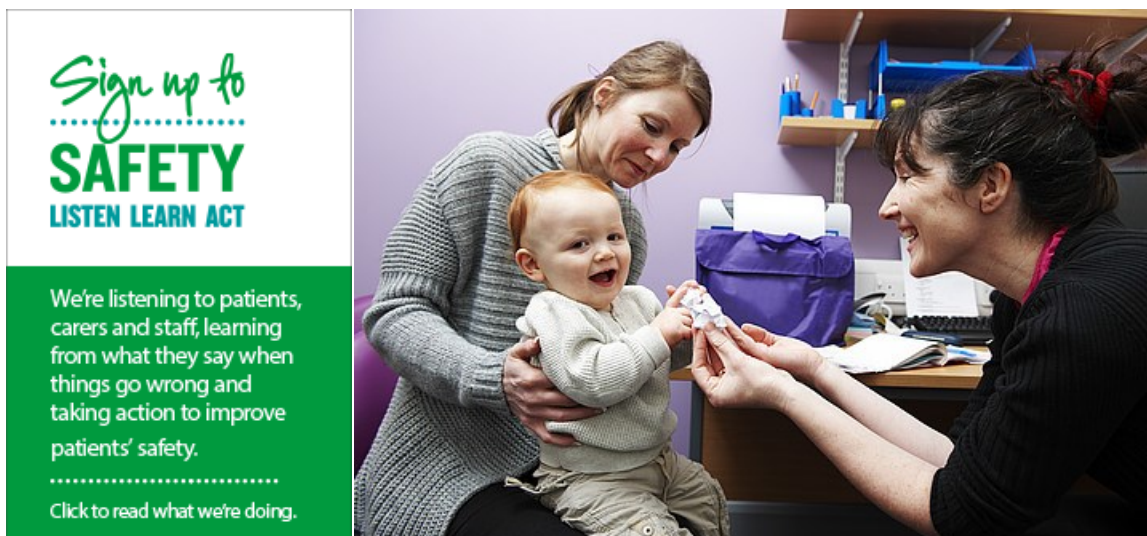


Quality Report

Quarter 3 2017/18



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Quality Report

Quarter 3 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 3 (Q.3) 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 Q.3 2017/18. This shows that Nottingham West CCG, Rushcliffe CCG and NUH have exceeded the limit for *C.diff* at the end of Q.3. NUH has had one case of MRSA in Q.1 and Rushcliffe CCG is currently over target for *E.Coli*. **Page 4**
- An update on performance against the targets to reduce **Anti-Microbial Prescribing** in primary care. **Page 8**
- An update on numbers and categories of **Serious Incidents** (SIs) reported to the end of Q.3 2017/18. This shows that there has been an increase on the same period last year, due to a number of factors described in the report. The outcome of a CCG Commissioned Independent External Investigation into the still birth of a baby girl is outlined. **Page 8**
- 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 10**
- Information relating to **Safeguarding** activity including Serious Case Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews. **Page 11**
- An update on the **Transforming Care (Learning Disabilities)** performance against the Nottinghamshire reduction trajectories. Nottinghamshire is 5 cases over trajectory (1 CCG commissioned non-secure, 4 NHSE commissioned secure) at the end of Q.3. Details of actions being taken to recover the position are described. **Page 12**
- An update on **Continuing Health Care** (CHC) including performance against the quality premium standards. Whilst the National standards are not yet being met progress is being made and all three CCGs achieved the local trajectory for decision making in 28 days and all but Rushcliffe achieved the local trajectory for the number of assessments completed in the acute setting. **Page 15**
- An update on **Integrated Personal Commissioning** including the progress against plans to expand **Personal Health Budgets** (PHB) along with current numbers which exceed the target. **Page 16**
- An update on **Special Educational Needs and Disability** reforms including the CCG self-assessment. **Page 18**
- An update on progress against the **Local Maternity Systems** transformation plan. **Page 20**
- An update on **Provider Quality** including current **Care Quality Commission** ratings and quality visits undertaken during Q.3 2017/18. **Page 21**
- An update on **Care Home and Home Care Quality** including CQC ratings and CCG quality monitoring. **Page 26 & 29**
- An update on **Primary Care Quality** including CQC ratings and the CCG Quality Assurance and Support Framework. **Page 30**
- **Patient Experience** activity including, complaints, PALS, e-Healthscope concerns and patient stories. **Page 31**
- A summary of Q.3 2017/18 **Complaints and MP Letters** is included at Appendix 1. **Page 35**

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 3 (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 Q.3 (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 Q3 2017/18) | Actual to end of Q3 2017/18 | Pre/ Post 72 hour | Full Year Limit | Actual to end of Q3 2017/18 | Full Year Limit (to end Q3 17/18 *(plan) | Total Actual to end of Q3 2017/18 | Community Acquired |
| NNE CCG | 47 (31) | 29 | 14 pre/ 15 post | 0 | 0 | 139 (103) | 96 | 73 |
| NW CCG | 21 (15) | 23 | 13 pre/10 post | 0 | 0 | 82 (61) | 49 | 38 |
| Rushcliffe CCG | 24 (16) | 23 | 12 pre/ 11 post | 0 | 0 | 96 (72) | 383 | 69 |
| NUH | 91 (66) | 71 | All post | 0 | 1 | Trust apportioned (216) | Trust apportioned 140 | Non Trust apportioned 391 |

* 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 (MRSA 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 which are unavoidable due to records showing 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 Urinary Tract Infections (UTIs).

As of Q.2 (2017/18) 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 UTI 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

At Q3 the *C diff* target is currently on plan which is an improvement on the Q2 position. Over Q3 there were 5 community attributed cases. Analysis of these cases identified the following:

- 1 case remains under review and an RCA is ongoing as *C diff* was listed in part 1a of the death certificate. This patient was complex and required multiple antibiotic treatments with care provided across both, SFHFT and NUH.
- 1 case was a highly complex relapsing patient and faecal transplant was considered but later declined and this patient accounts for 2 entries over Q2/3
- 2 cases are associated with recent appropriate antibiotic use
- 1 case had no recent history to account for the episode with no GP presentation in previous 8 months

All 5 cases are considered to be unavoidable although there was learning for GPs related to 1 case where appropriately prescribed antibiotics were changed to a broad spectrum choice when the patient presented with symptoms of diarrhoea, despite no sample being requested and *C.diff* not being suspected. The prescribing advisor has supported with the case review and learning for the GP practice.

NNE CCG continues to perform well with no CCG assigned cases of MRSA BSIs. One occurrence was reported in November as a community case but following a PIR this was sent for arbitration and later assigned to a third party rather than the CCG, as considered to be unavoidable.

NNE currently remains on track with regard to achieving the required 10% reduction in E.coli BSI.

Nottingham West (NW) CCG

At Q3 the *C diff* target was breached by 8 cases with a total of 23 cases against a plan of 15. Whilst there was an overall improvement in Q.3 this will not impact on the current position and the year-end trajectory has been exceeded by 2 cases to date. Over Q.3 there were 2 community attributed cases. Analysis of these cases identified the following:

- 1 case had relapse disease following earlier *C diff* acquisition during an outbreak at Lings Bar Hospital
- 1 case was associated with appropriate antibiotics prescribed in secondary care
- Both cases were considered to be unavoidable
- No learning was identified

NW CCG continues to perform well with no CCG assigned cases of MRSA BSIs. One occurrence was reported in October as a community case but following a Post Infection Review this was sent for arbitration and was later assigned to a third party rather than the CCG, as considered to be unavoidable.

NW remains on track with regard to achieving the required 10% reduction in E.coli BSI.

Rushcliffe CCG

At Q.3 the *C diff* target was breached by 7 cases with a total of 23 cases against a plan of 16. Based on current performance there is a risk that the CCG will breach the year-end trajectory of 24 cases, although the overall position is an improvement on the same period 2016-17. Over Q.3 there were 5 community attributed *C diff* cases. Analysis of these cases identified the following:

- 1 patient accounted for 2 episodes of infection as they had relapse disease. They were associated with appropriate antibiotic treatment for pneumonia and an episode of sepsis
- 3 cases were associated with recent appropriate antibiotic treatment
- All 5 episodes were considered to be unavoidable
- Learning was identified for NEMS, as when contacted by a patient they advised the use of loperamide when the cause of diarrhoea was undiagnosed. Action has been taken and staff training has been completed in regard to the consideration of and correct management of a patient with suspected *C diff* infection

Rushcliffe CCG continues to have no reported cases of MRSA BSIs.

There is a risk that the 10% reduction in *E.coli* BSI will not be met as currently there are 83 reported cases against a plan of 72 at the end of Q.3. Case reviews of E coli BSI commenced in Q.2 in line with the national directive. Early national work has identified that risk factors may include an aging population, increased antibiotic usage, urinary tract infection and increases in rates are multifactorial. The case reviews should enable exploration of local risk factors and determine key actions which may prevent future cases. Local improvement initiatives to date include a local hydration campaign 'What Colour Is Your Wee', new antibiotic prophylaxis guidelines for Recurrent Urinary Tract Infections in Adults and the recent implementation of the 'Dip or Not To Dip Project' across care homes.

Nottingham University Hospitals NHS Trust (NUH)

The *C diff* Objective (2017-18) is a limit of no more than 91 cases for the year. In Q.3 there were 29 cases assigned to Nottingham University Hospitals which meant that at the end of Q.3 there were 71 cases which exceeded the trajectory of 66 cases.

The following table indicates lapses in care which were deemed following review of each case.

| 2017/18 Lapses in care |
|---|
| April – 2 lapses <ul style="list-style-type: none"> • 2 antibiotic prescribing lapses • 1 delay in diagnosis May – 2 lapses <ul style="list-style-type: none"> • 1 inappropriate antibiotic • 1 delay in diagnosis June - 2 lapses <ul style="list-style-type: none"> • 1 antibiotic prescribing lapse • 1 delay in diagnosis |
| July – 3 lapses <ul style="list-style-type: none"> • 3 antibiotic prescribing lapses August – 2 lapses <ul style="list-style-type: none"> • 2 antibiotic prescribing lapse • 1 delay in diagnosis September – 2 lapses <ul style="list-style-type: none"> • 1 antibiotic prescribing lapse • 2 delay in diagnosis |
| October – 3 lapses <ul style="list-style-type: none"> • 1 antibiotic prescribing lapse • 3 delay in diagnosis • 1 delay in treatment November – 1 lapse <ul style="list-style-type: none"> • 1 delay in diagnosis December – 3 lapses <ul style="list-style-type: none"> • 1 delay in diagnosis and treatment • <i>Awaiting ribo-typing for 2 cases</i> |

There have been no further cases of MRSA_B for NUH since the one in June 2017 (Q1) which was an unexplained acquisition of MRSA_B. There was no source of cross infection identified and no other patient with MRSA_B was resident in the same clinical area at the time.

The *E coli* bacteraemia 2017-18 Quality premium target was for a 10% reduction on NUH's January – December 2016 data, which provided NUH with a target of 18 cases per month and an annual trajectory of 216 cases. NUH are capturing and reviewing 40 of their cases of acute onset to ascertain any learning to prevent future cases.

| E Coli BSI Reduction Target for 2017/18 Trust apportioned 216 cases (annual) – 18 cases per month | | | | | | | | | |
|--|----------|-----------|-----------|-------------|----------------|--------------|---------------|---------------|--------------------|
| April 2017 | May 2017 | June 2017 | July 2017 | August 2017 | September 2017 | October 2017 | November 2017 | December 2017 | Total cases Q1,2,3 |
| 11 | 20 | 15 | 24 | 17 | 14 | 12 | 15 | 12 | 140 |

There has been one HCAI *Clostridium difficile* outbreak in Q.3 at NUH which involved ward E16 at QMC campus in December 2017. Patients were identified, isolated and treated appropriately. Enhanced cleaning of the ward was undertaken and the outbreak was reported as a serious incident with a Post Infection Review to be completed by March 2018.

3.2 Anti-microbial Resistance

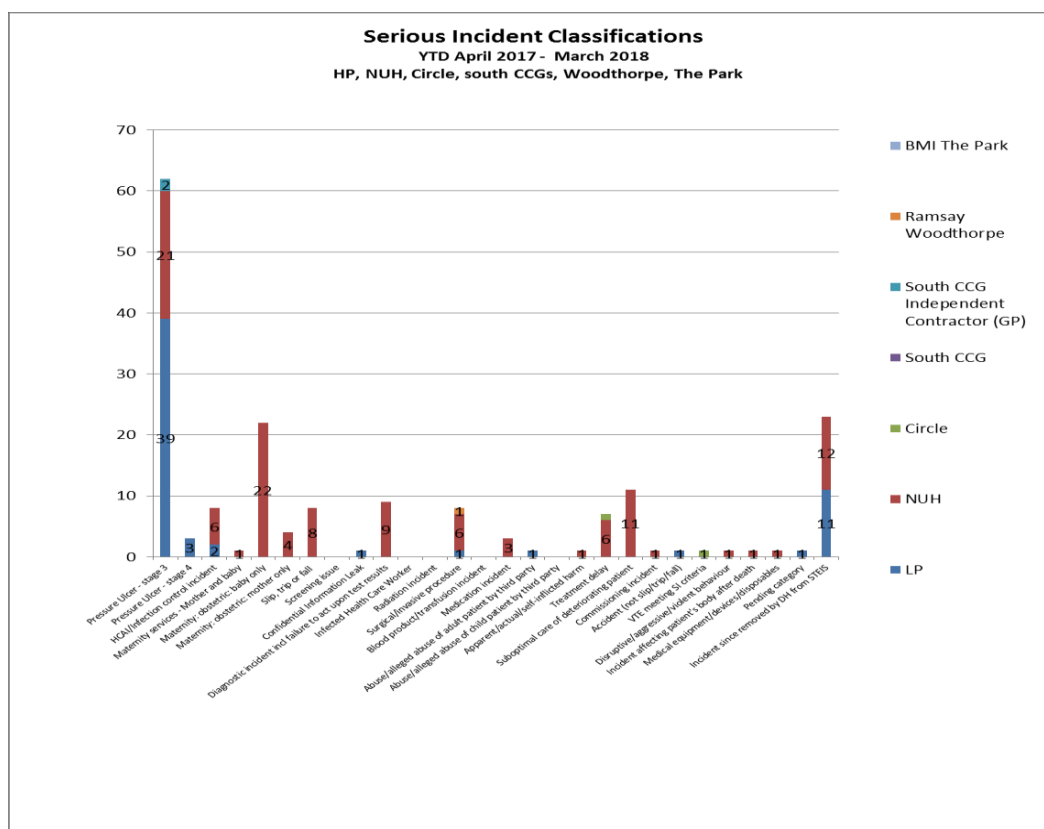
Appropriate prescribing of antibiotics in primary care is part of the CCG Improvement and Assessment Framework (IAF) 2017/18 as follows:

| CCG Name | CCG Code | 2017-18 CCG (QP / IAF) Target Value to be 1.161 or below | Indicator (ITEMS/STAR-PU) | Indicator (ITEMS/STAR-PU) | Indicator (ITEMS/STAR-PU) | Indicator (ITEMS/STAR-PU) | Indicator (ITEMS/STAR-PU) | Indicator (ITEMS/STAR-PU) | Indicator (ITEMS/STAR-PU) | Change from previous 12 months |
|-------------------------|----------|--|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|--------------------------------|
| MANSFIELD & ASHFIELD | 04E00 | 1.161 or below | 1.263 | 1.263 | 1.257 | 1.259 | 1.260 | 1.258 | 1.257 | down |
| NEWARK & SHERWOOD | 04H00 | 1.161 or below | 1.097 | 1.097 | 1.090 | 1.085 | 1.081 | 1.077 | 1.076 | down |
| NOTTINGHAM NORTH & EAST | 04L00 | 1.161 or below | 1.035 | 1.037 | 1.036 | 1.034 | 1.034 | 1.031 | 1.030 | down |
| NOTTINGHAM WEST | 04M00 | 1.161 or below | 0.916 | 0.917 | 0.915 | 0.911 | 0.908 | 0.903 | 0.904 | up |
| RUSHCLIFFE | 04N00 | 1.161 or below | 0.884 | 0.888 | 0.889 | 0.884 | 0.889 | 0.892 | 0.890 | down |
| All CCGs | | | 1.053 | 1.054 | 1.051 | 1.047 | 1.047 | 1.045 | 1.044 | |
| CCG median | | | 1.072 | 1.072 | 1.070 | 1.066 | 1.063 | 1.065 | 1.064 | |

Data is ratified up until the end of October 2017 only at the time of this report. Practices where antimicrobial prescribing is high are part of targeted support programme to ensure they adhere to the use of antimicrobial guidelines.

3.3 Serious Incidents (SIs)

51 SIs have been reported up to the end of Q.3 although due to the timescale of the Serious Incident framework some are still undergoing ratification. The following table indicates SI reporting patterns up to Q.3 for YTD (2017/18):



The number of SIs reported in Q.3 of this year is 51 (compared to 35 for the same quarter in 2016/17). This is an increase from the previous quarter (Q.2) where 45 SIs were reported. The increased number of SIs is not viewed negatively by Commissioners and is primarily due to a number of factors:

- Removal of NUH's internal category of High Level Incident (HLI) has meant the Trust converts more incidents into SIs which are either Level 1 or 2. Whilst HLIs were reviewed and reported as though

they were comprehensive (Level 2) SI investigations to draw out learning, they were not reported externally as SIs.

- A by-product of the improvement work within maternity has meant increased conversion of incidents to SIs due to enhanced oversight and focus on learning from incidents.
- Enhanced communication and involvement of Commissioners by NUH in decisions around conversion to SIs.
- Implementation of Learning from Deaths programme across NUH which mandates clinicians to review deaths using a Subjective Judgement Review process to ascertain if there is learning or omissions in care delivery has led to SI entry
- NUH's development of harm reviews and enhanced quality monitoring in areas where performance is challenged.

The largest group of SIs were avoidable stage 3 pressure ulcers (17) but this is a reducing trend (24 in Q.3 of previous year) due to the sustained work of all providers to reduce avoidable pressure damage. Whilst there has been a significant reduction in avoidable falls over the past 5 years as a consequence of focused work this has now plateaued and is being refreshed to determine next steps. There were 6 sub-optimal care SIs of which 3 related to ED. More detail on ED SIs is given in section 3.4 Harm Reviews. The CCG hold 6-monthly panels with associate commissioners to review incidents not deemed as SIs to ensure that provider's governance of SIs is robust.

The CCG received the findings of an Independent External Investigation which they commissioned relating to the still birth of a baby girl. The investigation concluded that the death of the baby girl was almost certainly preventable and there were 13 care delivery problems and contributory factors which are summarised as:

- Failure in recording all phone calls to Maternity Triage
- Important omission of information on Antenatal Advice sheet
- Failure to take a full clinical history and therefore failure to see the full picture
- Administration of opiates in latent phase of labour and failure to recognise prolonged latent phase/dysfunctional labour
- Failure of adherence to local latent phase of labour guideline
- Failure to advise admission after closure of the Labour ward at QMC
- Admission to low risk Birth Centre despite possibility of cord prolapse
- Delay in applying appropriate fetal monitoring
- Delay in administration of epidural
- Delay in senior obstetric review an management plan
- Significantly prolonged second stage of labour
- Failure to follow the risk management policy for maternity
- Misinterpretation of the post mortem findings and failure to make appropriate clinic-pathological correlation

The Executive summary and recommendations of the report have been published on the NUH and CCG websites, after agreement from the family. NUH are undertaking a suite of work to address learning from all maternity SIs which is being closely supported and monitored by the CCG which reports to partners (Regulators and Associate Commissioners) via the NHSE hosted Quality Surveillance Group (QSG). The CCG works closely with the Clinical Maternity Network to robustly review maternity investigations and action plans. A table top review of NUH maternity was held on 14th December 2017 with engagement of all system partners and NUH to consider risks to safety and quality. The outcome of this was that maternity services were deemed safe but there was a continued need to provide assurance on investigation and learning from SIs.

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/>.

There have been no Never Events reported in Q3, although year to date there have been 2 reported: wrong site surgery – premolar tooth removed in error (Local Partnerships) and carpal tunnel release instead of trigger finger release (Woodthorpe Hospital). Investigations and action plans to prevent reoccurrence have been completed and have been identified in previous quality reports.

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. 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 between the providers and CCGs.

NUH have a reducing trend of 104 day cancer waits (40 in Dec 2017 compared to 11 in Dec 2018) as a consequence of enhanced engagement of clinicians/pathway teams in tracking of patients and harm reviews, working to a new Standard Operating Procedure with oversight and leadership by the Lead Cancer Nurse and Cancer Lead Clinician.

For NUH in Q.3 there were 23 harm reviews triggered, relating to the following pathways:

| | | |
|-------------|-------------|---------|
| Gynaecology | Haematology | Sarcoma |
| Lower GI | Upper GI | Urology |
| Lung | | |

No instances of harm were identified. The top reasons for delay are late tertiary referrals, patient choice, complex diagnostic pathways and cross pathway issues.

Circle Nottingham have had five 104 day breaches to date for 2017/18 which have had harm reviews triggered. Harm reviews are presented at QSP and to date there is no harm identified.

The missed performance target for Emergency Department (ED) is monitored comprehensively with the key feedback up until November 2017 being:

- No 12 hour breaches.
- Sustained performance for ambulance handovers within 15 and 30 minutes (58.9% handover within 15 mins – Nov 2017)
- Increased number of incidents reported with 1 catastrophic harm, 1 severe harm and 4 moderate harm.
- Low number of complaints – 12 during Sept-Nov 2017 out of 44,644 ED attendances.
- Sustained Friends and Family Test recommendation 94.8% (Nov 2017).
- Sustained quality metrics at 80% for indicators: medication safety, IPC, resuscitation, cleanliness, pressure damage and falls prevention, respect and dignity, nutrition, pain, diabetes, bladder and bowel care.

An unannounced internal mock CQC inspection was undertaken on 25th/26th October 2017 which CCG staff participated in, using the ED CQC checklist for safety and caring. Key priority areas for action were:

- Review what measures can be taken to reduce severe overcrowding in the department both to improve patient safety and the easier identification of where patients are situated in the majors area
- Ensure that patient observations are carried out in line with trust policy
- Ensure patients in the major's area have a means of calling for assistance.

The mock CQC inspection took place during a period of heightened activity as NUH was on 'black alert' at the time. Despite this the staff were calm, engaged and enthusiastic and there was evidence of good leadership, teamwork and corporate oversight and support.

Whilst there has been winter planning including plans to improve care delivery and patient flow (e.g., streaming at the front door, use of Advanced Nurse Practitioners, Frailty Hub trial, handovers, flow co-ordinator role, support for new staff) it is clear that ED is experiencing continued pressure from high numbers of patients. A key finding from the CQC mock inspection and the catastrophic incident is the oversight of patients in the central 'blue' area requires improvement and NUH are doing focused work around this. In order to monitor this and any other areas of concern identified in the investigations of the ED SIs the CCG are joining with NHSI to revisit ED in February 2018.

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, and there may be times when it is appropriate for the Local Authority to cause others agencies to make enquiries under section 42 of the Care Act 2014. Local Authorities may cause partner agencies such as CCGs to support with or lead on a section 42 safeguarding enquiry if health expertise is required.

The following table shows the number of section 42 referrals involving the South Nottinghamshire Quality and Patient Safety Team that have been made between September and December 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 | Total CCG staff hours |
|------------------------------|--|---|--|--|--|---|-----------------------|
| Gedling older adults team | 0 | 1 | 0 | 0 | 0 | 1 | 1 |
| Broxtowe older adults team | 0 | 2 | 2 | 0 | 0 | 0 | 19 |
| Rushcliffe older adults team | 0 | 1 | 1 | 0 | 0 | 0 | 8 |

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

During Q.3 the CCG Safeguarding Adult team has been directly involved with one DHR and no SARs. Membership of the Nottinghamshire Safeguarding Adult Board (NSAB) and associated sub-groups has ensured there is shared information from closed cases in other areas. Recent learning has related to Human trafficking, transitions from Adolescent Services into Adult Services and cases where self-neglect have been a feature.

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) continue to represent the CCGs on a number of Multi agency safeguarding forums including amongst others the Public Protection Panel, the domestic abuse Multi Agency Risk Assessment Conference (MARAC) steering group, the Child Sexual Exploitation Cross Authority Group and the Survivors of Non-Recent Abuse Group. There is currently one Serious Case Review (SCR) in progress, which relates to Nottingham West CCG.

The key learning from cases is summarised as follows:

- PN16 has highlighted issues around chronic neglect and abuse of an older child where parent's views were accepted and the voice of the Child was not heard. The overview report is awaiting sign off. The experiences of this young person continue to be incorporated into training events and briefings for staff.
- ON16 relates to a baby who suffered significant multiple non-accidental injuries. It identified the importance of all NHS staff recognising and responding appropriately to unexplained marks and bruises on non-mobile babies. The Designated Nurse is planning a practitioner event in April as a result of recommendations from the overview report, to identify barriers to "thinking the unthinkable" when babies have unexplained marks or bruises.
- QN17 relates to a young man who died as a result of suicide. The review is in an early stage of completion but so far no deficiencies of healthcare have been identified and much good practice in relation to GP practice.

The Child Protection Information Sharing Project is making good progress in Nottinghamshire with Local Authority planning to "go live" by March 2018. NHS unscheduled care settings are engaged with implementation of this exciting initiative which will significantly improve responses to vulnerable children and young people.

The CCG Safeguarding Children and Adult Leads visited NUH to undertake an annual safeguarding assurance review. The team visited the Emergency Department, the Labour Suite and Ward C29 speaking to staff, patients and visiting departments. Findings were positive with assurance gained that safeguarding arrangements in the areas examined were satisfactory. The full findings from the visit have been considered by the NUH Quality Scrutiny Panel.

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 (LD) and/or autism spectrum disorders (ASD), 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 as shown in the table below.

| Inpatient Trajectories | | | | | | | | |
|------------------------------------|---------|----|----|----|---------|----|----|----|
| Bed Type | 2017/18 | | | | 2018/19 | | | |
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Non Secure (CCG Commissioned) | 29 | 29 | 28 | 26 | 23 | 20 | 17 | 13 |
| Secure (Specialised Commissioning) | 43 | 40 | 36 | 31 | 28 | 26 | 24 | 23 |

The table below summarises the performance to date against inpatient numbers / trajectories for the year 2017/18:

| | NHSE (secure) Trajectory | NHSE (secure) Actual | CCG (non-secure) Trajectory | CCG (non-secure) Actual | TCP trajectory | TCP actual | Variance |
|----|--------------------------|----------------------|-----------------------------|-------------------------|----------------|------------|----------|
| Q1 | 43 | 44 | 29 | 28 | 72 | 72 | 0 |
| Q2 | 40 | 39 | 29 | 31 | 69 | 70 | +1 |
| Q3 | 36 | 40 | 28 | 29 | 64 | 69 | +5 |
| Q4 | 31 | | 26 | | 57 | | |

Priority Areas for TCPs

The TCP has prioritised investment into a number of changes to the local service model for people with LD and ASD as set out below:

| Priority Area | Service Change | Date of implementation | Date of review |
|---|---|-------------------------------|--|
| Reduction in the need for acute admissions | Variation to contract with Intensive Community Assessment and Treatment Team (ICATT) team to work to enhanced service specification and with increased capacity | July 2017. | Pilot to run for fill 12 months with reviews schedule to monitor impact and with scope to extend for further 12 months |
| Reduction in the need for acute admissions | Change in specification for Haven House (Mental Health Crisis House) to require that the service accepts individuals with a mild Learning Disability | July 2017 | |
| Provision of forensic case management to LD and ASD patients Expedite discharges for patients with forensic backgrounds and provide case management and skilled oversight of complex patients living in the community | Contract variation with the Community Forensic Team, in order to expedite discharges for patients with forensic backgrounds and provide case management and skilled oversight of complex patients living in the community | October 2017 | |
| Reduction in the need for acute | Contact has been granted with a provider for a new emergency respite | Service to be operational and | Service to run for 12 months from |

| Priority Area | Service Change | Date of implementation | Date of review |
|--------------------------------------|--|--|---|
| admissions | service | open to admissions early February 2018 | implementation with quarterly reviews to monitor impact and scope to extend for a further 12 months |
| Complex Packages commissioning roles | Commissioning and clinical support to ensure that appropriate packages of support are in place in line with forecast discharge dates | Q4 2017/18 | 12 month posts, to be monitored by the TCP for impact and possibility of extension. |

Since the variation and the additional investment in the ICATT to facilitate increased capacity and scope to provide preventative interventions, there has been a decrease in admissions to non –secure (CCG commissioned) beds. The TCP can show a number of examples where individuals have been able to be supported in their usual place of residence rather than being admitted to hospital. The local inpatient Assessment and Treatment Unit (ATU) has been closed to admissions for a number of months, due to the complexity of the current inpatient cohort, and referrals for admissions may have also reduced due to the avoidance of using out of area ATU beds. We expect that admission prevention will be further enhanced when the new emergency respite service is operational from February 2018.

The TCP ensures that independent Care and Treatment Reviews (CTRs) are carried out on all patients in both CCG and specialised commissioned beds in line with national policy, and in addition to this, ensures that community based CTRs are undertaken for patients living in the community for whom admission is being considered. The TCP has revised its policy and process for undertaking short notice and emergency CTRs which is stipulated within national policy as having a Local Area Emergency Protocol (LAEP) and shared this with key partners including operational NHS Trust Colleagues who are involved with key decisions regarding urgent hospital referrals.

The TCP is not seeing an overall decrease in patient numbers despite a reduction of admission to non-secure (CCG) beds due to a reduction in the number of planned discharges that should have taken place during Q2 and Q3 in order for the TCP to remain on trajectory.

For example, during December 2017, there were two admissions to secure (NHSE) beds and only one individual who was removed from the numbers as they did not meet the criteria for Assuring Transformation. For non-secure (CCG) beds there was one admission and one discharge, with a further two patients needing to step up to secure care.

There are a number of reasons why discharges are not taking place as expected including:

- A lack of suitable community based placements (both housing and support providers) not being available, or being ready to accommodate discharges in line with forecast discharge dates.
- The delay of a local independent inpatient unit to de-register as a hospital and re-register as a care home with nursing in Q3. This re-registration is now set to take place in Q4 (beginning of March 2018), but the delay has affected a number of patients (five).
- Agreement for discharge from hospital by the Ministry of Justice (MoJ) or the Parole Board, and these timescales can delay discharges if planning and liaison is not commenced early enough.

The following actions are taking place to try to recover the position:

- A recovery action plan is in place. This is being refreshed again and will be submitted to the DCO team on 24 January 2018. This will include clear modelling of the numbers of discharges required and plans to achieve these.
- A meeting is being held with Specialised Commissioning colleagues on 18 January 2018 to review all patients in secure beds and establish a shared understanding of discharge plans for Q4 and 2018/19.

- Discussions with other TCPs about market management and procurement models for supported living that could be used to support Nottinghamshire to increase the availability of good quality packages of care in the community.
- Fortnightly calls and monthly escalation meetings with STP leadership and the DCO team at NHSE to assure themselves of progress towards recovery.
- Support for the TCP from NHS England is being provided one day per week which is focusing on reviewing inpatients and plans for discharge.
- Assessment of impact of Nottingham City Council funding decision on 2018/19 discharges, including likely costs to system, individuals affected and any mitigations being undertaken at individual patient level

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.

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 following table 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 54.07 . Data from Q2 2017/18 | 63.79 | 48.00 | 62.43 |
| Quality Premium Indicator (% assessments in acute setting) National Target <15% Local trajectory 40% or less . Data from December 17 | 25% | 38% | 64% |
| Quality Premium Indicator (% decision communicated within 28 days of assessment). Target 80% Local trajectory 60% . Data from December 2017 | 68% | 68% | 61% |

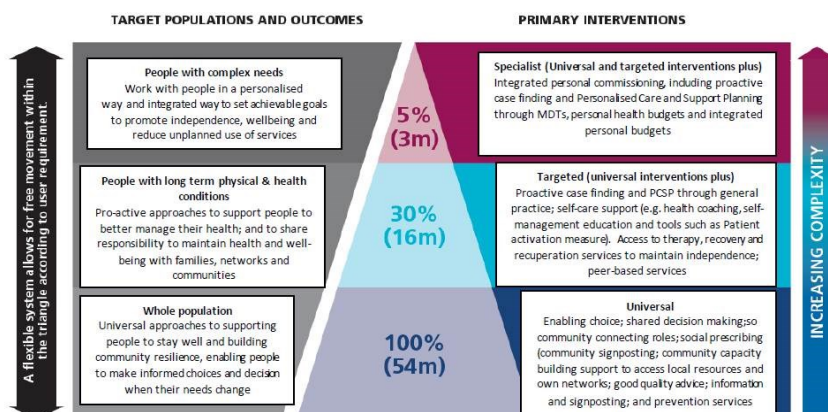
There is a drive to reduce the number of assessments undertaken in acute hospital settings as it is recognised that this is not the most appropriate environment or time to assess an individual's ongoing health needs. The CCGs have implemented an out of hospital discharge to assess pathway which it is anticipated will support achievement of this standard. Monthly trajectories have been set to achieve the <15% target by March 2018 all of the CCGs except Rushcliffe have achieved the December trajectory of 40% or less. Very small numbers were included in the Rushcliffe December data. CityCare are implementing an action plan to address the breach of the 28 day target which is being closely monitored by the CCG. Monthly trajectories have been set to achieve the target of 80% by March 2018. All three CCGs achieved the December trajectory of 60%. 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)

On the 20th October 2017 the Sustainability & Transformation Partnership (STP) Advisory Board accepted the offer of support from NHS England to embed personalised care model across health and social care. The Senior Responsible Officer for this work will be Roz Howie, the Deputy Managing Director for the STP. Integrated Personal Commissioning and the five key shifts will become part of this wider work. In Nottinghamshire we have worked with NHSE to develop a model for our approach to person and community centred approaches, with IPC being the approach for the top 5% of the population as follows:



The above will be translated in a Nottinghamshire STP context in terms of whole population, people with long term physical and mental health conditions and people with complex needs. The first step is for NHSE to conduct an assessment of the current position across the STP of the personalisation care model and the operational and financial improvement opportunities of all partners, which will be structured within four key factors that need to be in place to deliver change: Influence and leadership; Partnerships and co-production; support and delivery; enablers and evaluation. The output from this assessment will be a report to the STP Advisory Board on the 23rd February outlining the extent that the:

- Model has been implemented
- Four factors for change are in place
- An understanding of what factors need to change
- Development of a programme plan, containing key work-streams, deliverables, milestones together with resources requirements, owners, and roles and responsibilities.

Nottinghamshire IPC have far exceeded the target set by NHSE of 707 personal health/integrated budgets by March 2018. At the end of Q 3 across all 5 CCGs we have a total of 2048 budgets. The majority of the budgets are being achieved through the offer of a personal health budget to give carers a break from their caring role.

Our current efforts are focussed on increasing our integrated budgets to people who have joint funding from health and social care. This is being achieved through setting health and social care staff a 90 Day Challenge to undertake integrated support planning and budgets. This resulted in: positive joint working between health and social care, with workers reporting “they enjoyed it” and good feedback from service users on the approach. 30 integrated support plans and budgets have been put in place. The next challenge is how to scale up the approach across Nottinghamshire, so that everyone with a joint funded budget has an IPC approach.

Community Catalysts ran an excellent second action learning set to support us in developing the market, so that people are able to purchase what they need with an integrated budget. The key messages from this work are that there is no point offering people control, if we don't do the work to ensure there is choice for people to buy support outside of the traditional commissioned support. By the end of the day the group had set some good actions to work towards developing the market for young people with mental health needs and with complex health needs.

An IPC Co- production group and strategy has been developed. The group is facilitated by Self-help UK, who is our Voluntary sector partner. The group meets monthly with support from the NHSE Lived Experience lead. They are starting to get involved in the development of IPC, with the aim of a person with lived experience being on the steering group.

The IPC Programme Manager, through the Multi-Disciplinary Team (MDT) Implementation Group, is exploring testing out how IPC can be embedded into the Care Delivery Groups.

The Nottinghamshire IPC delivery team attended the annual 2 day IPC residential organised by NHSE. It was a really good opportunity to take some time out and reflect on how we are progressing with IPC in Nottinghamshire. Highlights from the event were a panel of people with Lived experience telling their varied stories of how IPC has made a huge difference to their lives. The event focussed the team on what we are trying to achieve in Nottinghamshire, with some new ideas and plans on how we can scale up the offer of IPC to ensure more people can benefit.

A project plan for the IPC programme for Looked After Children (LAC) with mental health needs is in place and progressing.

A 360 audit was completed to look at the management of personal health budgets (PHBs). The report provided valuable learning on the management and contracting arrangements of PHBs. The majority of the actions outlined in the report have been completed by updating the support plan approval guidance into

comprehensive Personal health budget guidance. This guidance is being incorporated into current contracted arrangements with NHS providers and Governing Body is requested to sign if off. It will also be used in all future contracting arrangements to ensure that the NHS providers have the necessary requirements alongside the specification in relation to 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 | Progress update |
|---|--|
| Commission services jointly for 0-25 year old CYP with SEND, including those with Education, Health and Care Plans (EHCP) | <p>By year end (March 2017) there had been a significant increase on requests (28.2%) for an Education Health and Care Plan (EHCP), within Nottinghamshire County as a whole. The Local Authority who are the statutory lead have found no evidence to support why this is the case. However in the first 2 quarters of this year there has been a slight decrease.</p> <p>Community Children and Young Peoples Service (CCYPS) is into its' second year of the implementation plan, within the framework of QIPP.</p> <p>The fortnightly multi agency panel for Continuing Health Care (CHC) for Children and Young people is fully established-all decisions are being considered robust. 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. Additionally there are some issues with the current continuing care processes for children which have been identified, and as such there are plans to undertake some engagement with families and partners regarding how the needs of very complex children are most appropriately met – this is to be considered by governing bodies.</p> <p>A joint resolution and mediation process has been developed between CCGs and the LA, to dovetail in with the EHCP process and Continuing Healthcare-which will also align across City/County (South and Mid Notts CCGs).</p> |
| Ensure that procedures are in place to agree a plan of action to secure provision which meets | The DCO and Associate DCO remain on the weekly panel for Education Health and Care Plans, to ensure an appropriate decision is taken with regards to a health need. This provision is within core |

| | |
|---|---|
| CYP 'reasonable' health needs in EVERY case | <p>commissioned health services. The Local Authority have recently reviewed and changed the process from the request of an EHCP through to an EHCP being issued-this will need to be monitored.</p> <p>Work continues via the SEND Accountability Board, gaps within training and workforce development have been identified and training for health staff is rolling out. Additionally the 2 year gap analysis has been completed, and a piece of work to explore themes and trends within requests for EHCPs are being explored-this will be reported on in the next assurance report.</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 and lower cost 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 needs of CYP within the reduced financial envelope.</p> |
| Work with the LA to contribute to the local offer | 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. |
| Ensure mechanisms are in place to ensure practitioners and clinicians will support the integrated education health and care assessment within 20 weeks. | All CYP community service specifications include this and it is also an indicator in performance monitoring. This also includes adult community services specifications which cover transitions and up to age 25 where appropriate. The CCG needs to note that within the 2017/18 NHS standard contract there are changes to also incorporate changes to legislation which covers up to 25 years. |

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 is reported below.

| District | No. of referrals | Withdrawn | Not yet been to panel | 1st Panel Decision | | | | 2nd Panel Decision | | |
|-------------------|------------------|-----------|-----------------------|-------------------------|-------------|------------------------|----------|--------------------|-------------|-----------------------|
| | | | | Number of Yes decisions | | Number of No decisions | Deferred | Yes to Plan | No Decision | Not yet been to panel |
| | | | | Yes to Assess | Yes to Plan | | | | | |
| Ashfield * | 43 | 1 | | 19 | 12 | 11 | | 4 | 2 | 13 |
| Mansfield | 43 | 1 | | 15 | 13 | 14 | | 4 | 1 | 10 |
| Newark & Sherwood | 32 | 2 | 1 | 9 | 12 | 8 | | 2 | 2 | 5 |
| Broxtowe | 39 | 2 | | 13 | 10 | 13 | 1 | 2 | 4 | 8 |
| Gedling | 24 | 1 | | 15 | 5 | 3 | | 4 | 1 | 10 |
| Rushcliffe | 34 | | | 13 | 10 | 11 | | 3 | 3 | 7 |
| Bassetlaw | 28 | | 1 | 12 | 5 | 10 | | 5 | 2 | 5 |
| TOTAL | 243 | 7 | 2 | 96 | 67 | 70 | 1 | 24 | 15 | 58 |

The data supplied in the above table remains in "District" not CCG level data-this is Local Authority Data. * Please note that Ashfield district has Hucknall data-however Hucknall patients are predominantly registered with an NNE practice.

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 |
| Totals | 0 | 18 | 52 |

4.5 Local Maternity Services Transformation Plan

The Local Maternity System (LMS) was 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 addresses 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 has been submitted on the 31st October 2017 to the National Maternity Programme Board, via NHS England’s Regional Maternity Programme Board. The plan was presented and approved by the STP Leadership Board on 18th September 2017 and will be monitored via the STP Co-ordination group. The plan is due to resubmitted on 12th February 2018.

The local transformation plan has been developed by the Nottinghamshire LMS Board which is linked to the Nottinghamshire STP and coterminous with its geographical footprint. The Board meets bi-monthly and has a series of sub-groups accountable for specific areas of the transformation plan with representation and leadership from across local organisations for:

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

The LMS incorporates aspirations to achieve for CCGs in relation to maternity in the IAF. The current performance is outlined in the next table:

| Indicator | Latest data period | Better is (H/L) | England | NNE | NW | Rushcliffe |
|---|--------------------|-----------------|---------------------------|--|---|---|
| Maternal smoking at delivery | Q 2 17/18 | L | 10.5% | Q2 10.7% Q1 15.1% (12.4% 2016/17) | Q2 7.9% Q1 12.4% (11.6% 2016/17) | Q2 5.7% Q1 5.6% (4.3% 2016/17) |
| Neonatal mortality and still births (per 1000 births) | 2015 | L | 7.1 (7.1 in 2014) | 3.5 – 2015 (3.1 in 2014) | 4.2 – 2015 (9.1 in 2014) | 0.0 – 2015 (2.9 in 2014) |
| 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 |

Source: www.nhs.uk/service-search/performance-indicators/organisations/ccg-better-care

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.

| CQC ratings for providers where one of the South CCGs are the coordinating commissioner | | | |
|--|------------|---|--|
| Provider | CQC Rating | Date | Comments |
| NUH | Good | Comprehensive (September 2015) Emergency Department/ Receiving Areas (December 2016) | Comprehensive inspection of NUH (Sept 2015): Overall rating of 'Good' Report published March 2016 with ratings of '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 related to Do Not Attempt to Resuscitate, Mental Capacity Act, staffing (levels and training) and equipment checking. Unannounced visit to ED and ED receiving areas (Dec 2016): Overall rating of 'Requires improvement' Report published Feb 2017 with ratings of 'Good' for 'Caring', 'Well-led' and 'Effective' domains and 'Requires Improvement' for 'Safe' and 'Responsive'. Recommendations related to patient streaming. Quality summit held 4 April 2017. 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 | 'Good' in all domains. 'Outstanding' 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 |

| | | | |
|----------------------|------|----------------|--|
| | | (May 2016) | 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. Progress made in receiving evidence from medical staff that they have undertaken safeguarding training. A small number are outstanding which they have escalated and are actively seeking assurance on. |

| CQC ratings for providers where the South CCGs are associate commissioners | | | |
|--|----------------------|---|--|
| 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 Co-ordinating Commissioners. In November 2016 the CQC confirmed that the warning notices had been lifted and that SFHFT are no longer in special measures. Following re-inspection, their overall rating has changed from 'Inadequate' to 'Requires Improvement', with 'Good' for the 'Safe' and 'Caring' domains. |
| 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. CQC are undertaking a Trust wide inspection against the well-led domain from 14-16 November 2017. The Inspection Manager from the CQC who is leading the inspection has asked to talk to NHCFT commissioners as part of this process. One of the five key questions the CQC asks during inspections is how well-led organisations are. The 'well-led' question and the associated key lines of enquiry (KLOE) were developed to help the CQC arrive at a judgement on this. During an inspection, the CQC will look specifically at the vision and strategy of the NHS Trust and how they work with partners. The CQC cannot form a judgment on a Trust without looking at its leadership team and how the organisation is managed. The questions they may ask will focus on how the leadership, management and governance of the Trust support learning and innovation and the delivery of high-quality person-centred care and a positive culture. |
| 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 EMAS remains '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*.

| CIRCLE, NOTTINGHAM | | | |
|---------------------------|---------------------------|--|--|
| Date | Area | Reason for Visit | Outcome |
| 03.05.17 | Endoscopy | 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. | 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. |
| 16.08.17 | Day Case and Theatres | Routine visit | Robust assurance gained of quality and safety of the care delivered. Excellent patient feedback, high staff morale with strong working relationships with senior colleagues. |
| 01.11.17 | Safeguarding focus | Review of Circle Nottingham Safeguarding Adults Assurance Framework (SAAF) | Overall reasonable assurance gained that robust safeguarding policies and procedures were in place. Noted actions not taken forward from recommendations made at previous visit. SAAF to be updated. Empower staff to take action themselves, further recommendations made within report. |
| <i>02.02.18</i> | <i>TBC</i> | | |

| LOCAL PARTNERSHIPS | | | |
|---------------------------|-------------------------------------|---|---|
| Date | Area | Reason for Visit | Outcome |
| 12.05.17 | N&S Leg Ulcer Clinic, Rainworth PCC | Follow up visit related to concerns around staffing levels, clinical leadership and staff morale. | Staff were enthusiastic, committed and motivated in their approach to their work. Continuity of care was noted to be 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. |
| 12.06.17 | PRISM, Edwinstowe HC | Follow up visit related to concerns around staffing levels, clinical leadership and staff morale. | Report being written. |
| 08.09.17 | Continence | Routine visit | Visit evidenced staff with appropriate |

| | | | |
|----------|--------------------------|---------------|--|
| | service | | expertise providing a high quality service for patients and also learning and development for staff. Staff were able to demonstrate how the service improved patient outcomes and experience. They were creative and enthusiastic about possible future service development. Evident that there were good relationships with acute sector and community staff and noted that some challenges existed in relation to the pathway which were being worked through. |
| 01.12.17 | Discharge to assess beds | Routine visit | Visit indicated increasingly complex patients using the service which required new ways of working and adapting care delivery to promote safety and meeting of holistic needs. Effective clinical leadership demonstrated with evidence of responsive approach to the impact of change on staff. Ongoing discussion around the use of Lings Bar Hospital beds and having access to responsive transport for patients to aid flow. |

| NOTTINGHAM UNIVERSITY HOSPITALS | | | |
|---------------------------------|-----------------------------------|--|---|
| Date | Area | Reason for Visit | Outcome |
| 23.05.17 | Cancer Centre | Routine visit to gain more assurance on: <ul style="list-style-type: none"> • harm review processes for delayed cancer patients • lung cancer pathway (in the light of concerns around backlogs) • Quality Surveillance programme processes | 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. |
| 11.08.17 | Mortality Surveillance Group | Routine visit | This was the 3 rd meeting of this newly established group which was established to support the Learning from Deaths programme and review mortality indicators for the Trust. Good assurance of NUH developing processes to register, review and analyse deaths provided. |
| 20.09.17 | Quality Assurance Committee | Routine visit | Attendance at the meeting to gain assurance of governance processes and Executive oversight of quality. Good assurance provided. |
| 30.10.17 | 'Think family' Safeguarding focus | Routine visit | Significant assurance that the Trust is prioritising the safety and welfare of children and adults. It was a very positive visit which evidenced the Trust is fulfilling their contractual safeguarding responsibilities. |
| 31.01.18 | Ward C25 | Infection Prevention and Control follow up | |
| 15.02.18 | ED | Consider progress following | |

| | | | |
|--|--|--|--|
| | | <i>the formal and mock CQC visits – focusing on the central area – patient ID, tracking and individualised care delivery (Joint visit with NHSI)</i> | |
|--|--|--|--|

| 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 | Newly refurbished areas | Review refurbishment with a view to offering advice on possibly appropriate ways to improve on the next phase of refurbishment | Overall impressed with newly refurbished ward and day case area. A few recommendations were made re. signage, replacing all carpeting on second ward, consider all rooms to be wet rooms and conduct risk assessment on exposed radiators. |
| 30.11.17 | Theatres | In light of a wrong site surgery Never Event in theatres in July 2017. | Good assurance of progress being made against the Never Event action plan. Recommended an audit schedule be developed to ensure regular auditing and monitoring of improvement / deterioration against the standards set. |
| Feb 18 | 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. |
| 06.10.17 (rescheduled from 29.09.17) | Imaging department Inc. patient pathway | Routine visit | Staff in the department were knowledgeable, enthusiastic and assured the visiting team of the safe and efficient care that patients would receive in their department. |
| 22.12.17 | Patient pathways in Physiotherapy | Routine visit | Overall strong assurance of the quality and safety of the services provided by the physiotherapy team. Staff were welcoming, enthusiastic and knowledgeable with both the visiting team and patients. Evident the caring and trusting relationships built with patients contributed to their overall experience and supported |

| | | | |
|----------|-----|--|--------------------------------|
| | | | them in their recovery. |
| March 18 | 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.

| | |
|----------|--|
| 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 |

| Nottingham North and East CCG | | | |
|--|-------------|--------------|---|
| Name of Home | Current RAG | Previous RAG | Summary |
| Woodthorpe View | Red | Yellow | <p>The CQC inspected Woodthorpe View on 06.02.17 then 01/ 08.03.17 rating the care home 'inadequate' overall; the CQC placed Woodthorpe View in to 'special measures'. Following a further CQC inspection on 27.06.17 the service was identified as requires improvement overall with good in caring; 'special measures' were removed.</p> <p>A LA contract suspension was lifted simultaneously.</p> <p>A LA quality audit undertaken in January 2018 identified new concerns regarding; the administration and management of medication and care records relating to the mental capacity act. The LA is considering their contractual position with Woodthorpe View.</p> <p>The Senior Prescribing and Governance Adviser has scheduled a review medicines management in the care home.</p> |
| Nottingham Neuro-disability service – Millwood (Fernwood unit) | Yellow | Red | <p>Quality concerns were identified by the NHS CCG and LA during a scheduled audit in July 2017. Concerns related to; care records, staffing levels, medication management and responsiveness of staff to people's changing health needs.</p> <p>CCG and LA contracts were suspended.</p> <p>Through monitoring of a provider generated action plan, provider meetings and a CQC inspection; improvements have been identified. Further LA and NHS CCG unannounced quality monitoring has been scheduled.</p> <p>The provider has appointed a consultant neurologist to oversee care provision within the service</p> |
| Giltbrook | Yellow | Yellow | <p>An increase in referrals to the quality and patient safety team, LA and Broxtowe older adults' team identified quality concerns. Reactive quality monitoring, action planning and provider meetings were undertaken to</p> |

| | | | |
|--|--------------------|---------------------|---|
| | | | <p>identify progress in relation to quality concerns.</p> <p>The LA and NHS CCG contract suspension with this care provider were lifted with an ongoing restriction on the number of admissions permitted per month.</p> <p>Quality audits were completed by the LA and NHS CCG in December 2017 – improvements were identified, however progress has been slow.</p> <p>Further unannounced quality monitoring has been scheduled.</p> |
| <p>Creative Care, consisting of:</p> <p>Bridle Lodge – Burton Joyce</p> <p>The Old Red Lion – Retford</p> <p>The Old Vicarage – Wellow</p> <p>Orchard End – Retford</p> <p>Sheepwalk House – Ravenshead</p> <p>The Spinnies – Linby</p> <p>Sternhill Paddock - Eakring</p> <p>The Old Vicarage – Ironville</p> | | | <p>In line with action taken by Nottinghamshire County Council, our Care Home Contract with Creative Care services, have been suspended.</p> <p>Concerns relate to common themes across all services, including; lack of robust quality assurance, lack of higher level management support for home managers, staffing skills and training, lack of PBS in care plans, poor management of challenging behaviour & lack of staff understanding behaviour triggers, high turnover of staff & frequent changes in management.</p> <p>A provider meeting is scheduled to allow review of progress made.</p> |
| Rushcliffe CCG | | | |
| Name of Home | Current RAG | Previous RAG | |
| Adbolton Hall | | | <p>LA and CCG contract suspensions were lifted with strict controls regarding admissions for three months.</p> <p>Ongoing quality monitoring identified further concerns – as a result the provider agreed to a voluntary contract suspension until the end of November 2017.</p> <p>A new manager was appointed and additional registered nurses were recruited.</p> <p>Quality monitoring against an existing action plan identified improvement.</p> <p>Review of admissions to the care home continues – improvements have continued.</p> |

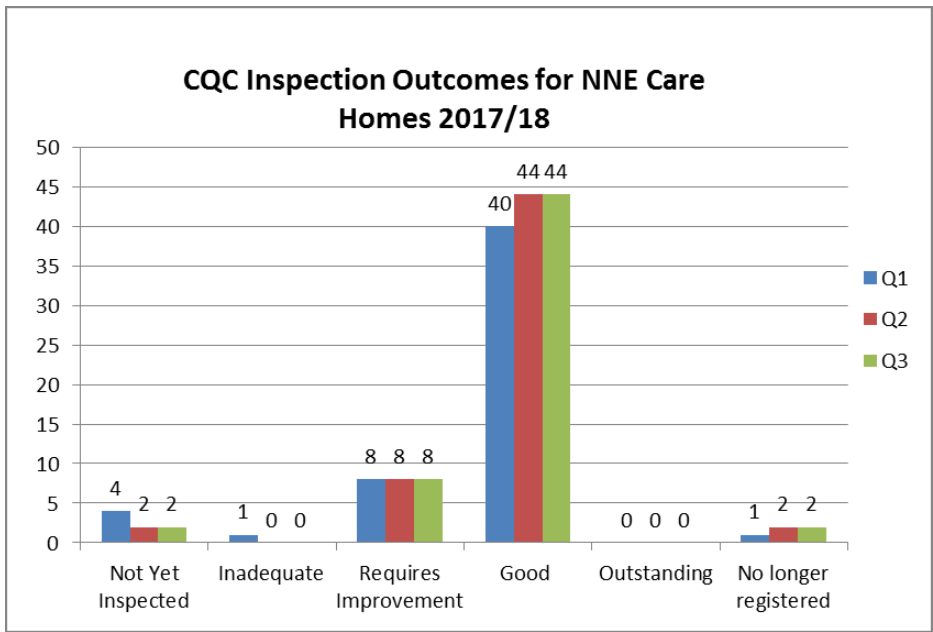
Care Quality Commission (CQC) Ratings

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

Nottingham North and East Care Homes:

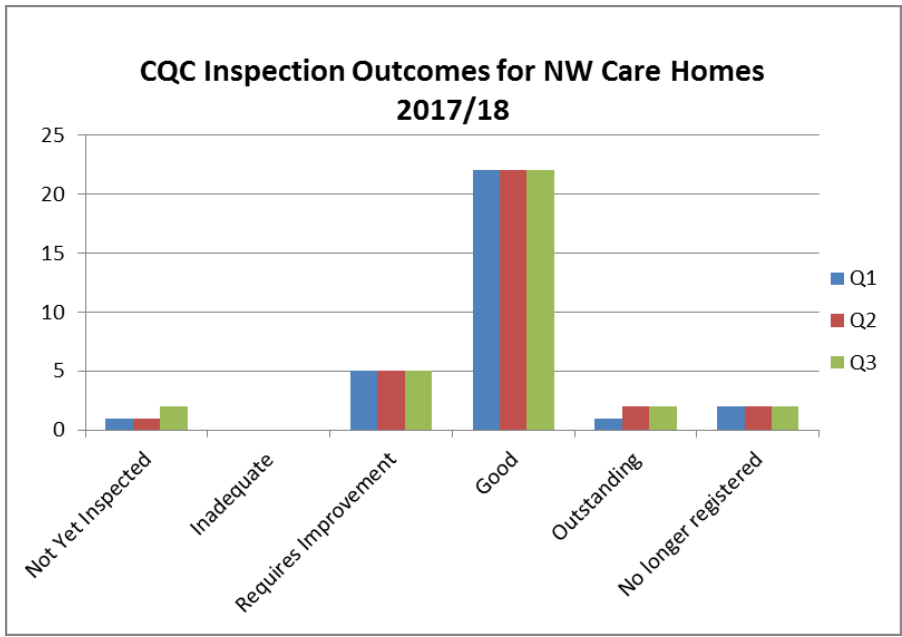
Within NNE there are 54 care homes registered with the CQC; 17 classed as Learning Disability or mental health services and 37 classed as residential or nursing homes. Two care homes are yet to be inspected by the CQC. One care home has improved from requires improvement to good, whilst one care home has regressed from good to requires improvement.

The CQC have not identified any NNE care homes as outstanding.



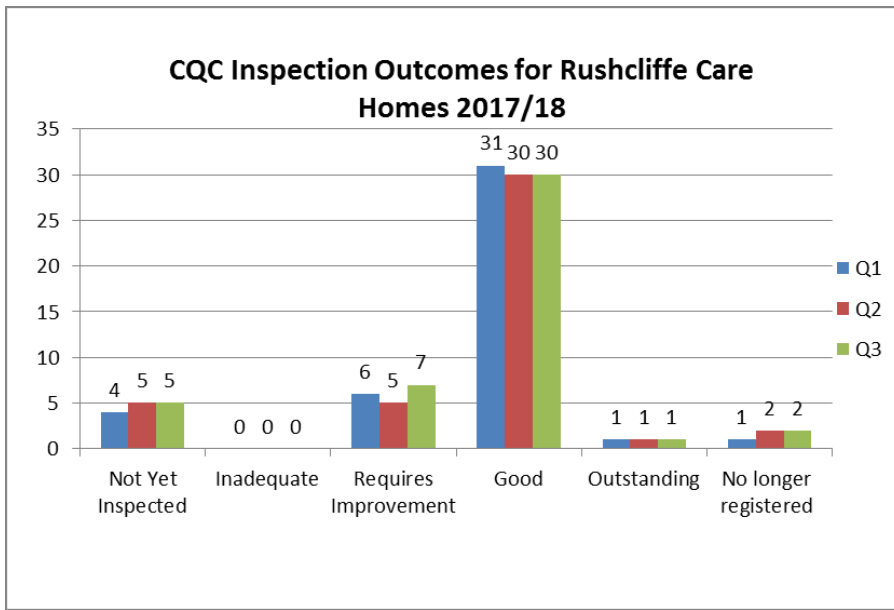
Nottingham West Care Homes:

Within NW there are 30 care homes registered with the CQC; 6 classed as Learning Disability or mental health services and 25 classed as residential or nursing homes. Three care homes are yet to be inspected by the CQC. One care home has improved from inadequate to requires improvement. The CQC have identified 2 NW care homes as outstanding; Landermeads and Lawrence Mews. A new 75 bedded care residential care home, called Chetwynd House, has opened in Chilwell.



Rushcliffe Care Homes:

Within Rushcliffe there are 43 care homes registered with the CQC; 20 classed as learning disability or mental health services and 23 classed as residential or nursing homes. 5 care homes are yet to be inspected by the CQC. The CQC have identified 1 Rushcliffe care home as outstanding; The Byars. Within Rushcliffe 2 learning disability services have been newly registered with the CQC - supporting 3 and 12 people respectively.



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 CQC under the Health and Social Care Act 2012 with individual packages of care being 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.

When required the CCGs will carry out quality monitoring visits to ensure the quality of the service provided. We will be 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.

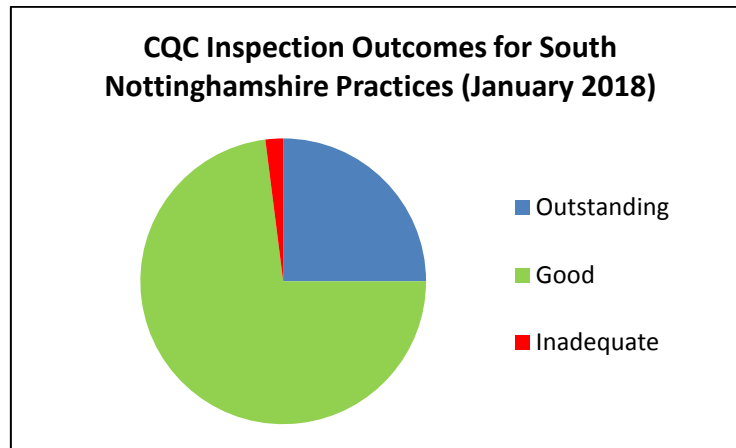
The CCG Quality and Patient Safety team previously met with 3 of our larger providers (AMG, Direct Healthcare and Percurra) to discuss any existing quality assurance systems and to identify appropriate pathways to share information to enhance assurances of quality and safety. As a result there will be quarterly quality assurance meetings with agencies which provide high numbers / cost packages. We have built on this by meeting with two groups of our smaller spot providers to introduce them to the team and advise them about our wish to collect quarterly information from them as providers. They were given the opportunity to help shape the monthly data capture processes. All agencies will be expected to complete and submit information to the CCG. It was anticipated that this would be rolled out alongside the care home monthly returns process with a view to full implementation by January 2018, but this has been delayed due to the Greater Nottingham CCGs alignment. We are looking towards this being in place for April 2018.

There are no known current issues with home based care agencies.

5.4 Primary Care Quality

Care Quality Commission (CQC) Ratings

All GP Practices across South Nottinghamshire have undergone initial, and some further, CQC inspection. As demonstrated in the pie chart below, across the 3 CCGs, as of January 2018, 11 (25%) practices are rated 'Outstanding', 32 (73%) 'Good' and 1 (2%) 'Inadequate'. Nottingham West CCG has the highest proportion, (50%) of 'Outstanding' practices nationally, with Rushcliffe CCG third in the country having 25% of practices with an 'outstanding' rating.



- Highcroft Surgery (NNE CCG), rated 'Requires Improvement' in the 'Responsive' domain, underwent a further comprehensive inspection in August 2017 and retained the overall 'Good' rating and 'Requires Improvement' in the 'Responsive' domain. However, a Requirement Notice was issued stating that the provider must continue to work towards improving patient experience by assessing and monitoring access to appointments. Highcroft, supported by the CCG's Quality Group, have developed an action plan, which has been submitted and accepted by the CQC, detailing how the requirements will be met. Re-inspection is due to take place before the end of March 2018.
- Ivy Medical Group (NNE CCG) was rated 'Requires Improvement' in the 'Well Led' domain and underwent a focussed re-inspection on 15 November 2018, the result of which is awaited.
- Peacock Healthcare (NNE CCG) was rated 'Requires Improvement' in the 'Effective' domain, it is anticipated that CQC will return to review the effective domain, or undertake a further full inspection given the time that has elapsed since the initial inspection.
- Linden Medical Group (NW CCG) rated 'Requires Improvement' in the 'Responsive' domain underwent a focussed inspection in October 2017 and achieved a 'Good' rating.
- West End Surgery (NW CCG) underwent an unannounced comprehensive CQC inspection on 2 and 13 October 2017. The CQC were concerned by what they found and reported several patient safety issues. The practice was rated 'Inadequate' in the Safe, Effective, Responsive and Well Led domains, 'Good' in the Caring domain and 'Inadequate' overall. The practice has been placed into special measures and will undergo further full, unannounced inspection in the near future. In the meantime the CCG and NHSE have sought assurance from the practice that the patient safety issues have been addressed and are supporting West End to work through their action plan developed in light of the CQC concerns.
- The Manor and Saxon Cross (NW CCG) both underwent routine re-inspection towards the end of 2017, the outcomes of which are awaited.

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. 20% percent of good and outstanding services will be re-inspected every year, however, any 'routine' re-inspections are currently 'on hold' for January and into February 2018 in light of winter pressures across the NHS. The CQC will continue to follow up practices rated inadequate/requires improvement overall and those rated inadequate/requires improvement for one of the five key questions or the six population groups.

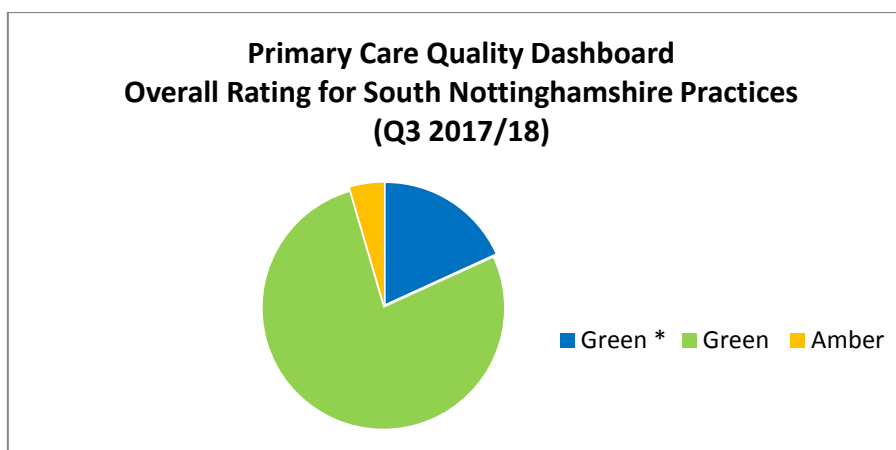
Quarterly meetings have been set up between the CCGs, NHSE and the CQC to enable information sharing and maintenance of an effective, transparent and collaborative working relationship.

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 refreshed on a quarterly basis thereafter, the most recent one being at the beginning of January 2018 to reflect 2017/18 Quarter 3 data. As demonstrated in the pie chart below, across the 3 CCGs, for Q3 2017/18, 8 (18%) practices achieved an overall 'Green Star' rating, 34 (77%) achieved an overall 'Green' rating, 2 (5%) 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.

Fifteen of the forty-four practices did not meet the national 80% target for cervical screening. In order to try and support achievement of this, Cancer Research UK has visited some practices to review their systems and processes around cervical screening and to identify any themes/trends in relation to non-attendees. These are being collated and will be shared across the Greater Nottingham practices.



Accessible Information Standard (AIS)

The CQC have identified that they are going to be assessing implementation of the AIS on their next round of inspections. A simple checklist has therefore been developed by the Quality Team to enable practices to self-assess how they are doing in relation to the AIS and identify any further actions to be taken.

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 Q.3 2017/18.

| CCG | Jan 17 | Feb 17 | Mar 17 | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sept 17 | Oct 17 | Nov 17 | Dec 17 | 2017/18 YTD Totals |
|--------------------------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|------------|-----------|--------------------|
| Anonymous / Out of Area / City | 10 | 7 | 12 | 31 | 11 | 17 | 9 | 10 | 27 | 19 | 24 | 17 | 194 |
| NNE | 25 | 27 | 32 | 22 | 18 | 15 | 15 | 26 | 27 | 52 | 40 | 30 | 329 |
| NW | 6 | 3 | 4 | 9 | 9 | 6 | 5 | 3 | 15 | 17 | 14 | 11 | 102 |
| Rushcliffe | 7 | 3 | 4 | 3 | 11 | 11 | 13 | 16 | 19 | 17 | 12 | 11 | 127 |
| All South Notts CCGs | 171 | 113 | 22 | 2 | 3 | 3 | 8 | 5 | 2 | 17 | 11 | 2 | 359 |
| Totals: | 219 | 153 | 74 | 67 | 52 | 52 | 50 | 60 | 90 | 122 | 101 | 71 | 1111 |

The Patient Experience Team continues to receive a high number of enquiries relating to the changes in service pathways for Pain Management (Q3 – 111). The enquiries continue to be around the transition to the new provider and the effective communication to patients. A number of these enquiries have resulted in formal complaints due to their issues remaining unresolved.

Patient feedback received has included:

- Why have you changed a good service?
- The transition has been poorly managed
- Is this about the money?
- Confusion around the correspondence (multi versions of letters sent to patients with limited information).
- Long delays encountered once transferred to new provider
- Patients being bounced around providers

The team liaised with PALS colleagues at NUH and Primary Integrated Community Services (PICS) to resolve these issues.

The CCG Patient Experience team has continued to handle domiciliary dental calls for quarter 3. With effect from 1 January 2018 this service will be transferred directly to the dentists themselves. The team will continue to support in a signposting capacity and will monitor activity going forward to the success of this change.

Following the decision to stringently apply the current criteria for Patient Transport to ensure only patients who are eligible receive NHS funded non-emergency transport, the team has received far less calls this quarter than the previous quarter. Enquiries received continue to be in relation to registering patient's dissatisfaction, requesting clarity and alternative methods of transport. All enquiries have been dealt with on an individual basis.

6.2 Complaints

The following table shows the complaints received during the last twelve months up to the end of Quarter 3 2017/18. During Quarter 3, 13 formal complaints were received and 7 enquiries from MPs. Details of complaints and MP Letters / General Sundry correspondence received by the CCG during Quarter 3 2017/18 including outcome data are provided in Appendix 1.

| CCG | Jan 17 | Feb 17 | Mar 17 | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sept 17 | Oct 17 | Nov 17 | Dec 17 | 2017/18 YTD |
|-------------------------|----------|----------|-----------|----------|----------|-----------|-----------|-----------|----------|----------|----------|----------|-------------|
| Rushcliffe | 1 | 1 | 2 | 0 | 2 | 3 | 4 | 3 | 0 | 1 | 1 | 1 | 19 |
| Rushcliffe Primary Care | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 0 | 4 |
| NW | 1 | 2 | 0 | 1 | 1 | 1 | 2 | 3 | 1 | 0 | 1 | 3 | 16 |
| NW Primary Care | 1 | 1 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 8 |
| NNE | 3 | 3 | 4 | 1 | 4 | 4 | 2 | 3 | 3 | 2 | 1 | 2 | 32 |
| NNE Primary Care | 0 | 1 | 4 | 0 | 1 | 2 | 2 | 4 | 2 | 4 | 2 | 1 | 23 |
| Other | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 5 |
| TOTALS | 7 | 8 | 13 | 2 | 9 | 12 | 11 | 14 | 8 | 8 | 7 | 8 | 107 |

During Q3 the main themes identified were in relation to Continuing Healthcare (retrospective claims) and the changes to Pain Management services (see above). Whilst NNE primary care appears to have larger numbers of complaints even accounting for population size there is no particular practice or theme identified. Complaints information is considered at the Primary Care Quality Groups.

6.3 E-Healthscope Concerns

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

| CCG | Jan 17 | Feb 17 | Mar 17 | Apr 17 | May 17 | Jun 17 | Jul 17 | Aug 17 | Sep 17 | Oct 17 | Nov 17 | Dec 17 | 2017/18 YTD |
|------------|-----------|----------|----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| NNE | 9 | 4 | 7 | 8 | 0 | 11 | 4 | 17 | 9 | 8 | 10 | 2 | 89 |
| NW | 3 | 2 | 2 | 2 | 2 | 2 | 11 | 15 | 12 | 8 | 8 | 11 | 78 |
| Rushcliffe | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Total | 12 | 6 | 9 | 10 | 2 | 13 | 15 | 33 | 21 | 16 | 18 | 13 | 169 |

Themes/trends identified from eHealthscope relate to:

- GP asked to perform action that should be undertaken by provider
- No electronic discharge summary or letter / inadequate discharge summary
- Delay or failure to provide service
- Poor service provision

Work continues to take place to raise the profile of eHealthscope. It is acknowledged by the Patient Experience team that delays have been encountered in responding to eHealthscope concerns promptly. This has been due to capacity during the high volume of enquiries dealt with for pain management transition. Plans are in place to review the process for eHealthscope queries going forward.

Reports continue to be produced on a quarterly basis for the Contracting Team to aid discussions with providers.

6.4 Patient Experience Activity

The following paragraphs provide a brief update on patient experience activity undertaken during Q.3.

Primary Care Quality

The CCG Patient Experience Team remains heavily involved in Primary Care Quality monitoring. Q.3 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 CCG Patient Experience Team continues to utilise and further develop the Patient Experience database to capture all patient experience, including complaints and PALS.

Maternity

The CCG Patient Experience Team have been supporting Quality Team colleagues in managing serious concerns related to maternity.

Financial Recovery

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

Engagement Events

The Patient Experience Team has not been involved in any engagement events in the last quarter due to high demand on the service and limited capacity.

The Patient Experience Team continues to be the central contact point for registration at the Sustainability and Transformation Plan Events scheduled. The first event took place on 1 November 2017 and bookings are now being taken for the event scheduled for 1 February 2018.

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 outlining the positive impact on patients of the re-procurement of the community musculoskeletal service has been presented to all Governing Body meetings in November 2017.

Conversations continue to occur with regards to future patient stories and the most effective format of these based on feedback from Governing Body meetings

7.0 Recommendation

The Quality Report Q.3 (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.3 2017/18

| Month 2017 | CCG Location | Complaint | Provider | Action taken |
|--------------------|---------------------|--|---------------------------------------|--|
| October 2017 | NNE | Concerned about the handling of the CHC retrospective review | Arden & GEM CSU | All processes followed correctly and in line with National Guidance. Therefore the LDR will not be rescheduled. |
| October 2017 | City | Request for a CHC retrospective review | CityCare | Liaised with enquirer who advised patient used to be registered with City CCG. Request forwarded to City CCG for processing. |
| October 2017 | Rushcliffe | Concerned about the decision made by Arden & GEM CSU to refuse to complete a retrospective review. | Arden & GEM CSU | Advised the patients' health needs had been appropriately assessed against the National Framework for the period queried. |
| October 2017 | NNE | Concerned about the communication and lack of treatment provided by the Urgent Care Centre | CityCare | Escalation policy not fully followed. Apologised that the service was below the required standard. Systems and processes reviewed as a result of patient feedback. |
| October 2017 (MP) | Rushcliffe | Requesting information on CCGs position with regards funding an adult ADHD clinic | CCG | Advised in discussions with provider as recognise there is a gap in service in this area. Currently reviewing business case. |
| November 2017 (MP) | NNE | Requesting support in obtaining equipment and clarity on care package cover to enable patient to move from specialist home to family home. | CityCare | Advised City CHC team are putting the package of care together. The meeting on 6 December 2017 is a discharge planning meeting and at this meeting the package of care (support plan) that is being organised will be discussed in full. |
| November 2017 (MP) | NW | Concerned about the decision made by the IFR panel to decline NHS funded treatment at the Yorkshire Centre for Psychological Medicine | CCG | Acknowledged patient did not receive initial outcome letter. Further 10 day extension given in order to allow for both patient and consultant to submit further evidence to support the request. |
| November 2017 | NW | Concerned about the NHS referral process | Treatment Centre / Global Diagnostics | Out for investigation |
| November 2017 | Rushcliffe | Concerns in relation to a funding request for son. | CCG / Notts Healthcare | Out for investigation |
| November 2017 (MP) | NNE | Requesting information regarding pain management treatment | CCG | Provided information regarding the new pain management service. |
| November 2017 | NNE | Concerned about the availability of Nystatin on the NHS. | CCG | Out for investigation |

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|--------------------|-----------------------|--|------------------|---|
| November 2017 (MP) | NNE/NW/ Rushcliffe | CCGs position on CT scanning for former mineworkers | CCG | Advised the CCG should not be offering CTs to all ex-miners. The UK National Screening Committee has not approved CT screening although a National CT screening advisory group has been established. Evidence suggests that for the UK we should screen people who have a baseline risk of lung cancer of around 3% over 5 years. To maximise the cost effectiveness and absolute benefit screening needs to be from the age of 55 to 80 annually. Screening people at too low a risk of lung cancer may do more harm than good – radiation and detection of things that would not harm them. |
| December 2017 | NW | Concerned about the lack of information on NHS Choices regarding the Nottingham Walk-in Centre | CityCare | Explained that NHS Choices had been updated and the Urgent Care Centre now appeared when searched by postcode. |
| December 2017 (MP) | Rushcliffe | Concerns raised regarding inadequate support and funding from the CCG and LEA for child's placement at primary school. | CHC | Advised the CCG continues to provide funding for one to one support whilst in school. Acknowledged the organisation that provides the support in school has recently changed, although there has not been a gap in the support which is funded and provided through the CCG. |
| December 2017 | NW | Concerned at the loss of access to the Pain Management Department at NUH | CCG | Out for investigation |
| December 2017 (MP) | Rushcliffe | Concerned about the changes to Pain Management services. | CCG | Provided details of the new Pain Management service and what the patient can expect to happen. |
| December 2017 | Rushcliffe | Concerned about changes to optometry services and the difficulties now encountered in obtaining services locally | Health Harmonie | Out for investigation |
| December 2017 | NNE | Concerned about the advice and treatment received from consultants at Nottingham City Hospital | NUH | Out for investigation |
| December 2017 | NW | Concerned that the care provider failed to provide a satisfactory service on numerous occasions. | Notts Healthcare | Awaiting consent |
| December 2017 | NNE | Concerned about the changes to the Pain Management services and the lack of contact from the new provider. | CCG | Out for investigation |