

MEETING DATE:	12 February 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.8	
AUTHOR:	Catherine Wylie	
JOB TITLE: DEPARTMENT:	Director Risk and Quality Assurance CCG	

NLCCG QUALITY AND RISK REPORT

PURPOSE/ACTION REQUIRED:	The Governing body are asked to: Receive and note the Quality and Risk Paper
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Quality Group Safeguarding Team Primary Care Development Group Infection Control Team CSU - Learning Disabilities and Mental Health Team
FREEDOM OF INFORMATION:	Yes Public

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:

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

3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP

This report is presented to assure the Board that the processes in place to monitor the quality of service by the contracted providers. The report records areas that require the Board to have routine oversight on progress; exceptions will be noted to the Board and updates on any issues previously highlighted.

Monitoring of all provider Quality takes place within the contract monitoring framework through the Quality Contract Meetings.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
6. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
7. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
8. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
Update report for the Governing Body to note					
9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X		
This report provides a summary briefing on the work undertaken by the Quality Group.					
10. RECOMMENDATIONS:					
The CCG Governing Body is asked to: - <ul style="list-style-type: none"> • Note the report 					



*North Lincolnshire
Clinical Commissioning Group*

Quality and Risk Management Report

Quality and Risk Governing Body Report

February 2015

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&HCS] 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 Eighteen Week Referral to Treatment Indicator at Northern Lincolnshire & Goole NHS Foundation Trust

The Trust has achieved compliance with all three 18 week referral to treatment indicators for the month of December 14. However, in accordance with Monitor's Risk Assessment Framework, 18 week performance is measured on an aggregate (rather than specialty) basis and NHS Foundation Trusts are required to meet the threshold on a monthly basis. Consequently, any failure in one month is considered to be a quarterly failure. As the Trust breached the 18 week admitted target in November 14, the Trust is deemed to have not met this indicator for Quarter 3.

2.2 A&E Four Hour Wait Target at Northern Lincolnshire & Goole NHS Foundation Trust

Similar to other Trusts nationally, the Trust failed to meet the four hour wait target in December 14. This was primarily due to the complexities of the patients who were admitted during the month. This is the third month that the Trust has failed to achieve the A&E performance indicator of 92%. The Trusts clinical groups are working to improve these results.

2.3 MRSA and Clostridium Difficile at Northern Lincolnshire & Goole NHS Foundation Trust

The Trust had no episodes of hospital acquired MRSA and one episode of Clostridium Difficile during December 14. This brings the Clostridium Difficile year to date total to 15, against a year end threshold of 33; well within their trajectory.

2.4 A&E Scores from Friends & Family Test at Hull and East Yorkshire NHS Foundation Trust

The Trust has experienced a reduction in A&E score from the Friends and Family Test, the latest data (October 14) reflects a score of 3; this is a deterioration from the September 14 score of 14 however, NHS England has recently introduced changes in the way it calculates and presents FFT data, results are now presented as a percentage of respondents who would/would not recommend their service to friends and family. These changes were introduced across all patient FFT settings on 2 October. The deterioration could be attributed to these changes.

2.5 Mortality rates at Hull and East Yorkshire NHS Foundation Trust

As reported in the previous report, the Trust recently received CQC triggers on mortality for Septicaemia, Cardiology and Leukaemia. The Trust has responded to these triggers effectively and as a result of its focussed work, all mortality performance indicators have been achieved. Mortality data is reviewed on a monthly basis by the Trusts Mortality Committee; the Trust Health Groups review all hospital deaths and submit a report of their findings to the Mortality Committee.

2.6 Yorkshire Ambulance Service NHS Trust (YAS)

The key concerns with YAS are on performance times rather than any significant concerns for quality. However, a review of recent Incident reports highlighted some areas for review relating to Dispatchers undertaking "Resource Checks" in a timely manner. The reports highlighted that some "Green" calls were not checked as frequently as other calls and the Trust is currently putting measures in place to address these concerns and will provide assurance to commissioners at the next meeting. Examples of some of these proposed assurance measures include implementation of audits in relation to dispatchers and "resource checks" to measure compliance with standard procedures and implementation of a system of automated resource checks.

2.7 East Midlands Ambulance Service (EMAS)

The NLCCG quality dashboard has been amended to capture a greater amount of data from EMAS. In terms of performance issues, the average time for clinical handover at Scunthorpe General Hospital is 21.31 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 NLAG and EMAS are working together to try and achieve the required target.

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.

	Northern Lincolnshire & Goole NHS Foundation Trust	Rotherham, Doncaster & South Humber NHS Foundation Trust	Hull & East Yorkshire Hospitals NHS Trust
Serious incidents reported during 2013/14	58	18	0
Serious incidents reported at this point in <u>2013/14</u>	43	16	0
Serious incidents <u>YTD 14/15</u>	63	6	3
Never Events (NE) YTD 14/15	0	0	0

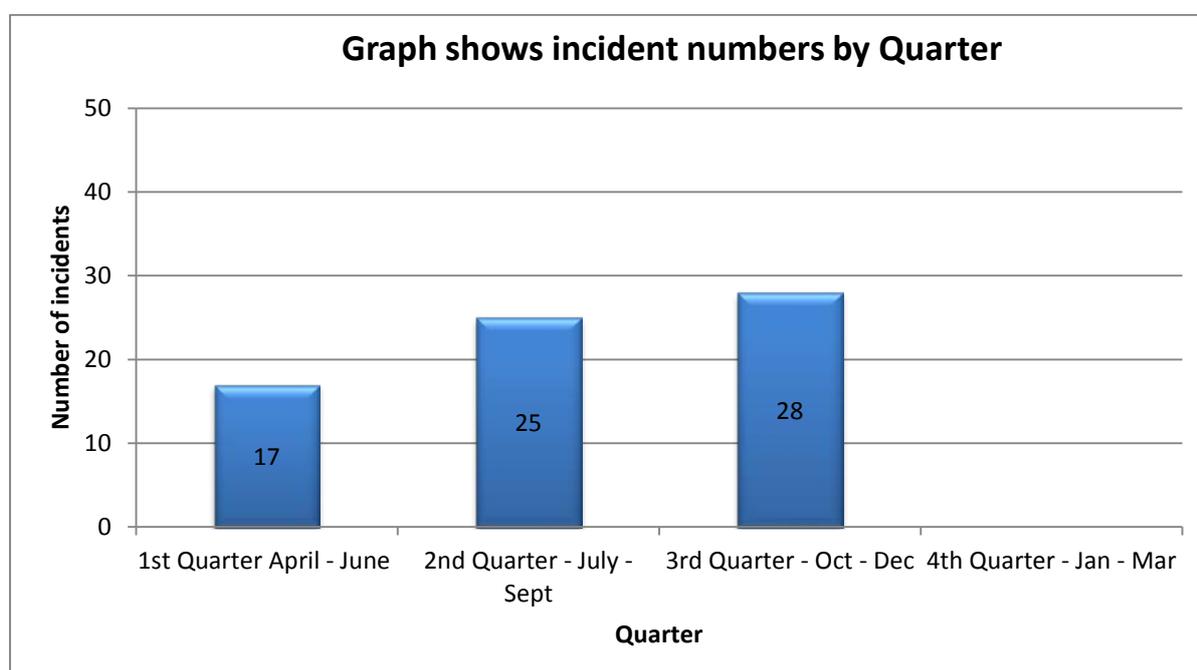
Each of the main Providers continue to attend the Collaborative SI meetings to further enhance the open and transparent approach to Serious Incidents by both commissioners and providers. This approach gives commissioners the opportunity to raise immediate questions to any newly reported SIs to enable NL&G to take these comments back and incorporate them into Terms of Reference for new SI investigations as well as add to investigations already underway for greater assurance in provider reports.

4. Primary Care Incident Reports

In Quarter 3, in total 28 incidents were reported by GPs and CCG staff, this reflects a slight increase in reporting since Quarter 2. 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 steady increase in reporting since Quarter 1.

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. As can be seen in Table 2 the most frequently occurring category of incidents in Quarter 3 is “Appointment/Administration/Transfer/Discharge” of which there were 14 (50%) of all incidents.

Table 2: Breakdown of Category of Incidents 2014-15

Category	1st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Abusive/Violent/Disruptive or self-harming behaviour	0	1	0	
Appointment/Admission/Transfer/Discharge	8	17	14	
Implementation of care or on-going monitoring/review	3	1	5	
Information Governance	1	2	1	
Medication	4	4	4	
Test Results	1	0	4	
Total	17	25	28	

5. Safeguarding Children

There have been no new significant events with regard to Safeguarding Children in the past two months.

Safeguarding arrangements for both Children and Adults within NLCCG have been subject to internal audit and have been declared as having significant assurance for the systems and process.

The CCG is working closely with Local Authority colleagues to ensure we are fit for purpose in the proposed integrated inspection of services for children in need of help and protection; children looked after and care leavers, and joint inspections of the local Safeguarding Children's Board.

6. Safeguarding Adults

Prevent

NLCCG is now 100% compliant with its Prevent training for staff. In addition DC Lee Ross, Prevent Lead for Humberside Police, led a GP Training session for all practice staff which was very well attended.

The Counter Terrorism Bill is currently awaiting Royal Assent and preparations are being made for implementation when this is granted. Implications for the CCG are that Prevent will be made a statutory responsibility for all statutory agencies and there will be a duty to be a partner on "Chanel Panels" of which there will be one for South Humberside. In addition there will be a responsibility to ensure that Prevent is incorporated into the contract for our provider agencies. Guidance for the implementation of the Bill is currently out for consultation and NLCCG was represented at the Consultation day in Manchester. Comments have also been fed back to the Regional Prevent Strategic Lead for a regional response.

7. Winterbourne / Complex Care

7.1 Transforming Complex Care

Monthly and weekly returns have been submitted to NHS England tracking the progress of clients reported on as being on a Winterbourne View register.

7.2 Self-assessment Framework

The annual self-assessment framework was published by NHS England on 10th September 2014.

A “Big Health” consultation event with the Learning Disability Partnership Board took place on 25th November 2014. This was facilitated by Inclusion North. The information gathered from this event was used to populate part of the LD SAF.

A first draft of the SAF return was submitted to NHS England on 9th January 2015 prior to a regional validation day which was held in Leeds on 16th January 2015. The validated SAF will be returned following virtual sign off by the LD Partnership Board on 30th January 2015.

7.3 North Lincolnshire CCG Local Data

NHSE Weekly Tracker

There were eleven clients who are reported on as Winterbourne compliant in the quarter 2 return to NHS England which was submitted on 14th October 2014.

One additional client has stepped down from low secure.

Of this twelve:

- 1 has stepped up to low secure care
- 4 have been discharged into residential care
- 3 have community based placements and a discharge plan and will move before the end of January 2015.
- 1 has a discharge plan into the community before the end of March
- 2 patients in active treatment who should be discharged before the end of 2015.

All clients are assessed monthly by the CSU assessors and reports discussed with the CCG.

7.4 Care and Treatment Reviews

NHS England require that all clients who meet the Winterbourne View criteria, including those in secure care, will receive a Care and Treatment Review (CTR). The Reviews are undertaken by a team including a commissioner, independent clinical advisor and expert by experience. The review team examine all case files and speak to clients, family members, advocates and care teams. The review panel then complete a consensus report which focuses on three key areas:

- Am I safe?
- What is my current care like?
- Is there a plan for the future?
-

The outcome of the review and action plan is then shared with clients and other stakeholders. All clients in non-secure settings will be reviewed by the second week in February 2015.

The CSU are required to report daily on CTR progress.

A meeting will be held in York on 27th February hosted by NHS England as part of an assurance process relating to CTRs.

7.5 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

8.1 Friends and Family Test (FFT)

The Friends and Family test was launched throughout the UK in April 14. Within 48 of receiving care or treatment as an inpatient or visitor to A&E, patients are given the opportunity to answer the following question:

“How likely are you to recommend our ward/A&E department to friends and family if they needed similar care and treatment?”

8.1.1 Northern Lincolnshire and Goole NHS Foundation Trust

The Trust met the national Friends and Family Test performance target for inpatient and A&E departments in November 14 (most recent data available), the national target is currently to achieve a response rate within the top 50% of reporting Trusts. The national average currently sits at 19.4% response rate; the Trusts response rate is 23%. The Trust has implemented a range of initiatives within its A&E departments to support roll out of the Friends and Family Test, these include implementation of Netcall and public booths to complete the FFT cards, recruitment of additional volunteers to promote the FFT in A&E. In addition to the above, the Trust has implemented a task group to monitor progress with the FFT.

8.1.2 Hull and East Yorkshire Hospitals NHS Trust

The Trust failed to meet the national performance target in October 14 (most recent data available). The Trust achieved 11% response rate and whilst this is an improvement from the previous month (Sep 14), this still falls short of the national target.

The Trust is reviewing the reasons for the low response rate, early indications suggest that due to significant pressures on the system due to construction work and seasonal pressures, patients are unable to complete the Friends and Family Test on discharge.

8.1.3 Spire Hull & East Riding Hospital

The Hospital was compliant with the Friends and Family Test, as at November 14.

8.2 Complaints

NL CCG received a total of 3 complaints in quarter 3 of 2014-15 in respect of its direct areas of accountability to patients. All 3 complaints were received in October 14. There are currently no outstanding complaints.

These complaints are summarised as:

Continuing Health Care:	2
CCG Commissioning:	0
Referral issues:	0
Funding:	0
Other:	1 (GP/pharmacy service, referred to NHS England)

During December 2014, 1 complaint required further investigation; following the investigation the complaint was closed. The delay in this particular instance was due to the relevant Associate Specialist concerned providing a response, as he had been on annual leave.

As a result of this complaint, it was recognised that medical staff need to provide a greater explanation of potential symptoms and side effects which their prescribed medication may cause following surgery.

The CCG also runs a Patient Advice and Liaison Service.

NLCCG received a total of 41 PALS contacts in quarter 3 of 2014-15.

Year to date, NLCCG has received 98 PALS contacts.

Year-to-date, the top issues raised through this service are:

- 23 contacts requiring signposting to PALS at another organisation
- 21 contacts relating to one off enquiries, where there were no specific service concerns or complaints
- 16 contacts from patients and their families with concerns about their care and treatment
- 8 contacts requesting details of NHS dentists accepting new patients

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 December:

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. The last case was reported in July 2014.

C Difficile: Since April 2014 26 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. In addition to the action plan an overview of cases is available for further scrutiny to identify trends/ issues and inform future actions.

10. Primary Care Quality

10.1 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.

10.2 Friends and Family Test

General practices should be able to start submitting FFT data to NHS England from the end of January; the final date for uploading data is the 17th of February. Data will be uploaded via CQRS an established Health & Social Care system already used by practices. Most practices are actively promoting the test and have already run trial reports with the support package developed by Commissioning Support. It is anticipated that NHS England will start to publish results for all practices from May 2015. A local performance report will be produced in February for the CCG to help promote and share local best practice.

No minimum target has been set in terms of numbers of responses required but figures will be published indicating response rates for each practice unless the response rate is less than 5.

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 regional and national networks to support GP FFT implementation.

10.3 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. 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.

NL CCG Primary Care Quality Strategy has been approved by the CCG Governing Body. The Strategy identifies a framework in which we will work with partners to promote, sustain and improve the quality of provision both in primary care and commissioned services.

11. Mental Capacity Act and Deprivation of Liberty

11.1 National Drivers

This section provides an update on the joint approach by Health and Social Care in North Lincolnshire to ensure a high quality of care and assessment for those vulnerable people who require assistance and support in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Whilst it is recognised that the Act was implemented in 2007, the following events have provided recent increased impetus to further develop our provision and systems of care.

Firstly, The House of Lords post legislative scrutiny into the implementation of the Mental Capacity Act 2005 states that the *“empowering ethos of the Act has not been widely implemented”* and *“evidence suggests that capacity is not always assumed when it should be. Capacity assessments are not often carried out; when they are, the quality is often poor”*.

Following this report there is an increased drive across health and social care to improve the provision and assessment for those who require this level of care. The report affirms that *“A fundamental change of attitudes among professionals is needed in order to move from protection and paternalism to enablement and empowerment. Professionals need to be aware of their responsibilities under the Act, just as families need to be aware of their rights under it”*.

Secondly, the Supreme Court handed down a Judgement on 19th March 2014 with regard to the case of *‘P v Cheshire West and Chester Council and other’* and *‘P and Q v Surrey County Council’*, and established an acid test for Deprivation of Liberty.

The Supreme Court has therefore clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:

*The person is under **continuous supervision and control** and **is not free to leave**, and the person **lacks capacity to consent to these arrangements.***

(DH Letter 28th March 2014)

All **four** of these elements must be present; the supervision must be continuous but does not necessarily have to be 'in line of sight' and must have a clear element of control (for example use of sedation). The person may not ask to leave or show actions that they want to go however, the issue is about what staff would do if the person tried to leave the ward or care home or a relative asked to remove the person from hospital or residential living situation.

The Supreme Court also made it clear that such a deprivation of liberty would apply in a domestic setting as in social and health care settings.

It is now clear that if **all** elements of the acid test are met, the person is deprived of their liberty. To ensure we keep within the law; a Deprivation of Liberty Safeguards (DOLS) referral (form 4) and urgent authorisation (form 1) must be completed and sent to the DOLS Team based in the Local Authority. Such deprivation of liberty within domestic settings necessitate an application to the Court of Protection.

11.2 DOLS Applications - December data for North Lincolnshire

The CQC briefing dated 4th April 2014, highlights that there will be an increase in DOLS applications to Local Authorities and this can be confirmed for North Lincolnshire by the figures as follows:

60 DOLS applications have been received by the local authority in December 2014, 19 urgent, 51 standards of which only three were applications made by Health.

At the end of December from the 60 applications 49 were still being processed, 1 granted, 5 not granted, 4 deaths prior to completion of assessments and 1 change of circumstances.

During the year 336 applications have been received 96 urgent and 240 standard.

Two applications have been made to the Court of Protection in respect of individuals residing in supported living situations, one of which has been granted.

11.3 Agreed Joint Key Priorities

Significant work is being undertaken in both health and adult social care and detailed organisation specific action plans are in place. However, it is recognised that care for the people of North Lincolnshire will be improved and more efficient if organisations work together to achieve improved outcomes.

The following priorities and actions have been agreed by North Lincolnshire CCG and Local Authority and will be further developed as required:

Area of Focus	Key Priority	Actions linked to priority	Responsible Officers	Timescale
1. Contracts	Ensure MCA / DOLS is explicit and sufficient in all provider	LA / CCG to share current contract statements relating to MCA/ DOLS.	Julie Clark / Catherine Wylie	End January 2015

	contracts	Agree a similar approach. Discussions with respective contracting teams.		
2. Improved Understanding of MCA / DOLs principles and practicalities.	To ensure that all relevant staff have a good understanding of the current and guidance and recommendations from the Cheshire West case and the House of Lords scrutiny report.	Joint workshop to be arranged with possible regional speakers legal and DOLS expertise form Local Authority.	Catherine Wylie / Julie Clark / Simon Batt / Anne Kelly	Workshop to be held February 2015.
3. Community Pathways	Improve the pathways and processes required, in particular for a DOLS application. This includes financial agreement on funding of applications to prevent delays in the system.	Pathways workshop to be arranged to include finance & contracting team representative.	Catherine Wylie / Julie Clark	End February 2015.
4. Best Interest Assessors	Discuss the optimum model for the provision of Best Interest Assessors with expertise and capacity to ensure a each vulnerable person who requires BIA receives input appropriately.	Task and finish group to review	Julie Clark / Catherine Wylie / Anne Kelly	March 2015
5. Ongoing development, sharing and monitoring	Sustainable model for North Lincolnshire	Multi agency strategic meeting.	Julie Clark / Catherine Wylie / Anne Kelly	Dates in place by end January 2015