

**Quality Report**

**Quarter 1 2017/18**

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	Section	Contents	Page
<b>Better Health</b>	<b>1.0</b>	<b>Executive Summary</b>	<b>3</b>
	<b>2.0</b>	<b>Introduction</b>	<b>4</b>
	<b>3.0</b>	<b>Patient Safety</b>	<b>4-11</b>
	3.1	Health Care Associated Infections	4
	3.2	Anti-microbial Resistance	7
	3.3	Serious Incidents	7
	3.4	Harm Reviews	9
	3.5	Safeguarding	10
<b>Better Care</b>	<b>4.0</b>	<b>Person Centred Care</b>	<b>11-17</b>
	4.1	Transforming Care Partnership Board	11
	4.2	Continuing Health Care	13
	4.3	Integrated Personal Commissioning including Personal Health Budgets	14
	4.4	Special Educational Needs and Disability	15
	4.5	Local Maternity Systems Transformation Plan	16
	<b>5.0</b>	<b>Provision of High Quality Care</b>	<b>17-26</b>
	5.1	Provider Quality	17
	5.2	Care Home Quality	20
	5.3	Homecare Quality	23
	5.4	Primary Care Quality	24
	<b>6.0</b>	<b>Patient Experience</b>	<b>26</b>
	6.1	Patient Advice and Liaison Service	26
	6.2	Complaints	27
	6.3	E-Healthscope Concerns	27
	6.4	Patient Experience Activity	27
	6.5	Patient Stories	28
	<b>7.0</b>	<b>Recommendation</b>	<b>28</b>
	<b>Appendix 1</b>	<b>Summary of Complaints and MP Letters Quarter 1 2017/18</b>	<b>29</b>

# Quality Report

## Quarter 1 2017/18

### 1.0 Executive Summary

This Quality Report provides an update on the activity of the Quality and Patient Safety Team, acting on behalf of Nottingham North and East (NNE), Nottingham West (NW) and Rushcliffe (RCCG) Clinical Commissioning Groups (CCGs), collectively known as the South Nottinghamshire CCGs, during the period Quarter 1 2017/18.

The report also identifies any local or national initiatives or developments aimed at improving the quality of services. The following are included in this report:

- An update on **Health Care Associated Infection** position against limits at the end of quarter 1 2017/18. This shows that all three CCGs have exceeded the limit for *C.diff*. NUH has had one case of MRSA and both NUH and Rushcliffe CCG are currently over target for *E.Coli*. **Page 4**
- An update on performance against the targets to reduce **Anti-Microbial Prescribing** in primary care. **Page 7**
- An update on numbers and categories of **Serious Incidents** (SIs) reported to the end of quarter 1 2017/18. This shows that there has been an increase on the same period last year, due to improved conversion of high level incidents to SIs. **Page 7**
- An update on the learning from **Harm Reviews** undertaken where operational performance standards have not been met (includes cancer and emergency department access targets and ambulance response times). **Page 9**
- Information relating to safeguarding activity including Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. **Page 10.**
- An update on the **Transforming Care Programme**. The status of the current South Nottinghamshire funded inpatients as at the end of quarter 1 (2 NNE, 2 NW and 0 Rushcliffe) and performance against Nottinghamshire reduction trajectories is also provided. **Page 11**
- An update on **Continuing Health Care** (CHC) including details of the financial recovery plan, implementation of the West Norfolk out of hospital assessment process and performance against the quality premium standards (which are off target) and the CCG IAF indicator. **Page 13**
- An update on **Integrated Personal Commissioning** including the plans to expand **Personal Health Budgets** (PHB) along with current numbers which exceed the target. **Page 14**
- An update on **Special Educational Needs and Disability** reforms including the CCG self-assessment. **Page 15**
- An update on progress against the **Local Maternity Systems** transformation plan. **Page 16**
- An update on **Provider Quality** including current **Care Quality Commission** ratings and quality visits undertaken during quarter 1 2017/18. **Page 17**
- An update on **Care Home and Home Care Quality** including CQC ratings and CCG quality monitoring. **Pages 20 & 23**
- An update on **Primary Care Quality** including CQC ratings and the CCG Quality Assurance and Support Framework. **Page 24**
- **Patient Experience** activity including, complaints, PALS, e-healthscope concerns and patient stories. **Page 26**

➤ A summary of Quarter 1 2017/18 **Complaints and MP Letters** is included at Appendix 1. **Page 29**

The report is considered in detail at the South Nottinghamshire CCGs Quality and Risk Committee and presented to the Governing Bodies for information and assurance purposes.

## 2.0 Introduction

Commissioning is a tool for ensuring high quality, cost-effective care. Quality is a key thread that underpins the work undertaken by commissioning groups. The mission is to improve the health and wellbeing of people in Nottinghamshire with a specific aim to improve quality by delivering improvements across the three domains of quality:

- Patient Safety
- Patient Experience
- Clinical Effectiveness

Quality is only achieved when all three domains are met; delivering on one or two is not enough. To achieve a good quality service the values and behaviours of those working in the NHS need to remain focussed on patients first.

***Our ambition is to commission excellent, safe and cost effective healthcare for Nottinghamshire.***

The Quality Strategy (2014-2019) sets out how we will ensure quality is at the heart of commissioning and our Governance processes for achieving this.

In March 2016 NHS England introduced a new Improvement and Assessment Framework for CCGs aimed at measuring the CCGs' delivery of the *Five Year Forward View* and the *Sustainability and Transformation Plans (STPs)* for each area, which are all driven by the pursuit of the 'triple aim':

1. Improving the health and wellbeing of the whole population
2. Better quality for all patients through care redesign and
3. Better value for taxpayers in a financially sustainable system

The framework comprises four domains; Better Health, Better Care, Leadership and Sustainability and six clinical priorities - mental health, dementia, learning disabilities, cancer, diabetes and maternity.

This context forms the basis to the Quality Report, which outlines the activity of the Quality and Patient Safety Team, working on behalf of Nottingham North and East (NNE), Nottingham West (NW) and Rushcliffe (RCCG) Clinical Commissioning Groups (CCGs) during Quarter 1 (2017/18).

The report also identifies any local or national initiatives or developments aimed at improving the quality of services.

## 3.0 Patient Safety

***Patient Safety will be our highest priority (Quality Strategy 2014-2019).***

### 3.1 Healthcare Associated Infections (HCAIs)

The table below shows the position against HCAI limits as at end of Quarter 1 2017/18.

Organisation	Clostridium difficile 2017/18			MRSA Blood Stream Infection (BSI) 2017/18		Escherichia Coli BSI 2017/18		
	Full Year Limit (limit to end Q1 2017/18)	Actual to end of Q1 2017/18	Pre/ Post 72 hour	Full Year Limit	Actual to end of Q1 2017/18	Full Year Limit (limit to end Q1 2017/18)*	Total Actual to end of Q1 2017/18	Community Acquired
NNE CCG	47 (10)	11	5 pre/ 6	0	0	139 (36)	31	25

			post					
NW CCG	21 (4)	13	8 pre/ 5 post	0	0	82 (21)	15	14
Rushcliffe CCG	24 (5)	6	5 pre/ 1 post	0	0	96 (24)	36	31
NUH	91 (23)	19	All post	0	1	709 (full year target)**	199	

\* includes 10% reduction on 2015/16 baseline as required for 2017/18 Quality Premium

\*\* this represents the number of positive samples processed by NUH laboratory for the health economy and therefore not all are attributable to the Trust

### **Clostridium difficile (C diff)**

C diff targets for CCGs are set nationally and are based on local population, with cases being designated as pre (community acquired) or post (hospital acquired). Regardless of pre/post designation, all cases are assigned to the CCG relevant to the GP where the patient is registered.

- Pre = cases diagnosed by a positive stool sample taken by the GP or within 72 hours of hospital admission
- Post = cases diagnosed with a positive stool sample 72 hours or more after admission.

C diff associated deaths / complications are usually defined as Serious Incidents and are investigated by Root Cause Analysis (RCA). C diff toxin positive infections undergo a multi-disciplinary assessment to identify if there were any lapses in the quality of care provided. Action plans are developed as necessary to mitigate risk and learning is shared across the health community. Financial sanctions may be applicable to the Acute Trust if the number of lapses in care exceeds the overall limit.

### **MRSA Blood Stream Infections (BSI)**

The NHS Commissioning Board's planning guidance for 2013-14 "Everyone Counts: Planning for Patients" set out a Zero Tolerance approach to MRSA BSI and promoted a Post Infection Review (PIR) instead of a Root Cause Analysis (RCA) to identify why the infection occurred to avoid them happening again. It is recognised that there can be intractable cases e.g. those that are unavoidable because records show a lack of patient compliance or a deep seated MRSA infection that cannot be treated because of co-morbidities or other patient related factors. Objectives for 2017-18 remain at 0.

### **Escherichia Coli (E.coli)**

The Secretary of State has launched a new ambition to reduce healthcare associated gram negative bloodstream infections (BSI) and inappropriate prescribing for urinary tract infections (UTIs) in primary care. Whilst this is not a target as such, it comes with a financial incentive in the form of a CCG Quality Premium, which places responsibility for reduction across the whole health economy with CCGs. To achieve this, a 10% reduction from the baseline in 2015/16 is required over the period 2017-18 with an expectation that a 50% reduction will be met by 2021. The initial focus is on reducing E-coli infections as these represent 55% of all gram negative bloodstream infections, with 75% of cases considered to be of community onset with the most common source being UTIs.

Commencing in Q.2 CCGs are responsible for the collection of primary care data, which includes recent patient information including invasive procedures and antibiotic prescribing. The purpose of this reporting is to gain a greater understanding of the themes leading to these episodes of infection with a view to identifying the local actions needed to reduce cases in our patient population. Whole health economy work on E.coli case reduction is currently focusing on a local hydration campaign to reduce the incidence of urinary tract infection and E.coli BSI. Catheter passports have been introduced for newly catheterised patients. Further actions will be prioritised once local themes are identified.

### **Nottingham North and East (NNE) CCG**

In Q.1 the *C diff* target was breached by 1 case. There were 5 community attributed *C diff* cases, compared to 2 cases in Q.1 last year. Analysis of these 5 cases identified the following:

- 4 out of 5 cases were appropriately managed with optimal care.
- 1 case was treated twice by the GP with loperamide with no stool sampling to identify a causative organism which is contrary to local antimicrobial guidelines. This resulted in a potentially avoidable admission that was considered to be a lapse in care. Action taken since has included Infection Prevention and Control (IPC) and prescribing support for the practice.
- There was no evidence of any cross infection episodes.

When compared to peers of the 10 most similar CCGs, Nottingham North and East had 3 cases of *C. diff* in April 2017 the lowest having 0 cases and the highest having 4 cases. (Office of National Statistics (ONS) clusters – NNE CCG is located within the Prospering Smaller Towns group).

NNE CCG had 0 MRSA BSIs and the national baseline data set taken over January–December 2016 indicated NNE CCG had 154 cases of E coli. A reduction of 10% allows for 139 cases for 2017/18 with 36 allocated for Q.1, of which there were actually 31 cases.

### **Nottingham West (NW) CCG**

In Q.1 the *C diff* target was breached by 9 cases. There were 8 community attributed *C diff* cases, comparing to 0 cases in Q.1 last year. Analysis of these cases identified the following:

- 6 out of the 8 cases were appropriately managed with optimal care
- 2 cases were considered to have been inappropriately managed and identified as lapses in care
- 1 case had received two courses of antibiotics one from acute and one from community, delay in sampling and treatment
- 1 patient on chemotherapy counts for two cases, prior to the first episode the patient had received two courses of antibiotics, one from hospital and one from the GP. There was a delay in sampling and inappropriately prescribed antibiotics and codeine.
- 1 case is under investigation by Nottinghamshire Healthcare Trust as part of a *C diff* outbreak at Lings Bar Hospital. This patient had received four courses of antibiotics which were appropriately prescribed and the patient had had three negative *C diff* results.

When compared to peers of the 10 most similar CCGs, Nottingham West had 2 cases of *C. diff* in April 2017 the lowest having 0 cases and the highest having 4 cases. (ONS clusters – NW CCG is located within the Prospering Smaller Towns group).

NW CCG had 0 MRSA BSIs and the national baseline data set taken over January–December 2016 indicated NW CCG had 91 cases of E coli. A reduction of 10% allows for 82 for 2017/18 cases with 21 allocated for Q.1, of which there were actually 15 cases.

### **Rushcliffe CCG**

In Q.1 the *C diff* target was breached by 1 case. There were 5 community attributed *C diff* cases, comparing to 3 cases in Q.1 last year. Analysis of these 5 cases identified the following:

- All 5 cases were complex oncology cases receiving chemotherapy in secondary care with no lapses in care identified
- There was no evidence of any cross infection episodes.

When compared to peers Rushcliffe is the best performing with no *C. diff* cases in April 2017. (ONS clusters - Rushcliffe is located within the Prospering Smaller Towns group).

Rushcliffe CCG had 0 MRSA BSIs and the national baseline data set taken over January–December 2016 indicated Rushcliffe CCG had 107 cases of E coli. A reduction of 10% allows for 96 cases for 2017/18 with 24 allocated for Q.1, of which there were actually 36 cases.

Common themes/ learning arising from post infection reviews have been shared with practices.

### Nottingham University Hospitals NHS Trust (NUH)

In Q.1 there was an unexplained spike of ten *C diff* cases in May, although Q.1 had the lowest number of cases in a quarter since NUH began monitoring *C diff* (Q.1 2015/16 - 33 cases and Q.1 2016/17 23 cases). Of the 19 cases in Q.1 NUH had four identified lapses of care with two due to inappropriate antibiotics and two due to delay in diagnosis.

NUH have had one case of MRSA BSI in Q.1 which is undergoing a PIR to find learning and themes. The national baseline data set taken over January–December 2016 indicated NUH laboratories processed 788 cases of E coli. A reduction of 10% allows for 709 cases for 2017/18. There were 199 cases to the end Q.1.

In Q.1 NUH has reported the highest number of E Coli cases in comparison to thirteen comparator peer trusts. NUH was one of six trusts within the comparator peer group to report one case of MRSA in Q.1, with one other trust reporting four cases and the remaining trusts having no cases reported. NUH reported the fourth highest figure of *C diff* cases for Q.1 out of the thirteen comparator peer trusts.

### 3.2 Anti-microbial Resistance

Appropriate prescribing of antibiotics in primary care is part of the CCG Improvement and Assessment Framework (IAF) 2017/18 and also the Quality Premium as follows:

Antimicrobial Resistance (AMR) CCG IAF Indicators (September 2016)	Nottingham North & East	Nottingham West	Rushcliffe
Number of antibiotics prescribed in primary care per item based specific therapeutic group age-sex related prescribing unit (STAR-PU). Target is 1.161 or less. This is also part c of the infection prevention and control Quality Premium)	1.024	0.936	0.888
% of co-amoxiclav, cephalosporins and quinolones as a % of the total number of selected antibiotics in primary care. Targets vary by CCG.	10.6% (Target 10.4% or less)	9.0% (Target 10.2% or less)	8.6% (Target 10.0% or less)

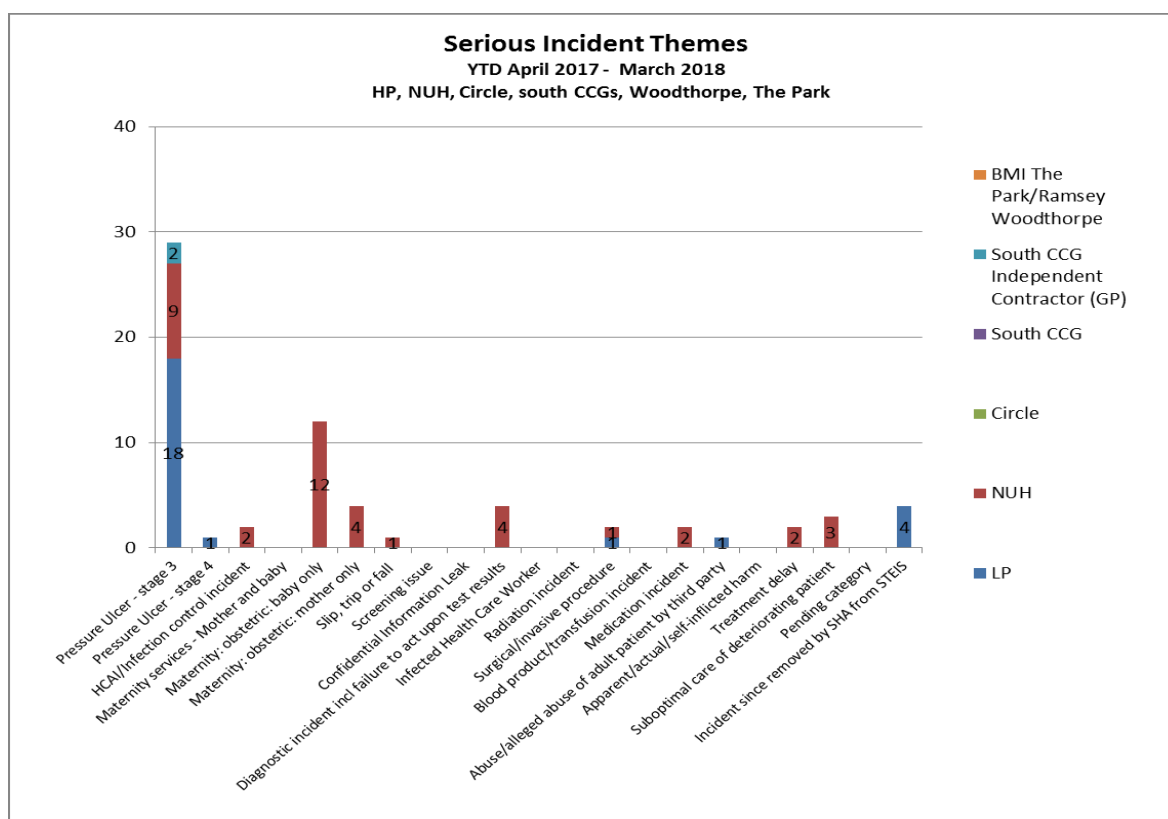
Antibiotic prescribing has been consistently discussed with practices over time and there is a suite of information available to primary care. This includes a section on antibiotic prescribing in the annual prescribing report, antimicrobial advice on Ehealthscope and the ability for practices to view their position on the Primary Care Quality Dashboard. Auditing of antibiotic prescribing has been identified in enhanced specifications.

The Nottinghamshire Antimicrobial Stewardship group are undertaking two focused areas of work which it is felt will contribute strongly to supporting practices to reduce their antibiotic prescribing. These are improving patient awareness and engagement in antimicrobial stewardship and the recognition and documentation of allergies.

### 3.3 Serious Incidents (SIs)

63 SIs have been reported up to the end of Q.1 although due to the timescale of the Serious Incident framework some are still undergoing ratification. The following table indicates SI reporting patterns for Q.1:





The number of 63 SIs reported in Q.1 of this year is an increase compared to Q.1 2015/16 when there were 38 reported. This is primarily due to improved conversion of incidents to SIs by NUH who have reviewed their SI policy and removed an internal classification of High Level Incidents (HLIs). HLIs were subject to a comprehensive internal investigation but were not reported externally as SIs. Commissioners were involved in discussions around this and welcomed this change as it is felt to be more aligned to the national SI framework. The key categories which have increased as a consequence are sub-optimal care of deteriorating patient and treatment delay. The early themes emerging from initial investigation relate to failure to escalate, missed treatment opportunity, delayed specialist review, use of outlying beds and errors in diagnostic procedures.

Another explanation for increased SI numbers relates to a review of patient safety governance in maternity services which was undertaken by NUH and reported to QSP in April 2017. The areas of concern noted were a lack of clarity of maternity governance/leadership roles and responsibilities, variable quality of incident review and downgrading of harm with a subsequent lack of conversion to SI. As a consequence 12 incidents have been retrospectively entered as SIs on STEIS by NUH.

NUH has worked collaboratively with the CCG Quality Team to strengthen assurances of safety and quality related to maternity. The initial key themes which are emerging from the review of RCAs as they come through to the CCG relate to:

- Communication and triage of women in labour across labour suites and staff at 2 distinct campuses
- Documentation and contemporaneous record keeping
- Care of women in the latent stage of labour
- Adherence to guidelines and clinical decision making/escalation
- Fetal monitoring
- Clinical Leadership and Escalation
- Culture and teamworking
- Unit closure and diversions

NUH are undertaking a suite of work to address these issues which is being closely monitored by the CCG who report to partners (Regulators and Associate Commissioners) via the NHSE hosted Quality



Surveillance Group (QSG). In addition the CCG Quality team have strengthened the oversight of SI investigations by developing regular panel reviews which utilise the support of members of the Nottinghamshire Clinical Maternity Network for clinical expertise and decision making.

Whilst Local Partnerships (LP) still report a significant number of pressure ulcers it is to be noted that as a consequence of the work they have undertaken since 2012/13 has evidenced a reduction of 95.1% in the number of stage 3 and 4 pressure ulcers.

### **Never Events (NEs)**

Never Events are a subset of Serious Incidents that are considered wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. For a full list of Never Events go to: <https://www.england.nhs.uk/patientsafety/never-events/>.

During Q1 1 Never Event has been reported by LP. This was a surgical/invasive procedure (wrong site surgery) on an NNE CCG patient. This involved a Dental Trainee removing a first permanent premolar in error. This was immediately re-implanted by the Dentist. The service is provided by LP, commissioned by NHSE and hosted at NUH. A comprehensive investigation is underway.

### **3.4 Harm Reviews**

The Quality schedule for providers was refreshed last year (2016/17) to include the expectation of harm reviews being undertaken by providers for missed performance targets and these are received at Quality Scrutiny Panels (QSP) as a regular agenda item. Given the process of harm reviews is a relatively new concept the providers continue to work to embed these and engage clinicians. The notion of harm reviews has been also been advocated by NHS England who indicated in February 2017 that there was to be a new process for 104 day cancer breaches as follows:

- The CCG must notify the Trust Chair and CEO in writing every time there is a >104 day breach
- The CCG must routinely report the number of >104 day breaches and outcomes/learning from the RCAs to the public governing body meetings
- The CCG to routinely report themes, outcomes and learning to QSG
- Local QSGs will agree further actions as appropriate and escalations to regional QSG as appropriate.

A process to ensure these expectations are met has been developed and is being refined between the providers and CCGs. In Q.1 Circle, Nottingham (CN) had one 104 day breach but due to the harm review being in progress it is not possible to identify key themes, although once known they will report to the CN QSP. It is worth noting that there can be a delay in harm reviews being completed as it cannot be undertaken until the patient has started their first definitive treatment. For NUH in Q.1 there were 66 breaches of which there were 38 harm reviews triggered. The largest number of breaches related to Lower GI and Lung pathways which have high volume of patients. Additional assurance has been gained for lung cancer pathway via a quality visit which was undertaken on 23<sup>rd</sup> May 2017 (see Quality Visits section). From the harm reviews completed to date (and a clinical review of those outstanding) there have been no instances of harm identified and the key themes are identified as:

- Late tertiary referrals – typically received between day 38 and day 247
- Patient choice – related to rescheduling of diagnostic tests and appointments
- Complex diagnostic pathways

NUH have experienced difficulty ensuring timely final clinical sign off of harm decisions so have developed a Standardised Operating Procedure (SOP) which is being introduced and the engagement of clinicians against this will be monitored on a monthly basis at a newly formed Cancer Steering Group at which the Lead Cancer Nurse and Lead Cancer Clinician have oversight. NUH aim to enhance harm reviews by adding patient experience to the current consideration of disease progression/altered treatment

pathway/deterioration. They are also going to triangulate harm against complaints, incidents and compliments to further strengthen the process.

The missed performance target for Emergency Department (ED) is monitored comprehensively via monthly ED quality metrics. These include medication safety, IPC, resuscitation, cleanliness, pressure damage and falls prevention, respect and dignity, nutrition, pain, diabetes, bladder and bowel care. There has been a slight increase in incidents reported relating to verbal and physical abuse to staff by patients due to NUH advocating that staff enhance their reporting of this. No adverse spikes or themes relating to complaints, incidents, Family and Friends and no 12 hour breaches in Q.1.

### 3.5 Safeguarding

#### Safeguarding Adults

##### Causing agencies to make enquiries

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the health and social care system should work together to protect adults at risk of abuse or neglect. Local authority safeguarding duties require them to make enquiries, or cause agencies to make them, under section 42 of the Care Act 2014. Local authorities may cause partner agencies to support with or lead on a section 42 safeguarding enquiry if the enquiry requires health expertise.

The table below shows the number of section 42 referrals involving the South Nottinghamshire Quality and Patient Safety Team that have been made between April and June 2017.

Referring authority	Number of section 42 referrals NHS CCG were caused to support with	Number of section 42 referrals NHS CCG were caused to lead on	Number of section 42 referrals substantiated	Number of section 42 referrals partially substantiated	Number of section 42 referrals unsubstantiated	Number of section 42 referrals currently open
Gedling older adults team	1	0	0	0	0	1
Broxtowe older adults team	1	1	1	0	0	1
Rushcliffe older adults team	0	1	0	0	1	0

##### Domestic Homicide Reviews (DHR)/ Safeguarding Adult Reviews (SAR)

During Q.1 the safeguarding adult team were not involved in any DHRs or SARs. Learning from closed reviews is identified and shared via the Nottinghamshire Safeguarding Adult Board and associated sub-

groups. Recent learning has been in relation to improved information sharing between probation services and health agencies following prisoner release.

## Children’s Safeguarding

The CCG Designated and Associate Designated Nurse for Children’s Safeguarding (shared team with Mid Nottinghamshire) and the CCG Named Doctor (service provided by NUH) are currently involved in three Serious Case Reviews (SCRs), all of which relate to Nottingham West CCG. Learning from closed reviews is identified and shared via the Nottinghamshire Safeguarding Children Board and associated sub-groups. Recent learning has been in relation to parental disguised compliance, bruising in non-mobile infants and providing opportunities for young people to speak to health care professionals in the absence of their parents.

## 4.0 Person Centred Care

***We will commission patient-centred services that meet patient expectations (Quality Strategy 2014-2019).***

### 4.1 Transforming Care (Learning Disabilities)

Following the publication of a number of damning reports into the care and treatment of people with learning disabilities and/or autism spectrum disorders, a significant amount of work has been undertaken to make improvements in the care for these individuals.

NHS England, the Local Government Association and Association of Directors of Adult Social Services announced on 12 June 2015 that five ‘fast track’ areas were being established that would be the forerunners of transformation of services for people with a learning disability and/or autism and challenging behaviours, or a mental health condition.

Nottinghamshire (including Bassetlaw) was identified as a ‘fast track’ area and the Nottinghamshire Transforming Care Partnership (TCP) plan aims to transform care and support for individuals with a learning disability and/or autism who also have, or are at risk of developing, a mental health condition or behaviours described as challenging so that their care is focused on keeping them healthy, well and supported in the community. Achieving this will minimise the need for inpatient care with the objective of reducing the number of beds we have available over a period of time as the redesign of services takes effect. The CCGs within the TCP are being monitored both in terms of the number of inpatients and the number of inpatient beds. Trajectories have been set for TCP populations rather than individual CCGs or organisations.

The table below shows actual performance to date.

No. of Inpatients with learning disabilities and/or autism	Q1 Trajectory	Q1 Actual	Q2 Trajectory	Q2 Actual	Q3 Trajectory	Q3 Actual	Q4 Trajectory	Q4 Actual
Specialised Commissioned (low, medium and high secure & CAMHs)	43	43	40		36		31	
CCG commissioned (assessment and treatment, locked rehabilitation)	29	28	29		28		26	
<b>Total</b>	<b>72</b>	<b>71</b>	<b>69</b>		<b>64</b>		<b>57</b>	

### Actions taken to by commissioners achieve trajectories:

- Regular liaison with inpatient units and other members of the multi-disciplinary team to expedite discharges where this is clinically indicated.
- Carrying out Care and Treatment Reviews (CTRs) and blue light reviews as necessary with the aim of avoiding admissions where possible or expediting discharge.
- Commissioning a new City and County wide CTR service with new enhanced specification which started in January 2017 on behalf of the partnership.
- Commissioning an Intensive Community Assessment and Treatment Team which will be in place from the end quarter 1 2017/18.
- Following unsuccessful procurement for an enhanced service specification for the respite service, the aim of which is to reduce the number of patients admitted to hospital, work is now taking place to investigate alternative options to create the required capacity in the community.
- Both the respite and enhanced community assessment and treatment service underpin a new model of community intervention and support and are based upon the principles of Positive Behaviour Support. Specific training for the workforce in Positive Behaviour Support has been high on the agenda of the TCP workforce development plan, and training for families and carers via specialist child and adolescent posts has been included in the bid for child and adolescent funding for 2017/18.

### Bed reductions

The TCP is drafting a contract variation with Nottinghamshire Healthcare Trust in order to signal a formal reduction in acute admission beds of 2 less beds in Q1 of 17/18 and a further 2 beds less in Q4 of 17/18. At the point of 4 beds being reduced the partners are expecting to reduce the funding for the unit, in order to re-invest in community services. It is then expected that a further 4 beds will be taken out in 2018/19 reducing the capacity for this unit from 16 beds to 8 beds by the end of the programme.

The table below provides information regarding the four South Nottinghamshire CCG inpatients as at end June 2017.

Pt.	Admitted/ Transferred	Type of Unit	Mental Health Act	Last Care & Treatment Review (CTR)	CTR Outcome	Planned Discharge Date	Comments
<b>Nottingham North and East</b>							
1	15.11.16	Assessment & Treatment Unit	Section 3	1 <sup>st</sup> 17.11.16 2 <sup>nd</sup> 17.5.17 3 <sup>rd</sup> planned for 7.11.17	Requires referral to locked rehabilitation unit	N/A	Outcome of referral to locked rehabilitation awaited
2	7.4.17	Assessment and Treatment Unit	DoLS*	1 <sup>st</sup> 28.4.17 2 <sup>nd</sup> planned for 3.10.17	Appropriately placed – not yet ready for discharge	30.9.17	Best Interests Assessment undertaken- appropriate placements being sought for when ready for discharge
<b>Nottingham West</b>							
1	19.5.16 transferred	Locked Rehabilitation	Section 3	1 <sup>st</sup> 5.2.16 2 <sup>nd</sup> 19.8.16 3 <sup>rd</sup> 26.4.17 4 <sup>th</sup> planned for 3.10.17	Appropriately placed – still requires further treatment	31.12.17	Transferred to be closer to family until ready for discharge
2	16.5.17	Assessment and Treatment Unit	Section 3	1 <sup>st</sup> 13.6.17 2 <sup>nd</sup> planned for 5.12.17	Plan for discharge in 3 months	11.9.17	Discharge plan in place
<b>Rushcliffe</b>							
	N/A						

\*DoLS- Deprivation of Liberty Safeguards

A task and finish sub-group of the TCP Board has been established to oversee implementation of the Learning Disability Mortality Review (LeDeR) programme, one of the main recommendations arising from the Mazar's Review of deaths at Southern Health NHS Foundation Trust that was published in December 2015. A detailed paper outlining the requirements and proposed local approach was considered at the Quality and Risk Committee in May 2017.

## 4.2 Continuing Health Care (CHC)

NHS Continuing Health Care refers to packages of care (in a care home setting or in the patient's own home) that are arranged and/or funded by the NHS following assessment using a nationally recognised Decision Support Tool (DST) to identify if the individual has a primary health care need. CityCare currently provide the CHC assessment service on behalf of the five Nottinghamshire County CCGs. For more information about NHS continuing healthcare including who is eligible please use the following link [www.nhs.uk/chq/Pages/2392.aspx?CategoryID=68](http://www.nhs.uk/chq/Pages/2392.aspx?CategoryID=68).

Patients referred for assessment for CHC eligibility will fall into one of the following categories:

- **Fully funded**- a primary health care need is evidenced and therefore the care package is fully funded by the NHS.
- **Jointly funded**- a primary health care need is not evidenced but the individual has a combination of both health and social care needs. The package is funded jointly by the NHS and social care (if the individual meets eligibility for social care funding if not the individual meets the cost). The percentage splits are recommended based on a review of the DST scores and needs of the patient and agreed at a multi- agency panel held weekly.
- **Funded Nursing Care (FNC)** - a primary health care need is not evidenced and the care needs are predominantly social care in nature. Health needs can be met by registered nursing oversight in a care home setting. A health contribution of £155.05 per week is paid by the NHS and the remainder of the package costs are paid by social care (if the individual meets eligibility for social care funding if not the individual meets the cost).
- **Not eligible**- the care needs are entirely social care in nature. The costs are paid by social care (if the individual meets eligibility for social care funding if not the individual meets the cost).

If a patient is deemed to have a rapidly deteriorating condition, is thought to be in the end of life phase and requires a new or revised care package or placement to meet their needs they can be referred for **fast track** funding which will result in their care package being fully funded without the need for a DST.

Patients who require aftercare (in the form of a placement or care package) following admission under a section of the Mental Healthcare Act are eligible for **Section 117** funding which is joint funding by the NHS and social care. The percentage splits are recommended following a review of the individuals' diagnosis, presentation and care needs and agreed at a multi- agency panel held weekly.

New referrals and fast track cases are reviewed within three months and existing cases are subject to review at 1 year, 18 months or 2 years according to a risk based approach.

The table below shows the CCG performance against the CHC indicators in the CCG Improvement and Assessment Framework and Quality Premium.

Indicator	NNE	NW	RCCG
CCG IAF indicator (no eligible for CHC per 50,000 population). England average <b>46.2</b> . Data from Q2 2016/17	48.4	36.2	41.1
Quality Premium Indicator (% assessments in acute setting) Target <b>&lt;15%</b> . Data from Jun-17	61.5%	64.5%	72.5%
Quality Premium Indicator (% decision communicated within 28 days of assessment). Target <b>80%</b>	51.5%	50.0%	51.0%

There is a drive to reduce the number of assessments undertaken in acute hospital settings as it is recognised that this is not the most appropriate environment or time to assess an individual's ongoing health needs. The CCGs are implementing an out of hospital discharge to assess pathway which it is anticipated will support achievement of this standard. CityCare are implementing an action plan to address the breach of the 28 day target which is being closely monitored by the CCG. Weekly pre-panels and panels are held to ensure timely CCG decision making and communication. In addition the CHC provider has access at all times to the Director of Nursing and Quality (or Deputy Director in her absence) by email or telephone to enable decisions to be made, preferably same day, or as a minimum within two working days for decisions that are required outside of panel.

As a result of a significant level of growth in CHC expenditure a recovery action plan has been developed and a turnaround group comprising CCG and CityCare finance, contracting and quality representatives are meeting fortnightly to oversee implementation.

In December 2016 NHS England announced the launch of the NHS Continuing Healthcare Strategic Improvement Programme. A collaborative engagement method will be at the centre of the programme's approach. The NHS England team will work with CCGs to identify best practice and explore new approaches to improve NHS CHC. The County CCGs have joined the programme as learning partners. Regular WebEx sessions are held to share learning and develop future policy.

### 4.3 Integrated Personal Commissioning (IPC) including Personal Health Budgets (PHBs)

IPC is a partnership programme between NHSE and the Local Government Association.

- A successful visioning event was held on the 23<sup>rd</sup> June, which was attended by over 80 people from a rich range of professional and personal backgrounds and experience. It was facilitated in partnership with health and the local authority. There is a strong relationship and commitment to progress this work together, with established governance and a well engaged Steering group, to support the delivery of the IPC programme.
- We have met our Personal health budget targets for March 2018. However, we are not being complacent and are focussing on integrating our processes to ensure joint care and support planning is embedded for people who are jointly funded by health and social care by March 2018. To kick start this we are running a workshop in July with 4 health and social care teams and setting a 90 day challenge. The aim is to encourage the teams to set their own goals and have a go, to develop the process and learn together. This is being supported by health and social care managers.
- Self Help UK has been appointed as the IPC voluntary sector partner and will be involved in developing peer networks and community capacity. They are part of the Nottinghamshire Together Alliance.
- James Sanderson's – Director of Personalisation and Choice at NHSE blog on personalisation provides a good overview of what we are aiming to achieve, and refers to a Nottinghamshire example on the impact a PHBs: <https://www.england.nhs.uk/blog/time-for-a-new-personal-relationship-between-the-nhs-and-the-people-it-supports/>

The table below indicates Q4 PHB numbers against the targets:

CCG	IPC PHB target for Mar 2018	Total PHBs Q1 2017*
Nottingham North and East	154	302
Nottingham West	97	201
Rushcliffe	128	233

*\*Please note this is the total accumulative number of PHBs to date, not the current active PHBs*



#### 4.4 Special Educational Needs and Disability (SEND)

The Special Educational Needs and Disability (SEND) reforms outlined in the Children and Families Act 2014 are focused on outcomes for children and young people (CYP) with SEND and how education, health and social care work together to help CYP aged 0-25 achieve their outcomes. The reforms include a move from children having a 'statement' of special educational need and disability to having an integrated education, health and care plan (EHCP) which has been developed in partnership with the child, their family and relevant leads from health, education and social care.

For more information about the Special Educational Needs and Disability Code of Practice please use the following link <http://www.nottinghamshire.gov.uk/education/special-educational-needs-and-disabilities-send/special-educational-needs-and-disabilities-send>

The table below shows the work undertaken by the Children's Integrated Commissioning Hub on behalf of the CCGs to ensure that they meet their statutory duties in the Children and Families Act 2014. In May 2016 the Nottinghamshire County and City CCGs funded a permanent Designated Clinical Officer (DCO) post working within the hub to ensure that the CCGs continue to meet these statutory duties. An Associate DCO post also joined the team in September 2016.

Statutory Duties for CCGs	Work undertaken by the DCO and ICH
Commission services jointly for 0-25 year old CYP with SEND, including those with Education, Health and Care Plans (EHCP)	<p>There has been a significant increase in requests (28.2%) for an EHCP. This appears to correlate with the CQC OFSTED inspection letter being published in August 2016 and the subsequent higher profile of the process.</p> <p>Community Children and Young Peoples Service (CCYPS) is now 12 months into the implementation plan. Progress is on track and positive impacts are being felt. Future plans are for clinicians from CCYPS to attend the EHCP decision making panel.</p> <p>The fortnightly multi agency panel for CHC for CYP is fully established. As a result, decisions are being taken fairly, with due regard to the need for financial efficacy. There is currently some challenge from the special schools with relation to funding within schools and a proposal for a new way to support children with continuing care needs within schools is being considered.</p> <p>Joint resolution and mediation process being developed between CCGs and the LA, to dovetail in with the EHCP process and Continuing Healthcare- which will also align across City/County (mid and South Notts CCGs).</p>
Ensure that procedures are in place to agree a plan of action to secure provision which meets CYP 'reasonable' health needs in EVERY case	<p>The DCO and Associate DCO remain on the weekly panel for EHCPs, to ensure an appropriate decision is taken with regards to a health need.</p> <p>As a result of the CQC OFSTED Local Area inspection held last year, a health work stream has been established within the Newly formed SEND Accountability Board-one of the key priorities is to improve the "health" content of the Statutory document of the EHCP.</p> <p>As part of the QIPP plans in the south of the county and also in Mid Notts, project initiation documents have set out how different more cost effective services for children with additional needs and disabilities may be delivered in 2017/18. This includes potential changes to how community health services (including nursing and therapies), community paediatrics and acute paediatrics are delivered. Once finalised, the plans for delivering the QIPP will include assurances regarding how provision meets the reasonable health need of CYP within a reduced financial envelope.</p>
Work with the LA to contribute to the local offer	<p>This is now part of new provider contracts - the expectation is that the provider maintains their service updates. Further work is being undertaken by the Associate DCO with health providers to ensure that this remains current.</p>
Ensure mechanisms are in place to ensure	<p>All CYP community service specifications include this and is an indicator in performance monitoring. This also includes adult community services</p>



practitioners and clinicians will support the integrated education health and care assessment within 20 weeks.	specification which cover transitions and up to age 25 where appropriate. Further work to streamline this process is being undertaken by the DCO team. However additional demand in requests for EHCPs has contributed to some poor documentation from clinicians.
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Data is collated around EHCP requests and whether there is a decision to proceed with a statutory assessment or not. This data is supplied by district in the Local Authority and not down to CCG level. As the process is a 20 week process, there may be some lag with the data while waiting for the decision to proceed to an EHCP or not. This will almost certainly have an impact upon provision within health services. These are collated bi-annually so data for the first two quarters of 2017/18 will be reported in the Q.2. report.

The “CCG diagnostic checklist” self-assessment for the CQC/OFSTED inspection provides a framework for CCGs to capture evidence of compliance with statutory requirements and best practice and enables identification of areas for further development. The framework includes key indicators across a number of domains. This was completed in June 2016, the table below summarises the results. An action plan has been developed in response to the assessment and the self-assessment will be repeated on an annual basis.

Domain	No of red indicators (Non-compliant)	No of amber indicators (Partially compliant)	No of green indicators (Compliant)
Leadership	0	1	17
Joint Arrangements	0	2	12
Commissioning	0	7	4
Education, Health and Care Plan	0	3	5
Engagement	0	1	3
Monitoring and Redress	0	4	11
<b>Totals</b>	<b>0</b>	<b>18</b>	<b>52</b>

#### 4.5 Local Maternity Services Transformation Plan

The Local Maternity System (LMS) is required to develop a local transformation plan for maternity services across the Sustainability and Transformation Plan (STP) footprint, which includes a shared vision to deliver on the recommendations made by the National Maternity Review: *Better Births – Improving Outcomes of maternity services in England*.

The local plan must address how the LMS will deliver the following by 2020/21:

Improving Choice and Personalisation of maternity services so that:

- All pregnant women have a personalised care plan.
- All women are able to make choices about their maternity care during pregnancy, birth and postnatally.
- Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
- More women are able to give birth in midwifery settings (at home and in midwifery units)

Improving the Safety of maternity care so that by 2020/21 all services:

- reduce rate of still birth, neonatal death, maternal death and brain injury during birth by 20%
- Are investigating and learning from incidents and sharing this learning through their Local Maternity System and with others
- Fully engaged in the development and implementation of NHS Improvement Maternity and Neonatal Health Safety Collaborative

The local transformation plan must be submitted by 31<sup>st</sup> October 2017 to the National Maternity Programme Board, via NHS England's Regional Maternity Programme Board with a draft plan available by 30<sup>th</sup> September 2017.

In order to achieve this LMS Board has been established which has commissioned a series of sub-groups with representation and leadership from across local organisations to develop specific areas of the transformation plan:

- Choice and Personalisation
- Commissioning
- Safe and Effective Care
- Engagement
- Workforce and IT

The LMS will incorporate aspirations to achieve against the CCG IAF in relation to maternity. The current performance is outlined in the table below:

Indicator	Latest data period	Better is (H/L)	England	NNE	NW	Rushcliffe
Maternal smoking at delivery	Q.2 16/17	L	10.4%	11.6%	9.7%	5.2%
Neonatal mortality and still births (per 1000 births)	2014	L	7.1	3.1	9.1	2.9
Women's experience of maternity services	2015	H		82.2	77.4	77.4
Choices in maternity service	2015	H		62.8	61.6	64.8

## 5.0 Provision of High Quality Care

### 5.1 Provider Quality

***Our ambition is to commission excellent, safe and cost effective healthcare for Nottinghamshire (Quality Strategy 2014-2019).***

#### Care Quality Commission (CQC) Ratings

The tables below show the current CQC ratings for main providers where one of the South CCGs are either the co-ordinating commissioner or the associate to a contract coordinated by another CCG.

<b>CQC ratings for providers where one of the South CCGs are the coordinating commissioner</b>			
Provider	CQC Rating	Date	Comments
NUH	Good	Comprehensive September 2015 Emergency Department/ Receiving Areas December 2016	Overall outstanding in well-led, requires improvement in safe, good in all other domains. City, QMC and Ropewalk House all good overall. Critical Care at City outstanding and end of life services at City and QMC requires improvement. Recommendations in relation to Do Not Attempt to Resuscitate, Mental Capacity Act, staffing (levels and training) and equipment checking were made. In December 2016 the CQC undertook an unannounced inspection of the Emergency Department and Emergency receiving areas. The report was published in February 2017 and the Trust achieved a rating of 'Good' for the 'Caring', 'Well-led' and 'Effective' domains and 'Requires Improvement' for 'Safe' and 'Responsive'. The Trust's rating for urgent and emergency services is 'Requires improvement' with some

			recommendations in relation to patient streaming being made. A quality summit was held on 4 April 2017. NUH's overall rating (following its 2015 Trust-wide inspection, which was published in March 2016) remains 'Good'. The Trust continues to implement their improvement action plan which is monitored by the Trust's Quality Assurance Committee with Commissioner oversight via the Quality Scrutiny Panel.
Circle	Good	Comprehensive May 2015 Termination of Pregnancy Services follow up May 2016	Good in all domains. Outstanding in surgery and requires improvement in termination of pregnancy service. Recommendations were made in relation to termination of pregnancy services and complaint handling. Circle has implemented its improvement action plan and was revisited by the CQC to review these areas in May 2016. The report is now available and demonstrates significant improvements in this area.
LP (as part of NHCT)	Good	July 2014	Outstanding in caring, requires improvement in safe and good in all other domains. Recommendations for LP included medicines management policies and audits in the Children's Development Centre and ensuring people know how to complain. These areas were addressed and continue to be monitored internally with oversight via the Quality Scrutiny Panel.
NWH	Good	May 2016	Good in all domains, surgery and outpatients. Some areas for improvement noted (mandatory training rates, dementia friendly environment) but no formal recommendations made.
BMI The Park	Good	September 2016	Inspected under the new regime in September 2016 – 'Good' overall with good in all domains except safe which was 'requires improvement' this related to ensuring all staff have appropriate safeguarding training.

<b>CQC ratings for providers where the South CCGs are associate commissioners</b>			
Provider	CQC Rating	Date	Comments
SFHFT	Requires Improvement	October 2015 Re-inspected-report published November 2016	Inadequate in safe and well-led, requires improvement in effective and responsive, good in caring at initial inspection. A warning notice was issued and the Trust has been in special measures since the CQC inspection. A quality improvement plan continues to be implemented overseen by Mansfield and Ashfield CCG as coordinating commissioners. In November 2016 the CQC confirmed that the warning notices had been lifted and that SFHFT are no longer in special measures. Their overall rating has changed from inadequate to requires improvement.
NHCT	Good	July 2014	Outstanding in caring, requires improvement in safe and good in all other domains. Recommendations for the local and forensic services included recording physical health needs of patients within MH units, single sex accommodation and recording risk assessments and care plans. Improvement action plans were monitored internally with oversight by City CCG as coordinating commissioners. The CQC have inspected a number of NHCT locations during June 2016, the outcome is not yet known.
EMAS	Requires Improvement	November 2015 Re-inspected February 2017	Good in caring and responsive, requires improvement in effective and well-led and inadequate in safe. Warning notice issued in relation to staffing (levels and training), medicines management and insufficient vehicles. The Trust was re-inspected in February 2017; the report was published in June 2017, whilst the trust remain Requires Improvement overall, the warning notice has been lifted and they have moved from Inadequate to Requires Improvement in safe. Significant improvement noted by inspection team. An improvement action plan is being monitored internally with oversight by Hardwick CCG as coordinating commissioners and Mansfield and Ashfield as leads for the Nottinghamshire contract.
NEMS	Good	April 2016	Good in all domains. No recommendations made.

A full inspection report and all ratings for a service are published on the CQC website <http://www.cqc.org.uk/>

## Quality Visits

The Quality Team co-ordinates quality visits to providers for which their CCGs are coordinating commissioners, in line with contractual agreements. The provider organisations which receive scheduled, responsive and unannounced visits by the Quality team are Nottingham, University Hospitals (NUH), Local Partnerships (LP), Circle, Ramsay Nottingham Woodthorpe Hospital and BMI The Park Hospital.

Lay members from the CCGs take part in the quality visits to providers (once their code of conduct is signed and the 'Disclosure and Barring' approval is received).

The details of all quality visits undertaken year to date are shown below. Visits undertaken during the last quarter are shown in **bold**. Those scheduled to take place in the coming quarter are shown in *italics*.

<b>CIRCLE, NOTTINGHAM</b>			
<b>Date</b>	<b>Area</b>	<b>Reason for Visit</b>	<b>Outcome</b>
<b>03.05.17</b>	<b>Endoscopy</b>	<b>Routine visit to obtain a more in depth understanding of the service provided by Circle Nottingham's Endoscopy Unit and to gain assurance about the quality of care being delivered.</b>	<b>Gained strong assurance from the visit. Staff were knowledgeable, enthusiastic and demonstrated clear commitment to providing a high standard of patient care. Recommendation: Ensure intentional rounding continues to be embedded and ensure compliments are recorded and collated on the quality dashboard.</b>
<i>16.08.17</i>	<i>Day Case and Theatres</i>	<i>Routine visit</i>	

<b>LOCAL PARTNERSHIPS</b>			
<b>Date</b>	<b>Area</b>	<b>Reason for Visit</b>	<b>Outcome</b>
<b>12.05.17</b>	<b>N&amp;S Leg Ulcer Clinic, Rainworth PCC</b>	<b>Follow up visit related to concerns around staffing levels, clinical leadership and staff morale.</b>	<b>Staff were enthusiastic, committed and motivated in their approach to their work. Continuity of care was noted to be a strength and patients reported valuing this continuity. Patient satisfaction levels were high. Staff morale appeared low; staff felt development opportunities were limited and no clear way to voice service development ideas. Five recommendations were made.</b>
<b>12.06.17</b>	<b>PRISM, Edwinstowe HC</b>	<b>Follow up visit related to concerns around staffing levels, clinical leadership and staff morale.</b>	<b>Report being written.</b>
<i>08.09.17</i>	<i>Continence service</i>	<i>Routine visit</i>	

<b>NOTTINGHAM UNIVERSITY HOSPITALS</b>			
<b>Date</b>	<b>Area</b>	<b>Reason for Visit</b>	<b>Outcome</b>
<b>23.05.17</b>	<b>Cancer Centre</b>	<b>Routine visit to gain more assurance on:</b> <ul style="list-style-type: none"> <li>• harm review processes for delayed cancer patients</li> <li>• lung cancer pathway (in the light of concerns)</li> </ul>	<b>Backlog addressed in radiology. New system of peer review being piloted in stroke respiratory. NUH reviewing how referrals come into the lung cancer pathway with a view to having a process map, framework and SOP.</b>

		around backlogs) • Quality Surveillance programme processes	
Aug 2017 - TBC	LD deaths review	Routine visit	

Ramsay Nottingham Woodthorpe Hospital			
Date	Area	Reason for Visit	Outcome
23.05.17	Physiotherapy services	Routine visit to gain further insight and assurance of the service being provided following implementation of a change in pathway, including introduction of a 'joint school' as part of a 2016/17 CQUIN initiative.	Overall gained strong assurance the change in pathway to include pre-operative joint school and a physio assessment is extremely beneficial to both the patient and the provider. Recommendation made for the Woodthorpe to continue to embed the joint school and physio assessment and consider whether a similar approach could be adopted for any other specialties.
25.08.17	TBC		

BMI The Park Hospital			
Date	Area	Reason for Visit	Outcome
29.06.17	Discharge pathway review	Routine visit requested by the provider due to issues with social care support to discharge patients in safe and timely manner.	Staff were highly motivated and enthusiastic. All areas visited were well kept and calm. Recommended that the provider contact Woodthorpe Hospital to ascertain their process with patients that need social care input on discharge.
29.09.17	TBC		

## 5.2 Care Home Quality

South Nottinghamshire Quality and Patient Safety Team is committed to enhancing the quality and delivery of nursing care within care homes by supporting their staff and managers to achieve the optimum levels of care delivery which aligns to the NHS standard contract.

The table below shows the main changes since the last report. Quality monitoring processes have been revised and shared across Mid-Notts CCGs to ensure consistency across the county.

### Legend:

Low	History of concerns that are resolving but require some monitoring to ensure progress maintained
Moderate	On-going concerns around quality of care delivery / lack of compliance with CQC standards – home requires regular monitoring of standards of care and action plans by CQC/LA/CCG
High	Serious concerns raised/contract suspensions in place/non-compliance with CQC standards – home required frequent monitoring of standards of care and action plans by CQC/LA/CCG
Noted	Care homes noted to have low level concerns / CQC compliance issues but not requiring CCG input

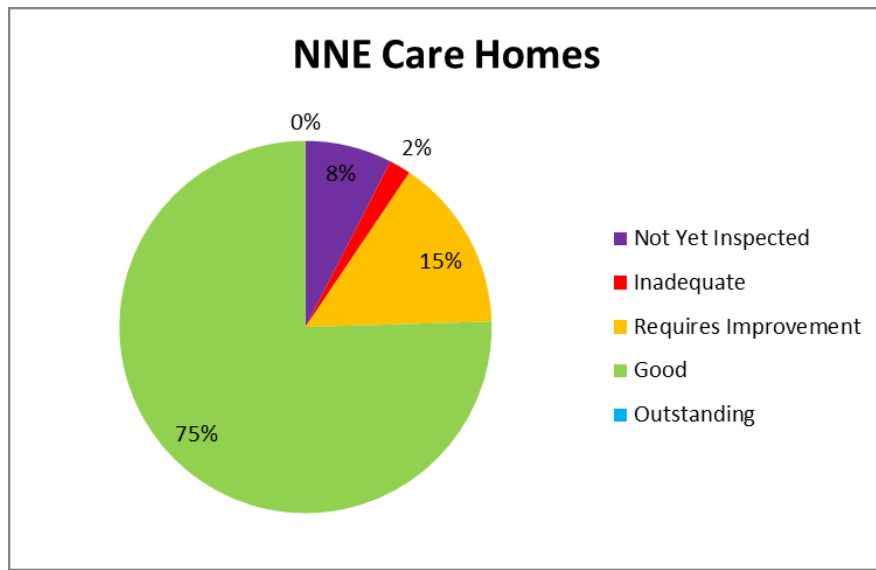
<b>Nottingham North and East CCG</b>			
<b>Name of Home</b>	<b>Current RAG</b>	<b>Previous RAG</b>	<b>Summary</b>
Victoria Cottage			Residential service; CQC have re-inspected identifying improvements within the care home. CQC have rescinded a notice of decision to remove the location. Quality monitoring continues to ensure improvements are sustained. LA have lifted suspension on placements 25/07/17 with a restriction on admissions in place for 3 months.
Hall Drive (Supported Living) - Fitzroy			Ongoing quality monitoring and meetings with provider have identified progress - LA lifted a contract suspension. Joint LA and CCG Quality monitoring continues to ensure improvements are sustained - action plan in place
Heathcotes (Moorgreen)			Re-inspection by the CQC, on 01/03/17, has identified improvements. CQC have lifted a restriction on admissions to the service. Action plan in place. Joint LA and CCG Quality monitoring identified significant improvement.
Woodthorpe View			CQC are taking action against the provider. An LA contract suspension is in place. Community nursing teams have provided support to Woodthorpe View. There are no funded nursing care placements in this care home.
Nottingham Neuro-disability service – Millwood (Fernwood unit)			Quality concerns identified by CCG and LA during a scheduled audit. Concerns relate to care records, staffing levels, medication management and responsiveness of staff to people's changing health needs. CCG and LA contracts suspended. Provider meeting and further quality monitoring planned.
<b>Nottingham West CCG</b>			
<b>Name of Home</b>	<b>Current RAG</b>	<b>Previous RAG</b>	<b>Summary</b>
The Gables			Recent quality monitoring visit noted ongoing improvements have been made and contract suspension has been lifted. Ongoing quality monitoring to ensure effective processes in place for new admissions.
Giltbrook			Recent increase in referrals to the quality and patient safety team, LA and Broxtowe older adults' team. Reactive quality monitoring and provider meeting undertaken to identify and discuss quality concerns. An action plan is in place and continued quality monitoring is scheduled.
<b>Rushcliffe CCG</b>			
<b>Name of Home</b>	<b>Current RAG</b>	<b>Previous RAG</b>	<b>Summary</b>
Eton Park			The home has been bought by a new locally based provider. CQC have undertaken a recent inspection – outcome awaited.
Adbolton Hall			LA and CCG contract suspensions lifted with strict controls regarding admissions for three months. Ongoing quality monitoring is scheduled to ensure progress is maintained.

### Care Quality Commission (CQC) Ratings

The following tables show the current CQC ratings for care home providers in South Nottinghamshire.

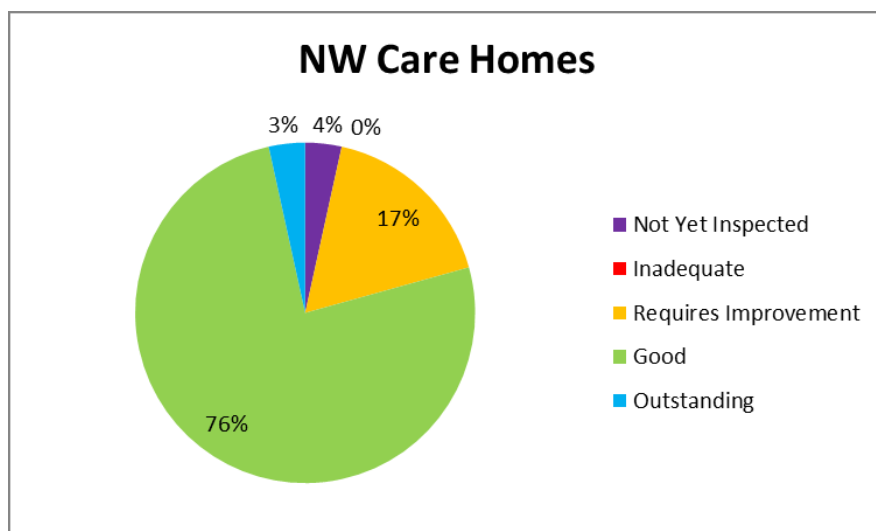
**Nottingham North and East Care Homes:**

Within NNE, four care homes are yet to be inspected by the CQC – two of these due to a changed provider registration. Two care homes have progressed from requires improvement to good. One care home has progressed from inadequate to requires improvement. One care home remains inadequate; this care home is appealing against proposed CQC action, has a LA contract suspension in place and is being supported by the locality community nursing team.



**Nottingham West Care Homes:**

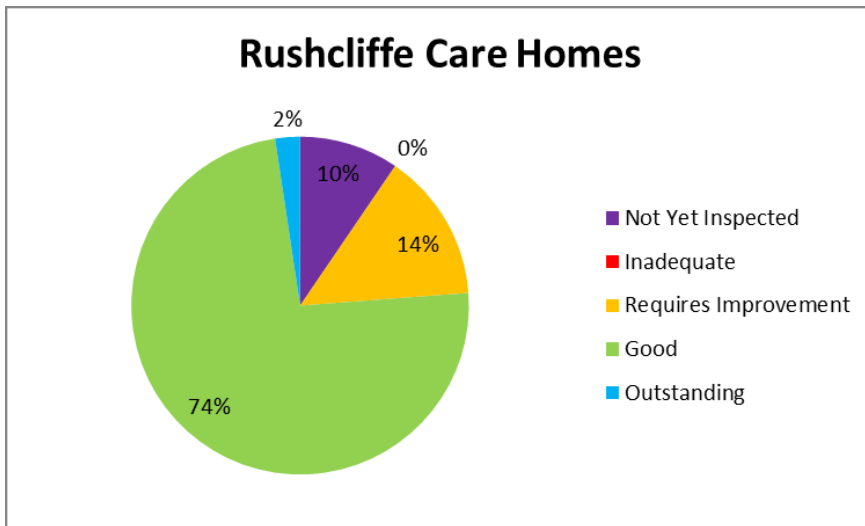
It is noted that since last quarter that one care home is yet to be inspected by the CQC – due to a changed provider registration. Two care homes have changed or archived their provider location and three care homes have improved from requires improvement to good.



**Rushcliffe Care Homes:**

It is noted that since last quarter, three care homes are yet to be inspected by the CQC – due to a changed provider registration. All other care homes remain stable regarding CQC outcomes.





### 5.3 Home Based Care Quality

Across South Nottinghamshire, CCGs fund a range of different services which offer care in patients' own homes including home based care agencies. Individual patients that require health funded support in their own home are assessed by a registered nurse to identify the level of support required and to determine the size of the package of care. These home based care agencies are regulated by the Care Quality Commission under the Health and Social Care Act 2012, individual packages of care are case managed by a provider commissioned by the CCGs.

South Nottinghamshire Quality and Patient Safety Team are committed to enhancing the quality and delivery of nursing care provided by home based care agencies in-line with the NHS standard contract.

The CCGs will carry out quality monitoring visits to ensure the quality of the service provided. We are liaising with colleagues in the City and Mid-Notts CCGs to look at how we take this work forward to make best use of resources and reduce potential duplication, as there are a number of services that provide packages of care in a number of CCG areas.

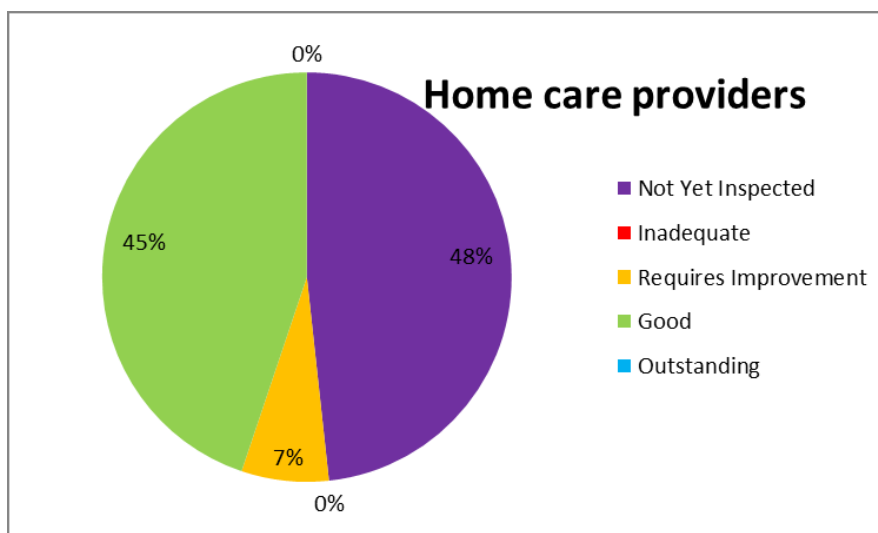
We have met with 3 of our larger providers (AMG, Direct Healthcare and Percurra) to discuss any existing quality assurance systems and to identify appropriate pathways to share information with the Quality and Patient Safety Team. In light of these meetings, we will be arranging quarterly quality assurance meetings with agencies that provide high numbers / cost packages. We are also developing a monthly data capture process for all agencies to complete that will provide the CCGs with some baseline information. It is anticipated that this will be rolled out alongside the care home monthly returns process in September 2017.

The table below identifies current issues with home based care agencies.

Nottingham North and East CCG			
Name of Home	Current RAG	Previous RAG	Summary
Ark Home Healthcare Nottingham	Yellow		A quality visit was undertaken by Nottingham city and Nottinghamshire county – it was identified that improvements had been made. An improvement notice is in place jointly with Nottingham city and county.

## Care Quality Commission (CQC) Ratings

The graph below shows the current CQC ratings for home care providers in South Nottinghamshire.



It is noted that a high proportion of home care services are not yet inspected by the CQC.

We have established that CHC are currently using 39 home based care providers for the delivery of health funded care to adults across Nottinghamshire, as well as a further 8 agencies who provide care packages for children. 29 of these agencies provide care packages to patients living within the South CCGs area.

## 5.4 Primary Care Quality

### Care Quality Commission (CQC) Ratings

All GP Practices across South Nottinghamshire have now undergone CQC inspection. As demonstrated in the pie chart below, across the 3 CCGs, as of July 2017, 11 (25%) practices have been rated 'Outstanding', 32 (73%) 'Good' and 1 (2%) 'Requires Improvement'. Nottingham West CCG has achieved the highest proportion, (50%) of 'Outstanding' practices nationally, with Rushcliffe CCG third in the country having had 25% of practices achieve an 'outstanding' rating.

Ivy Medical Group (NNE CCG) was rated 'Requires Improvement' overall following initial inspection in August 2016. A full re-inspection undertaken in April 2017, the outcome of which was published in June 2017, was 'Good' overall, with 'Good' in all domains, apart from 'Well led' which was rated 'Requires Improvement'. The key areas identified where the practice should make improvements are: Continue to review the practice staffing levels, continue to review, monitor and act upon patient experience data and continue to explore a longer-term solution to the security and confidentiality arrangements within the practice dispensary.

West End Surgery (NW CCG) was rated 'Inadequate' and placed in special measures in March 2016. It was re-inspected in September 2016 and rated 'Requires Improvement'. The practice was found to have increased its capacity, both in terms of management and clinical staff, and it was identified that changes were being made to sustain improvements in quality. The CQC therefore took West End out of special measures. It is anticipated that West End will undergo further inspection by the CQC imminently.

## CQC Inspection Outcomes for South Nottinghamshire Practices (July 2017)



The CQC have identified the key learning from their inspections and their next steps in terms of future inspection of practices, these have been shared with practices. Next steps include:

- A percentage of good and outstanding services will be re-inspected every year. This will be 20% nationally per year; although for 2017 it will be 10%.
- CQC will continue to follow up practices rated inadequate overall and those rated inadequate for one of the five key questions or the six population groups, within six months of publication.
- CQC will re-inspect those with requirements or rated as requires improvement without breaches.
- CQC will continue to develop and use their 'insight' model to decide where and when to inspect.
- CQC may not be announcing inspections.

Quarterly meetings have been set up between the CCGs and the CQC to enable information sharing and maintenance of an effective, transparent and collaborative working relationship.

### Quality Assurance and Support Framework

The Primary Care Quality Assurance and Support Framework incorporating the primary care quality dashboard, risk matrix and escalation process continues to underpin the CCGs' primary care quality monitoring responsibility.

The Primary Care Quality Dashboard was initially released in April 2016 and has been on a quarterly basis thereafter, the most recent one being at the beginning of July 2017 to reflect 2017/18 Quarter 1 data. As demonstrated in the pie chart below, across the 3 CCGs, for Q1 2017/18, 3 (7%) practices achieved an overall 'Green Star' rating, 30 (86%) achieved an overall 'Green' rating, 3 (7%) achieved an overall 'Amber' rating and none had an overall 'Red' rating. Each of the CCGs Primary Care Quality Groups review the dashboard identifying potential or actual risks to quality within primary care and any actions to be taken in response to each practice's rating to ensure that individual practices are supported where necessary.

## Primary Care Quality Dashboard Overall Rating for South Nottinghamshire Practices (Q1 2017/18)



## Regulation 28 Report to Prevent Future Deaths

In March 2017 the Nottinghamshire Coroner issued a Regulation 28 Report to Prevent Future Deaths. This arose from an inquest involving the death of a young woman in Nottingham who died when she and her boyfriend were struck by a car that mounted the pavement. The driver was found to have very high levels of alcohol in his breath, and also to have recently taken Cocaine. He had a history of seizures and a history of drug misuse. During the course of the inquest the evidence revealed matters giving rise to concern, including the lack of knowledge and understanding of the guidance for healthcare professionals when assessing and managing fitness to drive. As a result, 2 posters have been developed and shared with practices and other providers across Nottinghamshire and Derbyshire. The first is a reminder for healthcare professionals of their responsibilities when assessing fitness to drive and notification to the DVLA. The second is a patient facing poster to be displayed in public areas and handed to patients whom healthcare professionals have advised to contact the DVLA.

### 6.0 Patient Experience.

***We will commission patient-centred services that meet patient expectations (Quality Strategy 2014-2019).***

#### 6.1 Patient Advice and Liaison Service

The following table shows the contacts with the PALS service during the last twelve months up to the end of Quarter 1 2017/18.

CCG	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	2017/18 YTD Totals
<b>Anonymous / Out of Area / City</b>	10	3	11	10	8	19	10	7	12	31	11	17	<b>149</b>
<b>NNE</b>	61	56	78	22	33	31	25	27	32	22	18	15	<b>420</b>
<b>NW</b>	3	1	7	10	7	9	6	3	4	9	9	6	<b>74</b>
<b>Rushcliffe</b>	3	4	4	11	10	14	7	3	4	3	11	11	<b>85</b>
<b>All South Notts CCGs</b>	1	0	1	10	7	35	171	113	22	2	3	3	<b>368</b>
<b>Totals:</b>	<b>78</b>	<b>64</b>	<b>101</b>	<b>63</b>	<b>65</b>	<b>108</b>	<b>219</b>	<b>153</b>	<b>74</b>	<b>67</b>	<b>52</b>	<b>52</b>	<b>1096</b>

Q.1 evidences an increase in the number of enquiries about General Practice with the majority of calls relating to changes to repeat prescribing requests and also general complaints about care and treatment. This remains positive as we take on the role of critical friend and links closely with the Primary Care Quality Dashboard.

The team has seen an increase in dental related calls, specifically for emergency and domiciliary access. The team will monitor this due to dental services not falling within the CCGs remit.

Due to changes in service pathways for Pain Management the team received a number of concerns regarding access to treatment. The team also saw an increased number of calls in general around dissatisfaction around services at NUH. The team liaised with PALS colleagues at NUH to resolve these issues.

## 6.2 Complaints

The following table shows the complaints received during the last twelve months up to the end of Quarter 1 2017/18. During Quarter 1, 18 formal complaints were received and 7 enquiries from MPs. Details of complaints and MP Letters / General Sundry correspondence received by the CCG during Quarter 1 2017/18 including outcome data are provided in Appendix 1.

CCG	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	2017/18 YTD
Rushcliffe	4	2	2	6*	2	2	1	1	2	0	2	3	27
Rushcliffe Primary Care	1	2	1	3	1	0	0	0	0	0	0	1	9
NW	2	2	1	1	0	1	1	2	0	1	1	1	13
NW Primary Care	0	0	1	2	1	2	1	1	2	0	0	1	11
NNE	3	0	1	1	2	1	3	3	4	1	4	4	27
NNE Primary Care	0	4	3	0	2	2	0	1	4	0	1	2	19
Other	0	3	0	1	0	0	1	0	1	0	1	0	7
<b>TOTALS</b>	<b>10</b>	<b>13</b>	<b>9</b>	<b>14</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>13</b>	<b>2</b>	<b>9</b>	<b>12</b>	<b>113</b>

## 6.3 E-Healthscope Concerns

The Patient Experience Team manages eHealthscope which is a log for GPs to raise concerns and/or issues involving other providers.

CCG	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	2017/18 YTD
NNE	1	4	5	9	4	7	8	0	11	49
NW	2	3	0	3	2	2	2	2	2	18
Rushcliffe	1	0	0	0	0	0	0	0	0	1
Other	0	1	0	0	0	0	0	0	0	1
Total	4	8	5	12	6	9	10	2	13	69

Work continues to take place to raise the profile of eHealthscope to enable the team to identify themes/trends and any learning which could be shared and will support quality assurance of providers. Reports are being produced on a quarterly basis for the Contracting Team to aid discussions with providers. The process continues to be reviewed to enable it to be streamlined to eliminate delays when obtaining the patients NHS number.

## 6.4 Patient Experience Activity

The following paragraphs provide a brief update on patient experience activity undertaken during Q.1.

### Primary Care Quality

The Team remains heavily involved in Primary Care Quality monitoring. Q.1 of the dashboard has just been released and is proving to be a valuable resource in highlighting areas of concern and good practice. We continue to work with our colleagues within primary care in ensuring that this is kept up to date and provides the necessary assurance. The Team also acts as a critical friend to support practices in ensuring the indicators relating to Patient Experience are achieved.

### **Patient Experience Database**

The Team continues to utilise and further develop the Patient Experience database to capture all patient experience, including complaints and PALS.

### **The Big Health Debate**

All feedback continues to be channelled through the Patient Experience Team contact details in order to ensure a centralised resource for feedback.

### **Financial Recovery**

The Patient Experience Team are working collaboratively with Engagement colleagues to plan future engagement/consultation.

### **Engagement Events**

Due to the Financial Recovery programme and Purdah the Patient Experience Team has not been involved in any Engagement Events this quarter.

### **6.5 Patient Stories**

Patient stories continue to be presented to the governing bodies of the south CCGs to ensure the patient remains at the heart of commissioning processes. A story involving the work regarding the newly implemented approach to Special Educational Needs and Disability Services (SEND) will be presented to governing bodies in July 2017.

### **7.0 Recommendation**

The Quality Report Q.1 (2017/18) is considered in detail at the South Nottinghamshire CCGs' Quality and Risk Committee and presented to the Governing Bodies for information and assurance purposes.

**Appendix 1 Summary of Closed Complaints/ MP Letters including Outcomes Q. 1 2017/18**

Month 2017	CCG Location	Complaint	Provider	Action taken
April	NW	Concerned about the processing, handling and decision making of the Retrospective CHC team	Arden & GEM CSU	Apologised for the negative experience. Acknowledged the use of deadlines can be frustrating and explained the reasoning for doing so. Case to be taken down NHS England's IRP route.
April	NNE	Concerned about a mis-diagnosis of a fractured scaphoid bone	CityCare	Apologised that patient has not made a full recovery following the injury and subsequent treatments received. Assured that staff acted in line with the evidence available at time of presentations.
April (MP)	NW	Requesting information regarding funding being withdrawn for a weekly placement at Hospice	Nottinghamshire Hospice	Contract awarded to Nottinghamshire Hospice in January 2016. There have been no changes made by the CCG to the value or criteria of the contract since it commenced.
April (MP)	NNE	Requesting information regarding GP places in Carlton	Primary Care	Information on list sizes provided. Spot checks carried out to determine access in the area. No complaints received regarding access.
April (MP)	NNE	Concerned about the changes to the prescribing of continence pads	CCG	The service confirmed there had been no service change in product lines being available; however a clinician may have reviewed the products provided to this patient to ensure that all treatments options have been offered before pad products are prescribed.
April (MP)	N&S	Requesting information on changes to Pain Management Services	CCG	Established patient resided in Newark and Sherwood. Therefore letter passed to relevant team for processing.
May	Rushcliffe	Concerned about son's transition from the community paediatric mental health team to adult services	NHFT	Awaiting consent to process complaint
May	City	Concerned about the CCGs decision regarding treatment of birthmarks	NTC	Complainant had already complained to City CCG. Therefore advised that they would process and respond directly.
May	NNE	Concerned about being unable to see a Consultant at City Hospital or a location closer to home	Connect	Out for investigation
May	NNE	Concerned about refusal to accept an appeal for CHC outcome	Arden & GEM CSU	Out for investigation
May	NNE	Concerned about staff attitude	NEMS	Nurse did a thorough assessment of symptoms. The nurse was not felt to be disrespectful, arrogant or unprofessional at any point during the call.



May	NNE	Concerned about the refusal to action a CHC appeal request	CityCare	Out for investigation
May	Rushcliffe	Concerned about care/treatment provided to wife	EMAS/NUH	Awaiting consent to process complaint
May	NW	Concerned about the delay in providing a restitution payment and the lack of communication regarding the additional sums being sought	Arden & GEM CSU	Awaiting consent to process complaint
May (MP)	NW	Requesting information on changes to Pain Management Services	CCG	Provided information on the service provision and details of self-help groups.
June	NW	Concerned about four mis-diagnoses along with inappropriate medication being prescribed	GP	Complainant advised complaints in relation to GPs can be made either directly to GP Practice or via NHS England. Complaint forwarded to NHS England at complainants request.
June	NNE	Concerned about being declined treatment for a suspected hernia on the NHS due to the cost and it not being deemed a critical condition	GP/CCG	Out for investigation
June	Rushcliffe	Concerned about the manner in which a referral to CMHT has been managed	NHFT	Awaiting consent to process complaint
June	NNE	Concerned about the lack of acknowledgement or confirmation of receipt of correspondence	Arden & GEM CSU	Awaiting consent to process complaint
June	Rushcliffe	Concerned about changes to laser treatment for port wine stains	NTC/CCG	Awaiting consent to process complaint
June	NNE	Concerned about delays in accessing treatment	Connect/NUH	Complainant had already complained to NUH and therefore advised that they would process and respond directly. Copy of final response requested.
June	NNE	Concerned that no clinical support has been offered and that information has been withheld	NHFT	Awaiting signed complaint form to process complaint