

|   |                                     |   |
|---|-------------------------------------|---|
| <b>MEETING DATE:</b>                    | 11 December 2014                    | <br><b>North Lincolnshire<br/>Clinical Commissioning Group</b><br><br><b>REPORT TO THE<br/>CLINICAL COMMISSIONING GROUP<br/>GOVERNING BODY</b> |
| <b>AGENDA ITEM NUMBER:</b>              | Item 8.12                           |   |
| <b>AUTHOR:</b>                          | Catherine Wylie                     |   |
| <b>JOB TITLE:</b><br><b>DEPARTMENT:</b> | Director Risk and Quality Assurance |   |

## NLCCG QUALITY AND RISK REPORT

|   |   |
|---|---|
| <b>PURPOSE/ACTION REQUIRED:</b>                 | The Governing body are asked to:<br>Receive and note the Quality and Risk Paper   |
| <b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b> | Quality Group<br>Information Governance group<br>Francis Sub group<br>Safeguarding team<br>CSU - Learning Disabilities and Mental Health team |
| <b>FREEDOM OF INFORMATION:</b>                  | Yes<br><b>Public</b>  |

### 1. PURPOSE OF THE REPORT:

This report presents an updated position in relation to some key areas of risk and quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

|  |          |
|--|----------|
| <b>Continue to improve the quality of services</b>       | <b>X</b> |
| <b>Reduce unwarranted variations in services</b>         |          |
| <b>Deliver the best outcomes for every patient</b>       | <b>X</b> |
| <b>Improve patient experience</b>                        | <b>X</b> |
| <b>Reduce the inequalities gap in North Lincolnshire</b> |          |

**3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP**

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**4. IMPACT ON RISK ASSURANCE FRAMEWORK:**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | X |
|-----|--|----|---|

**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | X |
|-----|--|----|---|

**6. LEGAL IMPLICATIONS:**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | X |
|-----|--|----|---|

**7. RESOURCE IMPLICATIONS:**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | X |
|-----|--|----|---|

**8. EQUALITY IMPACT ASSESSMENT:**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | X |
|-----|--|----|---|

Update report for the Governing Body to note

**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | X |
|-----|--|----|---|

This report provides a summary briefing on the work undertaken by the Quality group.

**10. RECOMMENDATIONS:**

- The CCG is asked to: -
- Note the report



*North Lincolnshire  
Clinical Commissioning Group*

# **Quality and Risk Management Report**

Quality and Risk Governing Body Report

**December 2014**

# Quality and Risk Report

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## 1. Introduction

This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

A key priority includes ensuring the strategic direction for improving and maintaining quality in commissioned services. CCG quality leads are working closely with North Yorkshire and Humber Commissioning Support Unit [NY&HCSU] to ensure that all commissioned services are assessed consistently against both national and local key performance indicators.

## 2. Provider Assurance

A monthly dashboard report showing provider performance on key quality measures is scrutinised at the Quality Group and any concerns are communicated back to the relevant provider through the Contract Compliance route.

The key issues to report to the Governing Body are:

### 2.1 Nutrition & Hydration Audit at Northern Lincolnshire & Goole NHS Foundation Trust

The Trust has not yet achieved the required level of compliance (100%) with the nutrition indicator. Quarter 2 data demonstrates reduced compliance against this target at all 3 sites in August 2014. The Trust recently completed an audit of compliance with the nutrition care pathway, however, a number of actions are being taken by the Trust and another audit of compliance with the care pathway will commence January 15.

### 2.2 Mortality at Northern Lincolnshire & Goole NHS Foundation

The Trust's latest SHMI position (using the HED system for the period June 2013 to May 2014) is a score of 104.8. This is within the 'as expected' range, and is an improvement on the May 2013 to April 2014 position (105.7). The Trusts weekend versus weekday SHMI reflects a seven point difference (103 for weekend versus 110 for weekday). The Diana Princess of Wales Hospital reports a 13 point difference in SHMI score at the weekend and weekday. Scunthorpe General Hospital reports a 2 point reduction at the weekend. The Trust is reviewing the reasons for these differences.

### 2.3 NICE Guidance at Hull and East Yorkshire NHS Foundation Trust

The Trust has steadily improved its position in relation to compliance however, it has reported that it has not yet completed its clinical assessment on recent NICE guidance

publications (Interventional Procedures and Technology Appraisals). Commissioners have requested an update and a position statement against these areas of NICE guidance.

#### 2.4 Mortality rates at Hull and East Yorkshire NHS Foundation Trust

Positive assurance was received by the Trusts Clinical Quality Forum in relation to the Trust's current work on mortality. The Trust recently received CQC triggers on mortality for Septicaemia, Cardiology and Leukaemia and has addressed each of these issues. The Trusts response to these triggers has been shared with commissioners for assurance. The Trust has continued to closely monitor crude mortality data which has had a downward trend over the last two years. Further analysis undertaken by the Trust around the correlation between days of the week and mortality has shown no trend for an increase in weekend deaths. There is however a trend for "out of hospital weekend deaths", which the Trust is reviewing further and the data for this area provided to the Unplanned Care Board.

#### 2.5 Quality reporting at Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)

Commissioners are working with the Trust to provide more robust and regular quality reports through Contract Management Board arrangements. More triangulation of issues between incidents, complaints and Serious Incidents has been requested and a draft report submitted.

#### 2.6 Yorkshire Ambulance Service (YAS)

The key concerns with YAS are on performance times rather than any significant concerns for quality. The Trust has a new report published by the Care Quality Commission (CQC) highlighting a need to improve levels of staff training. There are also two issues outstanding with the CQC from a previous report. All of these issues do not meet the criteria for enforcement notices however, are issues that require further action. The service will be submitting an action plan to the CQC to address the most recent concerns raised

#### 2.7 East Midlands Ambulance Service (EMAS)

The dashboard has been developed to capture some key data sets from EMAS. The Trust has been asked to confirm the quality standards to which it holds any sub-contracted provision (i.e. use of the voluntary sector for patient transport services), after reports of increased use of sub-contracting by EMAS.

In terms of performance issues, the average time for clinical handover at Scunthorpe General Hospital is 22 minutes; this marginally exceeds the tolerance of 20 minutes. Clinical Handover is defined as the time at which essential clinical information about the patient has been passed from the attending crew to a clinician within the Emergency Department to allow a decision about where on-going treatment can safely be delivered. This should happen immediately upon arrival in ED/receiving department.

### 3. Serious Incident Summary Report

NL CCG receives a Serious Incident summary report from Yorkshire & Humber Commissioning Support (YHCS), on a monthly basis. The summary report provides an overview of serious incidents reported by each provider, including new serious incidents reported the quality of completed investigation (including meeting investigation timescales) and a review of themes and trends from completed investigations. A monthly meeting with the Provider takes place to review the monthly summary report; this provides commissioners with further assurance.

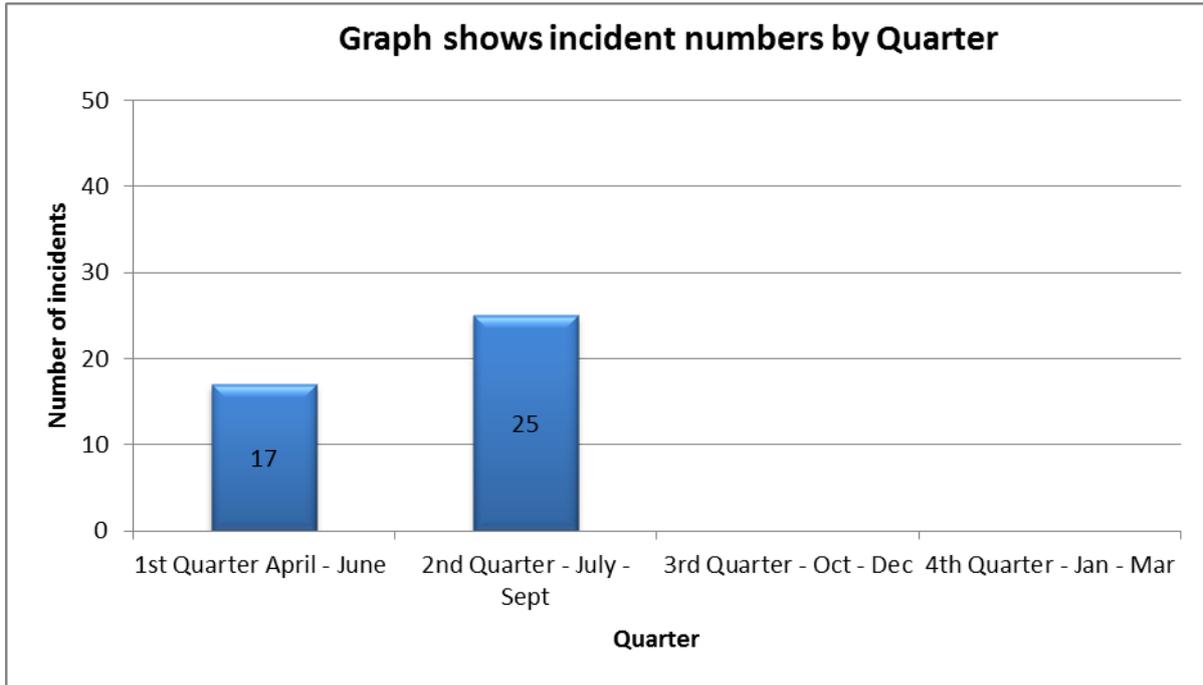
The key issues for NLCCG to report to the Governing Body are:

|  |  |
|--|--|
| Northern Lincolnshire and Goole NHS Foundation Trust (NL&G)        | On-going monitoring of Sis that have occurred. This is done through the SI group.  |
| Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) | A new section has been added to the root cause analysis review forms to enable better recording of trends and themes in the provider's action plans.   |
| Hull and East Yorkshire Hospitals NHS Trust                        | HEYHT has revised its incident reporting and review process on Datix. The incident reporting process is now reviewed on a daily basis to ensure that the information and severity of the incident has been accurately recorded on the system.                      |
|  | Commissioners (Hull and East Riding of Yorkshire CCG's) have raised their concerns around the delay in the identification, reporting and investigation of Never Events and SIs within HEYHT.   |
|  | The Trust is currently piloting a new falls tool on a number of wards; this is in response to the increase in the number of reported SI's relating to slips, trips and falls. The results of the pilot will be shared and reviewed via the Collaborative SI panel. |

### 4. Primary Care Incident Reports

In Quarter 2, in total 25 incidents were reported by GPs and CCG staff during this quarter, this reflects an increase in reporting since the first quarter. All reported incidents are reviewed and investigated as required. The incident reporting system has been re-developed and the incident escalation process has been revised in order to capture a greater amount of incidents. The impact of this exercise is demonstrated by the increase in reporting since Q1.

**Figure 1: Number of Incidents occurring by Quarter & Year**



The table below provides an overview of the number of incidents occurring in each of the main categories reported to date. The most frequently occurring incident category in Quarter 2 is “Appointment/Administration/Transfer/Discharge”; this category constitutes 68% (17) of all incidents.

**Table 1: Breakdown of Category of Incidents 2014-15**

| Category   | 1st Qtr   | 2 <sup>nd</sup> Qtr | 3 <sup>rd</sup> Qtr | 4 <sup>th</sup> Qtr |
|--|-----------|---------------------|---------------------|---------------------|
| Abusive/Violent/Disruptive or self-harming behaviour | 0         | 1                   |                     |                     |
| Appointment/Admission/Transfer/Discharge             | 8         | 17                  |                     |                     |
| Implementation of care or on-going monitoring/review | 3         | 1                   |                     |                     |
| Information Governance                               | 1         | 2                   |                     |                     |
| Medication   | 4         | 4                   |                     |                     |
| Test Results   | 1         | 0                   |                     |                     |
| <b>Total</b>   | <b>17</b> | <b>25</b>           |                     |                     |

## 5. Safeguarding Children

### . Vulnerable Children Data

Verified data in respect to the number of children subject to statutory plans are available on a quarterly basis. The data for end quarter two will be available week commencing 8<sup>th</sup> December 2014 and will be provided in February 2015 report.

The Designated Nurse is exploring mechanisms of accessing verified data in a more timely manner

## 6. Safeguarding Adults

### Prevent

The HealthWrap training has now been updated. All organisations should work towards moving from HealthWRAP to WRAP3 by 1 January 2015. The difference between HealthWrap and Wrap3 is that The Home Office have developed WRAP3 as a generic package. All WRAP Facilitators are now nominated with the Home Office who assign them a Unique Reference Number (URN). Delivery of WRAP will contribute to the evidence the CCG compiles for:

- CQC Registration Regulation inspections;
- compliance with Safeguarding Clause 32 of the [NHS Standard Contract](#); and
- Prevent returns to NHS England and Department of Health via Regional Prevent Coordinators (RPC);

DC Lee Ross, Prevent Lead for Humberside Police, is attending the GP Training session in December to inform GPs of the Governments Anti-Terrorism Strategy, how 'Prevent' fits into this and the role of Health Services in the Prevent agenda. He will also discuss the Channel referral process.

### Serious Case Reviews (SCR)

The Domestic Homicide Review process continues. The timeline for the review will commence after the trial of the perpetrator. The Domestic Homicide Review Terms of Reference have been agreed and work is commencing on gathering information for the Individual Management Reviews.

The Safeguarding Adults Review Group have met twice and agreed that a further case meets the Safeguarding Adults Review criteria. Whilst agreeing that the criteria was met it also convened to set the Terms of Reference for that review prior to recommending to the Chair of the SAB next steps.

## **Concluded Investigations**

The final case conference has been arranged regarding the cluster of alerts received. This conference will conclude the 6 Safeguarding Alerts that were made in relation to the Cluster reported within North Lincolnshire

Joint work continues with the Local Authority and CQC in respect to Safeguarding and Quality issues relating to Care Homes where appropriate within North Lincolnshire.

## **7. Winterbourne / Complex Care**

### **Transforming Complex Care**

Two events have been held locally, one for service users and carers, the other for providers to update on the Market Position Statement (MPS) which has been signed off by the ICP and published on the North Lincolnshire Council website.

An "All Means All" follow up event was held on 27<sup>th</sup> October the purpose of which was to inform service users and carers of the work completed under the MPS. The feedback from this event was relayed to Provider event held on November 13<sup>th</sup>. Over 40 organisations, with a total of 70 individuals attended this event. Individual packages of care will be advertised by North Lincolnshire Council from 1 January 2015.

### **Self-assessment Framework**

The 2014 Joint Health and Social Care Self-Assessment Framework will run from September 2014 to March 2015.

NHS England's Area Team has sought reassurance that data will be collected across the Yorkshire and Humber area. A meeting held on 18<sup>th</sup> November highlighted the issues around data collection.

### **Local Data**

#### **NHSE Weekly Tracker**

A target has been set by NHS England for 50% of those identified on the register as Winterbourne compliant to be returned to area by 31<sup>st</sup> March 2015.

NHS England has also issued a weekly tracker for the above clients which includes detailed information including narrative on discharges and review dates. The tracker is validated by the Area Team and returned centrally to provide both a local and national summary. The summary for each area is reported back through NHS England to Ministerial level.

The weekly tracker submitted on 18<sup>th</sup> November reported on 11 clients for North Lincolnshire as follows 4 of whom will have a Care and Treatment Review in December.

Some clients have been re-classified and some are moving in December. NLCCG aims to have only 2 clients remaining in active treatment out of area by March 2015, although it is

possible further clients will be transferred by low secure services to local services during that period.

### **Care and Treatment Reviews**

NHS England has commissioned Care and Treatment Reviews. These reviews will support the individual and their family to have a voice, and will support the team around them to work together with the person and their family to support a discharge into the community. The review process asks whether the person needs to be in hospital, and if there are care and treatment needs why can these not be carried out in the community? If the resources and support are not in place to support a discharge the review would make clear recommendations that address what needs to be done to get to the point of a safe discharge.

In addition to the above reviews, all clients are assessed monthly by the CSU assessors and reports discussed with the CCG.

### **Specialised Commissioning Team**

In addition to the locally identified clients we have now received notification about Winterbourne clients currently in High, Medium or Low Secure who were originated from North Lincolnshire. We are currently validating this information. Care and treatment Reviews will also be conducted for these clients. There may be a requirement for local involvement in these reviews.

## **8. Patient Experience**

### **Friends and Family Test (FFT)**

Both Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have been required to introduce the Friends and Family Test for their inpatient services and, during 2013-14, to introduce this into maternity services. Both Trusts achieved these requirements in 2013-14.

For Northern Lincolnshire and Goole NHS Foundation Trust, the key issue has been reaching the response rate required nationally, which was 15%. In Quarter 1 for 2014-15, the Trust achieved the response rate in the in-patient areas, but this target has not yet been achieved in A&E. In Quarter 2, the Trust achieved target for early implementation in OPD, day cases and community. In terms of the target to increase or maintain response rates in A&E and Inpatients (of which there are no Q2 milestones) the Trust is on track to meet the inpatient element of this goal, but is currently not achieving for A&E patients (July response rate 13.3%, August 7.5%, Sept 7.2%).

In response to this, the Trust has developed a targeted action plan, which is monitored on a monthly basis by the Trusts Chief Nurse, and invested in additional resources to promote the FFT. These resources include the introduction of volunteers to champion the Friends and Family Test, online surveys, distribution of posters to promote the feedback options and

implementation of a polling booth for patients to use as they leave the (A&E) department. FFT league tables and cards have also been introduced at ward level to promote the initiative and Netcall has been rolled out in both A&E departments to provide greater support to the process through the use of an automated telephone system for A&E feedback & post cards.

For Hull and East Yorkshire Hospitals NHS Trust, the Trust is in the Top 10 Trusts in Yorkshire and the Humber for its response rate. In Quarter 1 of 2014-15, the Trust achieved the in-patient area response rate and also achieved the target for A&E. In Quarter 2 of 2014-15, the Trust achieved delivery of staff FFT across all staff groups; they also achieved the target for in-patient and Maternity but did not meet the target for A&E services. Through the CQUIN scheme, the Trust has provided quarterly qualitative reports to commissioners showing a 'You Said, We Did' approach on each ward on feedback given by staff and building up an evidence portfolio of how patient feedback is making a difference to patient experience. The FFT data has been utilised to support key developments in the Trust, for example, implementation of the FFT internet site, and the introduction of a number of tablet computers to areas where patients may have difficulty completing the forms. Data collected as part of the FFT initiative has also enabled the Trusts Fracture Clinic to identify issues and trends around timeliness of clinics and supports the quarterly report on any medication errors submitted to the Safe Medication group. Issues raised via the FFT around discharge medication on outpatient clinic have also led to further work with a in depth survey being carried out. Through the national CQUIN goals for 14-15, both Trusts are required to achieve a response rate of 40%+ at the end of 14-15.

For Spire, all FFT response targets have been achieved for Q1 and Q2 of 2014-15. Staff are encouraging patient to complete their questionnaires prior to discharge to increase the response rate and they expect to achieve target for year-end.

For Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), in terms of the early implementation of patient FFT, the Friends and Family test question has been included in the Trust's bi-annual census survey since June 2013, and it is also available on all Your Opinion Counts (YOC) forms which are widely available at all times across the Trust for patients and carers to complete.

During Q2, the Trust has engaged in a regional event held for the launch of the FFT, and is a member of the north region Mental Health & Community work stream.

In summary, the Trust has been asking the FFT question since June 2013 via Patient and Carer surveys and Your Opinion Counts forms. During Q2 these mechanisms have been updated to reflect the guidance issued in July 2014 to provide a FFT solution that meets the requirement of being available to patients at all times, with the required wording and placement.

## **Complaints**

NL CCG received a total of 3 complaints in quarter 2 of 2014-15 in respect of its direct areas of accountability to patients. These are summarised as:

|                         |   |
|-------------------------|---|
| Continuing Health Care: | 2 |
| CCG Commissioning:      | 0 |
| Referral issues:        | 0 |

Funding: 0  
Other: 1 (GP/pharmacy service, referred to NHS England)

These complaints are all investigated and a response provided to the patient. The highest area of complaints in 13-14 and continuing in 14-15 is complaints in relation to Continuing Health Care, in which patients or their families have raised concerns about the time it takes to complete the CHC retrospective assessments. This is an issue known to the CCG and remains under review.

The CCG also runs a Patient Advice and Liaison Service. Year-to-date, the top issues raised through this service are:

- 16 one off enquiries, where there were no specific service concerns or complaints
- 11 contacts from patients and their families with concerns about their care and treatment
- The joint third highest number of contacts are in relation to delays in undertaking CHC retrospective reviews and signposting the person to a PALS team at a different organisation

## 9. Infection Control

Infection Control data is reported to the Quality group where it is reviewed on a monthly basis. The key points reported for October include:

MRSA bacteraemia: Since April 2014 2 cases have been reported. RCA meetings have taken place to discuss these cases and lessons learnt are being shared across the health community.

C Difficile: Since April 2014 20 cases have been reported – the trajectory for NLSCCG is 37 for 2014/15 every case has been reviewed and any lessons learnt have been identified. The CCG has an action plan which aims to reduce cases of C Difficile and this is monitored through the Quality Group.

## 10. Primary Care Quality

### Productive GP Initiative

The initiative is now well established and action learning days continue to be held to support individual practices complete key sections of the Productive Practice workbook. Each practice has an assigned Shaping for Health Consultant to provide specialist support. Most participants in cohort one are now writing up and beginning to implement their practice development plans. Feed-back from participants regarding any specific concerns continue

to be reviewed with Shaping for Health for action. Capacity remains a key challenge for most practices. Shaping for Health has been tasked to tailor individual programmes and timetables around the practice resources and specific challenges faced by the practice.

Monthly telephone meetings along with face to face meetings are held with Shaping Health to monitor progress.

The CCG retains oversight of the initiative with Dr Robert Jaggs-Fowler providing clinical leadership, John Pougher managerial support and Debbie Lewis Bird project support.

### **Friends and Family Test**

From December 2014 all general practices will have to participate in the Friends and Family test. December however will be a 'bedding in period' and practices will not need to upload data on a monthly basis until February 2015, and this will be for data collected during January. No minimum target has been set in terms of numbers of responses required but figures will be published indicating response rates for each practice.

A support package for practices has been developed by NL CCG with the support of the CSU. The package which includes postcards, posters, a collection box and an online reporting tool has now been distributed to practices. On-going advice and support will be available to practices to help them fulfil FFT requirements and upload data to the national team.

NL CCG continues to be a part of the national work stream for GP FFT implementation and has supported a number of regional awareness raising events.

### **Supporting Practice performance**

The national Primary Care Web tool is monitored by the Local Area Team and if a practice is an outlier on six or more indicators the CCG are asked to review performance with the practice. In the latest review two NL practices have been identified as being outliers. Both practices have been visited by the CCG in conjunction with the Local Area Team to offer appropriate support. It should be noted that an outlying score does not necessarily mean there is a concern but it does indicate that performance in the area identified needs further examination.

The CCG will continue to work with the Primary Web tool to offer proactive support to practices around key themes and challenges across the CCG. CCG staff attended a Master Class on the Web based tool in October. The CCG continues to work with the Local Area Team to determine the most effective approach to monitoring and supporting local practices.

The NL CCG Primary Care Development Forum is now established and meets on a bi monthly basis. Its role is to support the implementation of the Primary Care Development Strategy and associated actions to enhance and sustain quality improvements across primary care.