


MEETING DATE:	9 April 2015	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.8	
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JOB TITLE: DEPARTMENT:	Director Risk and Quality Assurance	

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 Information Governance group Safeguarding team CSU - Learning Disabilities, Mental Health team and Quality team CCG
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

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4. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		No	X
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5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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6. LEGAL IMPLICATIONS:

Yes		No	X
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7. RESOURCE IMPLICATIONS:

Yes		No	X
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8. EQUALITY IMPACT ASSESSMENT:

Yes		No	X
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Update report for the Governing Body to note

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	X
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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

April 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&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 framework.

The key issues to report to the Governing Body are:

2.1 Mortality Healthcare Evaluation Data (HED) at Northern Lincolnshire and Goole NHS Foundation Trust

The Trust-wide mortality HED score currently sits at 111.3. The previous score, provided in February 15, was 109. The Trust is now in the 'higher than expected range'. The Trusts Mortality Report and minutes from the Trusts Mortality Performance Committee are reviewed by commissioners on a monthly basis as part of the NL&G Quality Contract Review meeting. In addition to this, the Trusts Mortality Action Plan is monitored by commissioners via the NL&G Quality Contract Review meeting.

2.2 Patient Safety Thermometer at Northern Lincolnshire and Goole NHS Foundation Trust

The Trust reviews its percentage of harm free care, relating to old and new patient harm, on a monthly basis. During December 14 (most recent data available) harm free care was provided to 86.5% of patients in Scunthorpe Hospital, the target for delivery of harm free care is 95% of patients. The CCG is working with NLAG to support developments to improve the achievement of this target.

2.3 Progress with the CQC Action Plan at Hull and East Yorkshire Hospitals NHS Trust

All actions within the CQC action plan should be completed by 31 March 15, however the Trust informed commissioners that pressures on the acute medicine pathway will not be relieved by that date. CQC is aware of these pressures and is working with the Trust to

provide support. Incident reporting is flagged as red in the action plan; all actions have been completed but the Trust is reviewing the detail/lessons from these incidents. The Trust has recognised that there have been concerns relating to culture and whistleblowing. The Trust acknowledges that it will not achieve all required outcomes relating to incident reporting by 31 March but continues to work closely with CQC to manage the action plan. The Trust also informed commissioners that they have received a CQC alert relating to Sepsis, the Trust has an action plan in place to manage this and will keep commissioners informed on progress. As part of the CQC action plan, the Trust met with CQC to review handover arrangements and assessment processes in A&E.

2.4 Acute Emergency Care Pathway at Hull and East Yorkshire Hospitals NHS Trust

During March 15, commissioners have raised their concerns with the Trust in relation to the 12 hour trolley wait breaches, the number of patients waiting longer for ambulance handovers and the 12 mixed sex accommodation breaches reported in the Trusts Quality Report. All of these concerns relate to current pressures with the Acute Emergency Care Pathway. The Trust acknowledged these concerns but assured commissioners that whilst the performance targets have not been achieved in these areas, the quality of care for each patient was not compromised. Many of the pressures attributed to the Emergency Department (ED) relate to the construction work that is currently underway. The new ED will open in sections, as part of a staggered implementation process, to support the management of patient flow.

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

Key highlights include:

Section 117 Mental Health Act

A 2015/16 trajectory has been put in place to ensure that the Trust achieves the section 117 (aftercare) performance target of 95%. Section 117 applies to anyone who has been detained in hospital for treatment under Section 3 of the MHA, under a hospital order pursuant to Section 37 (with or without a restriction order) of the MHA or following transfer of a patient from prison under Section 47 or 48 of the MHA.

Section 117 aftercare also applies to patients on authorised leave from hospital and patients who were previously detained under Section 3 but who stayed in hospital after discharge from section. It also includes people who are living in the community subject to a community treatment order and restricted patients who have been conditionally discharged

Improving Access to Psychological Therapies (IAPT) Recovery Rates

NLCCG raised a query at the recent RDASH Contract Monitoring Board (CMB) meeting in relation to the CCGs commissioning for value figure (IAPT 28 day wait & diagnosis). Members of the CMB noted that this could indicate a problem with the Trusts data collection process. The Trust agreed to look into this in more depth to establish a suitable solution.

2.6 Yorkshire Ambulance Service NHS Trust (YAS)

Key highlights include:

Development of a Lone Worker Policy

The YAS Lone Worker Policy has now been approved; this policy ensures the safety of staff in vulnerable situations through risk assessment and effective communications, rather than solely focussing on “lone” staff. Commissioners agreed that this was a positive development, and it has been recommended that the policy be shared across other services.

Increased Incident Reporting

The Trust has experienced an increase in the number of incidents reported, this is due to an increase in the number of YAS staff who are aware and engaged with the incident reporting process.

2.7 East Midlands Ambulance Service (EMAS)

Key highlights include:

Development of Clinical Handover Policy

The EMAS Handover Policy is due for implementation; the aim of the policy is to reduce the number of ambulance crews waiting to handover patients at acute hospitals and has been developed in line with other Ambulance Trusts.

3. Serious Incident Summary Report

NLCCG receives a Serious Incident [SI] 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)	Currently, the Trust has 1 action and 1 SI report due for submission. The Trust has apologised for any inconvenience and has informed commissioners that the delay is due to current high level of pressure on clinical areas.
	Commissioners have raised queries regarding 3 SI reports. These reports relate to a delayed outpatient appointment, a Safeguarding Adults concern and two patients receiving care in Cardiology.

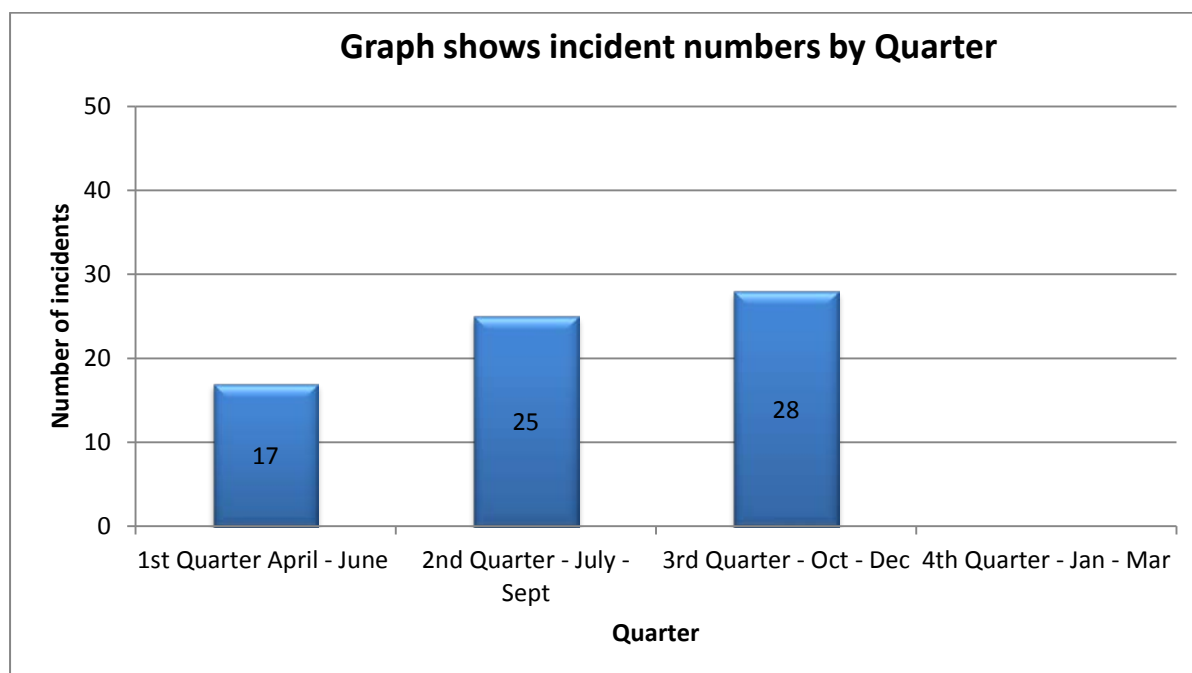
Core Care Links Ltd	Core Care Links Ltd reported two SI's in connection with two North Lincolnshire patients. These are being full investigated through the SI and RCA processes.
Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)	No concerns or issues were raised

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

Child Sexual Exploitation

Following the highly publicised trials and inquiries centred on events in Rotherham, and subsequently Oxford, all multi-agency partnerships led by Local Safeguarding Children Boards have been reviewing arrangements in respect to Child Sexual Exploitation (CSE) in their localities. North Lincolnshire is no exception.

North Lincolnshire LSCB has a CSE Strategic Group. North Lincolnshire CCG is represented on this group by the Director of Risk and Quality Assurance (deputy is Designated Nurse for Safeguarding Children). There is also a CSE Operational Group which is attended by either the Designated or Specialist Nurse for Safeguarding Children

Through these groups, arrangements to identify and support possible victims of CSE has been reviewed and strengthened, and professional and public awareness of the issues is being heightened. From a commissioning perspective, North Lincolnshire CCG is ensuring the need for CSE awareness and identification is being embedded in all commissioned providers. Training is being made available for General Practitioners.

North Lincolnshire CCG is also engaging with work being led by the Chief Constable of Humberside Police, to take a consistent approach, in particular to public, and young people awareness of CSE.

6. Safeguarding Adults

6.1 Prevent

Following Home Office funding decisions the Home Office has realigned its Prevent resources (the Regional Prevent Coordinators) to identified Priority Areas. Priority Areas continue as “business as normal” and will submit monthly returns via their Regional Prevent Coordinator.

North Lincolnshire is a “Non Priority” area. The changes that will take place for “Non Priority” areas are that the CCG Prevent Lead will link with provider organisation’s Prevent Lead to

take an overview of local activity and/or referrals. North Lincolnshire CCG will monitor progress and contract compliance of Prevent from their commissioned providers. Regional Prevent Coordinators will now only act as a point of advice, in “Non Priority” should an issue be raised that cannot be dealt with locally.

To coincide with these changes a Prevent Training and Competencies Framework has been developed and published by NHS England to provide clarity on the level of training required for healthcare workers. This will support NHS provider organisations and organisations providing services on behalf of the NHS to meet contractual obligations in relation to safeguarding as set out in the NHS Standard Contract.

6.2 Safeguarding Adult Reviews (SAR)

NLCCG continue to contribute and co-operate with a Domestic Homicide Review case that is currently led by the North Lincolnshire Safer Communities Partnership.

6.3 Making Safeguarding Personal

A piece of work is being completed by the Safeguarding Adults Board Quality Assurance Sub Group in collating Performance Information from local agencies to evidence their implementation of the “Making Safeguarding Personal” agenda.

As part of the Care Act 2014 emphasis is placed on “Making Safeguarding Personal” which aims to measure the:

- Experience and outcomes of safeguarding adults for people who use safeguarding support services
- The experience of safeguarding for staff
- The culture and practice of safeguarding in this area.

From a Making Safeguarding Personal perspective there are two outcome measures:

1. The number of percentage of people referred for services who define the outcomes they want (or outcomes that are defined through a Best Interest decision making process or which representatives or advocates if people lack capacity)
2. The number and percentage of people who expressed outcomes are fully or partly met.

There are a number of measures suggested which would aim to capture the above information and work is on-going on as to how this information is gathered, their use as potential indicators of “good” or “poor”, the impact of benchmarking, and other unintended consequences.

Nationally all Making Safeguarding Personal leads over England have been asked if they would like to participate in focus groups. The aim is to help find out how to make safeguarding adults more person-centred and outcome focused, which may contribute to an improved safeguarding experience for people in England in the future. The findings will be written up in June and will be available to all Making Safeguarding Personal leads within the local authority

6.4 NHS England

The NHS Safeguarding Accountability and Assurance Framework was put out for consultation period in February and March and closed on the 26th March 2015. Comments were fed back for NLCCG via the Regional Designated Nurses Network. The draft framework is available from <https://www.engage.england.nhs.uk/survey/revise-safeguarding-framework>

7. Winterbourne / Complex Care

7.1 Transforming Complex Care

On March 6th, the Department of Health launched 'No Voice unheard, no right ignored' – a consultation for people with learning disabilities, autism and mental health conditions". This consultation document seeks views on a range of possible options for changes to the law to enable them to live independently.

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

Information is also submitted via a data capture platform to the Health and Social Care Information Centre monthly.

7.2 NHSE Weekly Tracker

There are currently 4 clients reported on the weekly patient tracker to NHS England.

Of these four clients :

- 1 is in a PICU bed waiting transfer to low secure
- 1 is in active treatment in a step down bed from low secure. A care and treatment review is planned for this person and a discharge plan will be in place once this is complete
- 2 have discharge plans and are due to transfer into the community in April. Adaptations to accommodation have delayed the discharges but once complete each

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

7.3 Care and Treatment Reviews

An audit of care and treatment reviews (CTRs) took place at York with NHS England's regional team on 9th March. Two reviews audited for North Lincolnshire. Feedback from panel stated that they were reassured by the recommendation of the CTRs and the robustness of the process. Updates on the CTR recommendation and action plans were also given on the day.

The CSU are required to report daily on CTR progress.

7.4 Specialised Commissioning Team

In addition to the locally identified clients a meeting has been held with the secure commissioning team to discuss clients transferring back to North Lincolnshire from secure services. A timeline for this work has not been relayed by NHS England but there will need to be a number of discharge planning meetings to enable this to become a managed process.

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?”

Northern Lincolnshire and Goole NHS Foundation Trust

The Trust was not able to meet the national Friends and Family Test performance target for inpatient and A&E departments in December 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 18.6% response rate; the Trusts response rate is 17.8%. The response rate at SGH is close to the national average where they have an extensive action plan to continue to improve this figure.

Hull and East Yorkshire Hospitals NHS Trust

The Trust failed to meet the national Friends and Family Test performance target for A&E in December 14 (most recent data available), but the Trust did achieve the inpatient Friends & Family Test target in December 14. The Trust has experienced deterioration in the percentage of patients who would recommend the Trust A&E Department to their friends and family. The Trusts December performance data reflected that 55.9% of patients would recommend the A&E Department, whereas in the November 14 the score was 69.3%.

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.

8.2 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 Oral Maxillofacial Associate Specialist concerned providing a response, as he had been on annual leave and had a backlog of cases to review upon his return.

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.

Key points

MRSA bacteraemia: Since April 2014 3 cases have been reported. RCA meetings have taken place to discuss the first 2 cases and lessons learnt are being shared across the health community. The last case was reported in February 2014 with a RCA meeting to follow.

C Difficile: Since April 2014 35 cases have been reported – the trajectory for NLSCCG is 37 for 2014/15 resulting within target for this year. Each 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.

It is planned to hold a celebratory workshop event on the 9th of June for participating practices to showcase their achievements. A report highlighting work and outcomes from the initiative will also be produced.

10.2 Friends and Family Test

General practices have now started submitting FFT data to NHS England. Data has been uploaded via CQRS an established Health & Social Care system. Most NL practices ran trial reports with the assistance package developed by Commissioning Support. It is anticipated that NHS England will start to publish results for all practices from May 2015.

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 is available to practices to help them fulfil FFT requirements and upload data to the national team. The Yorkshire and Humber Region had positive feedback on response rate of 72% for the first submission which was above the national average. Practices that did not transmit will receive direct support from NHS England. We have not yet had feedback on the response rate for NL CCG. NHS England are now working with local dental practices to support their first submission which is due in May.

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 (February 2015) three further NL practices have been identified as being outliers. Visits and support for these practices are being arranged in conjunction

with NHS England. It should be noted that an outlying score does not necessarily mean there is a concern or that the practice requires additional support.

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. The current work of the Forum includes, reviewing prescribing score card elements for 2015/16, overseeing the development of unwarranted variance in primary care outcomes work programme and establishing a task & finish group to look at all aspects of training in primary care.
