NHS
Morecambe Bay
Clinical Commissioning Group

AGENDA ITEM NO: 12.0.

Meeting Title/Date:	Governing Body - 19 November 2019		
Report Title:	Quality Improvement and Assurance Report Quarter 2: July 2019 - September 2019 Exceptions		
Paper Prepared By:	Lorraine Evan	**Date of Paper:**	9 September 2019
Executive Sponsor:	Margaret Williams	**Responsible Manager:**	Sue Bishop
Committees where Paper Previously Presented:	Quality Improvement Committee - 5 November 2019. Executive Committee - 10 September 2019.		
Background Paper(s):	The Functions and Duties of Clinical Commissioning Groups first published March 2013 Health and Social Care Act 2012 (Section 26).		
Summary of Report:	The attached report is provided to ensure the Executive Management Team, Governing Body and Quality Improvement Committee are appraised of the MBCCG Q2 position exceptional quality activity, monitoring and actions. It should be noted a Q2 mid tercile report was produced, the exceptions of which were presented to Executive Committee on 10 September. This report is a full Q2 activity capture and was presented to Quality Improvement Committee on 5 November 2019. 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:- G:\Corporate\Meetings, Dev Days & Workshops\Governing Body - BC\MBCCG\QIC - 05_11_19 The areas covered align to the delegated duties of the Executive Chief Nurse.		
Recommendation(s):	To appraise and agree the detail covered in the report.		
			Please Select Y/N
Identified Risks: (Record related AF or RR reference number)	AF199: Failure to instil a culture of continuous improvement to achieve quality outcomes RR204: Quality of care below expected standard may impact patient outcome and experience.		Y

Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	The report describes quality aspects of services commissioned for the population of Morecambe Bay.	Y
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
Better Health - improve population health and wellbeing and reduce health inequalities		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
Please Contact:	lorraine.evans2@nhs.net	

Successes this reporting period (Q2)

LeDeR (Pg.7)

Under Review	Awaiting allocation	Completed	To go through QA Process	Total Review Allocation
22	3	5	3	33

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

Areas of concern this reporting period (Q2)

E.Coli (Pg.9)

Challenges

Gram Negative Infection Rates continue to be reported above trajectory.

Mitigating Actions

ICS have identified a lead SRO in their area for AMR. This role will oversee the implementation and delivery of an ICS-wide AMR strategy (including IPC) to drive improvement with a robust governance and assurance framework to support improvement.
NHSE/I are hosting an event in October to support the development of AMR plans across health systems.

The MB AMR Collaborative are working towards delivery of agreed aims in 2019/20 which include:
1. High Quality training for Domiciliary, Residential and Nursing providers across the MBCCG footprint
2. Collation of meaningful surveillance with clear process in place to influence practice.
3. Partnership working with patients and providers to share responsibility for effective antibiotic usage and to reduce the risk of infection.
It is anticipated that over the next 12 – 18 months MB will start to see improvements

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

The number of 12-hour breaches for July and August 2019/20 has shown a 47% decrease, compared with July, August and September 2018/19.

In July, August and September 2019/20, patients solely requiring mental health care comprised the majority of breaches (a total of 17) compared to 2 patients requiring physical health care with follow-on mental health care. During this period, 1 breach occurred at FGH whereas 16 occurred at RLI.

Challenges

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

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

Mitigating Actions

- Work has now been completed on the building of two additional bays within RLI ED which are intended to be a calmer environment and safer space for patients. The Health and Safety Executive are undertaking a review of their suitability.
- NWAS revised Standard Operating Procedures to reduce delays in transporting patients from ED to other health care facilities or to their place of residence.
- Police invited to participate in the weekly 12-hour breach meetings, when appropriate.

Successes this reporting period (Q2)	Areas of concern this reporting period (Q2)

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

Challenges
In August, MB only achieved 55.6% against target of 90%. This equates to 2 patients.

Issues
It has been identified that bowel screening is a contributing factor as there are difficulties with accessing colonoscopy at certain sites and an increase in demand for colonoscopies. It is anticipated that the introduction of Faecal Immunochemical Testing (FIT) will also increase demand.

Mitigating Actions
Concerns have been escalated with a request for detailed information of any patients who have come to harm were provided in the Assuring Quality Group.

A colorectal mapping event took place in September, which identified that UHMBT do a higher number of CT Colonograms than other providers. The new Colorectal lead clinician will investigate this as a priority. Further efficiencies in the colorectal straight to test pathway have also been identified.

The cancer team scrutinise the list weekly to identify how they can unblock long waits.

RTT-52 week waits (Pg.16)

Challenges
RTT continues to be an issue. It has been identified that bowel screening is a contributing factor as there are difficulties with accessing colonoscopy at certain sites and an increase in demand for colonoscopies. It is anticipated that the introduction of Faecal Immunochemical Testing (FIT) will also increase demand.

Mitigating actions
A review of patient harm is being undertaken.

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.

A national issue with the appointment slots on ERS was identified in August showing that 120 patients who were waiting for appointments had dropped off the waiting list. The issue has now been rectified.

Actions

- Identified patients have been contacted.
- UHMB are sourcing additional activity as a priority.
- The Trust have a daily call to micro-manage all long waits.
- RCA's are being undertaken on all 52-week breaches.

Successes this reporting period (Q2)	Areas of concern this reporting period (Q2)

As of October, daily calls have been set up within UHMB in order to reduce the number and risk of patients breaching 52 weeks going forward.

EMSA (p.14)

EMSA continues to be an issue.

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

The Trust has outlined that, without capital investment, the breaches will be tolerated until the position changes.

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

The Trust are amending reporting process in line with recent guidance from NHSE/I.

CHC Quality Premiums (Pg.34)

The CCG are not achieving the Quality Premium as set nationally by NHSE.
DST >80% within 28 days
challenges

- There is a vacant gap in MLCSU workforce for an appointment scheduler.
- There are different processes between CHC teams in Lancs North and South Cumbria and mapping took place in early October to compare and align processes.
- Several community teams are involved in the process of CHC highlighting a number of complexities with referrals, processes, IT, workforce capacity and skills in undertaking CHC assessments and DSTs.

Actions

The CCG aim to show improvement throughout Q3-4 and meet the national target by March 2020 but is dependent on the continued relationship building across health, CSU and Local authority teams and additional resource being available once the end to end service business model is agreed

DST <15% target in Acute
An evaluation of the model noted the service required access to 'spot' purchase beds, this is now in place and supported. The CCG is confident that pathway 3 of the DTA will now deliver and target will be met and sustained within the next 4-6 weeks.

Successes this reporting period (Q2)	Areas of concern this reporting period (Q2)

Out of Area Placements (Pg.38)

Challenges
Ongoing work continues to map the numbers of Out of Area Placements across the MBCCG footprint. Data received from MLCSU states that the CCG has 75 OOA placements across the system for individuals placed with a Learning Disability Provider, Mental Health Provider, or a Nursing Home Placement, robust processes needed for assurance on care provision.

Mitigating Actions
Work on going to cross reference CSU and CCG data and frequency of welfare and assurance checks that these

individuals have received. Additionally, soft intelligence relating to Providers of care can be pooled to give a more comprehensive position statement.

Vulnerable, Missing, Exploited and Trafficked Children – (Pg.41)

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 robust or 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 develop and implement a strategic action plan in Cumbria to strengthen the response to Child Sexual Exploitation and Missing from Home. Alongside this, recommendations from the Local Government Association (LGA) Peer Review will help shape the work that is required to ensure the recognition and response to children at risk of exploitation is firmly embedded in practice.

Children Looked After (Pg.42)

Q2 data averages (Health data)	North Lancashire	South Cumbria
CLA – Total Number	479	231
IHA	37%	72.3%
RHA	79.5%	97.5%

Challenges
From the 1st April UHMBT inherited a considerable number of health assessments that were either still in progress or remained outstanding from BTH, some of these were considerably overdue. UHMBT have progressed in excess of 26 IHA requests and 42 RHA requests not handover on transfer raised through tracking meetings.

Areas of concern this reporting period (Q2)

There are 8 outstanding IHA's delayed due to non-attendance, delayed transfer of information, placement moves and delay of 5 siblings due to legal proceedings. There has been delay in RHA compliance as a result of the transfer in 0-19 services to Virgin Health Care, delays related to access to records and information and workforce capacity, addressed with Virgin and LCC.
We are now noting an improving picture.

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

- Scoping of current cases awaiting HA, with recovery plan from providers 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.