

AGENDA ITEM NO: 8.0.

Meeting Title/Date:	Governing Body - 18 July 2017		
Report Title:	Quality Improvement and Assurance Report		
Paper Prepared By:	Sue Bishop/ Margaret Williams	Date of Paper:	10 July 2017
Executive Sponsor:	Margaret Williams	Responsible Manager:	Sue Bishop
Committees where Paper Previously Presented	Executive Team (11 July)		
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):	1. 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.		
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)	The report describes quality aspects of services commissioned for our population.		
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:	Sue Bishop, Quality Manager, MBCCG		



Morecambe Bay
Clinical Commissioning Group

Draft v8.0

CCG Quality Improvement and Assurance Report

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

June 2017

Report Template 0.7



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Introduction

Purpose of the Report

The following report provides an update on the CCGs delivery of its Quality Improvement and Assurance Standards.

For each quality heading, the report summarises:

- The current position
- A summary of the key actions being taken to address quality activity or risk
- A summary of the key risks and barriers

Report prepared for: 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).

Reporting under review following boundary change (April 2017)

A systemic reporting approach is being undertaken to demonstrate a cross boundary and cross patch view of capturing system issues and highlighting these.

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.

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.

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: Green																																																																																				
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<p>Strategic Executive Incident System (StEIS)</p> <p><u>MBCCG</u> As at 10th July 2017 there were 35 open incidents on StEIS in June; 15 for North Lancashire and 20 for South Cumbria. Of those, there were 12 newly reported STEIS incidents; 5 for Lancashire North and 7 for South Cumbria.</p> <p>UHMBT have reported 4 new SIs in June under the categories of:</p> <ul style="list-style-type: none"> • Treatment Delay x 3 • Sub-optimal care of the deteriorating patient <p>CPFT reported 3 new SIs in June under the categories of:</p> <ul style="list-style-type: none"> • Abuse/alleged abuse of child patient by third party • Screening issues • Apparent/actual/suspected self-inflicted harm <p>Never Events There has been 0 never events reported in June 2017</p> <p>HM Coroner Regulation 28 letters There have been 0 HM Coroner Regulation 28 letters in June 2017.</p>		<p>Inconsistency and quality of RCA reports by Providers.</p> <p>UHMB have recently provided RCA training and are offering support for those staff completing RCAs.</p>	<p>Additional information: Comparison of StEIS Incidents by quarter for LNCCG patients by Provider</p> <table border="1"> <caption>StEIS Incidents by Quarter for LNCCG Patients by Provider</caption> <thead> <tr> <th>Quarter</th> <th>BTH FT</th> <th>CPFT</th> <th>LCFT MH</th> <th>UHMBt</th> <th>LTHFT</th> <th>CMHUT</th> <th>LN CCG</th> </tr> </thead> <tbody> <tr> <td>Q1 15-16</td> <td>3</td> <td>0</td> <td>5</td> <td>12</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q2 15-16</td> <td>1</td> <td>0</td> <td>0</td> <td>8</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q3 15-16</td> <td>0</td> <td>0</td> <td>2</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q4 15-16</td> <td>0</td> <td>1</td> <td>1</td> <td>8</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q1 16-17</td> <td>0</td> <td>0</td> <td>2</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q2 16-17</td> <td>0</td> <td>0</td> <td>3</td> <td>3</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q3 16-17</td> <td>1</td> <td>0</td> <td>4</td> <td>6</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q4 16-17</td> <td>0</td> <td>0</td> <td>2</td> <td>2</td> <td>0</td> <td>22</td> <td>1</td> </tr> </tbody> </table> <p>Lessons learned through RCA in Q1 for LN (A combined Morecambe Bay report will be produced for future reports)</p> <table border="1"> <thead> <tr> <th colspan="2">Lessons Learned from Closed Incidents in Q1</th> </tr> <tr> <th>General Lessons Learned</th> <th>Specific Lessons Learned</th> </tr> </thead> <tbody> <tr> <td>Where a service user threatens to harm others, this should be shared with the Police.</td> <td>Using ultrasound for insertion of large bore catheters will reduce the risk of arterial puncture.</td> </tr> <tr> <td>Any concerns in wounds to be escalated to nurse in charge.</td> <td>To review fixation methods of the nasal prongs to achieve better fit for extreme pre-term babies</td> </tr> <tr> <td>To develop clear guidelines regarding email communication between teams and local GP practices</td> <td>To review current pressure ulcer grading tool with regard to appropriateness for neonates</td> </tr> <tr> <td></td> <td>Be more inclusive of family in CPA reviews and care planning</td> </tr> </tbody> </table>	Quarter	BTH FT	CPFT	LCFT MH	UHMBt	LTHFT	CMHUT	LN CCG	Q1 15-16	3	0	5	12	0	0	0	Q2 15-16	1	0	0	8	1	0	0	Q3 15-16	0	0	2	3	0	0	0	Q4 15-16	0	1	1	8	0	0	0	Q1 16-17	0	0	2	6	0	0	0	Q2 16-17	0	0	3	3	0	0	0	Q3 16-17	1	0	4	6	2	0	0	Q4 16-17	0	0	2	2	0	22	1	Lessons Learned from Closed Incidents in Q1		General Lessons Learned	Specific Lessons Learned	Where a service user threatens to harm others, this should be shared with the Police.	Using ultrasound for insertion of large bore catheters will reduce the risk of arterial puncture.	Any concerns in wounds to be escalated to nurse in charge.	To review fixation methods of the nasal prongs to achieve better fit for extreme pre-term babies	To develop clear guidelines regarding email communication between teams and local GP practices	To review current pressure ulcer grading tool with regard to appropriateness for neonates		Be more inclusive of family in CPA reviews and care planning
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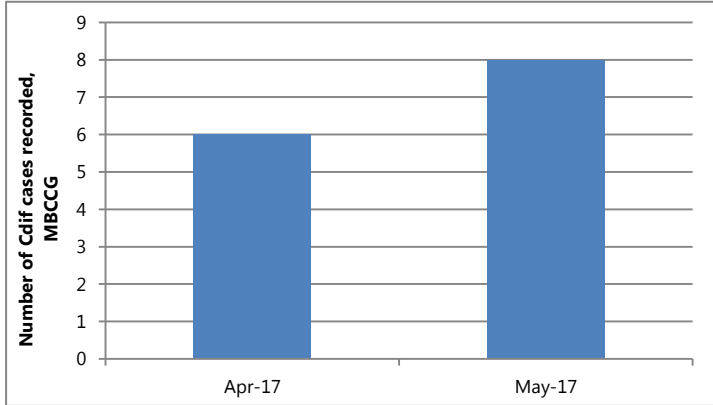
<p>A Regulation 28 was issued to UNITY, Drug and Alcohol services in Cumbria (Greater Manchester Mental Health NHS Foundation Trust). The regulation 28 is concerned with the co-ordination of, signposting and support to access accommodation for homelessness in Barrow and the timescale between appointments. The letter was sent to other stakeholders for information.</p> <p>12 hour A&E Breach UHMB are reporting very few 12 hour Breaches in relation to physical health care, however across the MBCCG system there is a significant rise in the number of 12 hour Breaches in relation to Mental Health patients and some significantly longer than a 12 hour wait.</p> <p>Data Source: <i>MLCSU SI teams</i></p>	<ul style="list-style-type: none"> NHSE receive updates at the weekly 12 hour teleconferences Breaches above 24 hours will be reported on StEIS with a joint RCA between the acute and mental health trusts if involving a mental health patient. 		<p>Key learning points from this and other cases reported by UHMB and acute trusts across the STP relate to:-</p> <ul style="list-style-type: none"> Required communication and collaboration of such cases between provider and commissioning organisations ensuring all aspects of activity are recorded. Difficulties admitting MH clients into acute inpatient bed due to UHMBs inability to source care support or security services 1:1 provision. LCFT not able to source beds due to capacity (including workforce)
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● DATIX/SIRMS Incident Reporting and Soft Intelligence

CCG Lead: Margaret Williams	Management Forum: MBCCG Serious Incident group (SIG)	Sustainability Rating:	Green
<p>Current Position / Issues</p> <p>There were 16 new incidents reported for MBCCG. Of these there was one reported in South Cumbria</p> <p>Previous ongoing technical issues with Datix are improving with the GP function now working across sites.</p> <p>Datix are currently working through issues with access for the Regulated Care Sector</p>	<p>Actions</p> <ul style="list-style-type: none"> Key Lines of Enquiry (KLOE) will be identified from intelligence collected via Datix and SIRMS The KLOE will inform the action plans for the Quality and Safeguarding team assurance visits CCG continues to review Datix access availability and usage within the care home sector. 	<p>Risks</p> <p>Reporting systems are not utilised consistently across Morecambe Bay and reporting is not aligned.</p> <p>The CCG are working with colleagues to review the systems</p>	<p>Supporting Analysis</p> <p>MBCCG incident/soft intelligence dashboard report is in development and will be available in July report</p> <p><u>The main Key finding for Q1</u> (information from datix only) These continue to show a gap in the way UHMB communicates effectively to the community care providers and mainly in delayed information or quality of information in any discharge or outpatient letters.</p> <ul style="list-style-type: none"> UHMB have identified a specific member of staff who investigates all of these and seeks any learning that can be put in place.

<p>and as an interim measure the care homes are able to contact the Quality and Safeguarding team directly to report any incidents.</p> <p>A Cumbria wide newsletter is in development with input from the lead GP. The newsletter will be promoted within the ICCs with an aim to share any learning from incidents and to increase and improve reporting.</p> <p>Data source: MBCCG / NECSU Datix / SIRMS</p>	<p>CCG are looking to contacting the main equipment provider of syringe drivers to seek if training can be facilitated across the system of provision instead of by individual provider organisation. It is hoped this would facilitate improved access to training.</p>	<p>and reporting.</p>	<p>Other areas frequently reported are:</p> <ul style="list-style-type: none"> • Pressure ulcers • Inability to provide care such as a care home staff lacking the skills and competencies in the use of syringe drivers thereby the patient requiring a hospital admission or having a delayed discharge. Some care homes have since provided staff training in the competencies in using syringe drivers.
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● Clostridium Difficile/outbreak information

CCG Lead: Margaret Williams	Management Forum: HCAI Infection Control Steering Group	Sustainability Rating: Amber
<p>Current Position / Issues</p> <p>There were 8 CDI cases reported in May 2017; 4 in South Cumbria and 4 in Lancashire North bringing the total to 14 cases for the year April 2017 to March 2018 across the MBCCG footprint.</p> <p>The CCG is awaiting confirmation of trajectory/targets from PHE for IPC including CDI. Cumbria CCG data needs to be separated into north Cumbria and South Cumbria locality data. The CCG have requested this information from PHE.</p> <p>The South Cumbria area of MBCCG does not currently have dedicated IPC expertise.</p> <p>The IPCN team monitor the current outbreaks of Diarrhoea & Vomiting in care homes (not linked to CDI) across Lancashire. There was 1 outbreak reported in a care home in the LN locality during May 2017.</p> <p>Data Source: Public Health England, May 2017</p>	<p>Actions</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>Discussions are underway with Cumbria LA (PHE) to gain equivalent Diarrhoea & Vomiting outbreak log for South Lakes and Furness locality.</p>	<p>Supporting Analysis</p>  <p>**April's figures require qualification from Cumbria from Cumbria County Council Public Health Team.</p>

● Methicillin-Resistant Staphylococcus Aureus (MRSA) / Methicillin-Susceptible Staphylococcus Aureus (MSSA) / E. Coli

CCG Lead: Margaret Williams	Management Forum: HCAI Infection Control Steering Group	Sustainability Rating: Green
Current Position / Issues	Actions	Supporting Analysis
<p>A zero tolerance for MRSA bacteraemia continues. There are 0 (zero) MRSA bacteraemia cases reported to May 2017 with the last case in August 2015.</p> <p>For MSSA there is no trajectory, but the numbers continue to be monitored. There were 4 cases April 2017,</p> <p>The E coli bacteraemia trajectory for LN is 122 cases for 2017-18. There were 12 cases in total in May.</p> <div data-bbox="107 689 788 1264"> <p>Ecoli Bacteraemia Cases Jan - May 17</p> <p>Number of Ecoli cases per month</p> <p>Total number of Ecoli cases per CCG</p> </div> <p>Data source: Public Health England, June 2017</p>	<ul style="list-style-type: none"> • In line with the Quality Premium the CCG is required to note its Ecoli baseline and reduce by 15%. • The CCG is planning to undertake case audits. • Learning from these case audits will be extracted and reported into NHSE 	<p>None delivery of AMR strategy</p>

CCG Lead: Margaret Williams	Management Forum: Local Children's Safeguarding Board	Sustainability Rating: 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 in Cumbria. Blackpool Teaching Hospitals Trust is commissioned to provide specialist CLA services across North Lancashire. The CLA teams co-ordinate the health assessment processes for looked after children in order to ensure health needs are met.</p> <p>The number of CLA across Morecambe Bay CCG are as follows:</p> <p>Lancashire North April 2017:</p> <p>CLA Lancashire North children placed by Lancashire County Council in North Lancashire = 121 CLA Lancashire North children placed outside of North Lancashire = 94 All other local authority children placed in North Lancashire = 171 (92 of those are placed from Authorities outside of Lancashire and Cumbria)</p> <p>South Cumbria March 2017:</p> <p>At the end of Q3 there were 647 Children Looked After in Cumbria. 234 of these were in the South Cumbria area. CLA placed in South Cumbria by Cumbria County Council = 174 CLA placed in South Cumbria by other Local Authorities = 73</p> <p><i>(Data source: Blackpool Teaching Hospitals (BTH) / Cumbria Partnership Foundation Trust (CPFT)/ Lancashire and Cumbria Local Authorities)</i></p> <p>2. <u>Child Protection</u></p> <p>There are approximately 150 children subject to a Child Protection (CP) Plan in Lancashire North.</p>																										
<p>Improvement in outcomes and timeliness of health assessments, particularly initial health assessments, continues to feature within the Lancashire Safeguarding and CLA recovery action plan. Task and Finish Groups have been established with partners including Childrens Social Care and Paediatrics to improve efficiency through increased integrated working.</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. We are currently mapping placements, health needs and risks across the patch. This mapping will inform a management plan going forward</p> <p>These figures remain above target, statistical neighbour and national comparators.</p> <p>Following the review of safeguarding arrangements across Lancashire an updated Lancashire wide action plan was submitted to CQC February 2017. All CCG's</p>																										
<p>Reduced funding and subsequent changes to service delivery by Blackpool Teaching Hospitals may impact on timelines of health assessment and ability to meet statutory targets.</p> <p>Initial health Assessments:</p> <p>Compliance with Statutory target for Initial Health Assessments remains low:</p> <table border="1"> <thead> <tr> <th>IHA</th> <th>In time</th> <th>Out of timescale</th> <th>Reasons</th> </tr> </thead> <tbody> <tr> <td colspan="4">Lancashire North</td> </tr> <tr> <td>Q3</td> <td>2</td> <td>10</td> <td>10 x not received in timely manner from CSC</td> </tr> <tr> <td>Q4</td> <td>1</td> <td>23</td> <td>17 x not received in timely manner from CSC 6 Clinic capacity issues</td> </tr> <tr> <td colspan="4">South Cumbria</td> </tr> <tr> <td>Q2</td> <td>10</td> <td>2</td> <td>Not given</td> </tr> </tbody> </table> <p>CCG do not demonstrate actions as required following CQC Review</p>			IHA	In time	Out of timescale	Reasons	Lancashire North				Q3	2	10	10 x not received in timely manner from CSC	Q4	1	23	17 x not received in timely manner from CSC 6 Clinic capacity issues	South Cumbria				Q2	10	2	Not given
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CCG Lead: Margaret Williams Management Forum: Local Children's Safeguarding Board		Sustainability Rating: Amber
Current Position / Issues	Actions	Risks
<p>At the end of quarter 3 there were 497 children on a CP Plan in Cumbria. This data is not broken down to give specific numbers for localities across South Cumbria.</p> <p>The majority of CP plans are due to emotional harm and neglect likely to be as a result of domestic abuse, this picture remains unchanged and compares to national findings.</p> <p>3. <u>Child Sexual Exploitation</u></p> <p>Morecambe Bay CCG has commissioned a specialist nurse to work as part of the multi-agency CSE team in Lancashire North. The CSE Nurse post supports early assessment of the children and young people within CSE multi-agency teams, recognised nationally as being one of the most effective ways in which health services can contribute to the identification and assessment of young people at risk of or experiencing CSE.</p> <p>Across Cumbria there is a spectrum of services commissioned from universal services through to therapeutic services all of whom address CSE. In South Cumbria referrals for individuals at risk of, or suffering from CSE will be managed through the Strengthening Families Team.</p>	<p>and providers have made good progress against the action plan, with no exceptions reported.</p> <p>CQC have now formally handed over the action plan over to local regulatory managers so that further discussions can be included as appropriate in their routine work with individual providers to support further analysis of the impact of work undertaken.</p> <p>The multi-agency CSE agenda is led by the Safeguarding Boards and through the Strategic Child Sexual Exploitation Groups, Children Trust Partnership Boards the Health and Well Being Boards. Health Sub Groups have been established that will continue to support consistency across the teams and quality improvement initiatives.</p> <p>The Lancashire SCB completed a quality audit of CSE cases in February 2017. This audit considered multiagency response to early help, assessment and planning, information sharing, and recognition of the child's voice. Learning from the cases reviews completed has been shared with Primary Care teams. Key themes and learning points include the promotion of a multi-agency approach to CSE risk and related child protection processes, improved information sharing and better practice around professional curiosity with regards to early CSE indicators.</p>	

CCG Lead: Margaret Williams		Management Forum: Local Children's Safeguarding Board		Sustainability Rating:	Amber
Current Position / Issues		Actions		Risks	
		Cumbria SCB are currently completing a similar audit.			
INTERNAL AUDIT					
<p>4. <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 / 		<p><u>Progress Against Actions:</u></p> <p>Recruitment to Designated Dr and Named GP for Lancs North and Barrow are both progressing through recruitment.</p> <p>Safeguarding Policy (Pan Lancs) has been reviewed with DN Network to include the review of Safeguarding Standards Audit Tool expected to be complete end of July</p> <p>DBS role requirements for Lancashire North CCG staff now complete and sent to HR Business Partner. Requirements have now been mapped with staff records and outstanding DBS clearance sought for Cumbria staff.</p>			
LEARNING AND IMPROVMENT					
<p>5. <u>Learning Reviews</u></p> <p>There are currently 4 SCR's in progress Lancashire North and South Cumbria.</p> <p>There are no current Safeguarding Adult Reviews in progress, one Lancashire North case has recently been submitted for consideration to the Lancashire Board, this related to neglect of a vulnerable adult cared for at home by his family.</p> <p>There is one Domestic Homicide Review in progress for a Lancashire North Case</p> <p>There are two Multiagency learning reviews in progress. One relates to occurrence of peer abuse at a Children's Residential setting in Lancs</p>		<p>An activity report relating to all cases is presented to the Executive Team meeting.</p> <p>Following publication, a summary report of each review will be provided.</p> <p>The CCG is making progress against outstanding action plans of reviews and reports this progress to the various Sub Group of the Boards.</p> <p>An external evaluator has now been identified to undertake a review of the implementation of the Welsh Model for Child Practice Reviews that has</p>		<p>The Lancashire Children Board have noted that the volume of SCRs has increased since the Ofsted inspection, which in turn puts pressure on resources in all agencies.</p> <p>This mirrors a National picture.</p>	

CCG Lead: Margaret Williams Management Forum: Local Children's Safeguarding Board		Sustainability Rating:
		Amber
Current Position / Issues	Actions	Risks
North and the other concerns a non-accidental injury non-mobile infant from South Cumbria, concerns exist relating to how agencies worked together to support the family.	been implemented across Lancashire. The review is anticipated to be complete by September 2017.	
SAFEGUARDING ADULTS		
<p>6. <u>Regulated Care/ Care Home</u></p> <p>The Safeguarding team attend monthly RADAR meeting for Lancashire North Providers and equivalent Early Warning Indicators Meeting for South Cumbria. We continue to monitor a number of providers through the Quality Improvement (QiP) process across Lancashire and Cumbria.</p> <p>The number of failing care providers within the MBCCG footprint has been picked up as a high risk across the system work is underway to maintain safe, effective providers within the Regulated Care Sector.</p>	<p>Detailed report is submitted to Exec team regarding issues for providers.</p> <p>Emerging themes and trends from early warning and RADAR:</p> <ul style="list-style-type: none"> • Serious safeguarding concerns • Ineffective leadership and management • Staffing levels • Workforce planning • Inadequate levels of training • Inadequate care plan documentation • Medication errors • Falls <p>A number of task and finish groups have been set up to identify what actions across the health economy and partners in order to support safe, effective care</p> <ul style="list-style-type: none"> •Memorandum of Understanding across the health economy, as to what each agency can offer in terms of support. •Enhancing skills and competency within the care homes. •Development of a Care Home Support Team Model to work across the Morecambe Bay footprint. <p>MBCCG held their first Care Home Safeguarding Champions Event in May 2017. The attendance to</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: Local Children's Safeguarding Board	Sustainability Rating:	Amber
Current Position / Issues	Actions	Risks	
<p>7. <u>DNA CPR</u></p> <p>Concerns within the Morecambe Bay footprint have arisen regarding the appropriate completion of DNACPR documentation, and particularly around applying the Mental Capacity Act to this process.</p> <p>8. <u>MCA / DoLS</u></p> <p>The increase in DoLS applications is a direct result of the lower threshold and acid test. The implications of this have had a direct impact on those individuals within Acute Trust providers, nursing/residential home settings, and CHC funded packages within individuals own homes/supported living environments.</p>	<p>the forum was excellent, with a clear drive to strive for improvements within this particular sector in relation to safeguarding vulnerable adults, and incorporating MCA/DoLS.</p> <p>Meetings held with local GP's through the GP Leadership Forums across the Morecambe Bay footprint.</p> <ul style="list-style-type: none"> • Awaiting recommendations to be made, following a meeting held with South Lakes GP and Providers following the issue being identified. • Implementation of recommendations made. • Liaising with Local CQC Lead Inspector for final sign off of recommendations made. • Formal presentation to the Primary Care Quality Group in July 2018. <p>Agencies across the Pan Lancashire footprint have completed sections of the ADASS MCA/DoLS audit to benchmark progress of work and gaps which require further improvements. General themes and trends include:</p> <ul style="list-style-type: none"> - strategies in place to promote MCA in organisations such as The Champions Model, E-learning, Training and MCA leads -MCA is included in the safeguarding standards annual self-assessment audit. -Public engagement is an area of development and is to be looked at in the 2017-2018 work plan for the group 	<p>Lack of legal MCA framework for DNA CPR in Primary and Regulated Care</p> <p>Scrutiny and Breaches in line with CQC Regulations (Section 12 Safe & Effective Care)</p> <p>Cumbria County Council DoLS Data Estimate on backlog for Cumbria: 9 – 12 months Estimated submissions last quarter – 250 Authorised DoLS applications – 51</p> <p>Lancashire DoLS Data DOLS Applications authorised - In Q3 of 2016/17 112. This was marginally less than the previous quarter but 43.6% higher than the same period in the previous year (2015/16 Q3 – 78). The volume of DOLS applications remains at a very high level and there is no indication that this will decrease. The current backlog for applications is being confirmed</p>	

CCG Lead: Margaret Williams	Management Forum: Local Children's Safeguarding Board	Sustainability Rating: Amber
Current Position / Issues	Actions	Risks
Data source: Head of Safeguarding; Designated Nurse for Safeguarding Children, LNCCG.	-Ongoing work needed to raise awareness of MCA in 16-17 year olds; this will be included within the 17/18 work plan as a priority.	

● Harm Free Care (HFC)

CCG Lead: Margaret Williams	Management Forum: MBCCG Quality Assurance Meeting	Sustainability Rating: Green																																																																									
Current Position / Issues	Actions	Risks	Supporting Analysis																																																																								
<p>UHMB</p> <p>The Pareto analysis shows that approximately 90% of harms in the Trust are caused by:</p> <ul style="list-style-type: none"> Grade 2 pressure ulcers Catheters and urinary tract infections (UTIs). Falls (low harm) <p>In April on average 92.84% of patients received harm free care (all harms)</p> <p>CPFT (Community)</p> <p>The Pareto analysis shows that over 90% of harms in the Trust are caused by:</p> <ul style="list-style-type: none"> Stage 2 pressure ulcers Stage 3 pressure ulcers Stage 4 pressure ulcers <p>In April on average 94.86% of patients received harm free care (all harms)</p> <p>CPFT (MH)</p> <p>CPFT have submitted no data to the NHS Mental Health Patient Safety Thermometer since October 2015. This is now under review at the Quality Review Group.</p> <p><i>Data source: NHS safety thermometer May 2017/ NECS</i></p>	<p>UHMB safety thermometer data continues to be monitored via the CCG joint quality meeting</p> <p>MBCCG will agree with CPFT how the safety thermometer data will be monitored</p> <p>Future work will include bringing the 'Bay' economy together to collectively look at levels of harm and implementation of good practice for improvement.</p>	<p>Inability to optimise learning across the health economy</p>	<p>HFC April 2017 – Pareto analysis (burden of harm UHMB and CPFT) need to</p> <p>UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST</p> <table border="1"> <caption>UHMB Pareto Analysis Data</caption> <thead> <tr> <th>Category</th> <th>Number</th> <th>Cumulative Percentage</th> </tr> </thead> <tbody> <tr><td>PU_cat_2</td><td>240</td><td>12%</td></tr> <tr><td>CA and UTI</td><td>100</td><td>22%</td></tr> <tr><td>Falls_low</td><td>50</td><td>32%</td></tr> <tr><td>VTE_Other</td><td>45</td><td>42%</td></tr> <tr><td>PU_cat_3</td><td>35</td><td>48%</td></tr> <tr><td>PU_cat_4</td><td>25</td><td>55%</td></tr> <tr><td>VTE_PE</td><td>20</td><td>62%</td></tr> <tr><td>VTE_DVT</td><td>15</td><td>68%</td></tr> <tr><td>Falls_moderate</td><td>10</td><td>75%</td></tr> <tr><td>Falls_severe</td><td>5</td><td>80%</td></tr> <tr><td>Falls_death</td><td>5</td><td>85%</td></tr> </tbody> </table> <p>CUMBRIA PARTNERSHIP NHS FOUNDATION TRUST</p> <table border="1"> <caption>CPFT Pareto Analysis Data</caption> <thead> <tr> <th>Category</th> <th>Number</th> <th>Cumulative Percentage</th> </tr> </thead> <tbody> <tr><td>PU_cat_2</td><td>580</td><td>10%</td></tr> <tr><td>PU_cat_3</td><td>160</td><td>20%</td></tr> <tr><td>PU_cat_4</td><td>120</td><td>30%</td></tr> <tr><td>CA and UTI</td><td>110</td><td>40%</td></tr> <tr><td>Falls_low</td><td>90</td><td>50%</td></tr> <tr><td>VTE_Other</td><td>50</td><td>60%</td></tr> <tr><td>s_moderate</td><td>40</td><td>70%</td></tr> <tr><td>VTE_DVT</td><td>30</td><td>80%</td></tr> <tr><td>Falls_severe</td><td>20</td><td>90%</td></tr> <tr><td>VTE_PE</td><td>10</td><td>95%</td></tr> <tr><td>Falls_death</td><td>10</td><td>100%</td></tr> </tbody> </table>	Category	Number	Cumulative Percentage	PU_cat_2	240	12%	CA and UTI	100	22%	Falls_low	50	32%	VTE_Other	45	42%	PU_cat_3	35	48%	PU_cat_4	25	55%	VTE_PE	20	62%	VTE_DVT	15	68%	Falls_moderate	10	75%	Falls_severe	5	80%	Falls_death	5	85%	Category	Number	Cumulative Percentage	PU_cat_2	580	10%	PU_cat_3	160	20%	PU_cat_4	120	30%	CA and UTI	110	40%	Falls_low	90	50%	VTE_Other	50	60%	s_moderate	40	70%	VTE_DVT	30	80%	Falls_severe	20	90%	VTE_PE	10	95%	Falls_death	10	100%
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● Clinical Quality Indicators

CCG Lead: Margaret Williams		Management Forum: MBCCG Quality Assurance Meeting		Sustainability Rating: Amber																										
Current Position / Issues	Actions	Risks	Supporting Analysis																											
<p>Mortality The latest UHMB figure for HSMR from April 16 – Mar 17 (June 2017) indicates a HSMR above 100. This was confirmed in the UHMB Board report, 31 May 2017. If SHMI is above 100 it is below average performance against other NHS acute Trust. David Walker (UHMB Medical Director) will present a progress report at the next MBCCG Quality Assurance Meeting (17 July 2017) however recent information received (not yet verified) from the trust indicates that the SHMI measure is now within usual tolerances of the expected average.</p>	<p>The AQUA reports are received quarterly and continue to be monitored</p> <p>MBCCG has requested the minutes and actions from the UHMB Mortality Review Group with the headlines reported here.</p> <p>UHMB reported at the June 2017 SIRI meeting that HSMR is within expected range</p>		<p>Chart and table below: UHMB SHMI time series</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Apr 14 - Mar 15</th> <th>Jul 14 - Jun 15</th> <th>Oct 14 - Sep 15</th> <th>Jan 15 - Dec 15</th> <th>Apr 15 - Mar 16</th> <th>Jul 15 - Jun 16</th> <th>Oct 15 - Sep 16</th> </tr> </thead> <tbody> <tr> <td>Trust</td> <td>1.00</td> <td>1.00</td> <td>1.00</td> <td>0.99</td> <td>0.98</td> <td>0.99</td> <td>1.00</td> </tr> <tr> <td>North West</td> <td>1.03</td> <td>1.03</td> <td>1.03</td> <td>1.03</td> <td>1.03</td> <td>1.04</td> <td>1.04</td> </tr> </tbody> </table>				Period	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Trust	1.00	1.00	1.00	0.99	0.98	0.99	1.00	North West	1.03	1.03	1.03	1.03	1.03	1.04	1.04
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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	
Data source: MBCCG Corporate Services, April 2017			Awaiting information	

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

CCG Lead: Margaret Williams		Management Forum: MBCCG Quality Assurance Meeting (UHMB/MBCCG)		Sustainability Rating: Green
Current Position / Issues	Outcomes	Actions		
Visits have taken place for 2 Regulated care Homes in South Lakes and a private health care provider	<p>Visits outcomes:</p> <p>Private health care provider visit didn't highlight any concerns</p> <p>Care homes continued to highlight some ongoing concerns in some areas requiring further improvement. The care home managers are working to achieve the action plans following their CQC visits. Since the most recent visit by the CCG a KLOE action plan has been developed based on the CQC action plans to gain assurance of any improvements made.</p>			

● Patient Group Updates

CCG Lead: Margaret Williams		Management Forum: None		Sustainability Rating:	Green
Current Position / Issues	Actions	Risks	Supporting Analysis		
<p>Healthwatch Lancashire</p> <p>One new report available (published 8 May 2017) Owen Road Surgery (Rated "Good" by the CQC)</p> <p><u>Summary</u></p> <ul style="list-style-type: none"> • 45% of patients said they had difficulty getting urgent appointments on the same day. • No patients that were applicable had difficulties booking routine appointments. • 58% of the patients said their experience of booking appointments could be improved, 5% said it was poor and 37% said it was excellent. • 84% of the patients said the opening times of the surgery were convenient. • 53% of the patients said that they were satisfied with the care provided whilst 42% said they were very satisfied. 5% were unsatisfied with the care provided. <p>Healthwatch Cumbria</p> <p>Healthwatch Cumbria have put in place a communication and engagement strategy plan that will run between 2017 and 2021.</p> <p>By employing an effective communications strategy, HWC will be equipped to achieve success in its role as the consumer champion for health and social care users in Cumbria.</p> <p>Data source: Healthwatch Lancashire, Healthwatch Cumbria, June 2017</p>	<p>Health Watch and the surgery will work collaboratively to work through actions required to improve areas as noted</p> <p>MBCCG plan to meet with Cumbria and Lancashire Health Watch to discuss respective plans, this has not yet been set up.</p>		<p>The full report can be accessed at: http://healthwatchlancashire.co.uk/wp-content/uploads/2014/06/20170329_OwenRdSurgery_V3.11.pdf</p> <p>http://healthwatchcumbria.co.uk/healthwatch-cumbrias-communication-and-engagement-strategy-2017-2021/</p>		

● Patient Feedback, Surveys and Friends and Family Test (FFT)

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	
<p>This update includes Primary Care data for both Lancashire North and all Cumbria practices.</p> <p>The latest information / data release in May from NHSE relates to April 2017</p> <p>A & E FFT In April 2017, the percentage response rate for Accident and Emergency was 24.1% (BTH, 13.7%, LTH, 10.3%, England 12.5%) against a target of 20%. The percentage who would recommend the department was 88% a small decrease on the March figure.</p> <p>The percentage response rate for inpatients was 62.5% (target 40%) a significant increase on the March figure. The percentage who would recommend the department was 94%, a slight decrease on the March figure.</p> <p>The number of returns for the outpatient department was 1,794 against an eligible population of 24,508. There is currently no target for outpatient returns. The percentage who would recommend the department has reduced slightly to 95%.</p>		<ul style="list-style-type: none"> • UHMB has increased the maternity response rate for question 2 (care at birth) to 100% for April 2017, a 74.3% increase on March 2017. The total number of respondents for April 2017 was 11 patients. • The significant increase in response rate from FFT inpatients has been noted and will be discussed with the Trust. The figure will be monitored for May's data where analysis will take place. 		<ul style="list-style-type: none"> • 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. • Patients, whilst happy to provide feedback, are struggling to understand why they are asked on multiple occasions in sometimes, what can be a very small time window. • Although there is a genuine challenge in respect of collecting feedback from outpatients after each visit, the Trust recognises that considerable work needs to be done to raise the current response rates which are being recorded. 	

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG/UHMB)	Sustainability Rating:	Green
Current Position / Issues		Actions		Risks	
<p>UHMB Maternity FFT</p> <p>In April 2017 the Trust received 11 responses from an eligible total (number of births) of 11 which equates to a 100% response rate of which 91% would recommend. This compares with BTH; 91 responses from 255 (35.7%), 100% recommend and LTH; 49 from 253, (19.4%), 98% 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.</p> <p>MBCCG GP Practices (April 2017) 92% would recommend (England 89%)</p>		<ul style="list-style-type: none"> 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 			

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 care home inspection reports relative to MBCCG in early June:</p> <ul style="list-style-type: none"> Hillcroft Lancaster CQC rating "Good" (8 June) Hillcroft Slyne Rating "Requires Improvement" (6 June) <p>The CCG is awaiting further care home inspection reports to be published</p> <p>The full report can be found at the link below. http://www.cqc.org.uk/sites/default/files/new_re</p>		<p>The CCG have produced a summary picture of what an "outstanding" rating looks like and the next step is to devise a model of what excellent looks like to overlay into the system.</p>		<p>None currently</p>	

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues		Actions			Risks
ports/AAAF9483.pdf The CQC start the next primary care inspection programme in October 2017. Data source: CQC website					

● Commissioning for Quality and Innovation (CQuIn)

CCG Lead:	Margaret Williams	Management Forum:	MBCCG Quality Assurance Meeting (MBCCG / UHMB)	Sustainability Rating:	Green																																								
Current Position / Issues		Actions	Risks	Supporting Analysis																																									
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● Clinical work streams and ICC support

CCG Lead: Julia Westaway		Management Forum:	Sustainability Rating: Green
Current Position / Issues	Actions	Risks	
<p>The Quality and Safeguarding team have aligned themselves to a clinical work stream and ICC. The aim is to support, advise and guide the work streams and facilitate improved quality and safeguarding leadership</p> <p>Integration of team members will bring about local application of Bay wide improvement programme</p> <p>Data Source: MBCCG Quality and Safeguarding Team</p>	<p>The team is developing a programme of ICC engagement</p>		

● Workforce (UHMB only)

CCG Lead: Margaret Williams	Management Forum: MBCCG/UHMB Quality Assurance Meeting	Sustainability Rating: Amber	
Current Position / Issues	Actions	Risks	Supporting Analysis
<p>Workforce Individual providers for some time have been raising workforce staffing issues, teams have always been able to flex the ways of working to accommodate but this is becoming more difficult including the resilience needed by teams to maintain.</p>	<p>MBCCG is bringing together the system Nurse Leaders to form an alliance aimed at reviewing the immediate workforce gaps across care and nursing. The CCG aims to be able to articulate what the nurse leaders of the system which includes representation from regulated care and our hospices suggest we collectively collaborate on to minimize any adverse impact. The second meeting will focus on what and where the real issues arise and what we may potentially stop delivering or do differently.</p> <p>There is a meeting between Cumbria and LCC Directors to discuss workforce issues in Care Homes this will include Registered Manager numbers, experience and expertise across our footprint.</p>		

CCG Lead:	Margaret Williams	Management Forum:	MBCCG/UHMB Quality Assurance Meeting	Sustainability Rating:	Amber
Current Position / Issues	Actions		Risks	Supporting Analysis	
Data source: <i>Morecambe Bay CCG</i>	We have also made links with Enterprise Partnerships in Lancashire and Cumbria to work through how we could work together to maximize supporting unemployed people with an aspiration to work in the care sector back into work.				

● Primary Care

CCG Lead:	Margaret Williams	Management Forum:	Primary Care Quality Improvement Group	Sustainability Rating:	Green
Current Position / Issues	Actions		Risks	Supporting Analysis	
<p>Cyber-Attack May 2017 Morecambe Bay CCG practices dealt extremely well with the cyber-attack and had implemented their business continuity plans when the virus first struck. Only a small number of computers were affected and although some systems were slow on the Monday, services in primary care were not badly affected. Issues with the UHMBT pathology service meant that routine bloods were not taken for 24 hours to enable the pathology service to get back up and running. Practices praised the work of the IT Support service.</p> <p>Data Source: MBCCG Primary Care Lead</p>	<ul style="list-style-type: none"> The majority of practices had worked over the weekend or early Monday morning to get computers up and running in time for opening at 8 am on Monday morning. Lessons learned from the incident are being collated and acted upon 				

Continuing HealthCare (CHC)

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues	Actions	Risks	Supporting Analysis		
<p>The CCG post boundary change is undertaking a review of CHC services. It has noted variation in the experience, assessment, access and package of care cost of CHC across the Morecambe Bay population</p> <p><u>Issues to be considered</u></p> <ul style="list-style-type: none"> The national check list process is set at a low threshold which raises expectations that individuals will meet CHC criteria. Approx 60+% do not Though information available the CHC process remains confusing for individuals and families and is difficult to negotiate A review of retrospective reviews, PALs and complaints indicates that there is some learning to be applied to ensure consistency of the decision support tool used to note eligibility Multidisciplinary Team process needs to consistently have the contributions of experienced, knowledgeable professionals and individual/family or representation. <p><u>Improvements being considered</u></p> <ul style="list-style-type: none"> Reducing the administrative burden on individuals and teams Review DST process Note progress with 3 monthly reviews <p><u>What currently works well</u></p> <ul style="list-style-type: none"> Teams are ensuring they keep the individuals and their families at the centre of the process CHC fast Track process is monitored in Lancashire North locality and reports to work well, similar audit data is being generated for South Cumbria 	<ul style="list-style-type: none"> A project initiation document is being developed The current MB CHC project group will be expanded to a Bay and Health Care partners Workstream CHC teams from Midlands and Lancashire and North East Commissioning come together to discuss integration of team working in July 	<p>National guidance delayed- local teams unclear what directive may be published</p> <p>Capacity of Nurse reviewers to undertake additional activity</p> <p>Variation in the quality of regulated Care Sector provision</p>			

CCG Lead:	Margaret Williams	Management Forum:	None	Sustainability Rating:	Amber
Current Position / Issues	Actions		Risks	Supporting Analysis	
Data source: MBCCG, Quality and Safeguarding Team (June 17)					

● LeDeR

CCG Lead:	Jane Jones	Management Forum:	None	Sustainability Rating:	Green
Current Position / Issues	Actions/Progress to Date		Risks	Supporting Analysis	
<p>Local Area Contact (LAC) and Local Area Reviewers (LAR) have recently received training via the LeDeR programme</p> <p>Attendance at the LeDeR steering group, LAC and Reviewer Operation groups.</p> <p>Data source: <i>LeDeR</i></p>	<p>The LeDeR programme commenced in November 2016. Once any reviews are complete the themes and lessons learned will shared across the CCGs.</p>		<p>Capacity to complete reviews</p>	<p>In development: Number of notifications, reviews will be reported here</p> <p>Themes and lessons learned will be reported here once received</p>	

● NICE Guidance

CCG Lead:	Sue Bishop	Management Forum:	None	Sustainability Rating:	Grey
Current Position / Issues	Actions/Progress to Date		Risks	Supporting Analysis	
In development					

● National Audits

CCG Lead:	Russell Thompson	Management Forum:	None	Sustainability Rating:	Grey
Current Position / Issues	Actions/Progress to Date		Risks	Supporting Analysis	
In development					