


MEETING DATE:	10 April 2014	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY
AGENDA ITEM NUMBER:	Item 7.12	
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JOB TITLE: DEPARTMENT:	Director of Quality and Risk Assurance	

QUALITY AND RISK MANAGEMENT REPORT

PURPOSE/ACTION REQUIRED:	The Governing Body are asked to Receive & Note the Quality and Risk Management Report
CONSULTATION AND/OR INVOLVEMENT PROCESS:	The information enclosed in this report forms part of the Quality Group work plan and is therefore monitored and discussed through that arena.
FREEDOM OF INFORMATION:	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> Yes Public

1. PURPOSE OF THE REPORT:

This report presents an updated position in relation to some key areas of risk and Quality assurance within North Lincolnshire Clinical Commissioning Group [NLCCG].

The report informs the CCG Governing Body about the quality and safety of the services it commissions and in doing so provides assurance that NLCCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of North Lincolnshire.

2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes	X	No	
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Any risks identified within the report are dealt with through the Risk register and BAF processes as appropriate

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		No	X
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5. LEGAL IMPLICATIONS:

Yes		No	X
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None identified at this stage

6. RESOURCE IMPLICATIONS:

Yes	x	No	
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Any specific resource implications have been identified within the report.
Main item identified is increased workforce in Children's safeguarding.

7. EQUALITY IMPACT ASSESSMENT:

Yes		No	
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Equality Impact Assessments have been undertaken as appropriate as part of the individual pieces of work.

8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:

Yes		No	
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Lay representation is on the Quality Group

9. RECOMMENDATIONS:

The CCG is asked to: -

- Receive and note the contents of the report



*North Lincolnshire
Clinical Commissioning Group*

Quality and Risk Management Report

Quality and Risk Governing Body Report

April 2014

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.

The report includes serious untoward incidents, patient safety alerts and incidents, Winterbourne /Transforming Complex Care, Francis report update, safeguarding and patient experience.

Also included are Quality in Primary care and any clinical projects to note. The report will be further developed to incorporate other relevant components that require notification to the Board.

2. Provider Dashboard

A monthly dashboard report showing provider performance on key quality measures is attached separately and should be read in conjunction with this report.

Any issue of concern (any red- or amber-rated issue on the attached dashboard) is raised with the provider through the monthly/bi-monthly Contract Management meetings and assurance fed back to the CCG's Quality Group meeting.

The key issues to report to the Governing Body are:

2.1 Never Events at Northern Lincolnshire and Goole NHS Foundation Trust

The Trust recently had an Never Event Serious Incident, which affected 11 patients in Ophthalmology. Whilst this has been logged as one Serious Incident on the national reporting system, it is logged locally as 11 events. The report for this investigation has been received by NL CCG Serious Incident review panel and a clear action plan is in place to ensure lessons are learnt.

Representatives from the Provider Trust now attend the monthly Serious Incident review panel to further improve communication and quality of Serious Incident reporting and investigation. This is working positively and improving the assurance process. .

2.2 Serious Incidents at Hull and East Yorkshire Hospitals NHS Trust

The Trust recently undertook a review of its Serious Incident processes with input from commissioners, as it was felt that the Trust had been under-reporting Serious Incidents. It was found that 26 incidents that the Trust had internally investigated should have been declared as Serious Incidents at the time the incident occurred. The Trust has now provided commissioners with their updated Incident Reporting Policy to address this issue; the Trust has recently logged an increased number of Serious Incidents on to the national reporting system as a result of this review and can now demonstrate that it has a clear process in place.

2.3 Incident reporting at Rotherham, Doncaster and South Humber NHS Foundation Trust [RDASH].

NL CCG is working with the Trust to provide more robust incident data through the Contract Management meetings. NLCCG are currently looking into a concern regarding unexpected deaths of patients under the care of the Trust. A further update on this is included in the Serious Incident section of this report in Section 2, below.

2.4 Yorkshire Ambulance Service and East Midlands Ambulance Service

The dashboard continues to be under development for these two services. Progress has been made with data from EMAS, which is reflected on the dashboard, as Ambulance Services use different data measures than other NHS providers and this will continue to be developed.

3. Serious Incident Summary Report

NL CCG is in receipt of a monthly summary report for its Serious Incidents. This provides an overview of Serious Incidents reported by each provider, including new Serious Incidents reported, the quality of completed investigation (including meeting investigation timescales) and a review of themes and trends from completed investigations.

The key issues to report to the Governing Body are:

1. Northern Lincolnshire and Goole NHS Foundation Trust.
Assurance has been a concern regarding the 'WHO' surgical checklist and how the Trust is embedding this across the whole organisation following a recent set of Never Events – this has been discussed with the Trust and assurance has now been provided that this is in place and its implementation audited.
2. Northern Lincolnshire and Goole NHS Foundation Trust: the Trust has a peer-support arrangement in place with Sheffield Teaching Hospital NHS Foundation Trust. The draft Terms of Reference for the peer review following these Never Events have been received by commissioners and a further update will be provided in due course. This 'buddying' arrangement has been put in place following the Trust's Keogh review in order to strengthen practice at the Trust.

3. The CCG is working with Rotherham, Doncaster and South Humber NHS Foundation Trust RDASH following concerns with regard to the number of patient suicides on Section 17 leave from the inpatient unit. An external peer review has been requested and further work is ongoing with RDASH to review their arrangements for inpatients and in particular, the risk assessment process.

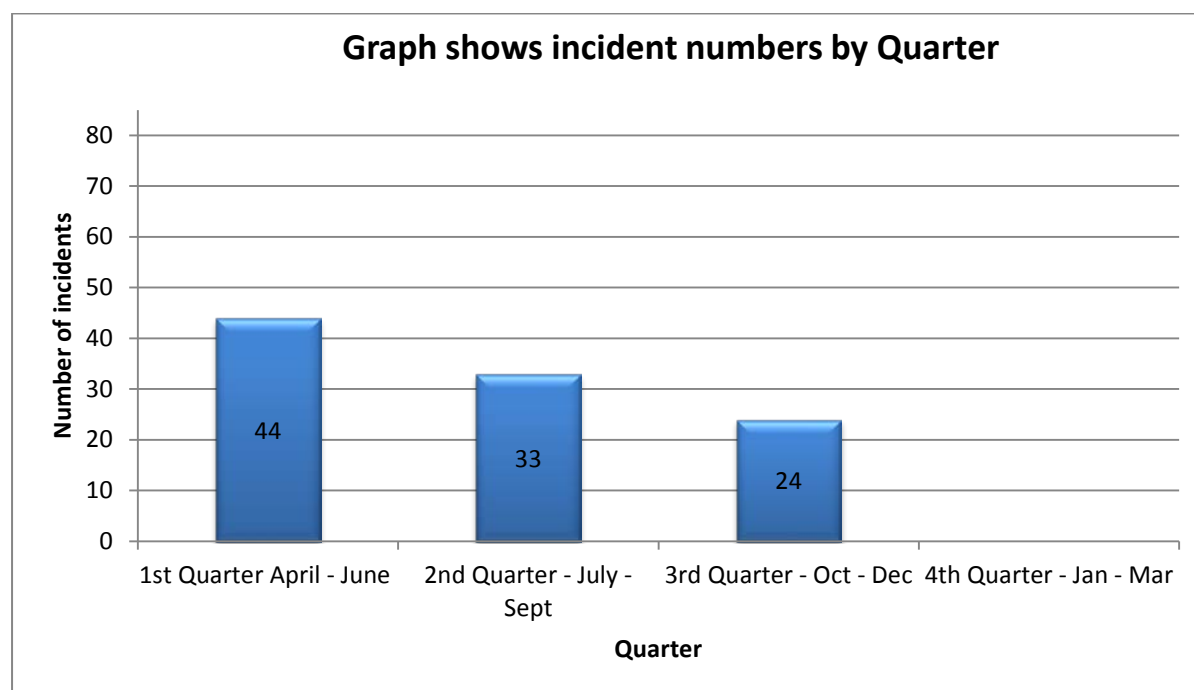
4. Incident Report

NL CCG GPs and CCG staff are able to raise incidents via the CCG's incident reporting process. These issues concern incidents that have occurred within the CCG staffing body, as well as incidents raised by GP regarding primary care or secondary care services.

The issues most frequently raised recently through this route pertain particularly to services at Northern Lincolnshire and Goole Hospitals NHS Trust. The most frequently reported issues are:

- Issues with appointments
- Issues with admissions, transfers and discharges
- Concerns with quality of care or on-going review

Each incident reported is raised with the Trust for a response and to ensure changes are made to practice delivery where appropriate, this is then given back to the reporting GP.



Provided below is an overview of the number of incidents occurring in each of the main categories reported to date. As can be seen in Table 1 the most frequently occurring category in Quarter 3 of incidents is "Appointment/Administration/Transfer/Discharge (9 or

39%) followed by “Implementation of care or on-going monitoring/review” of which there were 6 (26%) of all incidents.

Table 1: Breakdown of Category of Incidents

Category	1st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr
Appointment/Admission/Transfer/Discharge	0	9	9	
CCG Staff	1	0	0	
Clinical Governance (used in Qtr1 only)	30	0	0	
CSU Staff	0	0	0	
H&S	0	1	1	
Implementation of care or on-going monitoring/review	0	9	6	
Infection Control	0	1	0	
Information Governance	8	3	1	
Medication	5	9	6	
Test Results	0	1	0	
Total	44	33	23	

5. Safeguarding Children

Safeguarding Children

5.1 Vulnerable children Data

Verified data in respect to the number of children subject to statutory plans are available on a quarterly basis.

- At 31st December 2013, there were 103 children subject to a Child Protection Plan, i.e. require a multi-agency plan to protect them.
- At 31st December 2013, there were 157 children in the care of North Lincolnshire Council, either as a result of a legal order, or where children have voluntarily placed by carers into Local Authority care.

Comparisons in respect to the previous 3 quarters are included below, with some additional data.

Number of Children	31/03/2013	30/06/2013	30/09/2013	31/12/2013
Subject to Child Protection Plan (CPP)	82	92	84	103
In care of North Lincolnshire Council (LAC)	143	151	152	157
With Dual status (CPP&LAC) ¹	6	5	2	0
North Lincolnshire (NL) LAC out attending residential school outside	13	12	9	10

¹ Included in CPP and LAC numbers.

NL				
NL LAC in placements outside NL	23	21	27	23
LAC from other areas placed in NL	74	89	77	72

5.6 Local arrangements

As reflected in the NLCCG Safeguarding Children Annual Report 2012-2013, all organisations have a duty under s11 Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Each organisation is required to have appropriate executive and professional leadership; ensure employed and voluntary staff are properly recruited, trained and supported; work collaboratively with other partner organisations to safeguard and promote the welfare of children. Fully details of requirements are included in the Annual Report

NL CCG and the key health providers in North Lincolnshire have appropriate professional leadership in place to ensure their organisations are meeting their legal duty. Challenges in NLaG's safeguarding children training uptake, up to and including the 1st Quarter of 2013/2014 have been addressed via a robust plan supported by the senior management team, and at end of December 2013, in excess of 80% of NLaG staff had received appropriate training commensurate with their role.

5.7 Medicals for children who have experienced sexual harm

Through 2013, there was a gap in provision of forensic medical examinations for children and young people under the age of 16 who had experienced sexual harm. This arose from a change in legal advice to Humberside Police in January 2013, which meant that those completing these medicals needed to have both forensic and paediatric training. Previously, these medicals could be completed jointly, and local paediatricians were completing the assessments with a forensic examiner. Following discussions with NHS England in late November 2013, arrangements were made for North Lincolnshire children and young people to be seen in the paediatric forensic unit within Hull and East Yorkshire Hospitals' Trust, with back up arrangements available from Central Manchester University Hospitals Trust if required.

5.8 Capacity issues

The NLCCG Designated Nurse for Safeguarding Children is shared with North East Lincolnshire CCG. Over the past year, there have been a number of significant complex cases in both North and North East Lincolnshire, with no reduction anticipated. This has had an impact on the capacity of the Designated Nurse to fulfil all elements of their statutory role. As a result, North and North East Lincolnshire CCGs have agreed to recruit to a full-time specialist nursing post to support the Designated Nurse in ensuring that both CCGs deliver on their statutory safeguarding responsibilities

6. Safeguarding Adults

6.1 Prevent

'Prevent' is part of the Government counter-terrorism strategy. It's designed to tackle the problem of terrorism at its roots, preventing people from supporting terrorism or becoming terrorists themselves.

Prevent operates in the 'pre-criminal space' and is about supporting individuals who are at risk of radicalisation away from becoming terrorists, or supporting terrorism. It is now a requirement that staff within the NHS receive training to provide an awareness of these issues.

The Regional Prevent Strategy Lead has informed CCGs that there is now a requirement to report monthly on the number of employees who have received the relevant level of Prevent training. This has coincided with Humberside Police releasing their Prevent Strategy. The Strategy includes training for other agencies.

6.2 Serious Case Reviews (SCR)

The SCR Sub Group was convened to examine two Serious Incidents at RDaSH to decide if they met the criteria for Serious Case Review. Neither case met the criteria for a SCR. Further work is to continue to gain assurance that the NHS SI governance process would be clear in identifying any cases which may meet the SCR criteria. This would also be considered alongside a RDaSH Patient Safety Report due to be presented to the Local Safeguarding Adults Board.

6.3 Core Providers Safeguarding Alerts:

1 new case at SGH to be investigated.

3 outstanding cases at RDaSH currently under investigation.

6.4 Care Home Safeguarding Alerts:

The Local Authority have requested CCG involvement in 4 safeguarding alerts regarding care homes; these have been completed during March 2014. Two related to the same provider and 3 Alerts resulted in the allegations being substantiated. One further alert was raised following investigation by CQC and LA Quality Performance Team of a Care Home.

7. Francis / Hard Truths Actions - Progress Update

A revised action plan is attached separately to this report that provides the CCG current position in its response to the Hard Truths document.

From a provider perspective, all providers completed a gap analysis against the second Francis report in 2013 and identified the key areas for their organisation to progress. NL CCG is provided with an update periodically on this work within each provider through the Contract Monitoring meetings.

For all providers, these actions have ranged from short-term issues, such as addressing information available to patients or to staff policies, to longer-term organisational development programmes, particularly on areas that affect organisational culture.

Providers are continuing to embed the actions from the Francis report into their business as usual and have become part of development programmes within the organisation that include other national priorities, such as the '6 Cs' in nursing care, the response to the Clwyd-Hart review of NHS complaints, and the Keogh action plans.

Headlines on progress for the CCG's main providers are:

1. Northern Lincolnshire and Goole NHS Foundation Trust

The Francis 2 work in the Trust crosses over particularly with the Trust's Keogh review action plan. The Trust has an organisational development programme in place (SHINE) to develop the staff culture on competence and celebrating success and peer support. The Keogh action plan gives the Trust measureable milestones to achieve on key elements of clinical care, particularly reducing mortality in specific patient pathways, and development of the Trust's leadership.

2. Hull and East Yorkshire Hospitals NHS Trust

The Trust's Francis 2 gap analysis identified key priorities on staff values and culture, on openness and candour, and on core standards in care. The Trust has developed a programme board to progress these actions. Key developments include the Trust's development of its senior nursing leadership qualities and competencies and participation in NHS England's Transparency Programme (in which Northern Lincolnshire and Goole NHS Foundation Trust is also participating) to publish monthly information about the Trust, including incidents and harm caused to patients, and use data to identify 'hot spots' for action.

3. Rotherham, Doncaster and South Humber NHS Foundation Trust

The Trust has lead its approach through a number of discussion sessions across the organisation, led by the Chief Executive, Chair and Board of Directors. The Trust has an agenda for 'Leading the Way with Quality', which has consisted workshops across the staffing body and further development of the Trust's organisational development strategy.

4. Yorkshire Ambulance Service

The Trust has incorporated its identified actions into its existing Quality and Governance action plan. The key actions for development included Board leadership, organisational culture and focus on fundamental standards of care, openness and candour, workforce and leadership development, quality monitoring and improvement and learning from patient and staff feedback.

8. Winterbourne / Complex Care

8.1 Transforming Care: Programme of Action Summary Analysis

In December 2013 NHS England undertook a data collection exercise to ensure that public reporting on the progress to implement the NHS commitments in the Winterbourne Review concordat was transparent and robust. This will be a quarterly requirement with the next exercise due for completion on 14th April 2014

On 14th March 2014 the results of the data collection exercise, covering the period July – December 2013, were fed back to local areas.

The data supplied in this analysis shows the following for North Lincolnshire CCG:

- Data was returned for 100% of the 8 qualifying patients.
- There are 8 qualifying patients in total; additional clients (two) from the original list are now the commissioning responsibility of NHS England.
- 100% of the 8 patients are also on a local register which meets the requirements of the Winterbourne Concordat Action Plan.
- 100% of the 8 patients have a named professional based in North Lincolnshire who has responsibility to co-ordinate their care.
- None of the 8 patients have an agreed end date for their current episode of care although this is being done through further assessment.
- 100% of patients are being jointly planned for by NHS and LA
- No patients were admitted or discharged during the reporting period 30 September-31 December 2013

Of the eight patients above:

- Four, 50%, are placed in a hospital within 10 miles of Brigg and within NLCCG boundary
- One, 12.5%, is placed in a hospital within 25 miles of Brigg
- Two, 25%, are placed in a hospital within 100 miles of Brigg
- One, 12.5%, is placed in a hospital over 100 miles from Brigg
- 3 are detained under Section 3 of the Mental Health Act and still in active treatment;

- 5 clients are placed in complex care rehabilitation beds

8.2 New referrals

In the event of a request for an out of area placement for longer than twenty eight days commissioners would instigate a root cause analysis to learn lesson as to why local services cannot meet the patient's needs.

8.3 Reviewing:

All patients are subject to a joint review between NYHCSU staff and CTLD team.

9. Patient Experience

9.1 Complaints

NL CCG has received 7 complaints in 2013-14 with respect of its direct areas of accountability to patients. These are summarised as:

Continuing Health Care:	4
CCG Commissioning:	2
Referral issues:	1

These complaints are all investigated and a response provided to the patient. The key issue to note in relation to these complaints is in relation to Continuing Health Care, in which patients or their families have raised concerns about the time it takes to complete the CHC retrospective assessments. This is an issue known to the CCG

The CCG also runs a Patient Advice and Liaison Service. Year-to-date, the top issues raised through this service are:

- Access to NHS dentistry via NHS England calls, and relevant information is given to each enquirer
- The second most common is about Individual Funding Requests, including enquiries about the process, unhappiness at the outcome, how to appeal and what options are available if an appeal is unsuccessful
- The third most common are individual issues with GP practices, but from which no identifiable trends or learning have been identified – these are one-off requests for information or clarification with a particular practice

9.2 Friends and Family Test (FFT)

Both Northern Lincolnshire and Goole NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust have been required to introduce the Friends and Family Test for their inpatient services, and during 2013-14 to introduce this in to maternity services.

For Northern Lincolnshire and Goole NHS Foundation Trust, the key issue has been reaching the response rate required nationally, which is 15%. Early figures for February 2014 show that the Trust may now have achieved this response rate but the Trust has

struggled with this and have put an action plan in place. The actions being taken include investment in a telephone reminder service for patients to complete the FFT and use of volunteers at the Scunthorpe Hospital site to improve participation in FFT. This is being closely monitored at the Contracting Monitoring meetings and is a CQUIN for 2013-14.

For Hull and East Yorkshire Hospitals NHS Trust, the Trust is in the Top 5 Trusts in Yorkshire and the Humber for its response rate and is starting to build actions around the qualitative written comments received by patients at the same time as they log their FFT score. The result of this work has been shared with commissioners through quarterly CQUIN reports and is positive progress by the Trust.

Both Trusts met the requirement to roll out the FFT to their maternity services by 31 October 2013.

10. Clinical Update

10.1 Continence

In October 2013 the Health Scrutiny Panel issues a report entitled Ensuring Effective Continence Care. Historically, this is a service that does not receive a lot of attention despite 14 million people being affected. The report carries recommendations aimed to ensure that there is a full review of the current service and to provide a multi-agency approach to improving the services for people in North Lincolnshire.

The review will develop a clear strategic direction for the service, develop a clear pathway and agreed guidelines, and raise the profile of the service.

Reports on progress have been made to the Scrutiny Panel and Cabinet and the relevant agencies are now working together to achieve a service fit for the future.

10.2 Suicide Group

A multi-agency group has been implemented to review all cases of suicide in North Lincolnshire chaired and co-ordinated by Public Health. The purpose of the group is to ensure we collate all of the relevant information on suicides in North Lincolnshire and consider how we may learn lessons and improve prevention and early intervention. Nationally and locally a significant amount of work has been carried out and Louise Garnett provides the Public Health team with official suicide figures and data once a verdict has been given.

The links between Mental Health interventions in Primary Care are essential and the group will aim to look at all of the interface opportunities to improve services for those receiving health and mental health services.

11. Primary Care Quality

11.1 Productive GP Initiative

NL CCG has signed up to the Productive General Practice (PGP) initiative and engaged the services of Shaping Health a DOH accredited delivery partner to support its implementation. The PGP initiative has been developed by the NHS Institute of Innovation & Improvement to support general practices in delivering high quality care that is in response to patient needs whilst meeting increasing levels of demand and diverse expectations. The initiative covers various modules in relation to Involving patients in improvement, Planning & Scheduling, Consultation, Improving today's practice and other areas that will enable the practice to plan for the future.

Currently a total of 17 practices have signed up for the initiative and have been split into two cohorts. The first cohort consisting of 8 practices launched on the 25th of February. The second cohort currently consisting of 9 practices is due to launch on the 2nd of May. In addition to the launch event each cohort will attend nine group based learning days. These sessions are based around the PGP modules and are designed to give practices a detailed understanding of and help develop the necessary skills to obtain the most from the programme. In addition to group based learning, all practices will receive support from a dedicated Shaping Health consultant. Each practice can determine their own priorities and navigate the programme at their own pace.

All participating practices will also receive financial support of £11K to cover the costs involved in programme delivery. This support is broken down into three parts. The first part is paid upon committing to the programme, the second upon data gathering and analysis and the final part upon production of a short evaluation report identifying changes the practice has made.

The CCG retains oversight of the initiative with Dr Robert Jaggs-Fowler providing clinical leadership, John Pougher managerial support and Debbie Lewis Bird project support.

11.2 Friends and Family Test

From December 2014 all general practices will have to participate in the Friends and Family test. Details are awaited as to how this will be managed but at this stage it is anticipated that a response rate of 15% will be required; at least initially.

Following the CCG securing a national funding bid for a FFT stroke pilot, practices will be contacted over the coming weeks as to how they can support this pilot in primary care. General practices are a key part of the patient pathway and the CCG and this programme

will support the CCG's work in using patient feedback to improve overall experiences and clinical outcomes. It is intended that the results of this pilot will be fed back into the experience led commissioning programme.

11.3 Supporting Practice performance

The national Primary Care Web tool is monitored by the Local Area Team and if a practice is an outlier on five or more indicators the CCG are asked to review performance with the practice. So far two NL practices have been identified as being an outlier in performance and support has been given to one practice.

The performance of one NL practice is currently being directly supported by the Local Area Team.

The CCG will be working with the Primary Web tool to offer proactive support to practices around key themes and challenges across the CCG.