


MEETING DATE:	11 February 2016	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 8.2	
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JOB TITLE: DEPARTMENT:	Director of Risk and Quality Assurance , Chief Nurse	

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 CS - Learning Disabilities and Mental Health Team.
FREEDOM OF INFORMATION:	Yes Public

1. PURPOSE OF THE REPORT:	
This report presents an updated position in relation to key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].	
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	
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:			
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> X	<input type="checkbox"/> No	<input type="checkbox"/>
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:			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
6. LEGAL IMPLICATIONS:			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
None identified in this report.			
7. RESOURCE IMPLICATIONS:			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
8. EQUALITY IMPACT ASSESSMENT:			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
Update report for the Governing Body to note			
9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:			
<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> X
This report provides a summary briefing on the work undertaken by the Quality group.			
10. RECOMMENDATIONS:			
The Governing Body is asked to receive the report.			



*North Lincolnshire
Clinical Commissioning Group*

Quality and Risk Management Report

February 2016

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 work 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 on a monthly basis at the NL CCG Quality Committee 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:

Care Quality Commission (CQC) inspection at Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)

The CQC undertook an inspection of RDASH NHS Trust acute, community and rehabilitation wards on 14-18 September 2015. The CQC gave RDASH an overall rating of 'requires improvement'.

Key findings include:

- The trust was not fully complying with its responsibilities under duty of candour and people did not always receive a timely apology when something went wrong
- Poor compliance with mandatory training
- Not all risk assessments were completed, up to date and of good quality
- Staff did not consistently monitor the physical health needs of patients of mental health services
- Medication management was not overseen effectively

Commissioners await receipt of the Trusts action plan. Once received, progress against the action plan will be monitored via the RDASH Contract Manager Board.

Clinical handover delays at East Midlands Ambulance Service (EMAS)

EMAS continues to report challenges with patient transfers at Scunthorpe General Hospital and Diana Princess of Wales Hospital.

Commissioners are working closely with EMAS and NL&G to limit the impact of these delays. The Trusts performance continues to be monitored on a monthly basis via the EMAS County Commissioning Meeting and the NL&G Quality Contract Review Meeting.

Staffing at Northern Lincolnshire & Goole NHS Foundation Trust

During December 2015, the Trust continued to report challenges in the recruitment of registered nurses and medical staff across all Trust sites. This is a national issue, but the Trust is taking positive action to promote the area to prospective staff.

In response to this, the Trust has completed several national and international recruitment drives during 2015/16, including visits to Bulgaria, Romania, Madrid, Portugal and the Philippines. The Trust has also appointed two dedicated Recruitment Managers to support the recruitment process.

The CCG continues to work with NL&G to improve the staffing position.

3. Serious Incident Summary Report

The NLCCG Serious Incident (SI) report draws together themes and trends that have been identified as part of the CCG's incident investigation process, for the main services contracted by North Lincolnshire CCG (NLCCG).

A monthly meeting takes place between the CCG and its main providers to review the content of the SI report and to consider the impact of each incident and identify any further action to be taken.

The summary provided below has been extracted from the NLCCG Serious Incident Report, further details on the SIs that affect NLCCG can be found in the SI Report.

Key points to note in December 15

- Four new SI's were reported by Northern Lincolnshire & Goole NHS Foundation Trust (NL&G) in December 15, three of these related to NLCCG patients. Of these, one SI was categorised under the Maternity/Obstetric service and two SIs were reported under the treatment delays category
- One new SI was reported by Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH), this SI was reported as a treatment delay
- One new SI was reported by Hull and East Yorkshire Hospitals NHS Trust (HEYHT), this SI was reported as a diagnostic incident that affected multiple CCG's

- One new SI has been reported by Fresenius Medical Care, Commissioners are working closely with NHS England to support the SI investigation process

Key themes and trends identified through the SI reporting process

Summary of recommendations made by Commissioners to provider organisations, as part of the SI action planning process:

- 17 recommendations were made to NL&G relating to compliance with policy and procedure
- 10 recommendations were made to NL&G relating to communication
- 8 recommendations were made to NL&G relating to record keeping concerns

No themes or trends have been identified, to date, in relation to the CCG's other providers.

4. Primary Care Incident Reports

Key points to note

- 66 incidents were reported during quarter 3; this reflects an 83% increase in the level of reporting in quarter 2. This is positive as it indicates that good reporting practices are in place
- 39 of these incidents were reported by North Lincolnshire GP Practices. In addition to these, 27 incidents were reported as defined below:
NLAG (6 x GP Practice, 1 x NHS111 and 1 x Pharmacy)
CCG (1 x Children's Safeguarding)
Intermediate Care Services (17 x incidents relation to medication issues at NLAG)
- 38% of all incidents reported in quarter 3 were reported under the Medication category, the majority of these incidents were reported by Intermediate Care Services as medication issues associated with patient discharge summaries provided by Scunthorpe General Hospital
- 35% of all incidents reported in quarter 3 were reported under the Appointment/Admission/Transfer/Discharge category
- 21% of all incidents reported in quarter 3 were reported under the Clinical Assessment (records, documents, test results, scans)

Themes and trends identified

The CCG has identified an increase in the number of incidents reported that relate to Appointment/Admission/Transfer/Discharge, the majority of these appear to relate to discharge summaries provided to GP Practices by NL&G.

The Trust is actively reviewing its patient discharge arrangements and Commissioners are working closely with the Trust to support this process.

5. Patient Experience

Key points to note

- NL&G has demonstrated an overall improvement against the A&E Friends & Family (F&FT) target during 2015/16. This improvement could be attributed to a range of initiatives undertaken by the Trust, including the launch of the F&FT volunteer scheme and implementation of a weekly F&FT dashboard.
- In October 2015, the Emergency Department at HEY saw an improvement in its F&FT response rate. The Trust has demonstrated steady improvement against this target during 2015/16

Complaints

In Quarter 3 two complaints were transferred from Quarter 2 data. Three new complaints received – two of those have been resolved.

The themes of the complaints received were regarding continuing health care, child and mental health services and independent provision.

On 1st December 2015 the complaints service transferred from CSU to the CCG and will therefore now be delivered in-house

Patient Advice & Liaison Service (PALS)

The CCG received 25 PALS contacts during quarter 3; this is commensurate with quarter 2. The majority of contacts made related to requests for help in contacting NHS England or a Hospital Trust. No particular themes or trends were identified during quarter 3.

6. Safeguarding

SAFEGUARDING ADULTS

Care Homes

The CQC has completed the inspection of Phoenix Park Care Village and have published their report, grading the establishment as “Inadequate”. North Lincolnshire CCG is working closely with the CHC and Local Authorities from North Lincolnshire, Doncaster, East Riding and North East Lincolnshire as well as CQC in managing concerns and ensuring the safety of all residents throughout these proceedings. **Joint Board Meeting**

The Safeguarding Adults Board and Local Safeguarding Children Board had a combined meeting focussing on the importance of “Early Help” within both agendas to ensure improved outcomes for vulnerable adults and children.

SAFEGUARDING CHILDREN

The multi-agency Action Plan arising from the Serious Case Review published by North Lincolnshire Safeguarding Children Board in October 2015, continues to be progressed. The activity of NLCCG in contributing to the learning and addressing the recommendations will be confirmed to the meeting of the Quality Group to be held on 25th February 2016, then presented to the Governing Body.

North Lincolnshire CCG is working in partnership with colleagues from partner agencies to ensure appropriate services and support are available for young people affected by incidents in the community.

A revised NLCCG Safeguarding policy is proposed to

1. align arrangements, where possible, for safeguarding children and adults
2. further strengthen provider assurance through formal reporting mechanisms via contract management processes, with oversight from the Designated Professionals

This policy will have strong links to a similar policy for North East Lincolnshire CCG to ensure consistent arrangements and expectations for provider.

7. Primary Care Quality

Productive Practice Initiative

The final phase of the initiative has now been completed with participating practices having identified the range of improvements they have implemented through their participation in the programme.

Friends and Family Test

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.

General Practices

The latest results published in January (but relating to September) for North Lincolnshire indicate that 4 practices did not provide any response or an insufficient response (i.e. less than 5) to be analysed. This is a slight improvement on the previous position when 5 practices did not provide any or insufficient data. In respect to those practices submitting data the number of responses ranged from 6 to 139 - a wide spread in line with previous submissions. 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 GP's in November ranged between 50% and 100% (with 3 practices scoring 100%) and an average practice score of 89%. This is in line with

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.

Dental Practices

Data has now been published for Dental Practices in North Lincolnshire relating to November 2015. Of the 18 practices listed 7 did not provide any or insufficient data. Of the other 11 practices the number of responses ranged from 6 to 144. Scores ranged from 92% to 100% with 9 practices scoring a full 100%

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.

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. The CCG continues to work with the Local Area Team to determine the most effective approach to monitoring and supporting local practices.

Care Quality Commission

In relation to NL practices, as of the 1/2/16, the CQC website identified that seven practices have been reviewed with six being rated as good and the seventh rated as 'requiring improvement'. A total of four practices are currently being inspected.

Market Hill GP Practice

Market Hill Medical practice which has been provided by Danum Medical Services Limited was inspected by the Care Quality Commission (CQC). They found the service to be inadequate and on Tuesday 12 January removed the registration for Danum to operate this service. NHS England and the CCG worked together to seek another provider and Core Care Links took over the management and provision of the medical services from 08.00 on Wednesday 13 January. There was no interruption to service and the practice is fully operating. The procurement process is being followed to secure a long term provider for this practice.