


<b>MEETING DATE:</b>	8 October 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.2	
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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**

**October 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

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.

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:

- Management of serious incidents at Hull & East Yorkshire Hospital Trust

Concerns have been raised by Commissioners in relation to the Trusts management and monitoring of serious incidents, specifically those relating to deteriorating patients, maternity services, pressure ulcers and A&E. Whilst none of these incidents directly related to NLCCG patients, all commissioners have expressed concern with the Trusts apparent lack of organisational learning and timeliness in reporting and responding to serious incidents.

In response to this, Commissioners have requested that the Trust provides detailed update on their recovery plans in relation to SI management. These plans will be monitored via the Collaborative Serious Incident Panel, the HEY Clinical Quality Forum and the Contract Management Board meeting.

- Staffing at Northern Lincolnshire & Goole Foundation Trust

The Trust has reported on-going concerns regarding staffing levels throughout quarter one of 2015/16, these concerns continued to be raised during quarter two of 2015/16. The Trust has not met its whole time equivalent vacancy target during quarter one or quarter two (as at 31/07/15) and achievement of this target was intermittent throughout 14/15.

The biggest variance from trajectory relates to the Nursing (Registered and unregistered) vacancy position, the Trust reports a deteriorating position month on month for this target.

In addition, the Trust reported limited assurance (as at end July 15) in terms of staffing fill rates for Nursing, Midwifery and Care Staff in the Neonatal Intensive Care Unit.

The Trust wide vacancy rate at 31/07/15 was 8.35%; this was a deterioration from the vacancy position in June 15 (8.28%) and the position in May 15 (7.43%).

- Clinical handover times at East Midlands Ambulance Service (EMAS)

EMAS is in the process of implementing a new electronic patient handover system, it is expected that the new system will overcome discrepancies in relation to patient handover data. This will ensure that Commissioners are able to validate the data and, if necessary, apply the relevant penalties if the Trust breaches the ambulance handover 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 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 during 2014/15	79	11	4	2	N/A
Serious incidents reported at this point in <u>2014/15</u>	29	3	0	0	N/A
Serious incidents logged <u>YTD 15/16</u>	13	2	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>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Serious Incidents YTD 15/16</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	-	-	-	-
Apparent/actual/suspected self-inflicted harm	-	1	-	-	-
Diagnostic incident including delay meeting SI criteria	1				
Environmental Incident SGH & DPOWH	1	-	-	-	-
Unexpected Death (general)	1	-	-	-	-
Unexpected / potentially avoidable death	-	1	-	-	-
Unexpected / potentially avoidable injury causing serious harm	1	-	-	-	-
Pressure Ulcer meeting SI criteria (New framework 2015)	1	-	-	-	-
Pressure Ulcer (grade 3)	1	-	-	-	-
Pressure Ulcer (grade 4)	1	-	-	-	-
Surgical/invasive procedure incident meeting SI criteria	1				
Treatment Delay	-	-	-	1	-
<b>NEVER EVENT</b> – Wrong Implant	1	-	-	-	-
<b>NEVER EVENT</b> – Wrong Site Surgery	1	-	-	-	-
<b>NEVER EVENT</b> - Retained foreign object post-procedure	1	-	-	-	-

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

Location	Apr 15	May 15	June 15	July 15	Aug 15	YTD
N Lincolnshire patient's home	1	-	-	-	-	1
SGH – Stroke Unit	-	1	-	-	-	1
SGH – Antenatal Clinic	-	1	-	-	-	1
DPOWH A&E	-	-	-	1	-	1
SGH – A&E	-	-	-	-	1	1
SGH -Theatre	-	-	-	-	1	1
DPOWH Outpatients	-	-	-	1	-	1
DPOWH Operating Theatre	-	1	-	-	-	1
DPOWH Paediatric	-	-	1	-	-	1
SGH & DPOW ICU/HDU	-	-	1	-	-	1
DPOWH Ward Area*	-	-	1	-	-	1
DPOWH Theatre	-	-	2	-	-	2
<b>Total</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>13</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:

- With regards to the two environmental incidents reported by the Trust in June 15, one of which related to a North Lincolnshire patient at Scunthorpe General Hospital, the Trust has submitted the six HSE improvement notices to the NL&G Quality Contract Review (QCR) meeting for consideration. The QCR meeting has been tasked with monitoring the Trusts response to the HSE notices, focusing on the impact that these incidents have had on the quality of services from an operational and contractual perspective.

In light of the two Never Events reported by NL&GFT in June 15, the CCG is working with the Trust to further strengthen the processes for ensuring that never events and serious incidents are monitored and managed appropriately by the Trust and its commissioners. Specifically, data relating to never events and serious incidents will be submitted to members of the NL&G QCR meeting for review, on receipt of this data members of the NL&G QCR meeting will formally sanction the penalty for never events that will be applied to the Trust via Schedule 4 of the Standard NHS Contract.



## 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	Quarter 1
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
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.

**Note: Q2 data still not available**

## 5. Patient Experience

- Friends & Family Test

Northern Lincolnshire & 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 (June 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 12.9%, Scunthorpe General Hospital was 12.5% and Goole District General Hospital was 3.7%. Goole Minor Injuries Unit has only recently become eligible for inclusion in this indicator, the low response rates at Goole could be attributed to the recent change in management on the unit.

In terms of the in-patient measure, the percentage response rate for Diana Princess of Wales Hospital was 18.2%, Scunthorpe General Hospital was 21.5% and Goole District General Hospital was 27.3%. The Trust wide response rate was 20.2%, this fell below the national average of 27.3%.

Commissioners have requested further details on the Trusts recovery plans in relation to improving the FFT response rate and percentage of positive recommendation. Once received, this data will be monitored via the Contract Management process.

Hull and East Yorkshire Hospitals NHS Trust

In June 15 (most recent data available), the Trust reported a 25.39% response rate for the in-patient Friends and Family Test, this is an improvement from the previous month. Of these responses 96.7% were positive recommendations. The response rate for the A&E Friends and Family Test in June 15 remained low at 5.86%, of these responses 70.33% were positive recommendations.

The response rate for the maternity Friends & Family Test was only 6.50% in June 15; however 100% of these responses were positive. Overall, the Trust demonstrates an improving trend in number of responses and positive recommendation.

The Trust has recently implemented a new Patient Experience Hub at the Hull Royal Infirmary site; this hub is open to members of the public and provides the opportunity for patients, family members or other members of the public to have a confidential discussion

with a member of the Trusts complaints and PALS team. The Hub's opening times fit around visiting hours.

- Complaints – ***Please note that the Q2 Patient Relations report is not yet available, therefore the narrative provided in the Aug Governing Body report still applies. Q2 data will be included in the Dec Governing Body Report***

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.

- Patient Advice & Liaison Service (PALS) - ***Please note that the Q2 Patient Relations report is not yet available, therefore the narrative provided in the Aug Governing Body report still applies. Q2 data will be included in the Dec Governing Body Report***

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&G FT and four contacts related to HEY HT), the remaining contacts were split between CCG queries, GP, dentist and optometry queries.

- NHS England Complaints with regard to Primary care – ***Please note that the Q2 Patient Relations report is not yet available, therefore the narrative provided in the Aug Governing Body report still applies. Q2 data will be included in the Dec Governing Body Report***

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

## 6. Safeguarding

### SAFEGUARDING ADULTS

#### Prevent

The Prevent Statutory Duty and Chanel Statutory Duty came into force for NHS Providers and Commissioners as from 1<sup>st</sup> July.

The North Lincolnshire Silver Prevent meeting is now been led by the Local Authority, although the meeting continues to be Chaired by Police. All agencies have been requested to contribute to a multi –agency action plan to implement Prevent within North Lincolnshire, including the development of a local training package to ensure a locally joined up approach. Whilst contributing to this process it has been fed back that the NHS are required by the Department of Health to deliver the HealthWrap at levels required via the Intercollegiate Document, which has been supported by Humberside Police. An action planning group has been established.

As required by the Chanel Statutory Duty Health is a core partner on the Chanel Panel. The Chanel Panel is a multi-agency group which meets to consider referrals made via the Chanel Process as to their suitability for targeted support. The Chanel Panel in North Lincolnshire has yet to set a date for convening.

Due to the now statutory duty of Prevent and Chanel a separate Prevent Policy has been written for the CCG and has been to the Quality Committee for ratification.

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

Following the Domestic Homicide Challenge meeting the draft report is still awaited from the Author. As recommended good practice, the perpetrator of the homicide was contacted as asked if they would like to participate in the review. The perpetrator has now responded and would like to participate so arrangements are being made for this to take place. It is now anticipated that the final draft report will go to the Safer Neighbourhoods Board in December 2015 following a final meeting of the DHR Group to discuss the report in Oct/Nov.

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

Further guidance has now been received, via the Safeguarding Adults Board, on the roles and responsibilities of the DASM.

This role will incorporate the safeguarding adult lead role as required through the CCG authorisation process. This combined role will have a strategic overview of safeguarding adults across the health economy supporting all activity required to ensure that the organisation meets its responsibilities in relation to safeguarding adults. The DASM will offer support and advice to the CCG Board member responsible for adult safeguarding who attends the Safeguarding Adult Board.

In addition the DASM will oversee the regular provision of training to the staff and Board of the CCG. They will be a source of expertise and advice to those working in the CCG as well as the designated nurse leads in the Health Economy, Local Authority, Policy and other organisations on health matters in relation to adult safeguarding.

## **SAFEGUARDING CHILDREN**

### **Appointment of Specialist Nurse – Safeguarding Children (Referral Management Team, North Lincolnshire Children’s Services)**

In partnership with North Lincolnshire Council, North Lincolnshire CCG has appointed a Specialist Nurse – Safeguarding Children to be based with North Lincolnshire Council Children’s Social Care Referral Management Team. The successful candidate commenced

in post on 21<sup>st</sup> September 2015. This post is a fixed term pilot to 31<sup>st</sup> March 2016, and will be evaluated to establish its contribution to North Lincolnshire CCG meeting its statutory duties.

North Lincolnshire Council holds the statutory responsibility for the management of contacts and referrals to their services, but the decision and planning required to inform the outcome of notifications or referrals is required to be made on a multi-agency basis. Working Together to Safeguard Children (HM Government 2015) lays out the statutory framework (under Children Acts 1989 and 2004) within which all agencies must operate. This framework identifies that as a minimum a local authority social worker, their manager, a police officer, a health and an education professional, must be involved in Strategy Discussions to:

- share available information;
- agree the conduct and timing of any criminal investigation; and
- decide whether enquiries under section 47 of the Children Act 1989 should be undertaken
  - section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm

Other relevant professionals, involved in Strategy Discussions can include

- the professional or agency which made the referral;
- any health services the child or family members are receiving

However, in order to meet the statutory requirements, a health professional with sufficient seniority to analyse information from a specialist safeguarding perspective, and coordinate the response of health services is required to be in attendance.

All health services are required to share relevant information with the local authority in a timely fashion in order to inform the discussions and decision making following notifications or referrals.

Until the introduction of the this post, health organisations and services have responded on an individual case basis, and attendances at Strategy Discussions in North Lincolnshire by health professionals has been dictated by availability (range – 75.1% for 2014/2015 year, but 31.5% in April 2015). Whilst specialist safeguarding health professionals from key providers have attended some Strategy meetings, individual providers are unable to coordinate the response of other provider health services across the locality.

In addition to the role in contributing to information gathering/ sharing and decision making on children referred to North Lincolnshire Council, the post holder will also play a key role in supporting the quality assurance of the health offer to Early Help providing information to influence future commissioning and contracting of health services.

Working Together to Safeguard Children (HM Government 2015) reiterates and strengthens the responsibilities of commissioners and providers of services (including health), to identify and respond to assessed needs as soon as any problem emerges, which may include the development of targeted early help services which focus on activity to significantly improve the outcomes for the child.

Many localities have introduced Multi-Agency Safeguarding Hubs (MASHs) often with a Service Manager from the Local Authority, and professionals from other agencies, funded by their own organisation, but seconded into the MASH. North Lincolnshire have made the decision to operate as a co-located multi-agency Referral Management Team, with individual team members accountable to their own organisation. The Specialist Nurse – Safeguarding

Children is responsible to, and supervised by the Designated Nurse – Safeguarding Children. As Designated Professionals work across the local health system as strategic leaders and clinical experts/ advisors to health commissioners and providers, (and multi-agency partnerships), locating the Specialist Nurse post within the CCG allows for co-ordination of the wider health response to referrals or Early Help offer.

### **Female Genital Mutilation**

The report to the August Board outlined the increased focus on identification of, and support to, victims of Female Genital Mutilation. The Designated Nurse – Safeguarding Children is a member of the NHS England Yorkshire and Humber Task and Finish Group.

From 1<sup>st</sup> April 2015, all acute Trusts have been required to report and report to the Health and Social Care Information details of any cases of FGM identified. This requirement was extended to Mental Health Trusts and GP practices from 1<sup>st</sup> October 2015. All GP practices have received an FGM information pack containing a range of resources and materials to all which includes details of registering for access to the reporting system. However, the Designated Nurse is able to support any practices if required.

## **7. Primary Care Quality**

### **Productive Practice Initiative**

As most practices are now working towards the final phase of the Productive Practice initiative, work is starting to focus on embedding learning within the practices and identifying opportunities to share best practice.

#### **9.2 Friends and Family Test**

Practices have been submitting FFT data monthly since January 2015. NHS England has now published FFT results for June along with retrospective monthly data analysis going back to January 2015 (with respect to numbers of submissions made). 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 published in September (but relating to June) for North Lincolnshire indicate that 5 practices did not provide any response or an insufficient response (i.e. less than 5) to be analysed. This contrasts to the previous month when seven practices provided insufficient responses. In respect of those practices submitting data the numbers of responses ranged from 5 to 189 during June. It should be noted that it is a contractual obligation for practices to participate in the FFT programme. Failure to participate in the programme will result in the issue of a warning notice by NHS England to the practice concerned. Relationship Managers are offering support to practices to help them engage with patients and the FFT process.

Local satisfaction scores for NL CCG in June ranged between 60% and 100% with an average of 91%. In comparison the National Average was 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.

### **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. Train the Trainer programmes have also been developed with CCG's asked to express an interest during September.