

REPORT TO:	GOVERNING BODY	
MEETING DATE:	26th March 2018	
REPORT TITLE:	Quality Report	
SUMMARY OF REPORT:	This paper outlines information in relation to recent national policy documents, publications and conferences plus a summary of the impact of the EHCH Vanguard work led by the CCG through 17/18 on patient care and experience.	
REPORT RECOMMENDATIONS:	Members are asked to: - Note the content of the report	
FINANCIAL IMPLICATIONS:	None	
PROCUREMENT IMPLICATIONS:	None	
REPORT CATEGORY:	Formally Receipt	Tick √
	Action the recommendations outlined in the report.	
	Debate the content of the report	
	Receive the report for information	
AUTHOR:	Simon Bradley Quality & Performance Manager MLCSU	
	Report supported & approved by your Senior Lead	Y
PRESENTED BY:	Jackie Hanson Director of Quality, Chief Nurse & Deputy Chief Officer	
OTHER COMMITTEES/ GROUPS CONSULTED:	Contract Quality Review Meetings with CCG Hosted Providers	
PRIVACY IMPACT ASSESSMENT (PIA)	Has a PIA been completed in respect of this report?	
	If yes, please attach	If yes, please attach
EQUALITY IMPACT ANALYSIS (EIA) :	Has an EIA been completed in respect of this report?	
	If yes, please attach	If no, please provide reason below
RISKS:	Have any risks been identified / assessed?	N
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	N
CLINICAL ENGAGEMENT:	Has any clinical engagement/involvement taken place as part of the proposal being presented.	N
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	N
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	Y
Which Strategic Objective does the report relate to		Tick
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	

**NHS EL CCG Governing Body
26th March 2018
Quality Assurance Report**

1. Introduction

- 1.1 This paper outlines for Governing Body members quality assurance and quality improvement matters for the CCG & local provider organisations.

2. Provider Updates

2.1 CQC Inspections General Practice

As of 1st March 2018, 51 EL CCG GP Practices have been inspected by the CQC and had their visit report published. The inspection reports rate 4 practices as 'Outstanding', 44 practices have been rated 'Good', 2 practices have been rated 'Requires improvement' and 1 practice has been rated as 'Inadequate'.

EL CCG is working in close collaboration with NHS England to support the practices that 'Require improvement' with their Quality Improvement Plans.

The CCG is working with the Practice rated as 'Inadequate' to ensure actions to address the CQC 'Must Do's' are achievable in the timescales set out by the CQC and that business continuity arrangements are in place to ensure services are safe.

2.2 CQC Inspections Care Homes

As of 1st March 2018, 134 EL CCG Care Homes have been inspected by the CQC and had their visit report published. The inspection reports rate 2 homes as 'Outstanding', 96 homes as 'Good' and 36 homes as 'Requires Improvement'.

3. NHS Staff Survey

The results of the NHS Staff Survey 2017 have now been published:
<http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2017/>

The results will be discussed with all relevant providers in their next Quality Review Meetings.

4. Never Event Framework

Revisions to the Never Events policy and framework have been made following a consultation with stakeholders at the end of 2016. In response to the consultation and to further support learning from Never Events, the main changes to the revised policy and framework are:

- the removal of the option for commissioners to impose financial sanctions on trusts reporting Never Events
- to align the Never Events policy and framework with the Serious Incident framework, to achieve consistency across the two documents (a revised Serious Incident framework will be published later in 2018)
- revisions to the list of Never Events, including two additional types of Never Event.

- Unintentional connection of a patient requiring oxygen to an air flowmeter
- Undetected oesophageal intubation (*suspended pending further clarification*)

The revised Never Events policy and framework are available:

<https://improvement.nhs.uk/resources/never-events-policy-and-framework/>

5. Chief Nursing Officers Summit

The Chief Nursing Officer (CNO) Summit took place on the 7th and 8th March 2018. The Summit was attended by Jackie Hanson, Director of Quality & Chief Nurse. The Summit built on work done collectively to implement Leading Change, Adding Value, with emphasis on the impact of nursing globally, issues of designing and creating a workforce fit for health and care systems of the future.

With the challenges in the current climate of increased demand, financial constraints and the need to shape and lead transformation across the whole health and care system, the Summit also placed particular emphasis on the importance of resilient leadership.

6. Safe sustainable and productive staffing

NHS Improvement have published five safe, sustainable and productive staffing improvement resources in the areas of maternity services, adult inpatients in acute care, district nursing services, learning disability services and mental health:

<https://improvement.nhs.uk/search/?q=safe+sustainable+and+productive+staffing>

These resources help standardise safe, sustainable and productive staffing decisions. The resources have been developed by system leaders for use in all NHS organisations, and for everyone involved in clinical staffing; from ward managers to boards of directors.

7. Care Quality Commission – The state of health care and adult social care in England

The CQC has published 'State of Care 2016/17' an annual assessment of health and social care in England. The report looks at trends and highlights examples of good and outstanding care, identifying factors that maintain high quality care.

The report shows that the quality of care has been maintained despite the increasingly complex demand, access and cost of services and highlights the hard work and dedication of staff and leaders.

The full report is available: <https://www.cqc.org.uk/publications/major-report/state-care>

8. Care Quality Commission – regulating health and social care

The National Audit Office has published a report 'Care Quality Commission – regulating health and social care'

The report examines whether the Care Quality Commission is taking appropriate action to address the risks to people's care through examining:

- the extent to which the Commission's current performance is ensuring high-quality care and encouraging improvement;
- how the Commission uses its resources and measures its performance; and
- how the Commission is preparing to implement its new strategy with a smaller budget and for potential longer-term changes in the delivery of care.

The report recommends that the Care Quality Commission should:

- Clarify key dependencies within its new strategy and the impact any delays in development might have on other aspects of its strategy. Two key areas are its development of its digital capacity and its work to develop information collection and systems.
- Ensure that digital systems effectively support inspection staff by bringing information together and helping to identify emerging risks to people's care.
- Assess how inspection staff engage with other local stakeholders and share information. The results should be used to develop approaches that will support staff in improving local engagement and maximise local intelligence.
- Review the activities it currently uses to test and demonstrate consistency in inspection approaches and judgements. This review should include: discussions with providers, provider representative organisations and its own inspection staff to understand the concerns they have about consistency; and engagement with other regulators to understand how they approach this issue. Set out how it will get assurance that its inspection staff are taking consistent and appropriate decisions about regulatory action in response to intelligence. This might involve, for example, in-depth review of a sample of concerns or providers

The full report is available:

<https://www.nao.org.uk/wp-content/uploads/2017/10/Care-Quality-Commission-regulating-health-and-social-care-Full-Report.pdf>

9. Making the case for quality improvement: lessons for NHS boards and leaders

The King's Fund has co-authored this report with The Health Foundation. The report highlights:

- The NHS is facing significant financial and operational pressures, with services struggling to maintain standards of care. Now, more than ever, local and national NHS leaders need to focus on improving quality and delivering better-value care. All NHS organisations should be focused on continually improving quality of care for people using their services. This includes improving the safety, effectiveness and experience of care.
- Quality improvement – the use of methods and tools to continuously improve quality of care and outcomes for patients – should be at the heart of local plans for redesigning NHS services. NHS leaders have a vital role to play in making this happen – leadership and management practices have a significant impact on quality. Studies have shown that board commitment to quality improvement is linked to higher-quality care, underlining the leadership role of boards in this area.
- Improving quality and reducing costs are sometimes seen as conflicting aims when they are in fact often two sides of the same coin. There are many opportunities in the NHS to deliver better outcomes at lower cost (improving value), for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment. There are many examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value.
- The potential benefit is even greater if quality improvement techniques are applied consistently and systematically across organisations and systems. However, this is not currently the case. To deliver the changes that are needed to sustain and improve care, the NHS needs to move from pockets of innovation and isolated examples of good practice to system-wide improvement.

The full report is available:

<https://www.kingsfund.org.uk/publications/making-case-quality-improvement>

10. Enhanced Health in Care Homes Vanguard (EHCH)

The Enhanced Health in Care Homes Vanguard Programme will draw to a conclusion on 31 March 2018. The programme, delivered in partnership with Airedale FT has

successfully delivered on a wide range of quality improvement interventions and has delivered a return on investment. Key points of note include:

- A reduction in ambulance (NWS) call outs to EL care home residents by 5%
- A reduction in NWS conveyances from EL care homes to hospital by 7%
- A reduction in A&E attendances by EL care home residents by 21%
- A reduction in EL care home resident non-elective admissions by 16%, and
- A reduction in total non-elective hospital bed stay for EL care home residents by 27% (caution caveat as freeze and flex applies)
- The ELCCG Care Home Medicines Management Team provided support across the care home sector, advising on medicines optimisation issues, including a detailed medication review for approximately 2500 care home residents
- The roll out of the Red Bag Scheme to more than 75% of homes for the elderly.

The scheme aims to:

- Improve the experience for the resident by ensuring that the clinical teams have the relevant information to assess and that, upon discharge, the appropriate treatment plan and relevant information is provided to the care home;
 - To ensure the resident has their personal belongings e.g. their own clothes and well-fitting shoes or slippers, to promote independence and mobilisation during their stay and in readiness;
 - To reduce the length of hospital stay for the resident by enabling the care home to be kept informed about discharge planning so that timely preparations can be made.
- Telemedicine is installed in 96 care homes who are able to contact the clinical hub for advice 24 hours a day, 7 days a week. A GP triage service has been piloted across two localities and early indications demonstrate a reduction in GP call outs.
 - A dementia music therapy scheme was piloted across 20 care homes with fantastic results which have resulted in improved quality of life for residents living with dementia, and huge personal and professional satisfaction for care home staff. Plans for roll out in 2018-19 are under review as part of the regulated care transformation programme.
 - An education programme has been developed to support care home staff deliver care for people with care needs and has been accessed by more than 700 staff. A core programme has been developed and includes dementia awareness, falls prevention, pressure ulcer prevention, recognising early signs of deterioration, managing continence, infection prevention, mental capacity, medicine management, nutrition and hydration, advance care planning and end of life care. Additional training sessions have also been provided which promote personalised care planning and creating a dementia friendly environment.
 - An oral health pathway pilot has commenced in two care homes in collaboration with NHSE and a local general dental practice to improve oral health and dentistry to care home residents.

11. Conclusion

This paper outlines information in relation to recent national policy documents, publications and conferences plus a summary of the impact of the EHCH Vanguard work led by the CCG through 17/18 on patient care and experience.

12. Recommendations

12.1 Members are asked to:

- Note the content of the report

Jackie Hanson
Director of Quality & Chief Nurse