

System Leadership Board PUBLIC	Date: 5th March 2020	Enc:
Title: Quality Highlights and Exception Report Author: Anna Stabler, Interim Chief Nurse		

PURPOSE

The purpose of this report is to provide an overview for the system leadership board re quality initiatives across the North Cumbria health economy.

KEY POINTS TO HIGHLIGHT

- Children Looked After - Key challenges were the capability of the nursing team to complete health checks in a timely manner due to late notification from adult social care and the increase in out of area placements.
- The Continuing Health Care (CHC) performance meeting all targets in Quarter 3
- The continued increasing demand for CHC and the financial impact of this on the system
- The results of the A&E experience work, to understand why people self-present at A&E
- The good attendance and evaluation of the clinical skills event for nursing and care home staff

NEXT STEPS / AREAS OF WORK TO BE PROGRESSED

- Continue to implement the new end to end service model for Continuing Health Care
- Use the Patient experience feedback from the A&E experience work to develop an engagement plan to support winter pressures as identified in the 8 recommendations
-

RECOMMENDATION

The System Leadership Board are asked to receive the report for information.

Quality Highlights and Exception Report

Introduction

The purpose of this report is to provide an overview for the system leadership board re quality initiatives across the North Cumbria health economy.

Background

The quality of commissioned services is monitored at the North Cumbria CCG Outcomes and Quality Committee in accordance with NHS North Cumbria Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation and is a Committee of the Governing Body. This meeting is held monthly and supports a focus on measurement of the three dimensions of the outcome framework, patient safety, clinical effectiveness and patient experience providing a benchmark for the quality of our commissioned services and our safeguarding arrangements. The work programme has been revised following the establishment of the NCICs Improvement Board: the principal purpose of which is to provide enhanced oversight, post transaction of North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation combined Trust. A quality review group (QRG) has also been established with the new mental health and learning disability provider Cumbria, Northumberland and Tyne and Wear (CNTW) with agreements in place around the quality schedule and the programme of work from February 2020

Quality Improvement

Detailed below are updates that relate to key quality issues / projects that have been undertaken or are in progress across the health economy.

CCG

Continuing Health Care (CHC)

New Service model: The end to end service model for the delivery of CHC in North Cumbria continues to be developed on a phased basis. The CCG has now successfully recruited to the three band 5 nurse assessors (start dates in March 2020) who will focus on the completion of service reviews in both the nursing home and community settings. A detailed programme has been developed to enable completion of all outstanding and new reviews by the end of Q1. Further recruitment to a Band 6 Nurse Assessor has filled a vacancy in NECSU.

Personal Health Budgets

Following the engagement event previously held in October in partnership with Cumbria Voluntary Sector, a further third sector PHB co –production focus group has been held. The purpose of this was to gain support in producing information regarding PHB's and to jointly plan training for key staff in the integrated system. Third sector representatives and service users along with relevant clinicians will continue to work through a series of these

events to improve information and identify further areas for development. As part of the NHSE sponsored mentorship programme our lead mentor will be delivering a training and support session for CCG and NECS staff in April (this will include both children and adults)

CHC Compliance Targets:

The Continuing healthcare team continued to meet all its performance targets in Quarter 3. The CHC team's performance is closely measured against three key NHSE compliance targets. These are:

1. Number of referrals for CHC eligibility completed within an acute setting:

As at the end of quarter 3, North Cumbria CCG's NHSE return highlighted that 1% of all DSTs completed had been completed within an acute setting. This means that NCCCG remains consistently compliant with this target.

2. Number of new referrals for CHC Eligibility completed within 28 days (>80% of all referrals):

As at the end of quarter 3, North Cumbria CCG's NHSE return highlighted that 91 % of cases were assessed for eligibility against a target of 80%. This is the second continual quarter that the target has been met for more than two years. Robust systems and processes are now embedded which aim to sustain this level of achievement.

3. Number of outstanding, incomplete 'long waiting' cases (those exceeding 28 days by more than 12 weeks):

As at the end of quarter 3, North Cumbria CCG's NHSE return highlighted that we had 0 cases where waiting exceeded 28 days by 12 to 26 weeks. There was one case this quarter which exceeded the 28 day timeframe over 1-14 day period this case was delayed due to the availability of staff from partner organisations.

Nursing & Care Home Conferences

Following the two Clinical Skills Conferences for Care Homes in the last quarter, the CCG are now planning future events for 2020.

There will be two conferences. One with the theme "Care is our Business" based around the 6 C's (Care, Compassion, Competence, Communication, Courage and Commitment) with a mix of educational themes, sharing best practice and new innovations. The other will be on LeDeR and sharing key messages from learning from deaths of people with learning disabilities.

Enhanced Health in Care Homes

CCG continues to provide leadership to this NHSE initiative, and the Care Home Collaborative on the 'high impact changes';

Data Security Protection Toolkit - is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The CCG are supporting both care homes and domiciliary providers to complete the process and meet their obligations.

The first phase of the Capacity Tracker (bed finding service) has been completed, and all eligible are now registered, with final 2 in process.

The Red Bags and React to Red Resource Packs have now been rolled-out, and 100% of both Nursing and Residential Care have received these.

There are ongoing challenges around bags going missing. A Green bag is now being proposed to transport medication – discussions are being held about how we can best collaborate with implementing these two initiatives.

An online survey has been sent out to the Care Homes to audit the use of Red Bags and to identify specific areas where problems with use have been identified. The survey also captures information about the React to Red tool to seek assurance that it is being used in practice. The Care Homes understanding of UTI (Urinary Tract Infection) prevention and treatment is also checked within the survey. Responses are required by Friday 7th February; after this date the results will be shared with NCIC colleagues.

The Care Home Collaborative have agreed that one of our next priorities for North Cumbria will be the roll out of the React to Falls initiative.

SEND

Agencies in Cumbria have been working together to improve the quality and accessibility of services for children and young people with Special Educational Needs and/or Disabilities (SEND) following a Ofsted and Care Quality Commission (CQC) inspection of these services early in 2019. The inspection identified a range of areas where improvements were needed. In response to the resulting Written Statement of Action (WSOA) that was re-submitted and approved by OFSTED in October the sub-groups delivering the actions for improvement are now preparing highlight reports in preparation for a formal progress review visit on 6th February.

A series of engagement events have been held with mini conferences with parents/carers in Carlisle, Whitehaven, Kendal and Barrow. These are intended as the first in a sequence of events and are running in parallel with discussions with child and young people

Premature Mortality Review – LeDeR Programme

Back log

North East Commissioning Support (NECS) have been commissioned to help clear the backlog of historical notifications still held in the LeDeR platform. For North Cumbria CCG this means that 15 reviews will now be undertaken as part of a targeted and time limited

project. 4 historical reviews have also been completed by local reviewers to further reduce the CCG backlog and anticipate a further 2 will be completed by the beginning of January. NECS have recently confirmed that all back-log reviews will be completed by September.

Review activity

- 11 reviews have now been completed and quality assured.
- 1 review is awaiting Local Quality Assurance before formal closure in the system.
- 13 notifications in all have been received and allocated to local reviewers this year.
- 1 notification remains within the Local Safeguarding Adult Board's statutory review processes awaiting publication to enable sharing with within the LeDeR system.

There are no unallocated new notifications in the system in line with the new CCG Commissioning guidance these have all been allocated with 10 working days of being received.

System Learning

Highlights from reviews: There have been an increasing number with examples of regular health checks in place and some good examples of advanced care planning with client and carer involvement throughout. There was also an excellent example of planned End of Life Care where opportunities for sharing good practice can be highlighted across the wider system.

Inconsistent use of the hospital passport scheme was highlighted in some reviews with the resultant communication failures having a detrimental impact on clinical care

Children Looked After

The Designated Leads from North Cumbria CCG and Morecambe Bay CCG, supported by colleagues from CLIC have led two workshops, which have focussed on meeting the health needs of Children Looked After from Cumbria. The first workshop included staff from NHS health organisations and the second was a partnership event. Both of the workshops were well attended. The output from the events will be used to inform future engagement events with Children Looked After and Care Leavers. The aim is to ensure that we can introduce ways of working which will demonstrably improve the health outcomes for these young people.

Safeguarding

A new North Cumbria Health Safeguarding Executive Group has been established and held its inaugural meeting. This group will provide the NHS leadership for safeguarding Children, Adults and Children Looked After from Provider and Commissioning partners across North and South Cumbria ICPs. It will facilitate strong partnership working and build on good practice. It will collectively share knowledge and provide a Cumbria view on key safeguarding and Children Looked After issues in order to deliver a cohesive health voice into the Cumbria Safeguarding Children's Partnership, Cumbria Adult Safeguarding Board and the Corporate Parenting Board.

North Cumbria Integrated Care Foundation NHS Trust

CQC Updates

NCIC received notification and a copy of the Provider Information Return (PIR) from the CQC on 18/02/20. This is the start of the inspection process and the information submitted via the PIR will inform and shape the CQC inspection to our clinical and corporate services and functions.

As of the 7th February 2020, the current status of the actions are:

Action Type	Total No. of Actions	No. Actions Completed
Must Do	33	15
Should Do	57	32

All remaining actions are in progress and in the main are on track for their stated target completion dates.

Regular meetings are in place between the care groups to discuss actions in progress and there is further oversight of any key issues related to the actions through the monthly Executive led Well Led review meetings with the care groups.

Going forwards issues around action progress will also be discussed as part of the re-established Quality, Improvement and Safety Group, led by the Interim System Executive Chief Nurse, the first meeting to commence in February 2020.

A piece of work is underway to further review the Must and Should Do actions from the most recent inspections to the trusts (2018 NCUHT) and 2017/2019 CPFT), and to triangulate these with the findings / actions from previous inspections to look for similarity. These are being reviewed by the Interim System Executive Chief Nurse, and a meeting took place in February 2020 with care group leads to discuss the evidence around the actions, and a further plan of action will follow to address as appropriate.

Internal Quality Peer Reviews

Following the Care Quality Commission's (CQC) visits in summer 2018 and autumn 2019, the Trust has been working to implement the required improvements for patients, staff and stakeholders. The Trust is currently undertaking a programme of Quality Peer Review assessments on the services and wards in both the acute and community areas. These peer reviews provide the Trust with an understanding if the improvements that have been implemented are in fact improving clinical care, patient and staff experience.

The peer reviews provide a 'moment in time' assessment of the areas visited. As a result of the peer review assessment, initial feedback collated by the peer review team is provided to a member of the senior management team and forwarded to the care group triumvirate.

The feedback consists of areas of good practice and areas of improvement that have been identified during the review. The care group progress to address the areas of improvement

is monitored within the care group and reported to the Quality Improvement and Safety Group on a monthly basis.

The initial feedback presented to trust senior management team.

Quality Plan

The NCIC Quality Plan is now included as part of the Trust's annual plan and therefore is reported within Objective 14, *improve quality and safety across the System*. Key areas of progress to note within this plan include:

- A joint risk management system is in place and has been operationalised for the merged Trust;
- New quality and safety dashboards, which relate the newly configured services within NCIC are now in place and available across the organisation. This intelligence helps to provide insight into any key areas of risks through the triangulation of incidents, risks and complaints, for example.
- A number of standardised processes have been developed in order to support GiRFT programme within the organisation. The overall aim of GiRFT is to reduce unwarranted variation.
- A NED has been identified to support the GiRFT programme of work.

GiRFT

The Trust has developed the principals that they will be using as a lever to deliver GiRFT these are:

- Focus on service and quality improvement for the benefit of patients
- Clinically led, focussed and driven making best use of support teams
- Consistent will to improve, learning from best practice elsewhere
- Encouraging sharing of learning and improvement work across specialities and all staff groups
- Increasing patient involvement in improvement
- Responsive to external and internal peer review and potential challenges around regional reconfiguration
- Maintaining focus and momentum
- Involvement of all relevant staff, clinical and non-clinical in action and response

The internal work plan has been developed that clearly describing the process and principles of the GiRFT workstreams within the Trust this includes a standard format for the resulting Quality Improvement work.

Engagement with core teams with regional support has commenced existing workstream and action plans have been reviewed including – Acute and General Medicine, general surgery, breast surgery, urology. Meetings have involved clinical staff, service managers, coding, finance, business intelligence and core team.

Highlighted good practice and improvements already implemented as well as outstanding improvements to make: examples are that

- Breast surgeons have made a significant reconfiguration of MDT clinic resulting in reduction of waiting times – this quality improvement was picked up on discussion with our regional team and will be submitted for consideration as a regional exemplar.
- Several teams have had issues with coding highlighted, having coding team with us at meetings has allowed sharing of good practice between our teams that had not occurred previously and will now be shared widely. Improved coding has many benefits including reporting outcomes, understanding the complexity of work & financial resource.
- Urology team are introducing Consultant of the week next month to improve care of their non-elective patients, and will monitor length of stay following implementation as a measure.

Coronavirus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. Typical symptoms of coronavirus include fever and a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties. Generally, coronavirus can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

The national aims and objectives for managing coronavirus are:

AIM & OBJECTIVES

- To maintain Patient & safety
- To keep clinical staff updated with the evolving picture
- Monitor the suspected cases & demand associated with Wuhan coronavirus
- Establish Clinical Governance arrangements
- Ensure all guidance is enacted at the earliest opportunity
- Be prepared for Escalation

To date NCIC have met delivered the National Guidance on Isolation PODS; temporary facilities were placed on site at WCH & CIC on the 17 February. Interim arrangements have been and continue to be in place on both sites until the units are operational. In addition guidance has been released on the development of home diagnostic sampling and we will work to implement this at the earliest opportunities.

Testing in Cumbria and Lancashire has been significantly below the national average on a population basis Cumbria however the NHS and PHE are developing plans, separately and together to put provision in place in case the situation escalates. Nationally and locally

testing is being looked at in people's homes for those not ill enough to require admission to hospital and able to self-isolate and hospital capability is being increased

Recommendation

The System Leadership Board is asked to receive the report for information.

Anna Stabler, Interim Chief Nurse