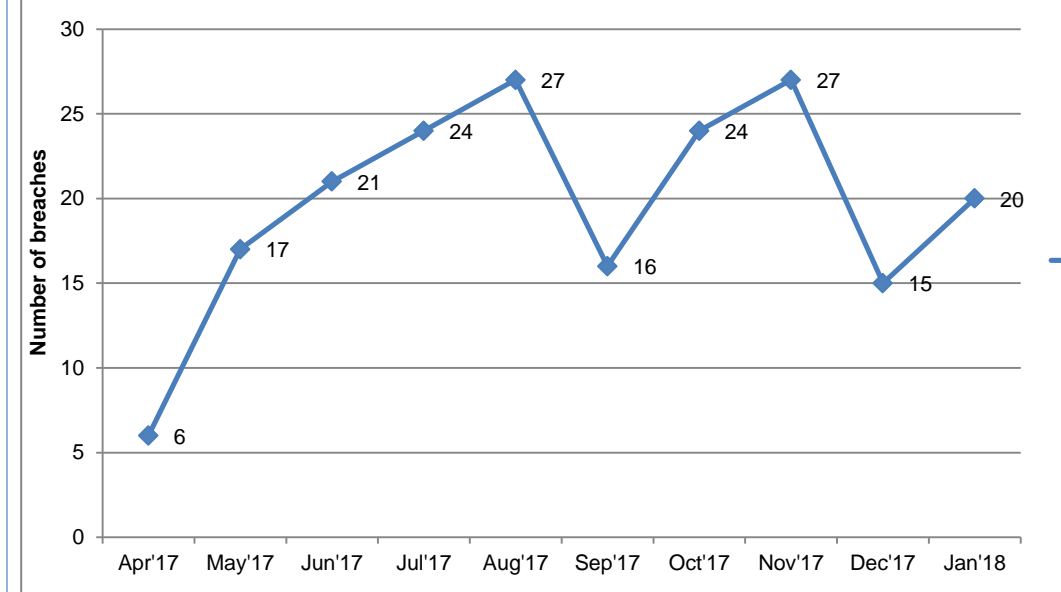
UHMB have reported that the breaches are due to high non-elective demand and bed occupancy pressures. The Trust has indicated that breaches may continue to occur, although reporting processes are now being improved.

Data Source: UHMBT

MBCCG have gained assurance from the trust that patients experiencing these EMSA breaches in the ITU environment are having their privacy and dignity maintained at all times, and such aspects are included in individual care plans

The CCG has escalated this issue through the Quality meeting with UHMB and is seeking clarification on the causes and actions being taken to address them. The issue will also be raised at the Elective Care Board in November 2017.

Number of EMSA breaches recorded for UHMB – 2017/2018



52 week waits

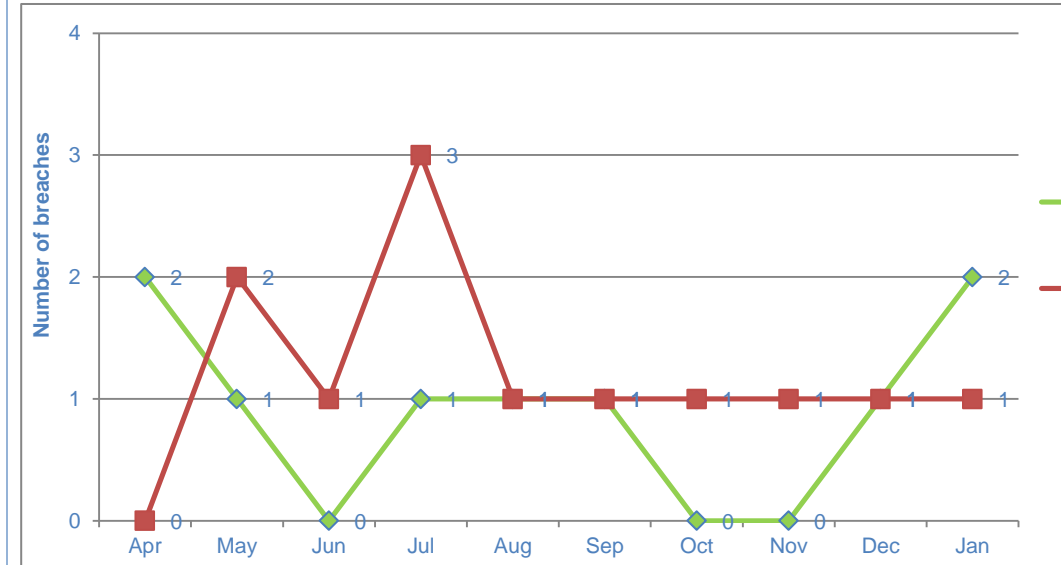
There has been two breaches of the 52-week standard reported in January 2018 (which is the latest data available) which brings the annual total to 21 for Morecambe Bay CCG.

The CCG Quality team have requested a summary of the learning and changes made as a result of these breaches which have all occurred within UHMBT, (Orthopaedics, ENT and Ophthalmology). Through the Elective Care Board, the CCG is working with UHMBT to put in place redesign actions for specialities with the worst referral to treatment performance and waiting list pressures.

Learning from these breaches will be detailed in the March QIA report.

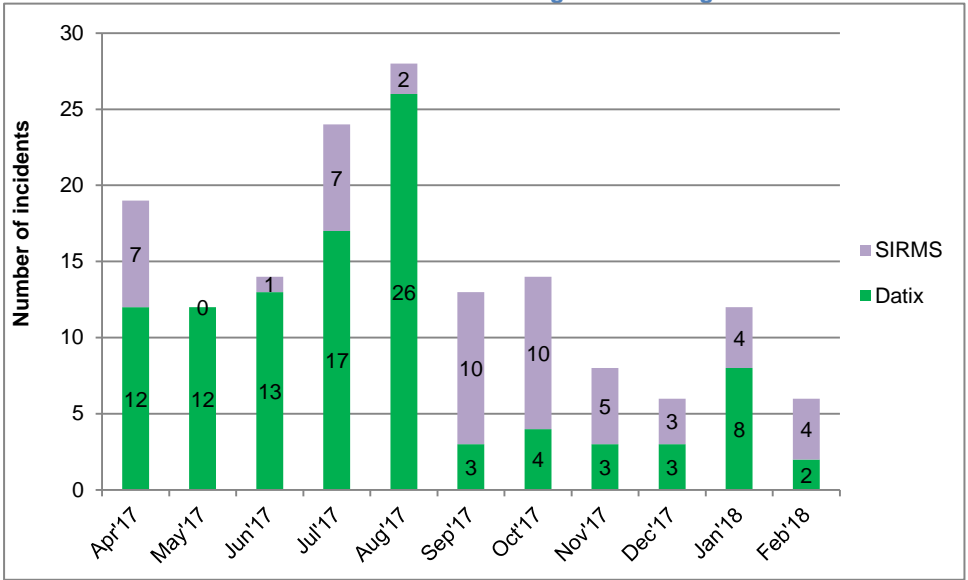
Patient treatment delay due to the pathway not being completed within the standard framework.

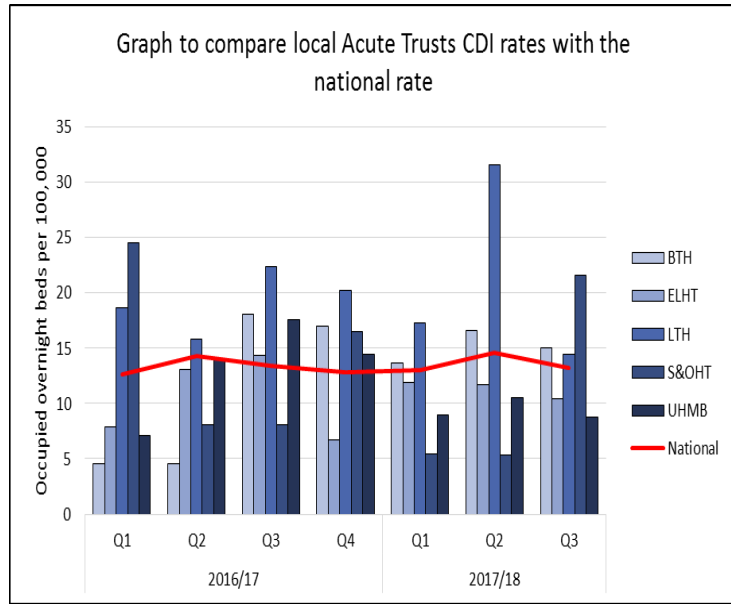
Number of 52 week waits recorded for MBCCG – 2017/2018



52 week waits broken down into speciality – 2017/2018

Speciality	University Hospitals of Morecambe Bay	Other NHS Providers (Out of Area)
100: General Surgery	3	1
110: Trauma & Orthopaedics	3	0
120: ENT	1	0
130: Ophthalmology	1	0
160: Plastic Surgery	0	7
502: Gynaecology	0	4
X01: All other TREATMENT not reported individually	1	0
Year to Date Total:	9	12
Overall 52 week breaches: YTD		21

<p>CCG Lead: Margaret Williams</p>	<p>Management Forum:</p>	<p>MBCCG Serious Incident group (SIG)</p>	<p>Sustainability Rating:</p>	<p>Green</p>														
<p>Current Position / Issues</p>	<p>Actions</p>	<p>Risks</p>	<p>Supporting Analysis</p>															
<p>Datix and SIRMS</p> <p>There were 6 new incidents reported for MBCCG during February 2018 (SIRMS and Datix.) These break down to 4 on SIRMS and 2 on Datix (all relating to UHMB).</p> <p>Data source: MBCCG / NECSU Datix/SIRMS</p>	<p>The CCG Quality team continues to review Datix access and availability and usage within the care home sector in Lancashire North. It should be noted that only the GP practices report using SIRMS in South Cumbria. The Quality Team continue to promote reporting soft intelligence.</p> <p>The Quality team are considering best options for recording of soft intelligence reported from General Practice and out of hospital provision into the CCG and increase availability to those services currently without access such as Care or Residential Homes, Hospices or Domiciliary Care Providers in South Cumbria.</p> <p>Reporting incidents and lessons learned are shared via the quality and safeguarding newsletter.</p> <p>The Quality and Safeguarding team have a generic phone line and email address for any service to report concerns which is extensively communicated MBCCG.QST@nhs.net</p> <p>UHMB discharges UHMBT continues to work with the CCG and the wider system providers to review systems and processes in improving safer discharge processes.</p>	<p>Without intelligence sources the CCG is unable to maximise improvements or intervene to prevent service delivery concerns.</p>	<p>Number of incidents recorded for MBCCG through soft intelligence – 2017/2018</p>  <p>Themes for January 2018</p> <table border="1" data-bbox="1411 954 1998 1230"> <tr><td>1.</td><td>Medication</td></tr> <tr><td>2.</td><td>Incomplete discharge information</td></tr> <tr><td>3.</td><td>Referral process</td></tr> <tr><td>4.</td><td>Communication</td></tr> <tr><td>5.</td><td>Accessibility</td></tr> <tr><td>6.</td><td>Lack of adherence to policies and procedures</td></tr> <tr><td>7.</td><td>Information Governance</td></tr> </table> <p>Next Steps</p> <ul style="list-style-type: none"> • Discussion regarding Bay systems to continue • Soft intelligence reports are discussed and reviewed at the MBCCG monthly Serious Incident Group meetings • Members of the Quality and Safeguarding team are allocated to each ICC to be a point of contact for support and guidance 		1.	Medication	2.	Incomplete discharge information	3.	Referral process	4.	Communication	5.	Accessibility	6.	Lack of adherence to policies and procedures	7.	Information Governance
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CCG Lead: Margaret Williams	Management Forum:	HCAI Infection Control Steering Group	Sustainability Rating:	Amber																																																											
Current Position / Issues		Actions	Supporting Analysis																																																												
<p>There were 9 CDI cases in Morecambe Bay CCG (Lancashire) reported in January 2018 bringing the total to 58 cases to date, from April 2017. Of these 9 cases, 2 were residents of Lancashire County Council and 4 were residents from Cumbria County Council.</p> <p>The CCG is awaiting confirmation of trajectory/targets from PHE for IPC including CDI.</p> <p>The Lancashire County Council IPCN team monitor the current outbreaks of Diarrhoea & Vomiting in care homes (not linked to CDI) across Lancashire. There was one outbreak reported in a care home in Morecambe Bay CCG (Lancashire) during January 2018.</p>		<p>A model of clinical expertise across the developing Accountable Care System is being considered. Cumbria CC provides input to residential and care homes but not acute providers. IPC issues are all being addressed with an interim model.</p> <p>Cumbria LA (PHE) are now providing the CCG with a monthly Diarrhoea & Vomiting outbreak log for South Lakes and Furness locality.</p> <p>The CCG are meeting regularly with IPCN for Lancashire County Council to review community CDI cases as part of the Post Infection Review (PIR process). Lessons learned from cases discussed in February included:</p> <ul style="list-style-type: none"> • Out of date reviews for the prescribing of Proton Pump Inhibitors (PPI) medication • First line antibiotics not used as per formulary <p>Lessons learned have been shared with GPs via the Quality and Safeguarding newsletter.</p> <p>The CCG has met with UHMBT IPCN to review CDI cases for South Cumbria residents. Of the 5 cases reviewed in February there were 4 identifying lessons learned and a fifth is awaiting additional information. Lesson Learned included:</p> <ul style="list-style-type: none"> • Failed commode audits • Recording of stool charts <p>The IPCN team are working with the wards.</p>	<p>Graph to compare local Acute Trusts CDI rates with the national rate</p>  <table border="1"> <caption>Approximate data from the CDI rate graph</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>BTH</th> <th>ELHT</th> <th>LTH</th> <th>S&OHT</th> <th>UHMB</th> <th>National</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2016/17</td> <td>Q1</td> <td>8</td> <td>18</td> <td>24</td> <td>7</td> <td>13</td> <td>13</td> </tr> <tr> <td>Q2</td> <td>13</td> <td>16</td> <td>15</td> <td>8</td> <td>14</td> <td>14</td> </tr> <tr> <td>Q3</td> <td>18</td> <td>22</td> <td>18</td> <td>8</td> <td>17</td> <td>13</td> </tr> <tr> <td>Q4</td> <td>17</td> <td>20</td> <td>16</td> <td>14</td> <td>14</td> <td>13</td> </tr> <tr> <td rowspan="3">2017/18</td> <td>Q1</td> <td>13</td> <td>17</td> <td>13</td> <td>5</td> <td>9</td> <td>14</td> </tr> <tr> <td>Q2</td> <td>16</td> <td>32</td> <td>11</td> <td>5</td> <td>10</td> <td>14</td> </tr> <tr> <td>Q3</td> <td>15</td> <td>14</td> <td>10</td> <td>14</td> <td>9</td> <td>13</td> </tr> </tbody> </table> <p>**SOHT – Southport and Ormskirk Hospital Trust</p>		Year	Quarter	BTH	ELHT	LTH	S&OHT	UHMB	National	2016/17	Q1	8	18	24	7	13	13	Q2	13	16	15	8	14	14	Q3	18	22	18	8	17	13	Q4	17	20	16	14	14	13	2017/18	Q1	13	17	13	5	9	14	Q2	16	32	11	5	10	14	Q3	15	14	10	14	9	13
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Data Source: Public Health England, January 2018																																																															

Current Position / Issues	Actions	Supporting Analysis																																										
<p>There was 1 MRSA bacteraemia case reported in January 2018 with the last case in August 2015.</p> <p>For Methicillin-sensitive Staphylococcus aureus (MSSA) there is no trajectory, but the numbers continue to be monitored. There were 6 cases for December 2017.</p> <p>The E coli bacteraemia trajectory for MBCCG is 122 cases for 2017-18. There were 28 cases in total in January 2018. This brings the total to date from April 2017 to 192. This trajectory remains the same as when it was LNCCG.</p> <p>All data reported includes the full footprint of North Lancashire and South Cumbria.</p>	<p>MRSA Bacteraemia Post Infection Review (PIR)</p> <ul style="list-style-type: none"> An MRSA bacteraemia was assigned to MBCCG to complete a Post Infection Review within a 14 day timescale No obvious organisation was found to be the cause of the bacteraemia as the patient arrived in hospital with the infection. The final assignment was allocated to MBCCG with no further actions <ul style="list-style-type: none"> In line with the Quality Premium the CCG is required to note its E.coli baseline and reduce by 10%. The CCG is planning to undertake 10 case audits. Learning from these case audits will be extracted and reported into NHSE <p>MBCCG Quality Team representative has met with IPC lead nurses from LCC and UHMB, a plan has been developed to support the Post Infection review (PIR) process for C.Diff, and the newly introduced E.coli reviews.</p> <p>A plan has been formulated with the support of PRIMIS, (EMIS Audit team Cumbria) in order to undertake high quality C.Diff PIR audits with a minimal time, by using an automated audit of the EMIS systems.</p> <p>Post infection review meeting scheduled for February 2018 and any lessons learned will be detailed in the February QIA report.</p> <p>An revised Ecoli bacteraemia graph will be provided in the March QIA report, this will take into account Morecambe Bay trajectories and actual Ecoli case figures.</p>	<p style="text-align: center;">Annual MRSA rates attributed to local Acute Trusts compared to national rates</p> <table border="1" style="margin-top: 10px;"> <caption>Estimated Annual MRSA Rates (per 100,000 overnight bed rates)</caption> <thead> <tr> <th>Year</th> <th>BTH</th> <th>ELHT</th> <th>LTH</th> <th>S&OHT</th> <th>UHMB</th> <th>National</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>0.4</td> <td>1.0</td> <td>1.4</td> <td>0.9</td> <td>0.9</td> <td>1.2</td> </tr> <tr> <td>2014/15</td> <td>1.1</td> <td>0.3</td> <td>1.4</td> <td>1.3</td> <td>1.3</td> <td>0.9</td> </tr> <tr> <td>2015/16</td> <td>2.3</td> <td>0.3</td> <td>1.0</td> <td>1.4</td> <td>0.9</td> <td>0.8</td> </tr> <tr> <td>2016/17</td> <td>1.9</td> <td>0.3</td> <td>0.3</td> <td>0.7</td> <td>0.7</td> <td>0.9</td> </tr> <tr> <td>2017/18</td> <td>0.3</td> <td>0.3</td> <td>0.3</td> <td>0.4</td> <td>0.4</td> <td>0.2</td> </tr> </tbody> </table>	Year	BTH	ELHT	LTH	S&OHT	UHMB	National	2013/14	0.4	1.0	1.4	0.9	0.9	1.2	2014/15	1.1	0.3	1.4	1.3	1.3	0.9	2015/16	2.3	0.3	1.0	1.4	0.9	0.8	2016/17	1.9	0.3	0.3	0.7	0.7	0.9	2017/18	0.3	0.3	0.3	0.4	0.4	0.2
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Data source: Public Health England, January 2018

CCG Lead: Margaret Williams Management Forum: Local Children's Safeguarding Board		Amber
Current Position / Issues	Actions	Risks
<p>SAFEGUARDING CHILDREN</p> <p>1. <u>Children Looked After (CLA)</u></p> <p>Cumbria Partnership NHS Foundation Trust is commissioned to provide specialist Children Looked After (CLA) service into South Lakes and Furness localities. Blackpool Teaching Hospitals Trust is commissioned to provide specialist CLA services across North Lancashire locality. The CLA teams co-ordinate the health assessment processes for looked after children in order to ensure health needs are met.</p> <p>Within the MBCCG boundary there are 538 Looked After Children: Lancashire North – 205 are placed in the boundary by another LA. South Lakes – data not available Furness – data not available</p> <p>Outside of the MBCCG boundary: Lancashire North – 99 are placed out of area South Lakes – data not available Furness – data not available</p> <p>(Data source: Blackpool Teaching Hospitals (BTH) / Cumbria Partnership Foundation Trust (CPFT)/ Lancashire and Cumbria Local Authorities.</p>		
	<p>Improvement in outcomes and timeliness of health assessments, particularly initial health assessments, continue to feature within the multiagency LAC action plans, working with partners to improve efficiency through increased integrated working.</p> <p>Information has been requested from both providers regarding the impact of commissioned services on health outcomes for children and young people, and details of quality improvement initiatives.</p> <p>LAC data remains inconsistent across the Morecambe Bay footprint; the SG Team are working with the performance teams in each Local Authority to ensure that the data provided has consistency in order for it to be meaningful.</p> <p>There are a large number of independent children's residential providers across the Morecambe Bay footprint reflecting in the number of children placed in and out of area.</p>	<p>Remodelling of administrative support into BTH CLA team as a result of funding by LA.</p> <p>Initial health Assessments:</p> <p>Compliance with Statutory target for Initial Health Assessments remains low.</p> <p>Both providers struggle to maintain compliance with timeframes for Initial health assessments. This is mostly attributed to late placement notifications from the LA's.</p> <p>The Designated Nurses are working closely with the Local Authorities and the Boards to improve this picture through administration efficiency and collaborative working. Across both localities there are strategic partnership meetings in place.</p>

CCG Lead: Margaret Williams	Management Forum: Local Children's Safeguarding Board	Amber
Current Position / Issues	Actions	Risks
INTERNAL AUDIT		
<p>2. <u>Internal Action Plans</u></p> <p>Progress continues to be made against internal action plans relating to Safeguarding for:</p> <ul style="list-style-type: none"> • MIAA Audit • Section 11 Audit & NHSE Assurance and Accountability Framework • NHSE CLA Benchmark 	<p><u>Progress Against Actions:</u></p> <p>There are two areas for action in the MB CCG Sec 11 return and MIAA audit; to ensure compliance with L2 training for those staff in direct contact with children and young people and to recruit to the Named GP post in Lancashire North, the team are addressed both of these actions. The Section 11 Audit & NHSE Assurance and Accountability Framework audits for 2017-2018 are due for submission by March 2018.</p> <p>The actions from the NHSE CLA Benchmark will be addressed with partner agencies through associated CLA Governance arrangements.</p>	<p>MBCCG would not be able to deliver its statutory responsibility of assuring safeguarding practice of services which it commissions.</p>
SAFEGUARDING ADULTS		
<p>3. <u>Inspection and Monitoring</u></p> <p>The final Ofsted inspection report for Cumbria County Council has been published with a number of areas rated good and an overall rating of requires improvement,</p> <p>Lancashire County Council is expecting full Ofsted Inspections in the New year and is preparing for this via the Improvement Board.</p>	<p>It is expected that Ofsted monitoring visits for Cumbria will be a 'light touch' approach given that leadership and governance was rated as good</p> <p>An Ofsted monitoring visit is planned to Lancashire MASH in January/February 2018.</p>	
<p>4. <u>MBCCG Internal Safeguarding Audit Report 2017/2018</u></p> <p>Arrangements for safeguarding assurance for Morecambe Bay CCG with Commissioned services and providers will include assurance visits and quality reports, CCG Safeguarding Standards Audit, Section 11 Audit, and attendance at provider safeguarding performance and operational committees.</p>	<p>The Safeguarding Assurance Framework audits remain ongoing. The Annual Report due at the end of March 2018 will incorporate a full review of SAF's for the MBCCG footprint. This will standardise the new agreed model and process across both Lancashire & Cumbria moving forward for 2018/19.</p> <p>An agreement has been made to prioritise direct contact and assurance visits for those providers in Lancashire and Cumbria, for whom we have safeguarding / quality concerns.</p>	<p>Lack of capacity to implement full benchmarking audit of Safeguarding Standard returns prevent CCG being able to fully assure safeguarding practice</p>

CCG Lead:	Margaret Williams	Management Forum:	Local Children's Safeguarding Board	Amber
Current Position / Issues	Actions		Risks	
<p>5. <u>SCR / SAR / DHR Case Reviews</u></p> <p>The team continue to engage with all four Safeguarding Boards in accordance with statutory guidance to review cases of significant concern and where necessary conduct a review of the case to identify any learning for future practice and safeguarding arrangements.</p>	<p>There are 2 Serious Case Reviews (SCR) in progress for Lancashire North and South Cumbria. One practice review is to be commenced in relation to a case from South Cumbria.</p> <p>There is one Domestic Homicide Review (DHR) ongoing and the draft report currently sits with the Home Office awaiting approval. An action plan will be formulated once the report has been approved.</p> <p>There are no current Safeguarding Adult Reviews in progress.</p> <p>MB CCG Safeguarding team are currently Chairing one SCR for Lancashire and one SAR for Lancashire, both learning reviews have commenced.</p> <p>The CCG is making progress against outstanding action plans of reviews and reports this progress to the various sub-groups of the Boards.</p>		<p>The workload associated with case reviews and implementing lessons learnt impacts on the capacity of the team</p>	
<p>6. <u>Refugee and Asylum Seeker Dispersal Programme</u></p> <p>MBCCG safeguarding team have continued to engage in the Lancashire and Cumbrian Strategic Refugee Resettlement Group meetings.</p>	<p>MBCCG have been notified of a small number families that are arrived in South Cumbria area during January 2018. To date cohort profiles have been received as part of the selection process, which MBCCG will contribute to. Meetings have taken place between the Primary Care Support Team, Finance and Quality & Safeguarding Team to look at current provision and the necessity for pathways to be put in place for future cohorts.</p> <p>The Lancashire Resettlement Programmes Steering Group met in November. Advice and support is being provided by the Strategic Migration Partnership.</p>		<p>Failure to engage in the partnership arrangements may increase vulnerability to families</p> <p>Robust processes need to be in place to ensure funding and resources are secured for the families placed locally</p>	

CCG Lead: Margaret Williams		Management Forum: MBCCG Quality Assurance Meeting	Sustainability Rating: Green
Current Position / Issues	Actions	Risks	Supporting Analysis
<p>January's figures were omitted from the last report due to technical issues with the data output. Please note that January's figures are included in the graphical representations.</p> <p>UHMB The Pareto analysis shows that, on average in January, 93.94% of patients received harm free care (all harms). UHMB did not provide data for February.</p> <p>BTH (Acute and Community) The Pareto analysis shows that, on average in February, 94.75% of patients received harm free care (all harms)</p> <p>LTH The Pareto analysis shows that, on average in February, 97.09% of patients received harm free care (all harms)</p> <p>LCFT (Community) The Pareto analysis shows that, on average in February, 97.09% of patients received harm free care (all harms)</p> <p>CPFT (Community) The Pareto analysis shows that, on average in February, 93.48% of patients received harm free care (all harms)</p> <p>UHMB and CPFT are not delivering Harm Free Care above the England average of 94%</p>	<p>UHMB safety thermometer data continues to be monitored via the CCG joint quality meeting.</p>		<p>Overall percentage of harm free care reported by organisation February 2017 - February 2018</p> <p>Legend for Top Chart:</p> <ul style="list-style-type: none"> BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST - RXL LANCASHIRE CARE NHS FOUNDATION TRUST - RW5 UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST - RTX ENGLAND AVERAGE <p>Legend for Bottom Chart:</p> <ul style="list-style-type: none"> CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST - RNN LANCASHIRE CARE NHS FOUNDATION TRUST - RW5 ENGLAND AVERAGE

LCFT (MH)

The analysis shows that, on average in February, 88.0% of patients felt safe at the point of when the survey was conducted.

CPFT (MH)

CPFT do not currently submit the data for Mental Health Safety Thermometer (designed to measure commonly occurring harms in people that engage with mental health services).

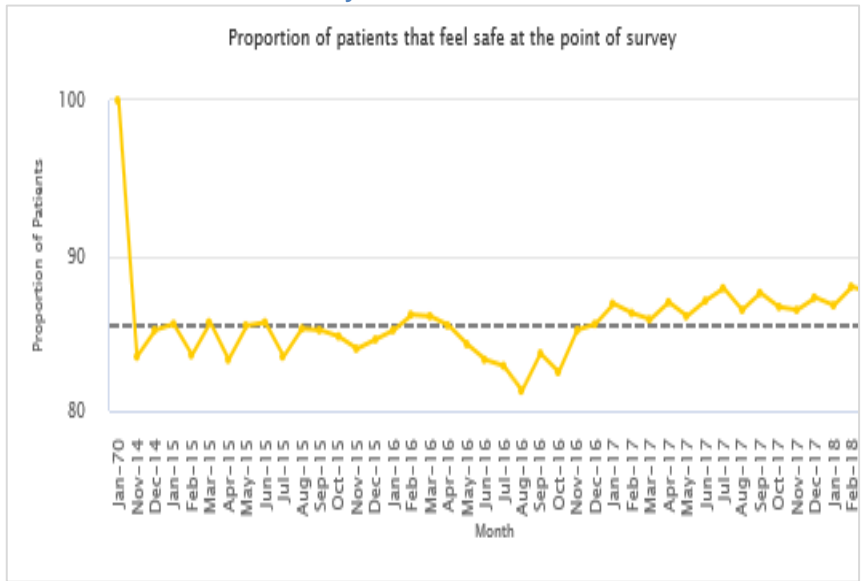
The trust has recently drafted an implementation plan to commence this measurement and is currently agreeing a date for roll out. This is in progress. A timeframe for roll out has been requested for the next Quality Review Group

The trust does not currently complete the medication safety thermometer. They have been asked to start to roll out from April 2018

Data source: NHS safety thermometer February 2018/NECS

The implementation of the Mental Health Safety Thermometer will be monitored via the North Cumbria CCG CPFT QRG in which a member of the MBCCG Quality team attends. MBCCG have requested an update be provided as there is no confirmed implementation date. A quarterly update is requested via the QRG

LCFT Mental Health – February 2018



CCG Lead: Margaret Williams		Management Forum: MBCCG Quality Assurance Meeting		Sustainability Rating: Green																																		
Current Position / Issues	Actions	Risks	Supporting Analysis																																			
<p>Mortality</p> <p>The latest UHMB figure for HSMR is for December 2017 which was 91.40. This figure is delivering against the requirement to remain below 100. *The data lag is 3 months.</p> <p>UHMB currently have a lower than average likelihood of in hospital deaths compared to the rest of England</p>	<p>The CCG has requested the minutes and actions from the UHMB Mortality Review Group with the headlines reported here.</p>	<p>The acute services that are commissioned have a higher than average likelihood of in hospital deaths for patients.</p>	<p>Review of changing HSMR trends – 2016/2017</p> <table border="1"> <thead> <tr> <th>Month</th> <th>HSMR</th> </tr> </thead> <tbody> <tr><td>October 2016</td><td>103.41</td></tr> <tr><td>November 2016</td><td>112.17</td></tr> <tr><td>December 2016</td><td>95.35</td></tr> <tr><td>January 2017</td><td>106.91</td></tr> <tr><td>February 2017</td><td>114.50</td></tr> <tr><td colspan="2" style="text-align: center;">2017/2018</td></tr> <tr><td>March 2017</td><td>87.87</td></tr> <tr><td>April 2017</td><td>97.33</td></tr> <tr><td>May 2017</td><td>85.50</td></tr> <tr><td>June 2017</td><td>87</td></tr> <tr><td>July 2017</td><td>63</td></tr> <tr><td>August 2017</td><td>77</td></tr> <tr><td>September 2017</td><td>58</td></tr> <tr><td>October 2017</td><td>91.54</td></tr> <tr><td>November 2017</td><td>79.71</td></tr> <tr><td>December 2017</td><td>91.40</td></tr> </tbody> </table>		Month	HSMR	October 2016	103.41	November 2016	112.17	December 2016	95.35	January 2017	106.91	February 2017	114.50	2017/2018		March 2017	87.87	April 2017	97.33	May 2017	85.50	June 2017	87	July 2017	63	August 2017	77	September 2017	58	October 2017	91.54	November 2017	79.71	December 2017	91.40
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<p>Data source: UHMBT</p>			<p>This data is independently calculated and not dependant on the Trust Mortality Reviews. The data does not take into account palliative and end of life care.</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																																																															
<p>Since the 01/10/17 to 31/01/18 the CCG has received 53 complaints, concerns and compliments.</p> <p>Complaints x 29 Concerns/PALS x 23 Compliments x 1</p> <p>One complaint, closed in 2015/16 has been referred to the Health Service ombudsman by the complainant. The complaint has been upheld.</p>	<p>The MBCCG complaints and PALS data will be updated quarterly, with the next report being due toward the end of January 2018.</p> <p>Future reports will feature timing of response data and learning themes.</p>	<ul style="list-style-type: none"> Unsatisfactory or poor patient experience Poor reputation of service 	<p>MBCCG complaints, concerns, comments and compliments themes – Quarter 1 and 2 2017/18</p> <table border="1"> <thead> <tr> <th>Theme</th> <th>Complaint</th> <th>Concern/PALS</th> <th colspan="2">Compliment</th> </tr> </thead> <tbody> <tr> <td>Medicine management</td> <td>16</td> <td>12</td> <td colspan="2"></td> </tr> <tr> <td>CHC</td> <td>11</td> <td>2</td> <td colspan="2"></td> </tr> <tr> <td>Children and YP's services</td> <td>4</td> <td>8</td> <td colspan="2"></td> </tr> <tr> <td>Out of Hours/111</td> <td>5</td> <td>1</td> <td colspan="2"></td> </tr> <tr> <td>Primary Care</td> <td>1</td> <td>2</td> <td colspan="2"></td> </tr> <tr> <td>Cancer</td> <td>1</td> <td>2</td> <td colspan="2"></td> </tr> <tr> <td>Mental health</td> <td>1</td> <td>2</td> <td colspan="2"></td> </tr> <tr> <td>CCG-commissioning/policy decisions</td> <td>8</td> <td>5</td> <td colspan="2"></td> </tr> <tr> <td>Elective care</td> <td>1</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Provider organisation</td> <td>3</td> <td>3</td> <td colspan="2"></td> </tr> <tr> <td>Other</td> <td>2</td> <td>7</td> <td colspan="2">1</td> </tr> </tbody> </table> <p>The CCG reviews all complaints, concerns and PALS it receives through the Equality and Engagement Committee. We receive a monthly SITREP from CSU and they submit a national quarterly report re number of complaints on our behalf.</p> <p>The majority of complaints and concerns raised regarding medicine management are related to change of product or medications being stopped.</p> <p>The continuing themes remain medicine management and continuing health care although a small number of complaints regarding urgent care have been received within Quarter 3.</p>				Theme	Complaint	Concern/PALS	Compliment		Medicine management	16	12			CHC	11	2			Children and YP's services	4	8			Out of Hours/111	5	1			Primary Care	1	2			Cancer	1	2			Mental health	1	2			CCG-commissioning/policy decisions	8	5			Elective care	1				Provider organisation	3	3			Other	2	7	1	
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<p>BTH community</p> <p>April – Compliments: 54, Complaints: 0, Concerns: 0 May – Compliments: 22, Complaints: 0, Concerns: 0 June – Compliments: 41, Complaints: 1, Concerns: 0 July – Compliments: 46, Complaints: 0, Concerns: 0 Aug – Compliments: 45, Complaints: 1, Concerns: 0 Sep – Compliments: 29, Complaints: 0, Concerns: 0 Oct – Compliments: 26, Complaints: 0, Concerns: 0 Nov – Compliments: 41, Complaints: 0, Concerns: 0 Dec – Compliments: 41, Complaints: 0, Concerns: 0 Jan – Compliments: 18, Complaints: 3, Concerns: 0</p> <p>Data source: BTH Corporate Services, February 2018</p>	<p>The complaint lodged in August was around staff conduct. The Trust will look into this as part of their process and will report back at a later date.</p>		
<p>UHMB, CPFT</p> <p>In development-the quality team are requesting reports from the Complaints teams for February's Quality and Assurance report.</p>			

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

CCG Lead: Margaret Williams Management Forum: MBCCG Quality Assurance Meeting (UHMB/MBCCG)		Sustainability Rating: Amber
Current Position / Issues	Outcomes	Actions
<p>The Quality and Safeguarding team met in January to commence a process for a series of planned insight visits. A further meeting is taking place with the contract manager for the Regulated Care Sector to support the process</p> <p>Data source: MBCCG Quality Team</p>	<p>Initial draft template of key quality and safeguarding measures produced to support visits.</p>	<p>A visit is planned for the beginning of March in gaining assurance of actions resulting from a previous complaint.</p>

CCG Lead: Margaret Williams		Management Forum: None	Sustainability Rating: Green
Current Position / Issues	Actions	Risks	Supporting Analysis
<p>Healthwatch Lancashire (HWL)</p> <p>NHS Clinical Commissioners and NHS England have launched a public consultation on reducing prescribing of over-the-counter medicines</p> <p>NHS Clinical Commissioners (NHSCC) and NHS England have launched a public consultation on reducing prescribing of over-the-counter medicines for 33 minor, short-term health concerns.</p> <p>In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines which can be purchased over the counter from a pharmacy and other outlets such as supermarkets.</p> <p>These prescriptions include items for a condition:</p> <p>That is considered to be self-limiting and so does not need treatment as it will heal of its own accord; Which lends itself to self-care, i.e. that the person suffering does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an over the counter medicine.</p> <p>Vitamins/minerals and probiotics have also been included in the consultation proposals as items of low clinical effectiveness which are of high cost to the NHS.</p> <p>NHS England has partnered with NHS Clinical Commissioners to carry out the consultation after CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation.</p> <p>Data source: <i>Healthwatch Lancashire, January 2018</i></p>	<p>The intention is to produce a consistent, national framework for CCGs to use.</p> <p>Subject to the outcome of the consultation, the commissioning guidance will need to be taken into account by CCGs in adopting or amending their own local guidance to GPs in primary care.</p> <p>The aim of this consultation is to provide you with information about the proposed national guidance and to seek your views about the proposals. They want to encourage as many people as possible to participate in the consultation.</p> <p>https://www.engage.england.nhs.uk/consultation/over-the-counter-items-not-routinely-prescribed/</p> <p>The consultation will close on Wednesday 14 March 2018. They cannot accept any responses after this date.</p>		<p>A link to the full article can be accessed: https://healthwatchlancashire.co.uk/news/nhs-clinical-commissioners-and-nhs-england-have-launched-a-public-consultation-on-reducing-prescribing-of-over-the-counter-medicines/</p>

<p>Healthwatch Cumbria (HWC)</p> <p>How Maternity Services Plans are Taking Shape Those involved in new 'co-production' process speak out</p> <p>It is more than three years since 4,000 people gathered at Whitehaven's rugby ground to protest against plans to move trauma services to Carlisle. At the time bosses said the change was saving lives, but agreed to do more in future to engage with local people and ease growing tensions. Yet efforts were hampered recently when controversial plans – drawn up by the Government-appointed Success Regime – to remove consultant-led maternity from the West Cumberland Hospital came to light.</p> <p>Following major opposition, local NHS leaders agreed to give the service a one-year reprieve to tackle long-standing recruitment issues.</p> <p>However most significantly, they vowed to adopt a new approach – dubbed “co-production” – which would see them sit down with communities and work on a solution to these high-profile problems together. Some were optimistic, many others were sceptical. Almost a year on from NHS Cumbria Clinical Commissioning Group's (CCG) decision and the clock has yet to start formally ticking on maternity.</p> <p>Yet the CCG has lived up to its promise, forming the Working Together group as a forum for co-production to get underway.</p> <p>It has been meeting every month since June, getting health leaders, community representatives and hospital staff around a table to have honest conversations about the issues facing west Cumbria. Those involved say it is still early days and they are still a long way from finding all of the answers. However for the first time there is hope of a new approach, that the community's voice has been heard. For many the jury is still out, and it will remain there until they see consultant-led maternity secured long term.</p> <p>Data source: <i>Healthwatch Cumbria, January 2018</i></p>	<p>Richard Pratt, the Archdeacon of West Cumberland, is among the optimists. He was appointed independent chairman of the group, having previously chaired the West Cumbria Community Forum. He said it was clear that if consultant-led maternity in Whitehaven was to be maintained, lots of people needed to come together and help tackle the recruitment issues that have left it vulnerable.</p> <p>“It seems to me that if these things were easily solved, they would have been years ago. It is only by getting everyone round the table, working together and being patient that it can happen,” he said.</p> <p>Rev Pratt said that with many in the community feeling “bruised”, it wasn't an easy conversation to start. But his job was to remain neutral and facilitate those difficult discussions.</p> <p>“If you take an opinion about something you can end up promoting that, but the job of the chair is to make sure other people get time to share their points of view. It's about making space for both sides,” he said.</p> <p>“We've had several meetings. Some have been tougher than others, but I think people have been able to speak their mind and we are beginning to see some definite forward movement.”</p>		<p>A link to the full article can be accessed: http://healthwatchcumbria.co.uk/maternity-services-plans-taking-shape/</p>
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● Patient Feedback, Surveys and Friends and Family Test (FFT)

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Amber
Current Position / Issues	Actions		Risks		
<p>This update includes Primary Care data for the 3 localities of Morecambe Bay practices.</p> <p>The latest data release in February 2018 from NHSE relates to January 2018.</p> <p>A & E FFT In January 2018, the percentage response rate for UHMBT Accident and Emergency was 20.1% (BTH, 4.6%, LTH, 9.9%, England 11.6%) against a target of 20%. The percentage who would recommend the departments were as follows; UHMBT was 890%, BTH was 93% and LTH was 88%.</p> <p>Inpatient FFT In January 2018, the percentage response rate from UHMBT inpatients was 23.5%. The response rate for the other Trusts were as follows; BTH, 23.6%, LTH, 24.0%. The percentage who would recommend the departments were as follows; UHMB was 95%, LTH was 93.0% and BTH was 97.0%.</p> <p>Outpatient FFT In January 2018, 3,028 out of an eligible population of 23,500 responded where 95% would recommend. The number of returns for the other Trusts were as follows; BTH, 452 out of an eligible population of 29,774 responded where 96% would recommend, LTH, 2,759 out of an eligible population of 41,015 responded where 92% would recommend.</p> <p>UHMB Maternity FFT In January 2018 UHMBT received 11 responses from an eligible total (number of births) of 246 which equates to an 4.5% response rate of which 100% would recommend. This compares with BTH; 63 responses from 248 (25.4%), 95% recommend and LTH; 28 from 258, (10.9%), 100% would recommend.</p> <p>BTH community FFT</p>	<p>For discussion at the Assuring Quality Group meetings.</p> <p>UHMBT was the only Trust to meet the target for the A & E response rate.</p> <p>No Trusts met the 40% target for inpatients.</p> <p>There is currently no target for outpatient returns.</p>	<p>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.</p>			

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Amber
Current Position / Issues	Actions		Risks		
<p>Response rate was 99% recommending the service to friends and family for January 2018. NB: The FFT responses for community services provided cannot be provided bespoke to MBCCG.</p> <p>Mental Health FFT In January 2018, LCFT received 370 responses from an eligible total of 26,496 which equates to a 1.4% response rate of which 92% would recommend. This compares with CPFT, who received 164 responses from 4,270 eligible populations (3.8%), where 89% would recommend.</p>					
<p>Primary Care FFT</p> <p>The response rate in General Practice is generally low, so the significance of the data should be treated with caution. MBCCG GP Practices (January 2018) 95.2% would recommend (England 89%)</p> <p><i>Source: FFT data. NHS England, January 2018</i></p>	<p>MBCCG GP Practices continue to exceed the England average (89%) for percentage who would recommend for January 2018.</p> <p>To collate FFT for Primary Care the CCG have to look at each surgery and therefore a process will be devised regarding collecting this data.</p>				

Clinical Effectiveness

Care Quality Commission (CQC) Ratings

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues	Actions			Risks	
<p>CQC published 2 new care home inspection reports relative to MBCCG in February 2018. The CQC latest report for Holywell Care services was published on the 17 February 2018 and the CQC overall rating was "good". Holywell Care Services provides support for Dementia, Eating disorders, Learning disabilities, Mental health conditions, Personal care, Physical disabilities, Sensory impairments, Services for everyone, Caring for children (0 - 18yrs), Caring for adults under 65 years, Caring for adults over 65 yrs.</p> <p>The CQC latest report for Thornton Lodge Residential Care Home was published on the 22 February 2018 and the CQC overall rating was "good".</p>	<p>The full report for Holywell Care Services can be found at the link below: http://www.cqc.org.uk/location/1-126027801</p> <p>The full report for Thornton Lodge Residential Care Home can be found at the link below: http://www.cqc.org.uk/location/1-209171662</p>				
<p>CPFT</p> <p>CPFT received a full well led CQC inspection during the week commencing 9th October.</p> <p>Final published report shows provider remains in Requires Improvement</p> <p>Data source: <i>CQC website/ MBCCG Quality and Safeguarding team</i></p>	<p>The CCG is working collaboratively with CPFT and North Cumbria CCG to ensure improvement actions are clear and implementation plans are robust.</p> <p>Through Q1 and Q1 of 2018/19, there will be a series of assurance visits against the plan.</p>			<p>Provider unable to deliver required CQC standards.</p>	

Commissioning for Quality and Innovation (Coquina)

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG / UHMB)	Sustainability Rating:	Amber																																																												
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<p>UHMB</p> <p>Quarter 1, 2 and 3 2017/18 National CQUIN position</p> <p><i>*Quarter 3 2017/18 National CQUIN progress will be reported in February</i></p> <p>CQUIN: Information and feedback from Leads has been sent to contracts with an explanation of issues raised and a recommendation from the Quality Team to pay in full.</p>	<p>Q3 update</p> <p>CCG and UHMBT Business and Service Development Manager met to discuss 2018-19 CQUINs with the inclusion of the community element from CPFT. UHMBTs proposal will be included in 2018-19 CQUIN</p>		<p>Non delivery of quality improvement and transformational change.</p>	<p>National CQUIN Summary by Qtr</p> <table border="1"> <thead> <tr> <th>UHMB</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Health & Wellbeing</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td></td> </tr> <tr> <td>Safe Discharge</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Reducing Infections</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mental Health / A&E</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>E-Referrals</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Advice & guidance</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><i>N/A – no evidence required at time of reporting</i></p>		UHMB	Q1	Q2	Q3	Q4	Health & Wellbeing	N/A	N/A	N/A		Safe Discharge					Reducing Infections					Mental Health / A&E					E-Referrals					Advice & guidance																													
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<p>CPFT CQUIN progress</p> <p>CPFT currently report CQUIN into North Cumbria CCG who now share with MBCCG.</p> <p><i>Data source: MBCCG Quality Team</i></p>	<p>Q3 progress via the NC CCG Quality Review Group. Area where not on track to achieve (RED) include:</p> <p>Health & Wellbeing (staff)</p> <ul style="list-style-type: none"> Organisational and system wide changes may impact significantly on stress and wellbeing. There are work force plans to mitigate risks <p>Transitions out of CYPMH</p> <ul style="list-style-type: none"> This requires system wide input. The Cumbria transformation plan are aware of the challenges <p>Safe Discharge</p> <ul style="list-style-type: none"> South Cumbria is on track to achieve this with initiatives in place with UHMBT. However, North Cumbria is still awaiting data. <p>UHMBTs proposal for the 2018-19 CQUINs with the inclusion of the community element from CPFT has been accepted. Progress will be reported from April 2018</p>			<p>National CQUIN Summary by Qtr</p> <table border="1"> <thead> <tr> <th>CPFT Community</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Health & Wellbeing (staff)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Health & Wellbeing (Food)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Health & Wellbeing(Flu)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mental Health / A&E</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cardio metabolic assess</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Collaboration with PC</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Transitions out of CYPMH</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Wound Care</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Personalised care / planning</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Safe discharge</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Preventing risky behaviours</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		CPFT Community	Q1	Q2	Q3	Q4	Health & Wellbeing (staff)					Health & Wellbeing (Food)					Health & Wellbeing(Flu)					Mental Health / A&E					Cardio metabolic assess					Collaboration with PC					Transitions out of CYPMH					Wound Care					Personalised care / planning					Safe discharge					Preventing risky behaviours				
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● Clinical work streams and ICC support

CCG Lead: Russell Thompson		Management Forum:	Sustainability Rating: Green
Current Position / Issues	Actions	Risks	
<p>Members of the MBCCG Quality and Safeguarding team are working through a programme of engagement. More detail will feature in future reports.</p> <p>Data Source: <i>MBCCG Quality and Safeguarding Team</i></p>	<p>The team continue to developing a programme of ICC engagement although there is some delay to this engagement plan due to current team capacity.</p>		

CCG Lead:	Margaret Williams	Management Forum:	MBCCG/UHMB Quality Assurance Meeting	Sustainability Rating:	Amber
Current Position / Issues	Actions	Risks	Supporting Analysis		
<p>Bay Apprenticeship Model</p> <ul style="list-style-type: none"> Apprenticeship strategy will be consulted on during April 2018 Maximising apprenticeships activity continues Work of Risedale Group showcased across ICP/ STP General practice are aiming for cohort of apprentices in September 2018 	<ul style="list-style-type: none"> Consultation and feedback of apprenticeship strategy Commencement of Regulated Care Sector cohort at the end of April 2018 Apprenticeship details linked to wider branding and imaging Improvement programme initial focus on Regulated Care Sector 	<p>Apprenticeship levy not maximised by system providers.</p>			
<p>Provider forum (care homes)</p> <p>MBCCG provided a presentation to the Lancashire Providers Forum in Preston. The CCG promoted their developments and involvement in apprenticeships and training. This generated some discussions and subsequent interest in the apprenticeship work and a keen interest from one member in joining the nurse leadership alliance.</p> <p>Data source: MBCCG</p>	<p>Film and media communications generated to support spread of good practice. A number of communications and events are taking place around the Morecambe Bay story, including film footage which is available on the Healthier Lancashire website.</p>	<p>Variation in implementing quality improvement programmes impacts providers ability to develop.</p>	<p>The Healthier Lancashire website can be accessed here: http://www.healthierlsc.co.uk/</p>		

CCG Lead:	Margaret Williams	Management Forum:	Primary Care Quality Improvement Group	Sustainability Rating:	Green
Current Position / Issues	Actions		Risks	Supporting Analysis	
<p>Quality Improvement Scheme :</p> <p>The QIS is in the process of being finalised to produce QIS packs for practices, ready for start of new financial year.</p> <p>Peer Review:</p> <p>Work continues on the roll-out of the Peer Review referral Process as part of the 10 High Impact Actions, and support by metric 9 of the 2018/2019 QIS.</p> <p>Lead GPS are working closely with GP representatives to determine how best to approach this process on an individual practice basis, based on practice referral data</p> <p>GP Recruitment</p> <p>GP Career Plus</p> <ul style="list-style-type: none"> • There are 2 candidates on the scheme with a further 1 to join in April 2018 • The scheme is being adopted in South Cumbria • A Project Manager is now in place • A coach/mentor in being supported in each locality to support new GPs to the locality • Practice prospectuses are being developed <p>Data Source: <i>MBCCG Primary Care Facilitator, January 2018</i></p>	<p>Proposals have been shared with LMC and QIS scheme will go to Governing Body for consideration and approval on 20th of March 2018.</p> <p>An update will be provide to the elective Care Board on 13th February 2018.</p> <ul style="list-style-type: none"> • Work is being done with a recruitment agency to employ Interim associates on a 1 year post • Regular GP vacancy data collection is being carried out 			<p>GP recruitment film</p> <p>http://www.ln-gpfed.org.uk</p>	

● Regulated Care including and Continuing Health Care

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues	Actions	Risks	Supporting Analysis		
<p>Regulated Care/ Care Home</p> <p>The Safeguarding team continue to support the soft intelligence meetings regarding Care Providers across the MBCCG footprint. Both Cumbria County Council and Lancashire County Council are in the process of reviewing their Quality Improvement Processes and meetings, which MBCCG representatives are fully involved and sighted on. We aim to align the Cumbria process as much as possible to Lancashire's to standardise across our area.</p> <p>The themes and trends of concerns for those providers in difficulty remain as previously identified. Ongoing work to wrap around support continues across the MBCCG footprint. This is in the form of the Safeguarding Champions Forums, Safeguarding Assurance Framework audits, Quality Improvement Visits, and training facilitated by the Safeguarding Team.</p> <p>Currently we have one nursing provider and one residential providers in the Quality Improvement Process within Lancashire. Unfortunately, MBCCG are in the process of supporting an urgent closure of a residential provider within Lancashire. In Cumbria we have one nursing provider in the Quality Improvement Process.</p>	<p><u>Lancashire</u></p> <p>Safeguarding Champions events were held across the three localities of the MBCCG footprint in during November & December. From a Lancashire North perspective, the Forum focussed on Infection Prevention, MCA & DNACPR, there were guest speakers from Advocacy Services, and IPC Teams. The Lancashire North session was very well attended, and evaluations remain very positive.</p> <p>A Domiciliary Provider Safeguarding Champions Forum has been arranged in January across Pan-Lancashire. This will reflect some of the sessions which have previously been facilitated within the Care Home Champions Forums, and rotated around each CCG to co-facilitate the sessions.</p> <p>These sessions are enabling:</p> <ul style="list-style-type: none"> • Collaboration and sharing best practice • Engagement • Enhanced communication • Encouragement of recruitment and retention of staff <p>A Leadership Programme has been established by LCC and is due to be rolled out.</p> <p><u>Cumbria</u></p> <p>Safeguarding Champions events were held across South Lakes and Furness area. Unfortunately the uptake was poor during these sessions. Discussions are taking place to agree the format of these events going forward, and how to promote engagement. We are looking at facilitating one</p>	<p>Risk of harm as a result poor quality care leading to suspensions to bed capacity, or home closures.</p>			

CCG Lead: Margaret Williams	Management Forum:	None	Sustainability Rating: Amber
Current Position / Issues	Actions	Risks	Supporting Analysis
	<p>day's full workshop at the end of February bringing all South Lakes providers together for a Safeguarding Champions event.</p> <p><u>Safeguarding Assurance Framework Audits:</u></p> <p>Arrangements for safeguarding assurance for Morecambe Bay CCG with Commissioned services and providers will include assurance visits and quality reports, CCG Safeguarding Standards Audit, Section 11 Audit, and attendance at provider safeguarding performance and operational committees. There are negotiated arrangements to monitor key performance indicators (safeguarding outcomes), risk management and quality improvement initiatives with providers.</p> <p>The Safeguarding Assurance Framework remains ongoing. The Annual Report due at the end of March 2018 will incorporate a full review of SAF's for the MBCCG footprint. The SAFs have now transferred across to MLCSU to monitor compliance for both North Lancashire and South Cumbria providers. The SAFs are due to be distributed across MBCCG footprint in Q4 February 2018, with an expectation that submissions are returned in Q1 Mid-April 2018. This will now standardise the process.</p>		
<p>Care Home Summit</p> <p>MBCCG has instigated a 'Care Home Summit'. The Summit has been established to bring together senior leaders from health, social care and provision to shape a programme of action to discuss the impact of failing Regulated Care Sector Provision and to achieve a consensus about opportunities we need to collectively take to mitigate the identified risks. Including:-</p> <ul style="list-style-type: none"> • Supporting sale/acquisition of business • Maximising improvement efforts to 			

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber																																																																																									
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<p>release additional capacity</p> <ul style="list-style-type: none"> Establish Registered Manager coaching/mentoring network Hold system led Job/Career Fairs Maximise competency of current workforce – consider using digital solutions Consideration of how we expand the Care Home support team role and function. <p>A second care home summit took place on the 26th January 2018 and another will be scheduled for a date in May.</p>																																																																																														
<p>Continuing Health Care (CHC)</p> <p>Morecambe Bay recognises the CHC process is confusing for individuals and families; it is also currently delivered by numerous providers. Its important Morecambe Bay through improved processes and action across agencies improve efficiency and improve the experience of individuals, families and staff.</p> <p>A full project plan is in place: The CCG have now supported 2 additional nurses to work through current due and overdue Adult CHC 3 month and 12 month reviews in South Lakes. There is a plan to support a third nurse reviewer working across Morecambe Bay</p> <p>The RLI discharge team (Lancashire) now has access to be able to support with the Cumbria fast tracks and DST process on strata and have put an implementation plan in place. This will support the ongoing work around Discharge to Assess.</p> <p>DST project planning group continues. A start date for March is being proposed. The MBCCG project Group has continue to meet with a plan to increase frequency increased to fortnightly in progressing actions around transition and transformation of the MBCCG service requirements.</p>	<p>The CCG have submitted an improvement action plan to NHSE in improving national KPIs and are working with colleagues in M&LCSU to improve reporting and performance across Morecambe Bay.</p> <p>Data requested reflecting a combined Morecambe bay picture. Dashboard is in development.</p>	<p>Issues being flagged by the Trust that lack of provision are hindering progress of DTA however regular workshops are taking pace to work through these</p> <p>Not meeting required national KPI targets.</p>	<p>CHC ongoing packages of care for Lancashire North</p> <p>Lancashire North information of number of CHC cases ratified each month</p> <div style="text-align: center;"> <p>Continuing Healthcare - Number of On-Going Packages of Care</p> </div> <table border="1"> <thead> <tr> <th></th> <th>Mar-17</th> <th>Apr-17</th> <th>May-17</th> <th>Jun-17</th> <th>Jul-17</th> <th>Aug-17</th> <th>Sep-17</th> <th>Oct-17</th> <th>Nov-17</th> <th>Dec-17</th> <th>Jan-18</th> <th>Feb-18</th> </tr> </thead> <tbody> <tr> <td>Other</td> <td>69</td> <td>64</td> <td>62</td> <td>62</td> <td>64</td> <td>57</td> <td>57</td> <td>52</td> <td>50</td> <td>50</td> <td>48</td> <td>47</td> </tr> <tr> <td>Rehab/Recovery</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Respite</td> <td>2</td> <td>2</td> <td>1</td> <td>4</td> <td>3</td> <td>3</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>One to One</td> <td>11</td> <td>9</td> <td>5</td> <td>4</td> <td>5</td> <td>6</td> <td>6</td> <td>5</td> <td>5</td> <td>5</td> <td>6</td> <td>5</td> </tr> <tr> <td>Nursing Home</td> <td>208</td> <td>209</td> <td>191</td> <td>190</td> <td>195</td> <td>186</td> <td>171</td> <td>175</td> <td>175</td> <td>176</td> <td>172</td> <td>160</td> </tr> <tr> <td>Homecare</td> <td>41</td> <td>50</td> <td>45</td> <td>57</td> <td>56</td> <td>58</td> <td>58</td> <td>59</td> <td>61</td> <td>62</td> <td>62</td> <td>62</td> </tr> </tbody> </table> <p>NB: Analytical presentation of progress in development. Currently developing a combined reporting for Morecambe</p>		Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Other	69	64	62	62	64	57	57	52	50	50	48	47	Rehab/Recovery					1	0	0	0	1	1	1	1	Respite	2	2	1	4	3	3	2	2	2	2	1	2	One to One	11	9	5	4	5	6	6	5	5	5	6	5	Nursing Home	208	209	191	190	195	186	171	175	175	176	172	160	Homecare	41	50	45	57	56	58	58	59	61	62	62	62
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CCG Lead: Margaret Williams	Management Forum:	None	Sustainability Rating: Amber								
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			<p>Bay.</p> <p>Key performance Indicators that support tracking and progress of actions have been developed and are currently being implemented into a CHC dashboard this will include:-</p> <ul style="list-style-type: none"> • Number of Decision Support Tool assessments taking place in Acute setting (broken down by hospital site) • CHC 28 day referral times • CHC cases exceeding 28 day referral times 								
<p>CHC Staff Engagement</p> <p>The first MBCCG facilitated CHC staff engagement event took place on 13th September 2017. As a result of the event, the following themes emerged:</p> <ul style="list-style-type: none"> • Raised expectations • Service delivery • Training gaps • Behaviours • Provider market • Communication • CHC processes/ checklists • Organisational interdependencies <p>A second MBCCG facilitated CHC engagement and listening event took place on 26th January 2018. 2 main outcomes are :-</p> <ol style="list-style-type: none"> 1. Develop model of service integration 2. Communication campaign for staff, individuals and families to explain the process and avoid confusion that leads to disappointments and disputes. 	<p>Next Steps</p> <p>The CCG is aiming to hold a further CHC engagement event with the general public/family/carer as well as a follow up event for the operational staff delivering CHC.</p>										
<p>Personal Health Budgets (PHB)</p> <p>By 2020/21, NHS England's ambition is for there to be a total of 100 to 200 Personal Health Budgets over the course of a year for every 100,000 of population. This implies that there will be between 57,000 and 115,000 PHBs in 2020/21. For 2016/17, the ambition is to reach</p>	<p>A PHB task and finish group has been set up between the 7 CCGs.</p> <p>CCG's are considering the service they want for delivery of Personal Health Budgets (PHB's) in accordance with the new National Guidance and the Continuing Health Care</p>		<p>PHB data for Q3</p> <table border="1"> <thead> <tr> <th>Open Personal Health Budgets at the start of the Quarter</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>*These questions relate to live personal health budgets in place at the beginning of the quarter*</td> <td></td> </tr> <tr> <td>Total Number of Personal Health Budgets</td> <td>47</td> </tr> <tr> <td>Number delivered as a Direct Payment</td> <td>23</td> </tr> </tbody> </table>	Open Personal Health Budgets at the start of the Quarter	Number	*These questions relate to live personal health budgets in place at the beginning of the quarter*		Total Number of Personal Health Budgets	47	Number delivered as a Direct Payment	23
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CCG Lead: Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber														
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between 12,000 and 16,000 over the course of the year – that is between 20 and 30 per 100,000. For 2017/18, the ambition is to reach between 24,000 and 32,000 PHBs – that is between 40 and 55 per 100,000. The CCGs performance is measured on the number of personal health budgets that have been in place, at any point during the quarter, per 100,000 CCG populations (based on the population the CCG is responsible for).	Strategic framework. MLCSU have produced a process map and the group are next scheduled to meet in March.		<table border="1"> <tr> <td>Number delivered as a Third Party Budget</td> <td>19</td> </tr> <tr> <td>Number delivered as a Notional Budget</td> <td>5</td> </tr> <tr> <td colspan="2">Quarterly and Cumulative Data</td> </tr> <tr> <td colspan="2">Number</td> </tr> <tr> <td>Personal Health Budgets Started in Quarter *Personal health budgets put in place during the quarter – please see section 3.5 above*</td> <td>4</td> </tr> <tr> <td>Personal Health Budgets Ended in Quarter *PHBs stopped during the quarter*</td> <td>3</td> </tr> <tr> <td>Cumulative Personal Health Budgets Year To Date (YTD) *The data for this question and all proceeding questions will be cumulative YTD data as previously in the markers of progress*</td> <td>58</td> </tr> </table>		Number delivered as a Third Party Budget	19	Number delivered as a Notional Budget	5	Quarterly and Cumulative Data		Number		Personal Health Budgets Started in Quarter *Personal health budgets put in place during the quarter – please see section 3.5 above*	4	Personal Health Budgets Ended in Quarter *PHBs stopped during the quarter*	3	Cumulative Personal Health Budgets Year To Date (YTD) *The data for this question and all proceeding questions will be cumulative YTD data as previously in the markers of progress*	58
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<p>Regulated Care Sector Organisations</p> <p>The Quality Safeguarding team continue to activity work with Key partners and Regulated Care Sector Organisations to ensure sustained improvement and additional support when identified.</p> <p>Data source: MBCCG, Quality and Safeguarding Team (February 2018)</p>	<p>Themes from RADAR continue to relate to:-</p> <ul style="list-style-type: none"> • Medication Management • Leadership and management • Workforce recruitment and retention • Workforce skill development and competence • MCA/Dolls • Care Planning 		<p>Currently a Regulated Care Sector Quality Dashboard is under development.</p>															

CCG Lead:	Jane Jones	Management Forum:	None	Sustainability Rating:	Green																					
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<p>Learning Disabilities Mortality Review (LeDeR) Programme</p> <p>MBCCG have been involved with twelve LeDeR Mortality Reviews across the Morecambe Bay footprint. Three of which have been completed and submitted through to the LeDeR programme for final sign off. Two cases have been recently allocated to the LAC; the final four are currently underway.</p> <p>There is one outstanding review which is required to be allocated to a reviewer.</p> <p>The Quality & Safeguarding team participate in the monthly LeDeR steering and operational groups.</p> <p>Data source: <i>LeDeR</i></p>	<p>Three LeDeR reviews have been completed and submitted through to the LeDeR programme</p> <p>Two cases have been recently been allocated with the backlog monies from NHSE; four are currently underway. With one review awaiting allocation from the LAC.</p> <p>Identified Issues Delay in receiving Medical Treatment Staff competencies Poor record keeping Access to the LD Register Discharge Planning Lack of communication</p> <p>Evidence of Good Practice Best interest process working well Good MDT working</p> <p>Mitigation Actions Taken Promotion of the LD Hospital Passport Access to Healthcare Meeting planned with the CLDT & UHMBT LD Liaison Nurse</p>	<p>Capacity to complete reviews</p> <p>General barriers for the LeDeR review process remains to be capacity issues for the completion of the reviews. Anxiety from the reviewers around dealing with bereaved families; this has been identified as a training need by NHSE which is being sourced.</p> <p>A specific issue within the Morecambe Bay footprint is access to medical records from the Acute Trust. This issue has been addressed on several occasions with the Acute Trust, and is currently being discussed with their legal department internally.</p>	<table border="1"> <thead> <tr> <th>Identified issues</th> <th>Evidence of good practice</th> <th>Mitigation actions taken</th> </tr> </thead> <tbody> <tr> <td>Delay in receiving medical treatment</td> <td>Best interest process working well</td> <td>Promotion of the LD Hospital Passport</td> </tr> <tr> <td>Staff competencies</td> <td>Good MDT working</td> <td>Access to healthcare meeting planned with the CLDT and UHMBT LD Liaison Nurse</td> </tr> <tr> <td>Poor record keeping</td> <td></td> <td></td> </tr> <tr> <td>Access to the LD register</td> <td></td> <td></td> </tr> <tr> <td>Discharge planning</td> <td></td> <td></td> </tr> <tr> <td>Lack of communication</td> <td></td> <td></td> </tr> </tbody> </table>			Identified issues	Evidence of good practice	Mitigation actions taken	Delay in receiving medical treatment	Best interest process working well	Promotion of the LD Hospital Passport	Staff competencies	Good MDT working	Access to healthcare meeting planned with the CLDT and UHMBT LD Liaison Nurse	Poor record keeping			Access to the LD register			Discharge planning			Lack of communication		
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<p>NICE sets out measures to reduce suicide attempts in public spaces and prisons</p> <p>Physical barriers such as nets and fences at bridges and stations could reduce suicides, NICE says.</p>  <p>The draft guideline advises local businesses, community services and prisons on the support people considering suicide need. It says physical barriers like fences and netting in problem areas may be enough to make people reconsider their intentions. Using CCTV could also allow staff to monitor when people may need help.</p> <p>Professor Mark Baker, director of the NICE centre for guidelines said: "Suicide is not inevitable. Physical barriers at problem sites like bridges and rail stations can make people stop and think. Evidence shows that if a barrier stops someone taking their life in one place they will not automatically try again somewhere else. Using this opportunity to direct people to seek help may save their life."</p> <p><u>Final guidance</u>, developed by NICE and <u>Public Health England</u>, advises GP and healthcare professionals how they should treat sore throat, a common respiratory tract</p>	<p>In the event of a suspected suicide, NICE says local authorities should work closely with staff in public services to ensure the details are reported sensitively. For example, train station staff announcing delays caused by a suspected suicide, or journalists reporting on the occurrence should avoid giving too much detail. If local authorities need to run suicide prevention campaigns in their area these should promote the idea that suicide is preventable and encourage people to seek help from local and national support groups like the Samaritans.</p> <p>Friends, family, classmates and co-workers affected by suicide should be given information on what help is available to them as they may be at risk of harming themselves. This may also apply to emergency responders and other staff.</p> <p>NICE says national procedures from Public Health England should quickly be put in place in areas where suicide is more likely.</p> <p>Dr Ann Marie Connolly, deputy director, health equity and mental health, Public Health England said: "The prevention of suicide is an important public health issue and it is right that the draft guidance includes a focus on the prevention of suicide in prisons and other detention settings.</p> <p>"Public Health England has also produced guidance for local areas on how to develop a suicide prevention plan, which all areas will have in place by summer 2018."</p>		<p>The full article can be found:</p> <p>https://www.nice.org.uk/news/article/nice-sets-out-measures-to-reduce-suicide-attempts-in-public-spaces-and-prisons</p>		

<p>infection.</p> <p><u>Respiratory tract infections</u> are one of the main reasons people visit their GP, or seek help from a pharmacist. Around 1 in 4 (27%) GP appointments made for <u>respiratory tract infections in the UK are because of a sore throat.</u></p> <p>Evidence reviewed by NICE found most people will get better without antibiotics, usually experiencing symptoms for up to a week. However, research suggests antibiotics are prescribed in 60% of cases.</p> <p>NICE says healthcare professionals shouldn't prescribe antibiotics. Instead they should help people to manage their symptoms with pain relief, such as paracetamol or ibuprofen.</p> <p>The guideline notes that some adults may wish to try medicated lozenges containing either a local anaesthetic, a non-steroidal anti-inflammatory drug (NSAID) or an antiseptic. However, they should be told these may only help to reduce pain by a small amount.</p> <p>Dr Tessa Lewis, GP and chair of the managing common infections guidance committee, said: "Paracetamol can help to relieve pain and control temperature. Medicated lozenges might not reduce the pain by much, but some people may choose to use them."</p> <p>People who have a sore throat caused by bacteria, sometimes referred to as 'strep-throat', are more likely to benefit from antibiotics.</p> <p>Two symptom scoring tools (<u>FeverPAIN</u> and <u>Centor</u>) that healthcare professionals can use to better identify when someone has strep-throat are highlighted in the guidance.</p> <p>The Quality Team request the Trusts report progress/activity on all guidance published and exceptions, when not implemented including risk logs and actions to address issues where implementation is delayedSource:</p> <p>NICE, February 2018</p>			
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● National Audits

CCG Lead:	Russell Thompson	Management Forum:	None	Sustainability Rating:	Green
Current Position / Issues	Actions/Progress to Date		Risks	Supporting Analysis	
<p>New multi-nation initiative to improve care and outcomes for patients with asthma and COPD confirmed</p> <p>A new national clinical audit programme designed to improve the quality of care and outcomes for patients with asthma and COPD has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) for the forthcoming 3-5 years. It will be delivered by the Royal College of Physicians (RCP) across England, Scotland and Wales.</p> <p>Approximately 9.2 million people are diagnosed with asthma or COPD, the two most common lung diseases in the UK. Annually, they account for 175,000 hospital admissions, 7.8 million consultations in primary care and in the region of £2 billion in direct health care costs. NACAP will support improvement in care for patients receiving treatment for asthma and COPD.</p> <p>The Quality Team request the Trusts report progress/activity on all guidance published and exceptions, when not implemented including risk logs and actions to address issues where implementation is delayed.</p> <p>Source: https://www.hqip.org.uk</p>	<p>This new National Asthma and COPD Audit Programme (NACAP) adds adult and paediatric asthma to the existing National COPD Audit Programme, which consistently achieved outstanding levels of participation in NHS hospitals, pulmonary rehabilitation services, in England and Wales, and in Welsh general practice. Since its launch in 2013, it reported on the quality of care delivered to over 200,000 patients, by nearly 800 healthcare teams.</p> <p>Professor Mike Roberts, senior clinical lead for NACAP said:</p> <p>‘The RCP is very excited to start work on the new NACAP. Asthma and COPD patients and carers, as key members of the audit team, will set out the vision for a service that puts their needs first. This, combined with strong collaboration with healthcare teams across primary and secondary care, and pulmonary rehabilitation, is an opportunity to use patient power to drive up standards of care for the millions of people living with chronic lung conditions in England, Scotland and Wales.’</p> <p>The audit will be directed and delivered by an experienced and multidisciplinary team, including nurses, respiratory physicians, physiotherapists and patients. The RCP will work closely with professional bodies, royal colleges, patient charities, and other stakeholders to develop the content and methodology for the programme, collecting data in near-real-time.</p>			<p>The full article can be found:</p> <p>https://www.hqip.org.uk/news-events/news/new-multi-nation-initiative-to-improve-care-and-outcomes-for-patients-with-asthma-and-copd-confirmed/</p>	