

## Nottingham North and East Clinical Commissioning Group

<b>Meeting Title</b>	NHS Nottingham North and East CCG Governing Body		<b>Date:</b> 15 May 2018				
<b>Paper Title</b>	Quality and Risk Committee Highlight Report from the meeting held on 30 April 2018		<b>Agenda Item:</b> NNE/GB/18/067				
<b>Lead Director Report Author</b>	Nichola Bramhall, Chief Nurse/ Director of Quality						
<b>Purpose</b> (tick one only)							
Approval	<input type="checkbox"/>	Acknowledge/ Note	<input checked="" type="checkbox"/>	Review	<input type="checkbox"/>	For Information	<input type="checkbox"/>
<b>Executive Summary</b>							
<b>Executive Summary</b>	<p>The minutes from the meeting held on 30 April 2018 are not yet ratified and so will follow. Key highlights from the meeting are shown below.</p> <p>Ratified minutes from the meeting held on 14 February 2018 are also provided for information (a contemporaneous highlight was previously provided).</p>						
<b>Assure</b>							
	<ul style="list-style-type: none"> <li>• <b>Equality/ Quality Impact Assessments (EQIA):</b> a log containing details of completed EQIAs was received. There had been one EQIA (not related to financial recovery) received since the last meeting, this did not require consideration by the committee. An EQIA/ engagement position statement was also provided for confirmed schemes related to financial recovery. Details of some scheme EQIAs were included in the confidential session as schemes are either still in development or awaiting a decision regarding whether or not they will proceed.</li> <li>• <b>Clinical Risk Register:</b> Reviewed and following changes noted: <ul style="list-style-type: none"> <li>➤ SFHT- risk rating increased from 6 to 9 as a result of increase in 52 week breaches- in line with Mid Notts risk register.</li> <li>➤ LeDeR- risk rating increased from 6 to 9 as a result of concerns relating to the capacity to meet demand.</li> <li>➤ Spot purchased beds- new risk added – initial risk rating was 12 but reduced to 9 following mitigations.</li> </ul> </li> <li>• <b>Annual Reports 2017/18-</b> the following annual reports were received providing assurance in relation to the effectiveness of the various committees/ sub-groups: <ul style="list-style-type: none"> <li>➤ Quality and Risk Committee</li> <li>➤ Safeguarding Committee</li> <li>➤ South Nottinghamshire CCGs' Care Home Sub-Group</li> <li>➤ Primary Care Quality Sub- Groups</li> <li>➤ Health and Safety Sub – Group</li> <li>➤ Equality and Diversity Forum</li> </ul> </li> <li>• <b>Special Educational Needs and Disability-</b> bi-annual assurance report received demonstrating good practice in transferring children to Education and Health Care Plans. The impact of annual reviews on provider capacity noted.</li> <li>• <b>Safeguarding-</b> highlight reports received from the following providing assurance in relation to the effectiveness of the various groups: <ul style="list-style-type: none"> <li>➤ Strategic Safeguarding Group</li> <li>➤ Nottinghamshire Safeguarding Adults Board</li> </ul> </li> </ul>						

- Nottinghamshire Safeguarding Childrens Board
- **Primary Care-** highlight reports provided from the three CCG quality groups providing evidence of quality improvement.

#### Advise

- **Provider Dashboard and Quality Scrutiny Panel (QSP) Meetings:** reviewed in detail. The following current quality issues were identified:
  - **Nottingham University Hospital (NUH):** ED-2 x 12 hr breaches, deterioration in patient experience (FFT and complaints), increase in incidents (incl.3 SIs), and joint visits with NHSI continue. Static 104 day cancer breaches- 26/31 harm reviews completed- evidence of harm in one case (Head and Neck). 1 mixed sex accommodation breach YTD. HSMR remains an outlier although SHNI and crude mortality rates within normal limits. CCG continue to attend mortality surveillance group. 1 Never Event in Q4- related to intra-ocular injection into wrong eye. Failure of checking processes on initial review but RCA investigation expected to CCG in line with SI Framework. Mandatory training and appraisal performance impacted by operational pressure. Maternity governance oversight continues- enhanced leadership and augmented structure now almost fully established.
  - **Nottinghamshire Health Care Foundation Trust (NHCFT):** work in progress to understand reason for leaving, engagement underway with staff in relation to sickness absence management. New safeguarding supervision framework being implemented which should improve compliance. Lings Bar- focus on staff skill mix and training to meet needs of higher acuity patients. Mental Health- SI at Orion Unit relating to serious self-harm- safeguarding strategy meetings taking place to gain assurance in relation to learning/action.
  - **Circle-** deterioration in a number of workforce indicators (training/ vacancies/ turnover) which could be as a result of the re-procurement- staff being kept informed and indicators being monitored. No harm identified from 104 day cancer breaches.
  - **Sherwood Forest Hospitals Foundation Trust (SFHFT):** low dementia screening rate- deep dive being undertaken to understand issues. FFT- focussed work in maternity and gynaecology outpatients to address issues. Medical recruitment for ED underway, work continues to improve flow and reduce handover delays. Spike in sickness in Feb thought to be related to flu. 2 never Events YTD- RCAs underway.
  - **East Midlands Ambulance Service (EMAS):** Not meeting new performance targets as yet. Improvement seen though with most clinically unwell patient cases. Handover delays remain an issue in Leics and Lincs which has knock on impact. Work continues to improve handover delays and reduce conveyance.
  - **Citycare-** sickness high in some teams- contingency plans enacted to ensure safe staffing including redeployment of corporate clinical staff.
- **Policies and procedures for approval:** noted work underway to align Greater Nottingham CCGs' policies and procedures.
- **CCG Quarterly Incident report:** Received and noted low numbers of incidents with the majority being IG related, reporting through IGMT committee.

#### Alert

- **Quarter 4 2017/18 Quality Report:** issues for escalation to Governing Body agreed as:
  - **Healthcare Associated Infection (HCAI) 2017/18 year end position against limits.** Only Nottingham North and East (NNE) CCG achieved the limit for *Clostridium difficile*. Nottingham West (NW) exceeded this by 6 cases (27/21) and Rushcliffe exceeded this by 6 cases (30/24). Nottingham

University Hospital (NUH) also exceeded the limit by 10 cases (101/91). All three CCGs achieved the zero tolerance standard for MRSA. NNE, NW and NUH all achieved the required 10% reduction in *Escherica Coli*. Rushcliffe exceeded this by 5 cases (101/96). The Nottinghamshire wide HCAI group continue to review learning from investigations into infections and oversee the implementation of organisation and system wide actions to reduce infections. The Community Infection Prevention and Control Teams are continuing to collect data in relation to risk factors for *E.Coli* and are using this to update the reduction action plan.

- **Impact of performance on quality in NUH Emergency Department.** The missed performance target for NUH Emergency Department (ED) has been a key focus due to significantly reduced performance during Jan-March 2018 with Opel 4 declared (the highest level of operational pressure) frequently by NUH and 3 occasions of System Opel 4. There has been a rise in complaints, incidents (including three serious incidents), deteriorating Friends and Family Test data (although still above NUH threshold of 90% and in line with peers. The CCG Quality Team has undertaken a series of joint visits with NHS Improvement to seek assurance in relation to how risks are being mitigated and a further visit is planned in May 2018.
- **Transforming Care (Learning Disabilities).** The Nottinghamshire Transforming Care Partnership ended the year 11 cases over the trajectory for reduction in inpatients (68/57 including 1 under in CCG commissioned non-secure beds, 12 over in NHSE commissioned secure beds). As a result of this performance the CCGs have weekly escalation calls and monthly meetings with NHSE. An action plan is in place to recover the position which focusses on admission avoidance, proactive discharge planning and development of community service provision.
- **Continuing Healthcare (CHC).** All four CCGs achieved the national trajectory for decision making in 28 days (>80%), only NW achieved the trajectory for the number of assessments completed in the acute setting (<15%) but all three of the other CCGs have shown in year improvement. As a result of this performance the recovery action plan was refreshed and resubmitted to NHSE in April 2018. Weekly escalation calls continue to ensure that there is appropriate grip, pace and focus on achieving this target within Q1 of 2018/19.
- **Patient Experience.** During Quarter 4 there continued to be patient concerns raised both via the PALS and complaint route in relation to the new pain pathway. The issues relate to access and communication relating to the change. The patient experience team has continued to work with the outgoing and incoming providers to rectify concerns. This feedback represents an opportunity for learning for future service changes which is being collated.

If paper is for approval, have the following impact assessments been completed?

Quality Impact Assessment	Yes	<input type="checkbox"/>	Equality Impact Assessment	Yes	<input type="checkbox"/>	Privacy Impact Assessment	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>		No	<input type="checkbox"/>		No	<input type="checkbox"/>
	N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>		N/A	<input checked="" type="checkbox"/>

**Conflicts of Interest** - Recommended action to be agreed by the Chair at the beginning of the item.

No conflict identified

<input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion			
<b>Implications:</b> <i>(please tick where relevant)</i>			
Integration	<input type="checkbox"/>	Patient Choice	<input type="checkbox"/>
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement	<input type="checkbox"/>
Constitution	<input checked="" type="checkbox"/>	Quality of Services	<input checked="" type="checkbox"/>
Governance	<input checked="" type="checkbox"/>	QIPP	<input type="checkbox"/>
Innovation	<input type="checkbox"/>	Research	<input type="checkbox"/>
Learning and Development	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
<b>Finance checked by:</b>			
			<b>N/A</b>
<b>Appendices</b>			
<b>Report History</b>	The Quality and Risk Committee Highlight Report is a quarterly standing item.		
<b>Patient and Public Involvement</b>			
<b>Recommendation</b>	The Quality and Risk Committee is asked to: <ul style="list-style-type: none"> <li>• <b>ACKNOWLEDGE</b> the content of the report, in particular the issues identified in the alert section.</li> </ul>		