


<b>MEETING DATE:</b>	13 August 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.6	
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<b>JOB TITLE:</b> <b>DEPARTMENT:</b>	Director of Risk and Quality Assurance , Chief Nurse	

## NLCCG QUALITY AND RISK REPORT

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

<b>1. PURPOSE OF THE REPORT:</b>	
This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].	
<b>2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:</b>	
<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**

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.

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

Yes	X	No	
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Where appropriate and relevant, the Risk register and Board Assurance Framework are updated and monitored through the risk and governance processes.

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

Yes		No	X
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**6. LEGAL IMPLICATIONS:**

Yes		No	X
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None identified in this report.

**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: -

- Receive and Note the report



*North Lincolnshire  
Clinical Commissioning Group*

# **Quality and Risk Management Report**

**August 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

The CCG continues to monitor the contracts for each of its providers, via the Contract Management Board structure. A monthly dashboard report showing provider performance on key quality measures is scrutinised at the NL CCG 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:

- Performance at Hull & East Yorkshire Hospital Trust  
The Trust continues to report challenges against its performance targets, Commissioners are working closely with the Trust via regular Board to Board and Operational Meetings to understand the full picture regarding the Trusts performance and to agree suitable recovery plans in relation to referral to treat incomplete pathways and Cancer performance targets.
- Mortality at Northern Lincolnshire & Goole Foundation Trust  
The latest mortality rates for Scunthorpe General Hospital remain 'as expected'. As well as deaths which happen in hospital, the SHMI (Summary Hospital Level Mortality Indicator) also includes patients who pass away within 30 days of going home or back to their usual place of care. The CCG is working with hospital, primary and community care providers to understand the reasons why people die in that time period. The indications thus far are that the majority of these patients were sadly expected to die because of terminal illness.  
In addition to the above, the CCG is implementing a range of actions supported by National Guidance on reducing premature mortality. Health organisations are meeting together in August for a summit aimed at understanding the 'out of hospital mortality rate' and looking at how services can be further improved.

- East Midlands Ambulance Service (EMAS) - Amendments to the patient referral form at EMAS is in the process of upgrading the 'electronic patient referral form' (ePRF) system. As part of this process, the Trust is looking to link the ePRF system to the Paramedic Pathfinder. It is expected that this system will replace the paper referral process that is currently in place and will provide a more practical and efficient solution to the referral of patients to the Ambulance Trust.

### 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 the CCG's providers, including new serious incidents reported and any themes and trends identified as part of the incident investigation process. A monthly meeting takes place between the CCG and its main providers to review the content of the summary report and to consider the impact of each incident and identify any further action to be taken.

*Table 1: The table below reflects all Serious Incidents and Never Events reported by NLCCG's providers, during 2015/16*

	NLAG	RDASH	HEY HT	Core Care Links	Co-comm GP Practice
Serious incidents reported at this point in <u>2014/15</u>	10	3	0	0	N/A
Serious incidents logged <u>YTD 15/16</u>	9	0	0	1	1
Serious Incidents De Logged <u>YTD 15-16</u>	0	0	0	0	0
<b>Never Events (NE) YTD 15/16</b>	<b>2 DPOW</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Serious Incidents YTD15/16</b>					
Diabetic Eye Screening Programme (DESP) Screening Issues – GP Practices	-	-	-	-	1
Abuse/Alleged Abuse of Adult Patient by Staff	1	-	-	-	-
Antenatal Clinic Screening Issues	1	-	-	-	-
Environmental Incident SGH & DPOWH	1	-	-	-	-
Unexpected Death (general)	1	-	-	-	-
Pressure Ulcer meeting SI criteria (New framework 2015)	1	-	-	-	-
Pressure Ulcer (grade 3)	1	-	-	-	-

Pressure Ulcer (grade 4)	1	-	-	-	-
NEVER EVENT – Wrong Implant	1	-	-	-	-
NEVER EVENT – Wrong Site Surgery	1	-	-	-	-

Table 2: Table 2 reflects the location of all SI incidents that occurred in Northern Lincolnshire & Goole NHS Foundation Trust in 2015/16

Location	Apr 15	May 15	June 15	YTD
North Lincolnshire patient's home	1	-	-	1
SGH – Stroke Unit	-	1	-	1
SGH – Antenatal Clinic	-	1	-	1
DPOW Operating Theatre	-	1	-	1
DPOW Paediatric	-	-	1	1
SGH & DPOW ICU/HDU	-	-	1	1
DPOW Ward Area*	-	-	1	1
DPOW Theatre	-	-	2	2
<b>Total</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>9</b>

\*The category of ward areas is used where specific detail is not provided when the SI is first reported.

#### Summary of key actions taken by NLCCG:

- Two Never Events were reported by NL&G FT in June 15, whilst neither of these incidents related to North Lincolnshire patients the implications of the incidents could have an impact on North Lincolnshire patients in the future. Initial indications from the investigations into these Never Events were in relation to the pre-surgery assessment process. The CCG is working closely with the Trust and other CCG's in the area to review the implications of these incidents and agree any required changes to practice. This assurance process is managed via the joint Northern Lincolnshire Serious Incident Panel and the NL&G FT Quality Contract Review meeting (which reports to the NL&G Contract Management Board).
- The Trust reported two environmental incidents in June 15, one of these related to a North Lincolnshire patient at Scunthorpe General Hospital. The Trust is working closely with Public Health England to identify the source of the incident outbreak, and the CCG is working in collaboration with the Trust and other key stakeholders to manage the impact of this incident and make the required changes.

None of the remaining six serious incidents involved patients from the North Lincolnshire area.

## 4. Primary Care Incident Reports

In quarter one 2015/16, forty-one incidents were reported to NL CCG by North Lincolnshire GPs and NL CCG staff. The highest reporting category of incidents in quarter one was Appointment/Administration/Transfer/Discharge, nineteen incidents (46%) were reported under this category in quarter one. All of these incidents were attributed to discharge summary letters, either delayed or multiple copies received within a number of hours with minor amendments. The second highest reporting category was Clinical Assessment; ten (24%) incidents were reported under this theme, nine of which were reported under the heading of test results for **Cytology**.

The table below provides an overview of the number of incidents occurring in each of the main incident reporting categories reported in quarter one.

**Table 1: Breakdown of Category of Incidents Q1 2015-16**

Category	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Abusive/Violent/Disruptive or self-harming behaviour	0			
Appointment/Admission/Transfer/Discharge	19			
Accident that may result in personal injury	1			
Clinical Assessment (patient information, records, documents, test results, scans)	10			
Consent, confidentiality or communication	3			
Implementation of care or on-going monitoring/review	5			
Information Governance	2			
Medication	1			
<b>Total</b>	<b>41</b>			

Of the forty-one incidents reported, thirty-three were submitted by North Lincolnshire GP Practices, six were reported by NL&G FT (all incidents were sent to the relevant GP Practices for investigation, all issues related to the screening process), one incident was submitted by a patient and one incident was reported from a Care Home.

The table below provides an overview of incidents received in quarter one, per location.

**Table 2: Location of Investigation by quarter 15-16**

Location	Q1	Q2	Q3	Q4
HEYHT – Castle Hill Hospital	1			
Community Services	4			
NLAG – Diana, Princess of Wales Hospital, Grimsby	1			
GP Practice	8			
In-patient Services – Doncaster Royal Infirmary A&E	1			
In-patient Services – Doncaster Royal Infirmary Gynaecology	1			
NLAG – Pathlinks	1			
NLAG – Scunthorpe General Hospital	24			
<b>Total</b>	<b>41</b>			



Some incidents require further investigation by the CCG, or further information is required to provide context to the incidents. The CCG is currently investigating twelve incidents and additional information has been requested from the relevant providers to support the investigation process. The CCG uses the lessons learned from the incident investigation process to inform development of new services in the area.

## 5. Safeguarding

### 5.1 Safeguarding Children

#### 5.1.1 Accountability and Assurance Framework

On 2<sup>nd</sup> July 2015, NHS England published Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework updating its predecessor document which was published in March 2013. There have been no legislative changes in the statutory duty to safeguarding and promote the welfare of children in the intervening period. However, the document clarifies the safeguarding roles, duties, responsibilities and relationships of all organisations, and key individuals, in commissioning and providing NHS health and social care.

No significant changes in safeguarding children governance or leadership are required by North Lincolnshire CCG to meet the requirements outlined in this updated document. A relevant summary of the document is being prepared by the Designated Nurse as a briefing paper for partner organisations to be disseminated via the LSCB.

#### 5.1.2 Female Genital Mutilation

Nationally, there is an increasing focus on identification of, and support to, victims of Female Genital Mutilation. Through the 2014-15 year, acute trusts were expected to develop mechanisms to record FGM in a patient's healthcare record and submit monthly returns. This was invaluable for commissioning the right services, targeted where they are needed. It also helped the wider NHS develop a stronger position to provide the right care for women living with FGM and to protect girls at risk.

From 1<sup>st</sup> April 2015, the Department of Health published a new information standard, 'SCCI 2026 FGM Enhanced Dataset', which revised what information is collected, and the method and frequency of collection. It became mandatory for acute Trusts to comply with these updates from 1<sup>st</sup> April. The requirement to record FGM data has also been expanded to GP practices and Mental Health Trusts who will be required by 1<sup>st</sup> October 2015 to submit information under the Enhanced Dataset when treating patients who have FGM.

- NLAG have been submitting information in line with the Enhanced Dataset since 1<sup>st</sup> April 2015. Policies and processes (including staff awareness & training) are in place to support identification and appropriate responses
- RDaSH have confirmed that their IT systems are in place to begin reporting in September 2015. Training is being targeted at those practitioners who are likely to

identify FGM, and further awareness raising is planned to ensure an appropriate response.

- The Department of Health are in the process of circulating an FGM information pack containing a range of resources and materials to all GP practices in England. In North Lincolnshire, support will be available via the Designated and Specialist Nurses, working with the Named GP to ensure GP practices are able to respond appropriately to FGM.

## **5.2 Safeguarding Adults**

### **5.2.1 Prevent**

Guidance has been issued to specified authorities, of which NL CCG is one, on the duty to implement the Counter-Terrorism and Security Act (2015), to have due regard to the need to prevent people from being drawn into Terrorism. Preventing someone from being drawn into terrorism is substantially comparable to safeguarding in other areas such as domestic violence or modern slavery.

Each regional team in NHS England has a Regional Prevent Co-ordinator (RPC) who is responsible for the delivery of the Prevent Strategy within their region. The RPCs have now been aligned to “Priority areas” identified by the Home Office. North Lincolnshire has been identified as a “Non-Priority Area”. What this means for North Lincolnshire is that the CCG, along with its Providers, no longer has to submit quarterly Prevent Returns to the Regional Office. Providers will be expected to submit those Returns to the CCG for monitoring of their compliance against the new Statutory Duty. The Prevent requirements are set out in the Safeguarding Clause of the NHS Standard Contract and arrangements have been put in place for the collation of these quarterly returns.

A Prevent Training and Competencies Framework has been developed and aligned to the Safeguarding Children and Young People Intercollegiate Document. This clarifies the extent of Prevent Awareness required by all staff in healthcare organisations. The monitoring of this training within Provider organisations is part of the quarterly return. NL CCG is fully compliant with this document with all staff having completed the necessary level of Prevent Training.

Should an individual be identified as “At Risk” of being drawn into Terrorism, Health Services have a duty to refer through the “Chanel Process” and Chanel Duty Guidance has been issued to support Chanel Panel members in this process. The Designated Nurse for Safeguarding Adults at NLCCG is a member of this panel. In order for all staff to understand how to balance patient confidentiality with this duty all Providers, including NLCCG, should have Prevent Policies that include the principles of the Prevent NHS guidance toolkit. A Prevent Policy has now been written for NLCCG.

### **5.2.2 Safeguarding Adult Reviews (SAR)**

NLCCG continue to contribute and cooperate with the Domestic Homicide Review process led by the North Lincolnshire Safer Communities Partnership.

### **5.2.3 Designated Adult Safeguarding Manager (DASM)**

Revised guidance has been issued regarding the implementation of the role of Designated Adult Safeguarding Manager (DASM).

#### **The role of the CCG DASM**

The DASM role will incorporate the safeguarding adult lead role as required through the CCG authorisation process and will have a strategic overview of safeguarding adults across the health economy.

The DASM will offer support and advice to the CCG Executive Lead who attends the Safeguarding Adult Board as well as a source of expertise and advice to all working within the CCG and to the Safeguarding Adult Leads working across the health economy.

The essential requirement for the DASM to be a health professional is now removed as it is recognised that expertise in safeguarding adults can be gained within a number of professions however, where this is the case, the DASM must have clear agreed courses of clinical advice.

## **6. Transforming Complex Care**

In May 2011 the BBC Panorama programme Undercover Care: the Abuse Exposed showed unmanaged Winterbourne View Hospital staff mistreating and assaulting adults with learning disabilities and autism.

Transforming Care was the Department of Health response to Winterbourne View.

The NHS Commissioning Board's objective at the time was to ensure that CCGs worked with local authorities to ensure that vulnerable people received safe, appropriate, high quality care. The presumption was that services should be local and that people should remain in their communities; a substantial reduction in reliance on inpatient care was expected.

- In North Lincolnshire, 11 people were identified on the register who were 'out of area' and required a review of their care and a plan to facilitate their return locally in the appropriate environment to their needs. It can now be reported that these 11 people have now been fully assessed and either brought back into the North Lincolnshire area or are in a suitable placement for their clinical needs with a discharge plan to bring them back into area as soon as their condition allows. North Lincolnshire is one of a handful of communities nationally that has managed to achieve this

### **6.1 Local picture and key achievement highlights**

- 11 patients identified as "Winterbourne" in original cohort in 2013 (plus 4 in secure)
- High level action plan developed May 2013
- Joint Improvement Plan submitted July 13
- "All means all" consultation with users carers and staff 2013 and 2014
- Local Transforming Complex Care Delivery group established August 13

- Joint work on a Transforming complex care Market Position statement (MPS) 2013-14
- Draft Adult Services MPS published August 14
- Transforming Complex Care MPS published September 2014
- Provider dialoguer events November 2014, December and January 2015

## 6.2 Current picture

- Currently 14 providers registered on “Community Support for You”.
- Small number of very specialist providers of care in residential settings.
- New specialist supported living accommodation (Karen Court) came available December 2014
- Intensive personalised packages of support for people with complex needs have been put in place
- All eleven clients had active discharge plans in place
- Ten of the eleven clients are no longer in hospital, the remaining client discharge has been delayed due to a change in clinical presentation but still has an active plan in place

## 6.3 What difference has it made?

- People and carers welcome being kept informed and have identified celebrations, areas to improve and further ideas for action
- Provider dialogue has enabled commissioners to work with service providers who support the principles described in ‘Ensuring Quality Services’ and ensure vulnerable people receive the right service, at the right time, in the right place, with the right support

## 6.4 What worked well?

- Good timing  
The local review outlined above had effectively prepared the ground for the changes required before Panorama broadcast. The outcome report could well have written with Winterbourne in mind.
- Good people  
There were a core group of staff from a variety of different agencies who worked tirelessly to achieve creative solutions for vulnerable people. People met very challenging deadlines on a daily basis. Partnerships were formed based on the needs of individual’s clients to achieve the best outcomes.  
Service users and carers gave generously of their time, experience and opinions to help shape the future.
- Clarity and focus  
Individual and agency egos were set aside to achieve the common cause:  
To bring vulnerable people home and create a local community that ensured we did not need to send people out of area again.
- Genuine co-production

Between health and social care, staff users and carers, commissioners and providers, children's and adult services all those service boundaries that can too easily become barriers were dropped in favour of the shared objective.

## 6.5 What we could improve?

- Routine reporting and assurance

As a community we understood the strategic importance of these vulnerable people and the requirement to "bring them home" but the requirement to reassure the centre did little to enable us to achieve this end, on the contrary it diverted time and resources and attention from the key objective.

- A little more time

The timescales set were very challenging and put local services and staff under intense pressure, however, more time could have simply led to further delays.

# 7. Patient Experience

## 7.1 Friends and Family Test (FFT)

### 7.1.1 Northern Lincolnshire and Goole NHS Foundation Trust

The Trust seeks to achieve an FFT response rate that falls within the top 50% of all reporting Trusts. The latest data available (May 15) reflects that the Trust did not achieve this target for the inpatient measure or the A&E measure.

In terms of the A&E measure, the percentage response rate for Diana Princess of Wales Hospital was 16.3%, Scunthorpe General Hospital was 15.1% and Goole District Hospital was 0%. The nil response from Goole reduced the overall figure to 13.1%, this falls below the national average of 15.3% and the Trust is now in the lower 50% of reporting Trusts.

In terms of the inpatient measure, the Trust remained in the lower 50% of reporting Trusts with an overall Trust response rate of 21.7% compared to the national average of 39.3%. The percentage response rate for Diana Princess of Wales Hospital was 19.4%, Scunthorpe General Hospital was 24.1% and Goole District Hospital was 23.0%.

It should be noted that the national methodology for the inpatient FFT measure was amended in April 15; the impact of this is that the sample reflected in the May 15 data has been expanded to include other patient groups including day cases.

The Trust is undertaking a range of actions to improve the inpatient and A&E FFT response rates across all sites, developments include:

- Dedicated FFT stands in A&E to promote the initiative, including a Polish FFT card to encourage feedback from the Polish community
- Improved engagement with clerical and nursing teams to promote the FFT
- Implementation of the FFT Task & Finish Group

- Continued development of NETCALL to encourage greater response rate,

### **7.1.2 Hull and East Yorkshire Hospitals NHS Trust**

Since April 15, the Trust has reported a steady improvement in the response rate of the Friends and Family Test, the level of positive feedback has also increased. In June 15, the Trust reported that 97.42% of patients stated that they would recommend the Trust to a friend or family. In response to this positive feedback, the Trust is expanding its suite of indicators relating to the Friends and Family Test measures. The revised measures will be included in the Trusts new Quality Report (which provides greater detail of the Trusts approach to meeting its quality indicators) once the indicators have been reviewed by the Trust Development Authority.

In addition to the revisions made to the Friends and Family Test indicators, the Trust has undertaken a range of new initiatives relating to patient experience. These initiatives include the nomination of a Patient Experience Lead (this forms part of the portfolio of the Assistant Chief Nurse), recruitment of a Patient Experience Officer (this position forms part of the Trust's Complaints Team), development of a Patient Experience Strategy and development of a Patient Experience Hub at the Hull Royal site.

## **7.2 Complaints**

In quarter one of 2015/16, NL CCG received two complaints, the same number is reflected in quarter four data of 2014/15.

One complaint related to a Continuing Healthcare retrospective review and one complaint related to an individual funding request. As a result of the complaint relating to the Continuing Healthcare retrospective review, details of how to appeal against a decision relating to Continuing Healthcare, including timeframes, are now contained in the correspondence sent to the patient by the Continuing Healthcare Team.

Both complaints were dealt with and closed within quarter one.

## **7.3 Patient Advice & Liaison Service (PALS)**

In quarter one 2015/16, NL CCG received eighteen PALS contacts. The most common theme/reason related to signposting for an Acute Trust (four contacts related to NL&H FT and four contacts related to HEY HT), the remaining contacts were split between CCG queries, GP, dentist and optometry queries.

## 7.4 NHS England Complaints with regard to Primary care

In quarter one 2015/16, four complaints were submitted to NHS England regarding GP's in the North Lincolnshire area.

# 8. Infection Prevention and Control

## 8.1 Meticillan – Resistant *Staphylococcus Aureus* [MRSA] bacteraemia:

In 2015/16 there continues to be a zero tolerance target for MRSA bacteraemia for all NHS organisations.

Since April 2015 no MRSA bacteraemia cases detected/ apportioned to North Lincolnshire residents.

## 8.2 Methicillin-sensitive *Staphylococcus aureus* [MSSA] bacteraemia:

No trajectories/targets set for alert organism.

To date since April 2015 9 cases of MSSA bacteraemia detected and apportioned to a North Lincolnshire residents. Seven cases detected at SGH – ongoing collection of surveillance data. Further cases detected at Royal Hallamshire Hospital and more recently Northern General Hospital, Sheffield – contact made with IPCT awaiting details of cases.

## 8.3 MRSA/ MSSA - Panton-Valentine Leukocidin PVL:

To date since April 2015 2 cases of MRSA/MSSA PVL have been reported and managed by the community infection control team

## 8.4 *Clostridium Difficile* [CDiff]:

For *C.Difficile* the CCG has a trajectory of 31 to be achieved for 2015/2016.

To date since April 2015 10 *C.difficile* cases have been detected and apportioned to North Lincolnshire residents.

All cases are subject to a full review process and multi-agency review meeting chaired by the Director of Infection Prevention and Control [DIPC] held on a monthly basis.

Trends associated with cases include previous recent hospitalisation.

## 8.5 *E.Coli* bacteraemia:

No trajectories/targets are currently set for this alert organism.

To date since April 2015 29 cases of *E.Coli* bacteraemia have been detected and apportioned to North Lincolnshire residents.

21/29 cases since April 2015 have been detected at SGH with the majority determined as community acquired infections due.

## 9. Primary Care Quality

### 9.1 Productive Practice Initiative

Most practices are now working towards the final phase of the Productive Practice initiative, which aims to encourage practices to seek quality improvements and efficiencies within their daily work and to have in place an agreed quality development plan. Each practice will continue to receive the support of a member of the 'Shaping for Health' team until the final stage of the project. 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 taking into account resource issues and specific challenges faced by the practice.

A celebratory workshop event was held on the 9<sup>th</sup> of June that enabled participating practices to showcase their achievements. A wide range of work was presented by practices in a 'Market Stall' arena outlining improvements made in the areas of; patient experience, efficiency, staff well-being, staff improvements and overall quality. Practices expressed a willingness to embed the improvement methodologies they have learnt and work with staff and patients to continue to enhance service delivery.

### 9.2 Friends and Family Test

Practices have been submitting FFT data monthly since January 2015. NHS England has now published FFT results for May along with retrospective monthly data analysis going back to January 2015. Whilst NHS England set no target for numbers of responses required, they do not provide analysis or feedback if a practice provides fewer than 5 responses in any given month.

The results published in May for North Lincolnshire indicates that 7 practices did not provide any response or an insufficient response (i.e. less than 5) to be analysed. This contrasts to January when all but one NL practice provided 5 or more responses. It has however been recognised nationally, that some practices may struggle to provide feedback over the long term. Relationship Managers are offering support to practices to help them engage with patients and the FFT process.

The national level of satisfaction with General Practice as indicated by the FFT responses is 88%. The data for NL practices is generally in line with this figure, with local satisfaction scores for May ranging between 67% and 100% with an average of 89%. Caution must however be exercised when interpreting relatively low and fluctuating numbers over a short period of time. Practices are also expected to ask at least one supplementary question in addition to the standard FFT question. It is expected that these questions will form a rich and useful range of information for practices to develop and improve their services.

On-going advice and support is available to practices to help them fulfil FFT requirements and upload data to the national team. Practices that do not upload will receive direct support



from NHS England. NHS England has also worked with local dental practices to support them in their first submission.

NL CCG continues to be a part of regional and national networks to support GP FFT implementation.

### **9.3 Supporting Practice performance**

The national Primary Care Web tool measures performance against certain indicators and is monitored by the Local sub - regional team; if a practice is an outlier on six or more indicators the CCG are asked to review performance with the practice. Since the last review in February 2015 the three NL practices that were identified as being 'outliers' have had been visited with the support of 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.

### **9.4 Training for Quality**

The CCG is supporting a quality training and innovation programme, being developed by the Improvement Academy for Yorkshire & Humber. Designed for staff working in primary or secondary care most modules will be via E learning. The initiative aims to provide training at several levels up to and including 'train the trainer'/expert coach support level. Currently the bronze entry level training is being tested. It is anticipated that all training programmes will be in place by 2016.

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