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| <b>MEETING DATE:</b>                    | 10 December 2015  | <br><b>North Lincolnshire<br/>Clinical Commissioning Group</b><br><br><b>REPORT TO THE<br/>CLINICAL COMMISSIONING GROUP<br/>GOVERNING BODY</b> |
| <b>AGENDA ITEM NUMBER:</b>              | Item 7.2  |   |
| <b>AUTHOR:</b>                          | Catherine Wylie   |   |
| <b>JOB TITLE:</b><br><b>DEPARTMENT:</b> | Director of Risk and Quality Assurance , Chief Nurse<br>CCG |   |

## NLCCG QUALITY AND RISK REPORT

|   |   |
|---|---|
| <b>PURPOSE/ACTION REQUIRED:</b>                 | The Governing Body are asked to:<br><br>Receive and note the Quality and Risk Paper                                       |
| <b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b> | Quality Group<br>Information Governance group<br>Safeguarding team<br>CSU - Learning Disabilities and Mental Health team. |
| <b>FREEDOM OF INFORMATION:</b>                  | Yes<br><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>  |          |
| <b>3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP</b>  |          |
| 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. |          |

|  |  |     |   |    |   |
|--|--|-----|---|----|---|
| <b>4. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>  | <table border="1"> <tr> <td>Yes</td> <td>X</td> <td>No</td> <td></td> </tr> </table> | Yes | X | No |   |
| Yes  | X  | No  |   |    |   |
| Where appropriate and relevant, the Risk register and Board Assurance Framework are updated and monitored through the risk and governance processes. |  |     |   |    |   |
| <b>5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>  | <table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table> | Yes |   | No | X |
| Yes  |  | No  | X |    |   |
|  |  |     |   |    |   |
| <b>6. LEGAL IMPLICATIONS:</b>  | <table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table> | Yes |   | No | X |
| Yes  |  | No  | X |    |   |
| None identified in this report.  |  |     |   |    |   |
| <b>7. RESOURCE IMPLICATIONS:</b>   | <table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>X</td> </tr> </table> | Yes |   | No | X |
| Yes  |  | No  | X |    |   |
|  |  |     |   |    |   |
| <b>8. EQUALITY IMPACT ASSESSMENT:</b>  | <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   |  |     |   |    |   |
| <b>9. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>  | <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.   |  |     |   |    |   |
| <b>10. RECOMMENDATIONS:</b>  |  |     |   |    |   |
| The CCG is asked to: - <ul style="list-style-type: none"> <li>• Receive and Note the report</li> </ul>   |  |     |   |    |   |



*North Lincolnshire  
Clinical Commissioning Group*

# **Quality and Risk Management Report**

**December 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.

## 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:

### Organisational learning at Hull & East Yorkshire Hospital Trust [HEY]

H&EY continue to report challenges regarding their performance in a range of areas. NLCCG is working with Hull CCG as the lead Commissioners of HEY to ensure delivery of improvements across the areas where performance is not being achieved.

A Quality Improvement Plan (QIP) is in place and will support improvement in this area. The QIP has been developed by the Trust in conjunction with the Trust Development Agency and incorporates all remaining actions from the CQC inspection action plan and outstanding actions relating to serious incident investigations. Progress against the QIP will be monitored by NLCCG via the provider management assurance structure.

### Staffing at Northern Lincolnshire & Goole Foundation Trust

The Trust continues to report on-going concerns regarding staffing levels throughout quarter three of 2015/16.

A wide range of actions are in place to maintain safe staffing levels and to recruit to vacant positions within the Trust. The CCG continues to monitor progress against the agreed trajectories.

Commissioners monitor the Trusts approach to improving these areas of concern via the monthly contract management structure.

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

EMAS is currently implementing a new electronic patient handover system, it is expected that the new system will improve patient handover response times. This will also assist commissioners to validate the data.

In anticipation of this, NL&G FT has implemented a range of initiatives to support the new EMAS data system and to ensure, as far as possible, that communication between EMAS and NL&G is seamless. It is anticipated that this will reduce the clinical handover time and therefore improve patient care.

### 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 (as at 1 November 15)

|   | NLAG              | RDASH    | HEY HT   | CCL      | Co-comm GP Practice |
|---|-------------------|----------|----------|----------|---------------------|
| Serious incidents reported during 2014/15                               | 79                | 11       | 4        | 2        | N/A                 |
| Serious incidents reported at November 2015                             | 34                | 4        | 0        | 0        | N/A                 |
| <b>Serious incidents logged YTD 15/16</b>                               | <b>20</b>         | <b>3</b> | <b>0</b> | <b>2</b> | <b>1</b>            |
| Serious Incidents De Logged YTD 15-16                                   | 0                 | 0        | 0        | 0        | 0                   |
| <b>Never Events (NE) YTD 15/16</b>                                      | <b>3<br/>DPOW</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                           | 2                 | -        | -        | -        | -                   |
| Antenatal Clinic Screening Issues                                       | 1                 | -        | -        | -        | -                   |
| Apparent/actual/suspected self-inflicted harm                           | -                 | 1        | -        | -        | -                   |
| Commissioning incident meeting SI criteria                              | -                 | -        | -        | 1        | -                   |
| Confidential Information Leak/Information Governance                    | -                 | 1        | -        | -        | -                   |

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| Diagnostic incident including delay meeting SI criteria        | 3 | - | - | - | - |
| 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)        | 2 | - | - | - | - |
| Pressure Ulcer (grade 3)                                       | 1 | - | - | - | - |
| Pressure Ulcer (grade 4)                                       | 1 | - | - | - | - |
| Surgical/invasive procedure incident meeting SI criteria       | 1 | - | - | - | - |
| Treatment Delay  | 1 | - | - | 1 | - |
| NEVER EVENT – Wrong Implant                                    | 1 | - | - | - | - |
| NEVER EVENT – Wrong Site Surgery                               | 1 | - | - | - | - |
| NEVER EVENT - 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 (as at 1 November 15)

| Location                      | Apr 15 | May 15 | June 15 | July 15 | Aug 15 | Sep 15 | Oct 15 | YTD |
|-------------------------------|--------|--------|---------|---------|--------|--------|--------|-----|
| N Lincolnshire patient's home | 1      | -      | -       | -       | -      | 1      | -      | 2   |
| SGH – Stroke Unit             | -      | 1      | -       | -       | -      | -      | -      | 1   |
| SGH – Antenatal Clinic        | -      | 1      | -       | -       | -      | -      | -      | 1   |
| DPOWH A&E                     | -      | -      | -       | 1       | -      | -      | -      | 1   |
| SGH – A&E                     | -      | -      | -       | -       | 1      | -      | -      | 1   |
| SGH -Theatre                  | -      | -      | -       | -       | 1      | -      | -      | 1   |
| SGH - CDU                     | -      | -      | -       | -       | -      | -      | 1      | 1   |
| SGH – Disney                  | -      | -      | -       | -       | -      | -      | 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         |
| DPOWH Surgery   |          |          |          |          |          |          | 2        | 2         |
| GDH - Radiology | -        | -        | -        | -        | -        | 1        | -        | 1         |
| ULH - Pathology | -        | -        | -        | -        | -        | 1        | -        | 1         |
| <b>Total</b>    | <b>1</b> | <b>3</b> | <b>5</b> | <b>2</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>20</b> |

Summary of key actions taken by NLCCG:

The NL&G contract management process, which is overseen by the NL&G Executive Contract Board, is monitoring the Trusts response to incidents raised in primary care relating to patient discharge information from secondary care. The Trust has recognised delays in processing patient discharge information. The Trusts have implemented an electronic feedback system on all discharge letters that enables GPs to comment on the Quality of information they receive regarding patients when they leave hospital. This is proving valuable to the improvement of the discharge process.

The CCG continues to work with the Trust to further strengthen the processes for ensuring that never events and serious incidents are monitored and managed appropriately by the Trust.

## 4. Primary Care Incident Reports

In quarter two 2015/16, thirty-six incidents were reported to NL CCG by North Lincolnshire GPs and NL CCG staff. This is a 14% reduction since quarter one. The highest reporting category of incidents in quarter two was Medication with fourteen incidents (39%). The second highest reporting category was Appointment/Admission/Transfer/Discharge, with nine incidents were reported.

**Table 1: Breakdown of Category of Incidents Q2 2015-16**

| <b>Category</b>  | <b>Quarter 2</b> |
|--|------------------|
| Abusive/Violent/Disruptive or self-harming behaviour                               | 0                |
| Appointment/Admission/Transfer/Discharge   | 9                |
| Accident that may result in personal injury  | 0                |
| Clinical Assessment (patient information, records, documents, test results, scans) | 8                |
| Consent, confidentiality or communication  | 1                |
| Implementation of care or on-going monitoring/review                               | 3                |
| Information Governance   | 1                |
| Medication   | 14               |
| <b>Total</b>   | <b>36</b>        |

Of the thirty-six incidents reported, thirty-three were submitted by North Lincolnshire GP Practices, two were reported by NL&G FT (all incidents were sent to the relevant GP



Practices for investigation, all issues related to the screening process) and one incident was reported by Care Plus Group (this incident related to an internal courier issue with unaddressed medical information from a GP Practice in NL.

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

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

| <b>Location</b>                                     | <b>Q2</b> |
|---|-----------|
| HEYHT – Castle Hill Hospital                        | 1         |
| Community Services                                  | 3         |
| NLAG – Diana, Princess of Wales Hospital, Grimsby   | 1         |
| GP Practice   | 2         |
| In-patient Services – Doncaster Royal Infirmary A&E | -         |
| In-patient Services – Doncaster Royal Infirmary     | -         |
| Gynaecology   | -         |
| NLAG – Pathlinks                                    | -         |
| NLAG – Scunthorpe General Hospital                  | 25        |
| HEYHT – Hull Royal Infirmary (HRI)                  | 1         |
| Pharmacy  | 2         |
| Spire Hospital – Cardiothoracic                     | 1         |
| <b>Total</b>  | <b>36</b> |

## 5. Patient Experience

### Friends & Family Test

#### *Northern Lincolnshire & Goole NHS Foundation Trust*

Target: The Trust seeks to achieve an FFT response rate that falls within the top 50% of all reporting Trusts.

The Trust ranks 76 out of 141, placed in the bottom 50% of responding organisations.

The latest data available (August 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 14.9%, **Scunthorpe General Hospital was 12.6%** and Goole District General Hospital was 11.1%. The Trust wide response rate was 13.3%, this fell 1% below the national average of 14.3%.

In terms of the in-patient measure, the percentage response rate for Diana Princess of Wales Hospital was 15.2%, Scunthorpe General Hospital was 21.5% and Goole District General Hospital was 21.6%. The Trust wide response rate was 18.4%, this fell below the national average of 25.5%.

Summary of action taken by the Trust to improve the FFT response rate:

- Development of a weekly FFT dashboard
- Promotion of the FFT across the Trust
- Brighter, more visible FFT boxes on clinical areas,
- FFT results displayed at ward & department level

- Identifying staff names within FFT in respect of recognising great patient care
- Sharing positive responses with staff
- Establishing ways to enhance the sharing of FFT results
- Breaking down responses, especially in community and rehab to help teams use data at local level
- Trial of new FFT card in A&E at Scunthorpe General Hospital
- Re-launch of FFT y hospital volunteers

### *Hull & East Yorkshire Hospitals*

The latest data available (August 15) reflects that the Trust did not achieve this target for the inpatient measure, the maternity measure or the A&E measure.

In terms of the A&E measure, the Trust wide response rate was 2.13%, this position continues to decline. The in-patient Trust wide response rate was 18.61%. The Trust was unable to measure the maternity response rate due to insufficient number of responses.

Summary of actions undertaken by the Trust to improve the FFT response rate:

- The HEYHT Patient Experience Team has continued to undertake visits to the ward areas to promote the importance of the FFT amongst patients and service users
- The Trust has recruited volunteers to the Emergency Department to promote the FFT
- Patient experience has been incorporated into the Trusts Quality Improvement Plan as part of the organisations commitment to improving quality and continued learning

### Complaints

Two complaints were handled by NLCCG in quarter two of 2015/16. One complaint was related to a delay in carrying out a retrospective review, this complaint was upheld. Another complaint related to concerns about the level and quality of care that was provided to the complainant's son, this complaint was not upheld.

### Patient Advice & Liaison Service (PALS)

Twenty-three contacts were made to the NLCCG PALS during quarter 2 of 2015/16. One contact related to the delivery of clinical care at Scunthorpe General Hospital, the patient raised a range of concerns about the nursing care provided to him and to other patients residing at the hospital. The patient also expressed concerns that they were discharged for bed management reasons as opposed to medical reasons. The CCG has escalated these concerns to NL&G FT for further investigation.

## **6. Safeguarding**

### **SAFEGUARDING ADULTS**

#### **Safeguarding Adults Reviews**

A case has been presented to the SAR group for consideration. It did not meet the criteria for a SAR, however, will be reviewed as a LLR (Learning Lessons Review) in conjunction with Safeguarding Children's colleagues.

### **Care Homes**

The CCG continues to work closely with colleagues from the Local Authority to monitor the quality of care provision within care homes in North Lincolnshire. Where concerns have been raised or the CQC identify issues, the CCG undertakes assessments and offers support to the home; contracting levers are implemented where appropriate. One care home has received a rating of 'inadequate' from the CQC and significant work is being undertaken and an action plan is in place and being monitored by the CQC to ensure improvements are made.

### **Designated Professional Appointment**

Interviews were held in early November and Julie Wilburn has been appointed to the position of Designated Professional, Safeguarding Adults.

## **SAFEGUARDING CHILDREN**

### **Serious Case Review**

On 16<sup>th</sup> October 2015, North Lincolnshire Safeguarding Children Board (NLSCB) published a Serious Case Review undertaken following the death in March 2014 of a 17 year old North Lincolnshire resident by self- strangulation. At the time of death, the young person was in a Tier 4 CAMHS placement in the Greater Manchester area. They had been a voluntary patient at the unit for 7 months.

The full report is available on the LSCB website at: <http://www.northlincsiscb.co.uk/EasySiteWeb/GatewayLink.aspx?allid=25962>

A briefing on the Serious Case Review will be prepared for the Governing Body, but there were a number key learning points identified and recommendations made around the arrangements for, and oversight of young people in need of intensive/ inpatient mental health services.

## **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.

### **Friends and Family Test**

Practices have been submitting FFT data monthly since 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 November (but relating to September) for North Lincolnshire indicate that 6 practices did not provide any response or an insufficient response (i.e. less than 5) to be analysed. This contrasts to the previous quarter when 5 practices provided insufficient responses. In respect of those practices submitting data the range of responses ranged from 11 to 169 (previous range was from 5 to 189). 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 improve their response rates.

Local satisfaction scores for NL CCG in September ranged between 55% and 100% with an average score of 89% matching the national 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.

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

### **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. No NL practice has been identified as an outlier since February 2015. 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.

### **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. A Train the Trainer programme has also been developed including a 'Gold level' programme with CCG's asked to express an interest.