MEETING DATE:	11 April 2013	NHS North Lincolnshire Clinical Commissioning Group **REPORT TO THE** **CLINICAL COMMISSIONING GROUP** **GOVERNING BODY**
AGENDA ITEM NUMBER:	Item 7.7	
AUTHOR: **JOB TITLE:** **DEPARTMENT:**	John Pougher Assistant Senior Officer Quality & Assurance CCG	

QUALITY HANDOVER DOCUMENT

PURPOSE/ACTION REQUIRED:	For Noting
CONSULTATION AND/OR INVOLVEMENT PROCESS:	*Humber Cluster Board, NL Council OSC, NL CCG Quality Group*
FREEDOM OF INFORMATION:	*Is this document releasable under FOI at this time? Yes* Public

1. PURPOSE OF THE REPORT:

This document covers the key issues, risks and essential information required for the handover of quality relating to PCT's within the Humber Cluster and their conduct of business up until dis-establishment at the end of March 2013.

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	
Improve patient experience	
Reduce the inequalities gap in North Lincolnshire	

3. IMPACT ON RISK ASSURANCE FRAMEWORK:

Yes		**No**	**x**

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:

Yes		**No**	**x**

5. LEGAL IMPLICATIONS:	**Yes**		**No**	**x**
6. RESOURCE IMPLICATIONS:	**Yes**		**No**	**x**
7. EQUALITY IMPACT ASSESSMENT:	**Yes**		**No**	**x**
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	**Yes**	**x**	**No**	
The document will be made available on the intranet				
9. RECOMMENDATIONS:				
The CCG is asked to: - • Note the Quality Handover document				

Humber Cluster

Quality Handover Document (Version 3)

March 2013

Humber Cluster

Quality Handover Document

1 Context

1.1 Background

This handover report is in line with the guidelines set out in the National Quality Board report – Managing Quality During the Transition (May 2012) Appendix B.

The 4 organisations that make up the Humber Cluster remain statutory bodies until 31 March 2013 when Primary Care Trust (PCT) and Care Trust Plus (CTP) statutory powers and duties and non-statutory functions end/cease or transfer to a number of new organisations. During the transition year 2012-13 there needs to be a particular focus on 'mapping' all current PCT/CTP functions, processes, and issues to ensure that: these have either an identified destination in the new system architecture; that the 'successor bodies' are in receipt of quality information; or that issues have been entirely resolved by the time the PCT/CTP is closed-down as a statutory body.

The Humber Cluster will need to transfer to the new bodies the relevant aspects of its current operations, and ensure the continuity and effective management of quality and safety throughout the transition period leading up to 1st April 2013.

Key to ensuring safety and quality throughout the handover period will be the transfer of organisational memory and information through the development of the Quality Handover Document, and linked to this, the development of an online document repository that will store and provide access to the supporting data for the receiving organisations.

1.2 Content

This document covers the key issues, risks and essential information required for the handover of quality relating to the PCTs/CTP within the Humber Cluster, and their conduct of business up until disestablishment at end of March 2013.

The guidance recommends the Quality Handover Document includes the following content:

- **Context Focus** Timeframe, content
- **Transition Lead** Authors, designation, work location, contact information
- **Executive Summary** Key messages
- **The Organisation/System** Organisational profile, geography and key information
- **Who is Who** Key contacts who have organisational memory and knowledge
- **Governance** Handover document development and approval process
- **Timeframe** Date handover document approved
- **Quality Profile** Main body of the report
- **Risk Register** Copy of risk register at point of handover document sign off
- **Document Control** Document sources, storage, transfer processes

- **Additional Documents** Links to other relevant material
- **Face to Face Communication** Details of verbal handover - dates, notes, issues
- **Signature** Approved by Transition Lead and Medical and Nurse Directors

As a 'living document' this document will continue to be revised and updated up to the time of disestablishment, to ensure it is valid at the point of transfer.

2 Transition Leads

The transitional leads for the legacy document are detailed in Appendix 1. This includes Humber Cluster Transition Team Leads and local PCT/CTP Quality and Legacy Leads.

3 Executive Summary

The PCT/CTPs within the Humber Cluster are committed to commissioning high quality, patient focussed healthcare that meets the needs of a diverse population, striving to achieve national and international standards of best practice through a series of on-going initiatives to increase effectiveness around quality, and to embed quality improvement.

As commissioners of care, the Humber Cluster PCT/CTPs monitor the services of all major providers of healthcare within Humber utilising a variety of mechanisms. Patient safety, experience and quality are monitored through the quality schedule and clinical quality improvement programmes are set out in contracts with providers. Each provider submits information on a monthly basis which is then reviewed, whilst regular meetings allow for further discussion and exploration of specific areas.

Through robust contract monitoring and the appropriate use of hard and soft intelligence, information gathered about providers plays a vital role in detecting and preventing serious failures at an early stage. The Quality Handover Document aims to be open and honest about known areas of risk (potential or existing) so that appropriate action can be taken by the receiving bodies.

This Quality Handover document is being produced to provide an overview of the organisation's position at the point of dissolution, with a focus on quality. Data has been collected and triangulated from a variety of sources. It is an evolving document where additional information sources will be utilised over time to provide a final report in March 2013.

The following document sets out key messages in order to support an effective handover for quality during the period of transition. This final version along with relevant information in the document store will be added to in light of information updates and internal/external reviews and challenges.

4 The Organisations/ System

4.1 The Organisations

4.1.1 Background

The four stand-alone PCT/CTP Boards were in place up to the 30 September 2011. At this time it was agreed by the 3 PCT and the CTP Boards to form the Humber Cluster Board, and from 1st October 2011 an administrative arrangement covering four statutory organisations with a common Board membership was implemented.

With effect from 1 October 2011 each constituent PCT/CTP Board agreed a new working arrangement with the establishment of the Humber Cluster Board and approved the future governance arrangements of the new Board and its Committees. The Humber Cluster acts as a common membership framework covering the formal statutory Boards for the organisations listed below with each constituent body working under a common board arrangement known as the NHS Humber Cluster Board:

- North East Lincolnshire Care Trust Plus
- North Lincolnshire Primary Care Trust
- East Riding of Yorkshire Primary Care Trust
- Hull Teaching Primary Care Trust

As of 1st October 2011 Clinical Commissioning Groups were established as formal committees of the Board and granted delegated powers including budgetary responsibility. In delegating the range of duties and budgets to the Clinical Commissioning Group Committees, assurance was provided that appropriate supporting arrangements were in place to secure good governance.

The NHS Humber Cluster Chief Executive is the designated Accountable Officer for all PCTs/CTP within the Humber Cluster. The Accountable Officer leads the executive team and has overall responsibility for statutory functions, quality and performance for all four constituent PCT/CTPs. Each emerging Clinical Commissioning Group (CCG) has developed its terms of reference for the CCG Committee in line with the requirements of good governance and practice.

North East Lincolnshire Care Trust Plus has delegated responsibility from the Local Authority for delivery of the Adult Social Care agenda through its partnership agreement.

4.1.2 Mission, Strategic Objectives, Priorities and Ambitions

The Humber Cluster has revised its objectives in 2012, moving from 10 objectives to the '3 Cs':

- Ensure strong **Control** in place to maintain Quality and Performance
- **Create** new structures/ organisations
- **Close** down statutory organisations

Quality is a factor in each, firstly ensuring strong control of current systems, processes and performance; in the creation of the new organisations and the transfer of quality systems and processes; and in the handover of knowledge to the new organisations.

4.1.3 Overview of Providers & Services

Key providers for each of the Humber Cluster organisations are detailed at Appendix 2.

A summary of the services commissioned across the cluster area is addressed within the Humber Cluster quality profile at section 8.1.

Where local PCTs are lead commissioners for a provider, individual provider quality profiles are included at sections 8.2 onwards.

Where PCTs further afield are lead commissioners for a provider, individual provider profiles will be included within the Quality Handover Document for that Cluster area. These are also detailed at Appendix 2.

4.1.4 Working with Partners

A positive working relationship between the NHS and local authorities is supporting the Public Health transition process – and where necessary has sought to facilitate problem solving for any difficult issues. Directors of Public Health whilst leading local transition processes, have received support from the Cluster at Chief Executive level and in specific areas such as human resources, and are playing a key role in continuing to support and shape joint discussions as part of the overall reform process.

The Cluster has looked to support Public Health functions in terms of overseeing sustainability across the future system. Pending further understanding of the resources and structures there may be opportunities to share and collaborate around scarce or specialist resources.

4.1.5 Financial Summary

Financial details are included within the main Corporate Handover Document, both at a Cluster level and individual organisation level.

4.1.6 Key Financial Challenges

Some of the high level financial challenges/ risks identified by PCTs include:

- Variations in key assumptions
- Achievement of savings
- New National Requirements
- Organisational change, including transition set up costs and management capacity
- Financial climate
- Progress on sustainable services review
- Engagement of wider GP community including commissioning and changing primary and secondary care behaviour

- Non return of top sliced funding
- Joint working in relation to Public Health and the Health & Wellbeing Board
- Partnerships; North East Lincolnshire Council financial (in)stability requires reduction in CTP adult social care costs.

4.1.7 Quality, Innovation, Productivity and Prevention (QIPP)

All 4 organisations achieved their QIPP savings target for 2011/12.

The delivery of the QIPP savings targets is built into the overall Commissioning Strategy, Operational Plan and the Medium Term Financial Plan. The plans have now been finalised looking at the successes of 2011/12 and building on this for 2012/13 and beyond. The Securing Sustainable Services Programme (SSSP) links CRES (Cost Realising Efficiency Savings) and QIPP savings across health organisations into a shared approach to achieving efficiency savings and quality improvements.

Savings plans are written into provider contracts with savings profiled throughout the year. Where transformational change is required, plans have been developed through the Sustainable Service Programme.

There are no major concerns to delivery of the forecast QIPP savings for 2012/13 and as such there is no carry forward risk in 2012/13 regarding the 2012/13 schemes.

It should be noted that the CTP also has a social care savings requirement over the medium term.

4.1.8 Securing Sustainable Services Reviews

The PCT/CTPs via the local CCG Committees are taking the lead in a local Securing Sustainable Services reviews, working alongside partner NHS organisations across the Humber to determine how these savings can best be delivered.

The aim of the reviews is to make services more efficient and cost effective, making use of new technologies where appropriate, whilst maintaining or improving existing service quality.

The North Bank review (Hull and East Riding) will initially concentrate on four key areas where it is felt the biggest possible gains can be made, namely, long term conditions, urgent care, dementia and end of life care. A significant challenge identified for the East Riding is managing the health and wellbeing of an increasingly elderly population - with a high level of patients with long term conditions and a projected increase in dementia. This is combined with the challenge of the East Riding being an area with significant inequalities between electoral wards. In Hull the CCG committee has agreed to focus on four key areas of service development for the coming years where it feels Hull residents will benefit the most, namely planned care, unplanned care, partnerships and primary care.

The sustainable services review on the South Bank is led by North and North East CCG. The programme is focused around 4 themes of integrated care, alternative care, home and community care and enablers. The work

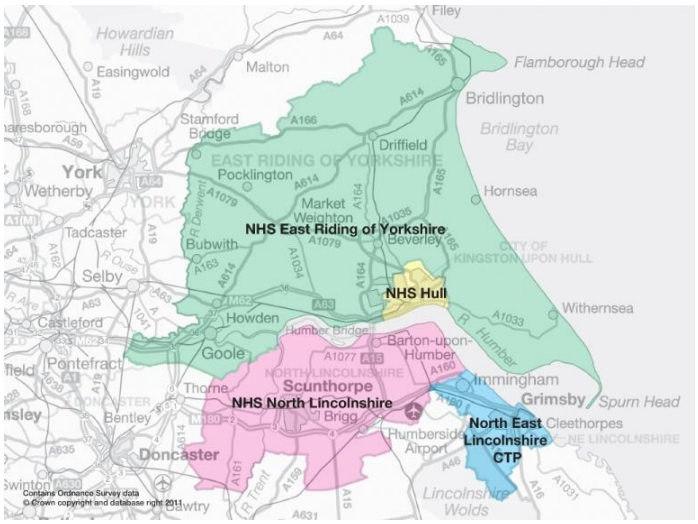
programme has been going for 18 months and delivering on the QIPP agenda. Going forward commissioners have developed 7 vision statements covering primary care, intermediate care services, maternity services, paediatric services, urgent and emergency care services, stroke services, planned care services, and are building a detailed case for change to support the need for change. Providers are working collaboratively to provide an initial response, however there is a wide engagement process planned to engage prospective new providers/partners and a formal consultation programme is being planned (if required) from September 2013.

The programme is co-ordinated from the two CCGs and supported by the CSU.

4.2 The Area & Population

4.2.1 Summary

The NHS Humber Cluster covers a population of some 941,000 people, ranging from some of England's most deprived areas in Hull and Grimsby, to some of the most prosperous in the East Riding and North Lincolnshire.



Local information in relation to the PCT/CTP areas and populations are included at Appendix 3.

4.2.2 Public Health

Local Public Health information in relation to the PCT/CTP areas is included at Appendix 3.

Information relating to the Public Health transition arrangements for each area is appended to the Corporate Handover Document.

5 Who's Who

Board members, both current Humber Cluster and original PCT/CTP, prior to moving to a common membership, are detailed at appendix 4. This includes future destinations where currently known.

Individuals with key knowledge on specific areas are included at Appendix 5.

6 Governance

This quality handover document is being approved by the Humber Cluster Board at each stage of production, as outlined in the timeline within the 'Plan to Develop Quality Handover Documents'. Version 1 was presented to the Board on the 20th September 2012, and version 2 on the 13th December 2012. The final version is scheduled to be presented at the final public Board meeting in March 2013. The timeline is included Appendix 6.

The version 1 documents across the North of England SHA Cluster patch were submitted to the North of England SHA Cluster on 17th September, and subsequent triangulation with the SHA and PCT Cluster Quality Leads across the patch took place on the 25th September. Version 2 triangulation with SHA and PCT Quality Leads took place on the 28th November 2012.

7 Timeframe

The timeframe for the production of the Quality Handover Document is outlined in the 'Plan to develop Quality Handover Documents', the timeline for which is at Appendix 6.

8 Quality Profile

8.1 Humber Cluster Summary

8.1.1 Primary Care

The following table identifies the numbers of primary care contracts for each PCT/CTP.

Primary Care Service	ERY PCT	Hull PCT	NL PCT	NEL CTP
Pharmacy	62	71	35	29
Dental	43*	31	17	21
General Practitioners	39	57	20	31
Ophthalmic	41	28	19	22

*Will be 44 shortly once new orthodontic contract is signed

8.1.1.1 East Riding of Yorkshire PCT

GP Services

39 practices provide primary medical care services across the East Riding from 54 different locations. The practices are generally larger than in Hull (average list size of 8,130 patients) but also cover a much wider geographical area; there is 1 GP base in the East Riding for every 17 square miles compared to 29 in Hull where the population density is considerably different. The large geographical area therefore naturally limits patients' choice of GP practice in many parts of the County though the urban areas do offer a degree of choice.

East Riding Council is currently consulting on a housing development programme to 2027 that will result in a substantial increase in the local

population. Centred mainly around the larger towns this will have implications for the practices serving those areas who will need to respond to increased patient demand. In some cases this may require the introduction of new providers into an area or the development of new and larger premises to cope with the bigger patient footfall.

GP practices in the East Riding of Yorkshire have generally achieved above average in terms of the Quality and Outcomes Framework. In 2011/12 the PCT average for the clinical domains was 97% and over two thirds of practices recorded a score of 97% or more. Three practices did however fail to achieve 90%

Dental Services

The uptake of NHS dental services in the East Riding has generally been low. As already reported some East Riding residents access dental services in Hull but the latest DH figures reveal only 52% of residents have accessed a dental practice in the East Riding in the last two years. However, this compares to an uptake rate of 43% in 2006 since when the introduction of new practices and an expansion in existing providers has seen a large expansion in available capacity.

Although the uptake rate is only just over 50% there are no reports of patients having difficulty finding a dentist and the PCT no longer holds a central waiting list to manage patient demand. In contrast to other parts of the SHA, particularly the poorer urban areas, dental decay is less of a problem in the East Riding and it compares favourably even with those areas that have fluoridated water supplies.

As access to general dental services has improved, the Orthodontic waiting list has grown in the East Riding. Non recurrent funding has been used to prevent the situation deteriorating but in order to provide a more permanent solution the PCT introduced 2 new specialist orthodontic providers in 2013 who will operate out of premises in Bridlington and Goole. They will supplement the service already provided by the existing provider in Beverley.

Community Dental Services are provided by City Health Care Partnership according to a common service specification that is shared with NHS Hull.

Ophthalmic Services

There are 41 practices in the East Riding providing GOS services. All practices have been subject to a contract compliance visit in the past 3 years and no major issues remain outstanding.

Community Pharmacy Services

No practice visits have been carried out the last 3 years.

The PCT's Pharmaceutical Needs Assessment is due for review in 2014.

Out of Hours Services

Humber Foundation Trust (HFT) are commissioned to provide the Out of Hours (OOH) services for East Riding and sub-contract the call handling to Yorkshire Ambulance Service (YAS). HFT provide the clinical provision

during bank holiday, weekends and weekdays from 6.30pm* – 8am which includes GP and First Care Practitioner out of hours care. The service operates from 4 sites across East Riding: Hedon, Beverley, Bridlington and Goole and offer home visits, telephone advice and support or face to face contact at an arranged appointment time at any one of the Primary Care Centres (PCC).

HFT is commissioned to provide an urgent OOH service to patients registered with an East Riding GP, those living within the boundary of East Riding not registered to any GP and temporary residents throughout the out of hours period. Regular performance reports are provided to commissioners detailing compliance with national and local indicators. The services are Care Quality Commission (CQC) registered and have established robust process for the monitoring and management of incidents complaints and clinical quality. The main area for concern is against delivery of National Quality Requirements (NQR) standards: QR9: clinical assessment for urgent cases within 20 minutes of call prioritisation; QR10: face to face clinical assessment for urgent cases within 20 minutes of patients arriving at a PCC and face to face assessment for non –urgent cases started within 60 minutes of patient arriving at a PCC; and QR12 home visits: face to face consultations for urgent cases within 120 minutes of definitive clinical assessment.

* Currently the majority of GPs in East Riding sub-contract the period of 6pm – 6.30pm to HFT to provide OOH cover and call handling though this is currently being reviewed.

Under Performance of Professionals

The list system provides a framework to protect patients from unsuitable or inefficient practitioners and enables PCTs to intervene at an early stage to provide support and remediation for practitioners whose performance is beginning to fall away from the required standards. It enables PCTs to assure the suitability of all practitioners on the list working in primary care who undertake clinical services in their area through admission, suspension and removal procedures.

Performance issues are considered, managed and reviewed by the North Bank Performance Advisory Group (PAG) and any decisions are taken by the Decision Making Group (DMG). Both groups have terms of reference and attendees include Lay Board Members, Professional Leads, Clinical Governance and representation from the Local Medical Committee.

The table below shows the number of open performance cases as of end January 2013 for all professionals in East Riding.

Service area	Number of open performance files in East Riding
General practice	6
Dental Practice	1
Optometry	0

GP/Independent Non NHS Providers SIs April 12 to date

Area	Number
Clostridium difficile	1
Safeguarding Vulnerable Adult	1
Confidential Information Leak	1
Dentistry	1

Independent Contractor Complaints

Numbers received	Q1	Q2	Q3	Q4	To end of January 2013
GP	14	2	1		17
Dental	5	1	1	1	8
Total	**19**	**3**	**2**	**1**	**25**

Nature of the complaint	To end of January 2013
NHS dental treatment	7
NHS emergency dental treatment	1
Delay by GP in referring patient for diagnosis	7
Care and treatment provided by GP	5
Communication	2
Refused to attend to certify death	1
Information governance	1
Manner and attitude of practice nurse	1
Total	**25**

Independent contractor Patient Advice and Liaison Service (PALS) contacts

Due to changes in internal procedures, no centralised PALS data was captured up to 1st August 2012. However, from that date 169 contacts were handled as PALS calls to the end of December 2012. These calls have been broken down as to who the call related to as follows:

Organisation	Q2*	Q3
GP	29	30
Dentist	2	8
Optician	1	1
Total	**32**	**39**

Nature of contact	Q2*	Q3
GP boundary issues	2	3
Practice appointment systems	2	3
Vaccinations	3	2

Nature of contact	Q2*	Q3
Medication queries	2	2
Communication	2	1
Manner and attitude	2	1
Clinical care and treatment	16	23
Diagnosis	3	3
Removal from list	0	1
Total	**32**	**39**

The Commissioning Support Unit took over complaints and PALS from the beginning of August 2012. To date all practices that have been dealt with have fully engaged in relation to both PALS and complaints.

GP Information Governance Toolkit

Completion and submission of the toolkit is mandatory for GP practices as part of their terms and conditions for connection to N3 and use of NHS Mail. The Information Governance Manager worked with GP practices to support them in completion of their GP version of the Information Governance Toolkit.

There are 38 GP practices in the East Riding of Yorkshire PCT area that are registered with Connecting for Health, who administer the toolkit for the Department of Health. This year the number of practices that completed toolkits was 10 which equates to 26%. Regular reminders and offers of support were provided to all practices throughout the year leading up to the final submission date of 31st March 2012.

Pharmacy Information Governance Toolkit

All pharmacies were required to make information governance toolkit submissions this year. There were 69 pharmacies registered with Connecting for Health, and following similar support to that provided to GP practices during the year, 58 pharmacies have submitted their toolkits with at least level 2 for all requirements (within this figure it should be noted that submissions for all Boots pharmacies have been completed centrally via an arrangement with their head office and the Department of Health, assurance has been provided that these will be published in due course).

8.1.1.2 Hull Teaching PCT

General Practice

Primary medical care in Hull is provided by 57 practices serving a registered population of 290,000 from 47 different locations across the City. In recent years the PCT's strategic aim has been to improve the infrastructure in primary care by investing heavily in an estates LIFT programme that has led to the development of a number of high tech health centres that have replaced older surgeries and converted domestic dwellings. This programme is nearing completion though it has not addressed all of the accommodation issues in Hull and a number of practices are now looking for support for premises redevelopments.

With a large number of practices covering a relatively small area, average list size (5,078) is below the national average. Single handed practices comprise over a fifth of the practices in Hull and as 9 of the 13 GPs are aged 65 and over this is an issue that the PCT has been attempting to deal with for a number of years. However, there are difficulties with GP recruitment that present an additional challenge.

To address the issue of the single handed practices and the recruitment problems, Hull PCT commissioned 6 new APMS (Alternative Provider Medical Services) providers which were spread across the City. These practices were intended to create the capacity to absorb patients as GPs in the single handed practices retired but the decline in the number of these single handed practices has not yet been as great as expected.

In terms of the Quality Outcomes Framework, practices achieved an average score of 95% across the clinical domains in 2011/12 which represented a small reduction on performance in the previous year. Within this overall achievement level, individual practice performance ranged from 100% to 87%.

Ophthalmic Services

28 practices hold a General Ophthalmic Services (GOS) contract in Hull. A programme of contract compliance visits has been conducted since the GOS contract was introduced that has covered every practice. With the exception of a small number of record keeping audits all practices have been subject to at least one inspection by a team including the Optometric Advisor and a manager from the primary care office.

Dental Services

As a result of the significant investment made into commissioning new dental capacity in Hull, Department of Health figures reveal that 70% of the population accessed NHS dental services in the past two years. This compares favourably with the Strategic Health Authority and North of England average of 61% although the uptake rate will include some residents from the East Riding who access a Hull practice for their dental care. However, as a consequence of this investment, practices in Hull have reported a shortage of patients and many are actively involved in advertisement campaigns in order to recruit new patients.

Recognising that around 30% of patients do not use an NHS dentist and yet there is capacity in the system, the Consultant in Dental Public Health is planning to conduct a study to understand why the uptake rate is not greater. Use of private dentists is thought to constitute only one of a number of reasons for the present uptake levels.

Orthodontic services are provided in the main by two specialist contractors based in Hull and Beverley. Capacity is supplemented by a number of smaller contractors who have an interest in Orthodontics and treat a relatively small number of patients whilst also providing general dental services. This group of clinicians is dependent on referrals from the secondary care service but as the number of referrals has decreased in recent years these contractors are now having difficulty meeting their contracted activity targets.

Community dental services for patients with special needs and those whose requirements cannot be met by a normal high street dentist are provided by

City Health Care Partnership. This former salaried service provides this specialist service from a range of locations in both Hull and the East Riding.

A single practice provides out of hours cover for patients from both Hull and the East Riding. The provider operates from a city centre location and provides a service between the hours of 6pm to 9pm every evening including weekends and bank holidays plus 9am to 12 noon every Saturday, Sunday and Bank Holiday.

Community Pharmacy Services

The last contract compliance visits were carried out in Hull in 2009. Since that time the only inspections have been carried out by the Pharmaceutical Society Inspector who visits new premises. The Inspector will notify the PCT of any concerns identified but there are no known outstanding issues.

The PCT's Pharmaceutical Needs Assessment covers the period 2011 – 2014 but has not been updated since it was originally published. It will need to be reviewed in 2013 in preparation for its re-launch in 2014.

Out of Hours Services

The Out of Hours (OOH) services for Hull are provided by City Healthcare Partnership (CHCP) and Yorkshire Ambulance Service (YAS). CHCP provide the clinical provision and operates services 7 days a week from 6.30pm until 8am in the morning, this includes GP and nurse out of hours care, the service operates from 2 sites in the city, offering telephone support face to face clinical consultations and home visits. Yorkshire Ambulance Service provide the call handling, IT and transport. CHCP is commissioned to provide an urgent OOH service to patients registered with a Hull PCT GP and temporary residents throughout the out of hours period. CHCP are also currently providing a GP stream in the emergency department at Hull Royal Infirmary.

Regular performance reports are provided to commissioners detailing compliance with national and local indicators. There are no current areas of concern. The services are CQC registered and has established robust process and policy for the monitoring and management of incidents complaints and clinical quality

Under Performance of Professionals

Hull PCT's performance list procedures are derived from the Humber Cluster performer's list policy and procedures (December 2011). These are for individuals who are on Hull PCT's performers list i.e. GPs, Dentists and Optometrists.

The list system provides a framework to protect patients from unsuitable or inefficient practitioners and enables PCTs to intervene at an early stage to provide support and remediation for practitioners whose performance is beginning to fall away from the required standards. It enables PCTs to assure the suitability of all practitioners on the list working in primary care who undertake clinical services in their area through admission, suspension and removal procedures.

Performance issues are considered, managed and reviewed by the North Bank Performance Advisory Group (PAG) and any decisions are taken by the Decision Making Group (DMG). Both groups have terms of reference and

attendees include Lay Board Members, Professional Leads, Clinical Governance and representation from the Local Medical Committee.

The table below shows the number of open performance cases as of end January 2013 for all professionals in Hull.

Service area	Number of open performance files in Hull
General practice	13
Dental Practice	6
Optometry	3

GP/Independent Non NHS Providers SIs April 12 to date

Area	Number
Clostridium difficile	3
Unexpected Death *	12
Vaccine/Fridge SI	1
Dentistry	1
Total	**6**

*Hull has Journey to Recovery under Independent Providers which is why it is high compared to others as these account for 12 of the 17 SI's.

Independent Contractor Complaints

Numbers received - April to December 2012	Q1 12	Q2 12	Q3 12	Total
GP	6	3	3	12
Dental	0	2	0	2
Multi Agency	0	1	0	1
Total	**6**	**6**	**3**	**15**

Complaints by scope - April to December 2012	Total
GP surgeries	9
GP and Hospital	1
GP, District Nursing, Macmillan Nursing and Hospital	2
GP and Dentist	1
GP and GUM Clinic	1
Dentist	1
Total	**15**

Nature of the complaint	To December 2012
Clinical treatment/care	8
Communication	1
Diagnosis	4
Referral between health professional	1
Waiting time	1
Total	**15**

Complaints outcomes	To December 2012
Upheld	3
Not upheld	7
Partially upheld	3
Undetermined as outcome not yet reached	2
Referrals to Ombudsman	0
Total	**15**

Independent contractor Patient Advice and Liaison Service (PALS) contacts

Organisation	Q1 12/13	Q2 12/13	Q3 12/13	Total
Adult Services	8	25	6	39
Dental practices (FHS)	30	23	38	91
General Practice (FHS)	86	93	119	298
Ophthalmic Practices	0	1	3	4
Pharmacy Practices (FHS)	6	4	5	15
Total	**130**	**146**	**171**	**447**

Compliments

Organisation	Q1 12/13	Q2 12/13	Q3 12/13	Total
Dental Practices (FHS)	1	0	2	**3**
General Practice (FHS)	6	0	4	**10**
Other	4	3	8	**15**
Pharmacy Practices (FHS)	1	0	0	**1**
Total	**13**	**8**	**16**	**37**

GP Information Governance Toolkit

Although completion and submission of the toolkit is mandatory for Hull PCT and all NHS trusts, completion by GP practices is not mandated. Hull PCT worked with GP practices to support them in completion of their GP version of the Information Governance Toolkit.

There are 55 GP practices in the Hull PCT area that are registered with Connecting for Health, who administer the toolkit for the Department of Health. This year the number of practices that completed toolkits increased from 41 to 42 practices out of the 55 practices (76%) completed a toolkit submission to at least level 2. Regular reminders and offers of support were provided to all practices throughout the year leading up to the final submission date of 31st March 2012. A further 4 practices (8%) did compile their IG toolkit but to date have not published the final version. 9 practices did not complete the 2012 toolkit.

Pharmacy Information Governance Toolkit

All pharmacies were required to make information governance toolkit submissions this year. There were 72 pharmacies registered with connecting

for health, and following similar support to that provided to GP practices during the year, all pharmacies have submitted their toolkits with at least level 2 for all requirements (within this figure it should be noted that submissions for all Boots pharmacies have been completed centrally via an arrangement with their head office and the Department of Health, assurance has been provided that these will be published in due course).

8.1.1.3 North East Lincolnshire CTP

General Practice

North East Lincolnshire CTP contracts with 31 primary medical services providers for the provision of primary care services to the North East Lincolnshire population. Many practices offer services over and above this, such as sexual health and substance misuse. Over the past 10 years, there has been significant investment in primary care estates, and the majority of Practices are now operating from modern, purpose-built, primary care centres and medical centres.

The majority of GP Practices hold a Primary Medical Services (PMS) contract. There are only 2 General Medical Services (GMS) practices and a small number of Alternative Provider Medical Services (APMS) Provider Contracts.

The PMS and APMS contracts have been developed to include a performance review framework. The framework is operated around Schedule 11, the Quality Assurance Agreement, and includes a structured review framework covering key local priority areas which focus on;

- Governance,
- PMS service provision as per Schedule 10,
- Improving Health,
- Quality (these areas relate to QOF and KPI performance targets),
- Medication Reviews,
- Use of Resources,
- Enhanced services,
- Service Development Planning, and
- External Accreditation for Care Quality Commission and Quality Practice Award.

This is also underpinned by a schedule of KPIs that links practice performance to the payment of each contractor in line with the level of performance achieved. The domains covered by the KPIs included Access Convenience and Patient Experience, Improving Health and Well Being , Clinical Quality and Patient Safety, and Use of Resources. For the first year measured, 2011/12, 38% of practices were placed in the upper quartile of achievement.

Achievement in Quality and Outcomes Frameworks (QoF) in North East Lincolnshire practices has strengthened since the inception of the scheme in 2004/05. The clinical achievement across North East Lincolnshire practices is regularly above the national average figure for achievement and exception reporting is below the national average.

Domain	National %	NEL CTP %
Clinical	97	97.5
Non Clinical	96.4	91.8
Patient Experience	99	93.5
Additional Services	97	96.1

To meet national targets and manage pressures associated with local recruitment needs, the number of GP training practices has grown from 2 placements to 11 in the last 2 years.

GP Practices have maintained protected sessions usually on a monthly basis. Practices have also developed applications for the RCGP QPA scheme; this is supported through the QPA incentive scheme operated by the CTP that rewards financially the practice on achievement of the award. Practices also maintain Information Governance systems and staff awareness through engagement with the training sessions provided through the local Information Governance Team .In addition Practices engage with the North East Lincolnshire workforce training network which is designed to maintain core and essential skills and awareness across all staff groups.

Ophthalmic Services

The General Ophthalmic Services Mandatory Contract covers services offered by local optometry practices with fixed premises within the area of North Lincolnshire PCT and compliance is assessed against a national contract compliance monitoring framework. Areas that are assessed include:-

- Staffing procedures
- Insurances and Registrations
- GOS(General Ophthalmic Services) Sight Test Application Procedures
- Information Access and Protection
- Record Keeping
- Referral and Notification Procedures
- Complaints and Incidents
- Signage and Documentation
- General Health & Safety
- Fire Precautions
- Premises suitability
- Clinical Testing Equipment
- Ophthalmic Drugs availability, storage and disposal
- Infection Control and Decontamination procedures.

Contract Compliance is assessed against the national framework by a practice visit with a lay assessor from the PCT and the optometric adviser for clinical input. Action plans are put in place and monitored for any outstanding areas

that are identified at a visit. Any clinical / quality issues identified would, if possible, be sorted with the assistance of the Optometric adviser and if necessary, the Local Optical Committee. All practices have achieved all areas of the contract compliance and currently there are no outstanding actions.

Dental Services

North East Lincolnshire CTP commissions 21 contracts for NHS Dental Services for the provision of primary care dental services to the North East Lincolnshire population. This includes 2 orthodontic contracts, 1 minor oral surgery contract and Community Dental Services. The CTP carry out an annual contract performance management visit with every Contract Provider and monthly performance reports are provided to commissioners that detail compliance with agreed quality indicators and national standards. The performance reports are taken off a national system, Payments on Line (POL). If any significant areas of non-compliance or concern are identified the CTP will contact the Dental Clinical Advisers (CAs) from the Dental Services Division and request an inspection of clinical record cards. Following the inspection visit the CAs send a full report on their findings with a suggestion of next steps and if intervention is then required the DPA and Dental Lead will visit the practice and work with them to develop an action plan which in turn will resolves any issues.

Wider training sessions are held across the Humber (North East Lincolnshire, Hull, East Riding and North Lincolnshire) educating practice owners and senior members of staff on the new contract and dental public health issues.

The Dental Practice Advisor also visits all practices to review achievement of the essential standards for infection control assessing practices against Health Technical Memorandum 01-05 (Decontamination in primary care dental practices) and to develop joint action plans to encourage practices to work towards best practice.

Community Pharmacy Services

Thirty six Community Pharmacies hold NHS contracts in North East Lincolnshire, of which two were opened under “100 hour applications”. In addition to Essential and Advanced Services, Substance Misuse and Sexual Health Enhanced Services are commissioned from a number of these. The CTP has also been an early adopter of Electronic Prescription Service Release 2 and a significant number of prescription items are transferred in this manner in certain pharmacies.

Community Pharmacy Assurance Framework Assessment visits of all contractors were undertaken in 2009, ad hoc visits have taken place since this date to deal with individual concerns. There are no known outstanding issues; the Pharmacy Needs Assessment for the area will however require evaluation before February 2014.

Out of Hours Services

The GP OOH service for North East Lincolnshire is delivered by Core Care Links Ltd, operated by a group of local GPs. The contract started in October 2010. It operates between 6:30pm to 8am Monday to Friday and from 6:30 pm Friday till 8am Monday morning. They work with Care Plus Group who operates the call handling service for the GP OOH. CCL Ltd also operate the

service for Lincolnshire Partnership Trust for one practice on the border of North East Lincolnshire, (Holton le Clay).

The service is based on the Diana Princess of Wales Hospital site.

The performance standards are reviewed each quarter in line with the OOH standards. They have no issues achieving these standards and are consistently green across all.

The CTP is working with CCL Ltd on piloting unscheduled care schemes and working with local GP practices on diverting minor injuries and ailments back to primary care. This is an on-going process as part of the redesign of unscheduled care

The 111 Service impact is yet to be assessed but the call handling and GP OOH have been closely involved in the process and will be reporting to the CCG about the impact and consequences of this new service. Contact in the CCG for this contract going forward will be Strategic Lead for Finance & Procurement.

Under Performance of Professionals

The management of the Performers List within North East Lincolnshire follows the model procedures developed and operated across the Humber Cluster developed in December 2011.The procedures cover contractors that are included on the North East Lincolnshire Performers List, GPs, Dentists and Opticians.

The Performers List Regulations 2004 and the local systems provide a framework that protects patients from unsuitable or inefficient practitioners. It also enables the CTP to intervene at an early stage to provide support and remediation for practitioners that are beginning to fall away from the required standards. It ensures that the CTP is able to assure the suitability of all practitioners on the List and working in primary care locally to provide clinical services through admission, suspension and removal procedures.

Performance issues are considered, managed and reviewed by the Professional Advisory Group on the South Bank. Any decisions are taken by the Decision Management Group (DMG).The Groups have a broad range of members covering Professional Leads , Clinical Governance Leads , Lay Members and the LMC for GPs.

Independent Contractor Complaints - Formal

Numbers received - April to December 2012	Q1 12	Q2 12	Q3 12	Total
GP	14	16	11	41
Dental	1	3	0	4
Pharmacies	0	0	4	4
GP Out of Hours	0	0	0	0
Total	**15**	**19**	**15**	**49**

Independent Contractor Complaints-Potential

Numbers received - April to December	Q1 12	Q2 12	Q3 12	Total

2012				
GP	0	4	3	7
Dental	0	0	1	1
Pharmacies	0	0	0	0
GP Out of Hours	0	0	0	0
Total	**0**	**4**	**4**	**8**

Independent contractor Patient Advice and Liaison Service (PALS) contacts

Organisation	Q1 12/13	Q2 12/13	Q3 12/13	Total
GPs	31	23	24	78
Dentists	4	6	3	13
Pharmacies	11	3	1	15
GP Out of Hours	3	2	1	6
Total				

As previously advised GP OOH now tend to deal with the majority of the PALS/Complaints directly.

Key Themes for PALS and Complaints regarding GP, Dentist, Pharmacy and GP OOH

- *GP concerns*, specifically around waiting times to obtain an appointment and also follow up appointments relating to on-going issues, requests for further investigations to assist with a diagnosis, referrals not being undertaken, and the lack communication between the GP and patient. There has also been numerous enquiries where patients have not been happy regarding their removal from their GP Practice.
- *Prescribing,* themes have been around medication being changed and the GP not informing the patient. Also patients have raised issues about not receiving the same brand of medication, which has raised concern and medication being stopped / reduction in dosage.
- *Dental concerns*, regarding communication between dentist and patient and lack of clarity around charges.

Key service improvements include;

As a direct result of formal Complaints and PALS enquiries the following service improvements were made and lessons were learnt;

- As a result of a few complaints, GP Out of Hours (GP OOH) have made a number of improvements.
    - GPs are to be advised that if there is a wait for a ward admission, consideration should be made to transfer the patient to the Emergency Care Centre (ECC). The patient and family should also be kept updated if delays are to be experienced and should be advised on how to ask for help should their condition deteriorate.

- Discussions have taken place with reception staff within GP OOH and patients will now be made aware of whether they are attending the ECC or GP OOH Unit.

- A GP has learnt lessons about how he deals with prescriptions when he is the Duty Doctor. He will take patients comments on board and will endeavour to use the comments during his future dealings with repeat prescriptions for patients.
- A GP Practice has introduced a new system so that if a patient is unable to see a doctor they can have a telephone consultation.
- As a result of an overcharge for medication, a patient was refunded the full amount which they initially paid.
- Better communication is to be discussed within a Practice setting and a review the Practice's Home Visiting Policy is to be undertaken.
- A dental practice are to remind all their staff to address patients in a professional and polite manner
- The comments on one complaint are being used in a positive way when dealing with patients and their families in the future. Miscommunication by a GP has been reflected upon following his telephone conversation with a family member about their mother.

GP Information Governance Toolkit

Completion and submission of the toolkit is mandatory for GP practices as part of their terms and conditions for connection to N3 and use of NHS Mail. The Information Governance Manager worked with GP practices to support them in completion of their GP version of the Information Governance Toolkit.

There are 31 GP practices in the North East Lincolnshire CTP area that are registered with Connecting for Health, who administer the toolkit for the Department of Health. This year the number of practices that completed toolkits was 29 which equates to 94%. Regular reminders and offers of support were provided to all practices throughout the year leading up to the final submission date of 31st March 2012.

Pharmacy Information Governance Toolkit

All pharmacies were required to make information governance toolkit submissions this year. There were 37 pharmacies registered with Connecting for Health, and following similar support to that provided to GP practices during the year, all pharmacies have submitted their toolkits with at least level 2 for all requirements (within this figure it should be noted that submissions for all Boots pharmacies have been completed centrally via an arrangement with their head office and the Department of Health, assurance has been provided that these will be published in due course).

8.1.1.4 North Lincolnshire PCT

General Practice

Each year the PCT assesses achievement of GP Practices against the national Quality and Outcomes Framework (QOF) and also review their contractual requirements using a Quality and Contract Framework document.

This framework is intended to support practices to put in place systems which enable quality assurance of their services and promote quality improvement and enhanced patient safety. It allows practices and PCTs to performance manage contractual arrangements in a more supportive and structured environment. Practice visits are undertaken either on a random selection basis or following the assessment of the QOF return.

Some of the key areas in North Lincolnshire include the need to further develop the safety culture in primary care, reducing variation and improving quality. A number of actions within the Northern Lincolnshire Summary Hospital Mortality Indicator (SHMI) action plan relate to Primary Care.

Ophthalmic Services

The General Ophthalmic Services Mandatory Contract covers services offered by local optometry practices with fixed premises within the area of North Lincolnshire PCT and compliance is assessed against a national contract compliance monitoring framework. Areas that are assessed include:-

- Staffing procedures
- Insurances and Registrations
- GOS(General Ophthalmic Services) Sight Test Application Procedures
- Information Access and Protection
- Record Keeping
- Referral and Notification Procedures
- Complaints and Incidents
- Signage and Documentation
- General Health & Safety
- Fire Precautions
- Premises suitability
- Clinical Testing Equipment
- Ophthalmic Drugs availability, storage and disposal
- Infection Control and Decontamination procedures.

Contract Compliance is assessed against the national framework by a practice visit with a lay assessor from the PCT and the optometric adviser for clinical input. Action plans are put in place and monitored for any outstanding areas that are identified at a visit.

Dental Services

North Lincolnshire PCT has developed a local Dental Practice Quality Scheme (DPQS) that is reviewed annually to include / remove or amend indicators based on current national and local priorities. A copy of the 2012/13 DPQS is included in the document repository for information. Practices are reviewed annually to confirm achievement of the scheme and any indicators not achieved have a financial penalty applied.

North Lincolnshire PCT facilitates a quarterly practice managers meeting that focuses on training needs and raising awareness of issues such as vulnerable people, Mental Capacity Act and infection control. There are wider training

sessions held across the Humber (North East Lincolnshire, Hull, East Riding and North Lincolnshire) educating practice owners and senior members of staff on the new contract and dental public health issues.

The Dental Advisor and Infection Control Nurse visit all practices to review achievement of the essential standards for infection control assessing practices against Health Technical Memorandum 01-05 (Decontamination in primary care dental practices) and to develop joint action plans to encourage practices to work towards best practice.

Community Pharmacy

Each year the PCT assesses each pharmacy against the Community Pharmacy Assurance Framework to ensure compliance with the Essential Services components of Community Pharmacy Contract. The framework consists of a self-assessment questionnaire and a declaration statement of compliance which must be signed by the pharmacist. It is stated in the questionnaire that evidence should be made available if the PCT wishes to see it at a pharmacy visit. Pharmacy visits are undertaken by a Professional Lead for Community Pharmacy issues or a Practice pharmacist and one other PCT Officer. An action plan is put in place following the visit.

Out of Hours

The Out of Hours (OOH) Service for North Lincolnshire is provided by Scunthorpe Area GP Emergency Centre (SAGPEC). The service that was established 17 years ago is co-located with Northern Lincolnshire and Goole FT Accident and Emergency (A&E) Department at the Scunthorpe Hospital site. It currently has around 40 doctors that work with them on a regular basis. The service has registered with the Care Quality Commission.

Monthly performance reports are provided to commissioners that detail compliance with agreed indicators and national standards. These reports are reviewed at regular meetings with SAGPEC and there are no significant areas of non-compliance or concern.

SAGPEC has effective measures in place to deal with incidents and complaints and conducts regular clinical audits in line with best practice.

Under Performance of Professionals

The list system provides a framework to protect patients from unsuitable or inefficient practitioners and enables PCTs to intervene at an early stage to provide support and remediation for practitioners whose performance is beginning to fall away from the required standards. It enables PCTs to assure the suitability of all practitioners on the list working in primary care who undertake clinical services in their area through admission, suspension and removal procedures.

The table below shows the number of open performance cases as of end January 2013 for all professionals in North Lincolnshire.

Service area	Number of open performance files
General practice	7
Dental Practice	0

Service area	Number of open performance files
Optometry	1
Community Pharmacy	2

Independent Contractor Sis April 12 to date

Service area	Number
General Practice	1
Nursing home	1
Community Pharmacy	1

Independent Contractor Complaints

Numbers received	Q1	Q2	Q3	Q4	To end of January 2013
GP	6	4	1	0	11
Dental	3	0	2	1	6
Total	**9**	**4**	**3**	**1**	**17**

Nature of the complaint	To end of January 2013
Appointment system	1
Clinical care	8
Manner and attitude of staff	2
NHS dental treatment	5
NHS emergency dental treatment	1
Total	**17**

Independent contractor Patient Advice and Liaison Service (PALS) contacts

Due to changes in internal procedures, no centralised PALS data was captured up to 1st August 2012. However, from that date 169 contacts were handled as PALS calls to the end of December 2012. These calls have been broken down as to who the call related to as follows:

Organisation	Q1	Q2	Q3	Q4
GP	15	8	18	7
Dentist	57	19	14	7
Optician	0	1	0	0
Pharmacist	2	1	1	0
Total	**74**	**29**	**33**	**14**

Nature of contact	To end of January
Access to NHS dentist (including emergency treatment)	64
Practice appointment systems	13
Communication	10

Nature of contact	To end of January
Manner and attitude	9
Clinical care and treatment	30
Requests for information	20
Removal from list	4
Total	**150**

The Commissioning Support Unit took over complaints and PALS from the beginning of August 2012.

To date only one practice has not been willing to fully engage in relation to both PALS and complaints.

GP Information Governance Toolkit

Completion and submission of the toolkit is mandatory for GP practices as part of their terms and conditions for connection to N3 and use of NHS Mail. The Information Governance Manager worked with GP practices to support them in completion of their GP version of the Information Governance Toolkit.

There are 20 GP practices in the North Lincolnshire PCT area that are registered with Connecting for Health, who administer the toolkit for the Department of Health. This year the number of practices that completed toolkits was 18 which equates to 90%. Regular reminders and offers of support were provided to all practices throughout the year leading up to the final submission date of 31st March 2012.

Pharmacy Information Governance Toolkit

All pharmacies were required to make information governance toolkit submissions this year. There were 36 pharmacies registered with Connecting for Health, and following similar support to that provided to GP practices during the year, all pharmacies have submitted their toolkits with at least level 2 for all requirements (within this figure it should be noted that submissions for all Boots pharmacies have been completed centrally via an arrangement with their head office and the Department of Health, assurance has been provided that these will be published in due course).

8.1.2 Community Health Services

East Riding of Yorkshire PCT

Community Health Services in the East Riding are predominantly provided by Humber NHS Foundation Trust. The services provided are in relation to school nursing, health visiting, GP Out of Hours and allied health professionals providing services such as podiatry and physiotherapy. A range of in-patient services are also provided through community hospital beds which are located in the East Riding Hospital, Withernsea Hospital and the Macmillan Wolds Unit based in Bridington Hospital. Minor injury services are also provided at Withernsea Hospital, Hornsea Hospital and Alfred Bean Hospital, Driffield.

Other providers also deliver minor injury services in East Riding as follows:

- East Riding Hospital - Hull & East Yorkshire Hospitals Trust
- Goole & District Hospital - North Lincolnshire & Goole Hospitals FT
- Bridlington Hospital - City Healthcare Partnership (CHCP)

Hull PCT

Community Health services in Hull are provided by City Health Care Partnership Community Interest Company (CHCP CIC) which is an independent, co-owned business providing community NHS services to local people in the Hull and East Yorkshire area. CHCP CIC was officially formed on 1 June 2010 as a Community Interest Company separate to the commissioning organisation, Hull PCT. It has five business units that provide a wide range of services to more than half a million local people.

City Healthcare Partnership provides a range of primary and community health care services across the City of Hull, including health visiting, district nursing, school nursing, prison health, primary care and sexual and reproductive health care services. For further information see section 8.4.

North East Lincolnshire CTP

A range of integrated health and adult social care community services are delivered by a community benefit society, Care Plus Group (CPG). Services include community and specialist nursing, which covers community nursing, continence service, continuing healthcare, diabetes service, infection control, neurology service, skin integrity service and stroke service co-ordination. CPG also provide disability services for adults with learning and physical disabilities, as well as day services for older people and a specialist falls service.

Intermediate tier services, designed for hospital admission avoidance and support on hospital discharge, include a 24 hour telephone triage service, community occupational therapy, rehabilitation, rapid response, intermediate care beds and home support. Other services provided by CPG include palliative and end of life care, sexual health services and substance misuse. In addition, CPG also has a focus on health and wellbeing, delivered through an innovate collaborative approach, i.e. dedicated staff and community volunteers, trained in social marketing techniques, to work within communities to raise awareness of risk factors and signs and symptoms of disease (focusing on most significant health issues, i.e. cardio-vascular and cancer). Other social care services provided by CPG include assisted shopping, meals on wheels and social care transport.

North Lincolnshire PCT

Following the Transforming Community Services initiative, Community Services previously provided by North Lincolnshire PCT (community nursing & therapies) were transferred to become part of Northern Lincolnshire & Goole Hospitals NHS Foundation Trust in April 2011. Following a Trust restructure in July 2011, the organisation created the Community & Therapy Services Group (C&TS). This Service Group retained the vast majority of community services which had transferred from the PCT in a single entity but also enabled the Trust's existing therapy and community dental services to be incorporated into

the same management structure. The creation of the Service Group has, therefore, enabled the development of more sustainable services and is seen as a major contributor to supporting the Trust in transforming care.

In North Lincolnshire the C&TS Group provides a number of services in partnership with the Local Authority and this integrated approach is essential in order for us to meet the needs of the population. A number of local initiatives have been recognised at a regional/national level in terms of innovation and as good examples of integrated working.

Nursing services include community and specialist nursing for adults and nursing services for children. Community nursing services for adults are currently being developed as part of the integrated locality teams – through co-location of nursing staff with therapy staff and adult social care staff, we are creating five integrated health & social care teams. Specialist nursing services include continence, tissue viability, palliative care and intermediate care. Services for children include health visiting (including a community based new-born hearing screening model), school nursing and the Family Nurse Partnership (the FNP is contracted to support families in North East Lincolnshire as well). C&TS is also responsible for providing a 24/7 unscheduled care service which provides urgent/short term care to people at home/other community settings and this forms an important part of the Trust's overall service for unplanned care.

Therapy services have recently been remodelled (May 2012) – this means that we are now able to deliver a multi-disciplinary approach to service delivery through four teams providing services in North Lincolnshire – acute/short term which provides in-patient care; core rehabilitation which provides therapy for adults in the community and is part of the integrated locality teams; extended therapy team which provides the district wide/specialist services and a children's therapy team. The supporting ethos of the therapy remodelling is that service managers hold a collective responsibility for ensuring that delivery is seamless and that therapy services are effective.

The C&TS group is also responsible for the integrated equipment services in both North Lincolnshire and North East Lincolnshire. This is an area of change for the future in terms of the model of service delivery.

There are no significant quality concerns relating to NLAG community services although commissioners have challenged the Trust that they are not reporting any SIs and asked for assurance that they have a reporting system in place should any occur and that they are not under reporting.

8.1.3 Integrated Care

Integrated Care involves health and social services working together. Demographic change means more people are living with long-term or multiple health problems: those with physical and learning disabilities, carers and multi-agency support for children all demand more integrated care, and there is an expectation that once-fragmented services can be coordinated to provide person-centred care that facilitates earlier and more cost-effective interventions.

East Riding of Yorkshire PCT and Hull PCT do not directly contract with any care homes. Instead a contract is in place with the Local Authorities who then directly contract with care homes.

North East Lincolnshire CTP

North East Lincolnshire CTP currently contracts with;

- 56 care homes;
- 36 x Residential Homes;
- 9 x Nursing Homes;
- 8 x Learning Disability Homes;
- 3 x Mental Health Establishments.

There are 1,816 registered beds in total, running at an average weekly occupancy rate of 77% (based on data from 28.05.12 to 28.01.13). 53% of current permanent occupancy is funded by Local Authority/North East Lincolnshire CTP, with 24% being permanent self-funders, 6% being permanent residents "out of area" and 10% being permanent Continuing Healthcare funded residents. The remaining occupancy relates to short stay/respite placements.

All care homes commissioned in North East Lincolnshire are registered with Care Quality Commission (CQC) and undergo regular inspections. In October 2010, North East Lincolnshire CTP launched a Quality Plus Scheme to incentivise quality and manage the market by making a fair assessment of performance. This scheme was developed in conjunction with care home providers and reflected local quality standards and outcomes built on or additional to those required by the CQC and local contract/core specification at that time. 37 homes were assessed during Phase 2 of the scheme, of which 31 had satisfactory outcomes and 6 were unsatisfactory. Further action is being taken against a few of those unsatisfactory homes with serious issues, initially by way of issuing a "Notice to Improve". However, participation in the scheme has so far been voluntary and there is limited action that can be enforced.

Lessons have been learnt from the first two phases of the scheme, leading to the process being reviewed with a view to making it compulsory and fully embedded into the new care home contracts effective from April 2013. Homes will be awarded a bronze, silver or gold classification, which will be openly publicised within North East Lincolnshire and continually monitored through the contracting route. Any home not achieving the bronze status as a minimum will receive support to improve within a certain period, after which failure to meet the minimum bronze status will deem the home substandard and consequently result in a breach of contract and eventual contract termination.

Despite the best efforts to monitor and regulate the local care market, it is acknowledged that sometimes services fail. Failure can occur for many reasons and the job of commissioners is increasingly to monitor and identify threats within provider organisations and to intervene as early as possible where appropriate. As such, North East Lincolnshire CTP established a "Market Intelligence and Failing Services" group that meets on a fortnightly basis and is used as a vehicle to gather and share intelligence relating to residential/nursing homes within North East Lincolnshire. Membership of the

group includes representatives from the Social Work Pilot, Care Plus Group, NAViGO, the emerging North East Lincolnshire CCG and CSU, strengthening the partnership approach. Ultimately, this enables the emerging CCG to coordinate and manage situations proactively where there is an immediate risk, ensuring that the emerging CCG can carry out the CTP statutory duties and limit the impact on service users.

There have been 63 incidents relating to care homes reported via Datix from April 2012 to date (05.02.13), the majority of which fall under the category of implementation of care or ongoing monitoring/review and relate to pressure sores. There have been no Serious Incidents or 'Never Events' reported during the time period specified.

With regards to reports being made from the homes themselves, the Safeguarding Team introduced the minor incident reporting system for peer incidents. This has not yet been completely embedded, although there are pockets of good practice.

The total number of safeguarding referrals from April 2012 to date (05.02.13) is 149, 35 of which were received from residents themselves. In total, 116 referrals proceeded to an investigation and were categorised as follows:

- 27 x Physical abuse
- 48 x Neglect
- 5 x Emotional/psychological
- 5 x Financial
- 62 x Multiple Categories
- 2 x Institutional

There are currently 16 cases still open, with the remaining 100 cases resulting in the following outcomes:

- 28 x Substantiated
- 13 x Partially substantiated
- 19 x Not substantiated
- 7 x Not determined/inconclusive
- 32 x Closed on Referral Form
- 1 x Other Action Taken

There have been 9 PALS (Patient Advice and Liaison Service) enquiries since April 2012 to date (05.02.13) relating to care homes. These are concerns received via relatives, or other health/social care professionals, or even via A3 (North East Lincolnshire's single point of access service, that is the front door for all adult community social care enquiries) and includes issues such as cleanliness of home and attitude of the staff.

Complaints

There have been 5 complaints relating to care homes since April 2012 to date (05.02.13).

North Lincolnshire PCT

North Lincolnshire PCT currently contracts with:

55 Care homes, of which;

- 42 are Residential homes
- 13 are Nursing homes
- 1 is Learning disability establishments
- 2 are Mental health establishments

At time of writing there are 1361 registered beds in total, running at an average weekly occupancy rate of 85 %. Of these 1361 beds 193 are occupied by self-funders, and 529 funded by North Lincolnshire council, with 215 cumulatively being funded by North Lincolnshire PCT as funded nursing care. 62 beds are used for short stay and respite arrangements. Of the remaining beds it is not possible at this time to obtain a clear picture of their funding arrangements, however it would be presumed that this represent out of area placements made into North Lincolnshire.

All care homes commissioned in North Lincolnshire are registered with the CQC, and are regularly inspected by both North Lincolnshire council and North Lincolnshire PCT, who are currently working to identify ways in which they can jointly assess care homes.

Both organisations regularly hold meetings with care home providers to discuss changes and enhancements needed to care home provision across the area, and to celebrate examples of best practice.

To further identify the need for such provision in the future both organisations have developed a Residential and Nursing Care review project. This is working with all care home providers to identify provision needs for the future, identifying gaps in such provision. To then look at ways of working together to ensure such gaps are filled so that there is a care home market place which is fit for the future.

In addition there is a desire to work with both care home and domiciliary providers in a productive and developmental manner. To ensure this both North Lincolnshire PCT and North Lincolnshire council have worked together to develop the cross sector provider partnership. This is a provider led group which meets regularly where North Lincolnshire PCT and North Lincolnshire council can attend and talk through new policies and ideas for growth and development across the region. This is used as an opportunity to work with providers to establish a joint approach to the implementation of such pieces of work.

North Lincolnshire PCT has a section 75 agreement in place for Mental Health and Learning Disability services; this covers joint commissioning arrangements including pooled budgets. North Lincolnshire PCT is the lead commissioner for mental health and North Lincolnshire Council is the lead commissioner for learning disabilities.

The evolving North Lincolnshire CCG have agreed they wish to retain joint commissioning arrangements and are working with the Local Authority towards a revised agreement to be effective from April 13.

The governance arrangements have just been reviewed and from November 2012 will be undertaken via the Integrated Commissioning Board, a sub group of the Health and Wellbeing Board.

Internal reporting in relation to the PCT responsibilities for each is via the Quality Group.

A Learning Disability complex care review was established during 2011/12 to review all out of area placements and has therefore been able to respond well to the Winterbourne recommendations. Project updates are received through the joint commissioning arrangements but also fed into the Quality Group.

8.1.4 Secondary Care

Hull and East Riding of Yorkshire

The major provider of secondary, acute, hospital services for Hull and the East Riding is the Hull and East Yorkshire Hospitals NHS Trust, which was established in October 1999 through the merger of the Royal Hull Hospitals NHS Trust and East Yorkshire Hospitals NHS Trust. The Trust operates from two main sites: Castle Hill Hospital and Hull Royal Infirmary. The A&E Department is located within the Hull Royal Infirmary site. Following a £7.3m major scheme to significantly improve the Emergency Department the department will separate Paediatrics, minor and major injuries enabling radical improvements in terms of privacy and dignity.

A full range of NHS hospital services are provided to almost 600,000 people in the Hull and East Yorkshire area. In addition the Trust's staff provide specialist/tertiary services (including neurosciences, cardiology, cardiothoracic surgery and trauma) and cancer services to a catchment population of up to 1.25 million people in a broader geographical area extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in Lincolnshire.

North and North East Lincolnshire

The major provider of secondary, acute, hospital services in North and North East Lincolnshire is Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG). NLAG operate services from 3 hospital sites; there being a district general hospital in both Grimsby and Scunthorpe and a small community hospital in Goole. NLAG provide inpatient and outpatient services across a range of specialties – surgical and medical – for both elective and unscheduled care. There are two A&E Departments (one each at Scunthorpe and Grimsby) and a minor injuries unit at Goole. Other services provided include Dental, Allied Health Professionals, Radiology and Pathology Services, as well as community nursing services within North Lincolnshire. Whilst services are primarily delivered from hospital sites, some services are delivered in community settings, such as dental and podiatry services.

As patient choice is offered for Consultant-led elective services, the CTP/ PCTs do hold contracts with other local providers in order to facilitate this. The nearest alternative includes St Hugh's Hospital, an independent sector provider, which provides a range of elective outpatient and surgical services.

Other local alternatives include United Lincolnshire Hospitals NHS Trust and Hull and East Yorkshire Hospitals NHS Trust.

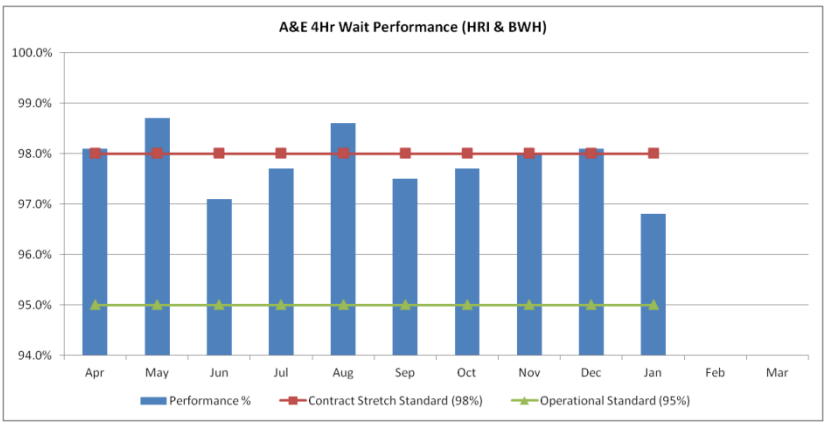
8.1.4.1 Urgent & Emergency Care

Accident & Emergency (A&E)

Hull and East Yorkshire Hospitals Trust has been working in partnership with Hull PCT and East Riding of Yorkshire PCT in planning the way that the Emergency Department services will be delivered in the future. The Emergency Department at Hull Royal Infirmary is to be completely transformed with a £7m makeover which commenced in October 2012. Once complete the work will significantly improve the way emergency patients are seen and treated. The Department will separate children, those with minor injuries and those with major injuries enabling huge improvements in terms of privacy and dignity. It will double in size with many more treatment rooms and improved throughput for patients. Part of the plan is to move to a new walk-in model of care which will avoid unnecessary overnight stays for emergency care patients. Ambulatory patients will access the Infirmary via a brand new entrance at the front of the existing tower block. From there they will be seen in new accommodation and for the most part discharged following treatment in one of the 11 rooms.

Compliance against the A&E clinical quality indicators is no longer part of Monitor's Compliance Framework. However, the Trust will be performance-managed against the clinical indicators through the contract with local commissioners.

A&E 4 hour wait performance 2012-13



As of July 2012 A&E department Trust performance (HRI type 1 and BWH type 3) was above contract standard at 96.7%.

Clinical Quality Indicators

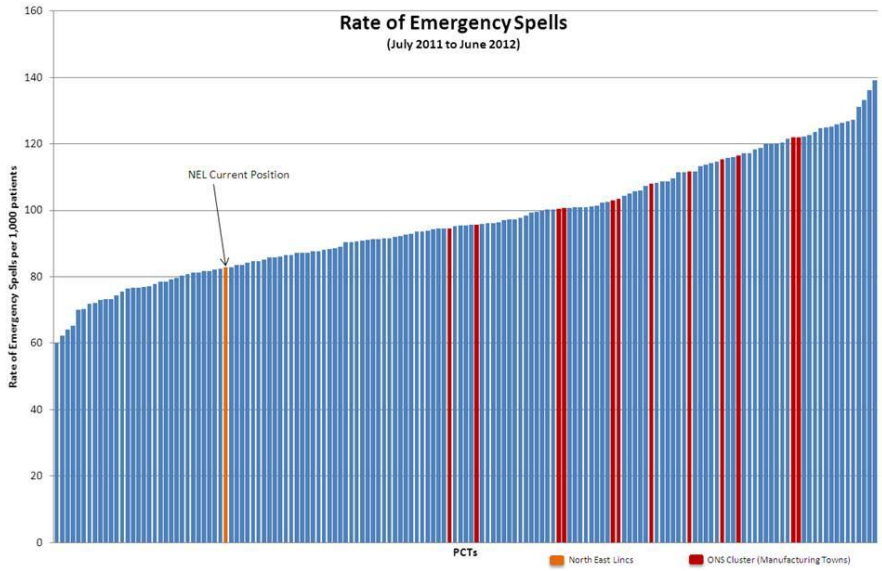
The Trust is required to meet 1 of the clinical quality indicators in each section of Patient Impact (2 measures) and Timeliness (3 measures). In August this was achieved.

Indicator	Performance Management Trigger	Group
Unplanned re-attendance rate	A rate above 5%	Patient Impact
Left without being seen	A rate at or above 5%	
Total time spent in A&E department	A 95th percentile wait above 4 hours for admitted & non-admitted patients	Timeliness
Time to initial assessment	A 95th percentile time to assessment of 15 minutes	
Time to treatment	A median time to treatment above 60 minutes	

Performance against A&E clinical quality metrics

	Standard	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Time in A&E (95th percentile - all patients) - time shown in minutes	240	239	238	239	239	238	239						
Time to initial assessment (95th percentile) - time shown in minutes	15	19	14	23	22	21	20						
Time to treatment decision (median) - time shown in minutes	60	66	64	76	75	59	65						
Unplanned reattendance rate - as % of attendances	5%	6.9%	6.6%	6.8%	6.5%	6.9%	6.4%						
Left without being seen - as % of attendances	5%	1.0%	0.9%	1.2%	1.0%	1.0%	1.2%						

The emergency admission rates to **Northern Lincolnshire and Goole FT** from North East Lincolnshire GP registered patients are consistently some of the lowest in the country (see below), however there is a continued strategic focus on continued improvement in the timeliness of triage, senior clinical decision making and treatment and onward management without the need for an admission where this is appropriate. In 2012 Diana Princess of Wales Hospital (Northern Lincolnshire and Goole FT) worked with the Care Trust Plus to pilot GP supported decision making, with community services support, in A&E majors. During 2013 the Trust will continue to help the development of GP led walk-in triage and ambulatory care models, leading to faster treatment for minor injuries and faster assessment and onward management planning for those who do not need emergency room care and admission.



The Diana Princess of Wales Hospital in Grimsby has made significant progress in 2012 in addressing resource and process issues that were impacting on 4hr wait in A&E performance and in developing the Acute Medical Unit model for assessment and diagnostics requiring an overnight stay rather than admission to a specialty medical ward. Work planned for 2013 (in addition to the A&E developments above) includes a shift to full 7 day working and reducing clinical handover times with East Midlands Ambulance Service. Quality measures will also be a key focus including the Friend and Family test of patient experience.

8.1.4.2 Ambulance Services

East Riding of Yorkshire

Response times

The Yorkshire Ambulance Service (YAS) performance for the East Riding of Yorkshire remains below the national target for RED 1 & 2 8mins / 75% response.

Year to date to January 2013	
East Riding of Yorkshire	70.6%
All YAS	75.63%

Clinical Handover times

Included in Everyone Counts (2.18) are the contractual fines for over 15 and 30 minute delays in patient handover and ambulance clear up times to be levied from April 13 onwards. Within year (2012/13) the establishment of the regional Turnaround Collaborative and the introduction of the ECS screens in the Emergency Department at Hull Royal Infirmary (HRI) have enabled performance to be improved and maintained, building on the better provider to provider relationships now in place. Further work is still required to ensure a continued improvement at HRI.

Key Issues

RED 1 Response Standard

"Everyone Counts" (Annex B) contains a change to the RED1 response standard. From April both RED 1 & 2 will be 8min/ 75% standards and must be achieved separately. This will be extremely challenging for the East Riding of Yorkshire to achieve both of these targets due to the remote and rural geography.

YAS Workforce Plan

YAS have now issued their final position on the introduction of the workforce plan changes, following staff consultation that finished before Christmas. Staff have been informed that the plan is to be implemented. The changes contained in the plan are essential to the development of a more clinical, and cost, effective model of ambulance provision.

Hull

Response times

The Yorkshire Ambulance Service (YAS) performance for Hull remains above the national target for RED 1 & 2 8mins / 75% response.

Year to date to January 2013	
Hull	88.9%
All YAS	75.63%

North Lincolnshire

Response times

The East Midlands Ambulance Service (EMAS) performance for North Lincolnshire remains one of the better performing localities under the contract.

Year to date to January 2013	
North Lincolnshire	86.52%
All EMAS	73.64%

Clinical Handover times

Whilst it is not a specific contractual target for 2013/14, there has been a growing national focus on the inefficiency and cost to Ambulance Service Providers of delayed handovers at A&E departments. Since improved recording of data began last year handover times at Scunthorpe Hospital have been within the 20 minute maximum for most days of the year. Further improvements are expected in 2013/14 backed up by contractual targets.

Work needs to continue between East Midlands Ambulance Service and Scunthorpe Hospital in order to improve handover times and dialogue and improvement will be assured to commissioners as required.

Key Issues

- **Organisational Development and Risk**
  East Midland Ambulance Service is responding to the considerable challenges of trying to achieve contractual performance measures across

the 12 PCT/CTP localities where they provide emergency response services by moving away from the large ambulance station model to a more dispersed model of providing emergency response resources. Commissioners will be monitoring performance during this large scale change to ensure it continues to meet the needs of the commissioned services. Response performance in North Lincolnshire has been consistently above target despite slightly higher than planned activity levels. North Lincolnshire PCT will seek assurance that resource levels and performance are maintained through this large scale restructure.

- **Funding**
  Whilst North Lincolnshire performance is consistently above target, East Midlands Ambulance Service continue to request additional financial resources from commissioners in order to respond to activity and capacity pressures. The lead commissioner and EMAS have commissioned an independent review of performance, activity and resource requirements and the outcome of this review suggests that EMAS will require significant additional resource in some localities in order to meet targets and provide high quality services. There is limited justification on the grounds of performance for additional resource for North Lincolnshire but nevertheless it is likely that North Lincolnshire PCT will be asked to contribute to improved resourcing within a contract which has a single price for all PCTs for each activity. In addition to requests for increased funding to meet targets across the whole EMAS area, we expect that NHS 111 will result in increased ambulance despatches and conveyances which will need to be paid for within the current cost and volume contract.

Developing A&E diversion protocols for North Lincolnshire

North Lincolnshire PCT does not currently operate any A&E diversion protocols. The PCT has developed an unplanned care model and the implementation of this model is likely to result in closer working between A&E, EMAS, community support services and the commissioners to seek to reduce ambulance conveyances to A&E. The commissioners will work with EMAS local divisional staff to explore and implement further opportunities to reduce ambulance conveyance to hospital through directing ambulances to alternative services. This two pronged approach to turning off the tap and removing the plug is expected to result in more appropriate care in the right place which in turn should reduce ambulance activity.

North East Lincolnshire

Response times

The East Midlands Ambulance services performance for the North East Lincolnshire region remains one of the best under the contract.

Year to date January 2013	
North East Lincolnshire	86.52%
All EMAS	73.64%

Clinical Handover times
Whilst not contractual, there has been growing national focus on the potential cost to Ambulance Service providers of delayed handovers at A&E departments. Since improved recording of data began last year it is clear handover times at Diana princess of Wales Hospital in Grimsby are problematic and do not meet the targets.

Work needs to continue with both Diana Princess of Wales Hospital and East Midlands Ambulance Service in order to improve this and will be supported by commissioners as required.

Key Issues

- **Organisational Development and Risk**
  East Midland Ambulance Services are responding to the considerable challenges of trying to achieve contractual performance measures across the 12 PCT/CTP regions where they provide emergency response services by moving away from the large ambulance station model to a more dispersed model of providing emergency response resources. Commissioners will be monitoring performance during this large scale change to ensure it continues to meet the needs of the commissioned services. Of all of the PCT/CTP regions covered by the contractual services, response performance in North East Lincolnshire has been consistently above target and also activity levels have been maintained to plan and the CTP will need to seek assurance that resource levels and performance are maintained through this large scale restructure.

- **Funding**
  Whilst North East Lincolnshire CTP contractual performance is consistently high there are issues with the contract management in terms of the level of additional funding requests by East midlands Ambulance Services for a range of issues, e.g. winter pressures, recruitment (high overtime costs), rising activity (not in North East Lincolnshire), Trust status developments etc. In the current lead/associate commissioner contract management arrangements North East Lincolnshire (emerging) CCG need to ensure their views and priorities are not at odds with other commissioners under the same contract whose position on performance and funding may be very different.

- **Developing A&E diversion protocols for North East Lincolnshire**
  North East Lincolnshire CTP does not currently operate any A&E diversion protocols of the type quite common to East Midlands Ambulance Service for other regions. The CTP considers that protocols of this type are now relevant and has established contact to begin development work to consider diversions to GP in hours, GPOOH and to Rapid Response services. This development work will be done through contact with the East Midlands Ambulance Service representative for North East Lincolnshire (emerging) CCG and not through the Associate Commissioner arrangements used for contract management.

8.1.4.3 Key Indicators

Mortality scores

The Humber Cluster's two main acute providers, Northern Lincolnshire and Goole Hospitals Foundation Trust and Hull and East Yorkshire Hospitals Trust (HEYH), have higher than expected hospital mortality scores, and as a result of this have both been subject to external review, and have detailed action plans in place. Hull and East Yorkshire Hospitals Trust (HEYH) mortality rates are now within the expected range. Within Northern Lincolnshire and Goole FT, as well as a Trust wide action plan, there is also a joint action plan with commissioners.

Action plans, together with minutes of relevant internal Northern Lincolnshire and Goole FT mortality meetings and joint commissioner mortality meetings can be found in the document store. The Francis Report published on 6th February 2013 will be reviewed to ensure all relative areas of lessons to be learnt are picked up as part of the on-going work.

The latest quarterly SHMI (Summary Hospital Mortality Indicator) scores are 118 for Northern Lincolnshire and Goole FT, 106.8 for Hull and East Yorkshire Hospitals Trust and 112 for York Hospitals/Scarborough.

Infection control

C Difficile/MRSA infections from all north bank areas will be investigated using Root Cause Analysis (RCA) methodology and reviewed through the Joint Hull & East Riding C Difficile Multi-Disciplinary Review Group Meeting which is held on a monthly basis. All Trusts and PCTs have on-going action plans which are monitored through the monthly Quality meetings.

North Lincolnshire PCT has long standing arrangements in place for scrutiny and management of C Difficile and MRSA infections. There is a good multi agency approach and comprehensive action planning in place.

8.1.5 Maternity Services

East Riding of Yorkshire PCT and Hull PCT

Hull and East Yorkshire Hospitals Trust had a review of its Maternity Services in June 2011 and was found to be compliant overall. However, the CQC found there to be major concerns with outcome 13 – staffing. This was in respect of services provided at the Jubilee Birth Centre based at Castle Hill Hospital. The Trust has since undertaken a review of Maternity Services and has closed the Jubilee Birth Centre and transferred the service to the Women's and Childrens Hospital. The Trust is now fully compliant.

The Trust had another compliance check in October 2011 against three outcome areas and CQC found no areas of non-compliance and made only one improvement action. This was related to governance arrangements for escalating staffing concerns, and has subsequently been addressed in full. In February 2012 the Trust was subject to a further compliance review to the Castle Hill Hospital. The review looked at Outcome areas 2, 4, 8, 13 and 16 and found no areas of non-compliance. However two areas of improvements were noted; consent practices need to be improved, particularly in relation to ensuring patients understand what they are consenting to and are fully informed and contemporaneous notes need to be made of all aspects of a patients' care. The Trust is in the process of addressing these improvement actions and improving practice in these areas.

There is a public consultation exercise which will look at how the full range of maternity service provision across Hull and the East Riding meets the needs of local women. This will form part of a general review of the maternity strategy for the area, with a view to ensuring that maternity services continue to deliver choice, certainty and a high quality of care. It is envisaged that the questions will focus on how the needs of mums-to-be and their partners can best be met in the future. It should be noted that the consultation will not address the closure of the Jubilee Birth Centre.

North East Lincolnshire CTP and North Lincolnshire PCT

Maternity Services in North East Lincolnshire are delivered by Northern Lincolnshire and Goole NHS FT. These services have not been subject to a CQC inspection/review for a number of years.

Midwifery supervision is a statutory requirement within all maternity services. The Supervisors of Midwives are the guardians of best practice, ensuring high standards of care are met to ensure the safety of the mothers and babies who use the services.

The quality and effectiveness of supervision within maternity units is overseen by the Local Supervising Authority (LSA) within each region. North East Lincolnshire comes under the umbrella of Yorkshire and the Humber. The LSA Midwifery Officer (LSAMO) and a team of auditors visit each unit in the region annually undertaking formal and informal assessments. The last visit to Northern Lincolnshire and Goole NHS FT, which took place last year, was informal and the feedback from this was positive. During the review the auditors met with midwives and student midwives as well as users of the service to assess their perceptions regarding support and quality of the supervision within the unit. The findings were very positive and the subsequent report was shared with the Trust Board. An action plan was produced from the report and this was actioned by the team of Supervisors.

The last review from the LSA was due to take place in December 2012. This was a formal visit and North Lincolnshire PCT have long standing arrangements in place for scrutiny and management of C Difficile and MRSA infections. There is a good multi agency approach and comprehensive action planning in place. Conducted at both Trust sites simultaneously, questionnaires were sent to supervisors, midwives and non-midwives (including medical staff) and on the day users of the services, who consented, were contacted by auditors as part of a telephone audit. All of the Supervisor of Midwives also met with the LSSAMO for 1:1 reviews. Initial informal feedback has been positive with the formal feedback due in March 2013.

In 2011 Northern Lincolnshire and Goole FT successfully achieved CNST level 1. CNST requires certain guidelines to be in place, which have to reflect practice but also demonstrate standards within practice and care delivery. They are currently working towards level 2, which requires that they are compliant with their own guidelines. This is evidenced by review of the documentation in use and there has been and will continue to be a lot of time and effort put into raising awareness and ensuring that high standards of documentation are more deeply embedded in practice to ensure that we can achieve the compliance required.

The Maternity Unit at Diana Princess of Wales Hospital in Grimsby won a Parliamentary Award last year for inclusion of fathers and continues to provide this service, being one of the few units nationally to do so. Facilities are available for partners to stay during the postnatal period to be involved in care of the baby and support of their partners in the immediate postnatal period allowing them to bond with their baby too. This aspect of care was also the subject of a presentation undertaken by two of their midwives at the RCM (Royal College of Midwives) national conference in November this year.

Maternity services have also achieved Stage 1 of the UNICEF baby friendly award in August 2012.

Still-birth rates in North Lincolnshire were one of the highest in England and the highest in Yorkshire and Humber for the 3 year pooled period 2008-2010. They continued to be high in the 3 year period 2009-2011, however they have dropped significantly in 2012 (18 in 2010, 16 in 2011, 6 in 2012). Two audits have been undertaken by NLAG/SGH 20101 and 2011. The results of the 2011 audit are still to be shared with the commissioners. It is anticipated that there will be lessons to learn from both these audits.

8.1.6 Mental Health

East Riding of Yorkshire PCT and Hull PCT

Humber NHS Foundation Trust is the major provider of Mental Health, Learning Disability, Community and Addictions services to the people of Hull and the East Riding of Yorkshire. The Trust also provides medium secure Mental Health and Learning Disability services to a wider catchment area across the Yorkshire and Humber region, as well as a range of general and specialist services to the neighbouring areas, for example to North Yorkshire and York Primary Care Trust and North East Lincolnshire Primary Care Trust.

The principal NHS Commissioners are Hull PCT, East Riding of Yorkshire PCT and the Secure and Specialist Commissioning Team hosted by Barnsley PCT.

Services are delivered by multi-disciplinary teams from 70 sites. The Trusts main operational areas are supported by two local authorities, Hull City Council and East Riding of Yorkshire Council.

Humber NHS FT provides services for people with common mental health problems (anxiety and depression) through the Improving Access to Psychological Therapies (IAPT) service and secondary mental health services through a range of community and inpatient teams. Working Age Adult Community mental health services are joint health and social care teams and are delivered through a S75 agreement with East Riding of Yorkshire Council. They have been reconfigured to align service provision to the PbR Care Clusters. Inpatient services for adult mental health include an assessment unit (Avondale in Hull) and treatment units through Hull and East Yorkshire. There is also a Psychiatric Intensive Care Unit and two longer term rehabilitation and recovery units. There are two older people's inpatient units. Access to mental health services is through a Single Point of Access for all services, including crisis resolution home treatment

Key service development issues facing mental health services are

- implementation of PbR in mental health
- development of effective pathways for dementia care and bringing together older people CMHTs and neighbourhood care teams
- improvement of care pathway for people with common mental health problems (IAPT)

Learning Disability services include an inpatient unit and community teams. There are relatively few out of area placements but there is a significant piece of work in developing individual person centred care packages for many highly complex individuals to enable them to return to this area.

North and North East Lincolnshire

In North East Lincolnshire NAViGO provide Adult Mental Health Services, and Child and Adolescent Mental Health Services (CAMHS) services are provided by Lincolnshire Partnership Foundation Trust.

NAViGO provide services for people with common mental health problems, dementia, inpatient, crisis and home support (including assertive outreach, crisis home team and early intervention), and some specialist services (Eating Disorder and Personality Disorder). They also provide innovative employment and training opportunities for service users. Outpatient and inpatient services are primarily delivered from Harrison House, Peaks Lane, Grimsby, which is a purpose-built facility designed to support the needs of privacy and dignity. There are two ten-bed lodges, Meridian and Pelham, which provide mixed sex accommodation with en-suite bedrooms, caring for people with more severe or long-term mental health illnesses. A third lodge, Brocklesby, is used when an individual's needs place them more at risk to themselves and they require nursing within a controlled, quiet and discreet environment.

North Lincolnshire PCT commission mental health Adult and CAMHS services from Rotherham Doncaster & South Humber NHS Foundation Trust.

CQUINS are set in partnership with Doncaster and Rotherham PCTs and planning for 2013/14 is already in progress and reflect the national indicators and contain local indicators agreed across all PCT areas.

Area	Indicator
Patient and Carer Experience	Improving communication with GPs • GP experience; • DNA notifications; • Update letters.
Patient Safety Thermometer	Collection and submission of data on patient harms using the National Patient Safety Thermometer
Patient Experience	Personal needs of in-patients involvement in decisions about treatment/care; • hospital staff being available to talk about

Area	Indicator
	worries/concerns; • privacy when discussing condition/treatment; • being informed about side effects of medication; • being informed who to contact if worried about condition after leaving hospital.
CAMHS (Child and Adolescent Mental Health Services) Transition Planning	Improve the patient and carer experience, involvement and outcomes relating to transition into Adult Services
Recovery, Discharge and Planning	Increase the number of people in Adult Mental Health in-patient rehabilitation services who are positively discharged, this includes those patients in: Coral Lodge who are North Lincolnshire residents.
Payment by Results	Develop Mental Health data systems, reporting and recording to improve underlying data quality and visibility in support of MH Payment by Result implementation.

8.1.7 Care for Special Groups

Prison health

There are four prisons within the Humber Cluster area, three within the East Riding of Yorkshire and the other in Hull.

East Riding of Yorkshire PCT commission a wide range of healthcare services at HMP Full Sutton, HMP Everthorpe and some limited services at HMP Wolds. Hull PCT provides the lead in relation to HMP Hull.

Commissioned services at HMP Wolds comprise of mental health in-reach and clinical drug services (formally known as IDTS). The current healthcare commissioner for the majority and main healthcare services at HMP Wolds is the National Offender Management Service (NOMS). This requires regular work with identified NOMS Controllers. Responsibility will transfer from the Ministry of Justice to the NHS in July 2013 when the existing contract held runs out. In preparation East Riding of Yorkshire offender health commissioner will be seeking to secure services from the existing healthcare provider pending any future market testing bringing together healthcare services between HMP Wolds and HMP Everthorpe. Offender health commissioners currently hold a small number of novated Ministry of Justice contracts for the provision of non-clinical drug services formally known as CARATs (Counselling, Advice, Referral, Assessment, and Throughcare services). There is an Annual Prison Health Performance & Quality Indicator set for all prisons (PHPQIs), which are used to provide quarterly performance indicators. Monitored through the individual Prison Partnership Boards this information is held centrally on a secure (restricted) web-based system managed by NHS SouthWest, on behalf of NHS commissioner, NOMS and HM Prison Service.

Death in Custody reviews have been undertaken in 2011/12 working jointly with the relevant Prison and Probation Ombudsman (PPO). The PCT commissions an expert external clinical review for each case. Action plans are developed and monitored through to completion. Outcomes are reported through the Prison Performance and Improvement group and the Offender Health Board. There is regular engagement with a variety of national policy leads and team members to respond to Independent Monitoring Board (IMB) reports, and provide the required information to support Government Ministers response/ letters required by law to respective Independent Monitoring Board Chairs; the Parliamentary and Health Service Ombudsman on matters such as complaints made to them, and work with HM Inspectorate of Prisons (HMIP) and the Care Quality Commission in relation to reports and actions plans required for both *Announced* and *Unannounced* inspections to prisons

Asylum seekers/ refugees

East Riding of Yorkshire

There are no asylum seekers sent to be housed in the East Riding through the Home Office dispersal system, although very small numbers of asylum seekers may have moved here independently [there was just one individual recorded as receiving subsistence-only support from the Home Office in June 2012]. There may be a small number of refugees who have moved here independently having been granted permission to stay in the UK.

There are no international students undertaking Higher Education courses at registered institutions in East Riding of Yorkshire although some establishments may offer Further Education courses to international students and so are not recorded by this data source.

The overall number of new migrant workers arriving in the East Riding in 2011 fell by nearly 300 to 850 reflecting decreases in both accession and non-accession migration. The most significant change was the decrease in arrivals from Latvia, from 280 in 2010 to 170 in 2011.

- The number of new migrant workers from EU accession countries continues to dominate but be quite variable, with almost 700 arrivals in 2011.
- The level of workers from non-accession countries arriving each year is lower and declining, but is a more predictable trend, with around 160 arriving in 2011. The top country of origin is Ireland with just 20 arrivals.

The top country of origin overall remains Poland, at 320 it is nearly twice the level of the next largest group of arrivals from Latvia.

Hull

There were 132 asylum seekers sent to be supported in Hull in June 2012. There may be a small number of refugees who have moved here independently having been granted permission to stay in the UK.

There are 2,014 full time international students registered with the University of Hull, although around 200 go to the Scarborough Campus therefore an estimate of 1800 would be resident within the city.

Different datasets suggest that up to 3300 new long-term migrants [who are expected to stay more than a year] arrived in Hull in 2011.

North Lincolnshire

There are no asylum seekers sent to be housed in North Lincolnshire through the Home Office dispersal system, although very small numbers of asylum seekers may have moved here independently (there were just three recorded as receiving subsistence-only support from the Home Office in June 2012). There may be a small number of refugees who have moved here independently having been granted permission to stay in the UK.

There are no international students undertaking Higher Education courses at registered institutions in North Lincolnshire although some establishments may offer Further Education courses to international students and so are not recorded by this data source.

The overall number of new migrant workers arriving in North Lincolnshire was 890 – showing no significant overall change from the previous year. Within this figure, there was a small increase in accession arrivals, and a small decrease in the non-accession group. The greatest change since 2010 has been a small increase in arrivals from Poland.

North East Lincolnshire

There are no asylum seekers sent to be housed in North East Lincolnshire through the Home Office dispersal system.

Different datasets suggest that no more than 660 new long-term migrants who are expected to stay more than a year arrived in NE Lincolnshire in 2011. Due to the revisions net migration to NE Lincolnshire is now thought to have been around 240 in 2010, rather than 400 under the old methodology.

Future net migration is expected to fall to under 200 per year, rather than the original estimate of 275, mainly due to rising emigration.

The overall number of new migrant workers arriving in North East Lincolnshire was 460 showing no significant overall change from the previous year. However, within this figure, there was an increase in accession arrivals, and a decrease in the non-accession group – particularly from the New Commonwealth. The greatest changes since 2010 have been a drop in arrivals from India, and an increase from Poland.

8.1.8 Screening programmes

East Riding of Yorkshire PCT provides the lead for a number of Screening Programmes, where the accountable officer is the nominated Director of Public Health (DPH).

The lead Director of Public Health for Breast Screening and Abdominal Aortic Aneurism is the Director of Public Health for East Riding of Yorkshire PCT.

The Director of Public Health for Hull PCT provides the lead in relation to the Bowel Screening Programme.

The Cervical Screening Programme is more complex with actively leadership from all Directors of Public Health and local arrangements within each PCT area across the Cluster. During 2012/13, a Yorkshire and the Humber wide

market testing /procurement work programme associated with Cytology reconfiguration and HPV cytology services was undertaken and the successful bidder notified as to the award of services for those currently provided by Hull & East Yorkshire Hospitals NHS Trust. As from December 2012 a mobilisation group has been established to oversee the transfer of such services to the successor, York Hospitals NHS Foundation Trust, with a view to formal transfer being achieved for a 1 April start date. (i.e. all cytology/HPV services for Hull and East Riding will be provided by York Hospitals NHS Foundation Trust.) For a small number of GP Surgeries in Goole, these services will continue to be provided under 'PathLinks' and the arrangements/provision for Northern Lincolnshire.

For Cancer screening programmes the lead Director of Public Health and the commissioning managers work closely with the North East 'Quality Assurance Reference Centre' (QARC) Regional Director and Team - currently hosted by North East Strategic Health Authority. There is well established QARC assurance programme of work which includes extensive peer review arrangements which requires commissioner leadership and engagement. Similar arrangements are in place in relation to non-cancer screening teams with commissioners engaging with national screening team members.

Throughout 2011/12 there have been serious incidents reported with regard to the following programmes:

- Retinal Screening
- Cervical Screening
- Breast Screening
- Neonatal Blood Spot Screening

Investigations have been undertaken in each case and action plans are in place to mitigate risk.

8.1.9 **Safeguarding Children**

PCTs have statutory duties to safeguard and promote the welfare of children which are set out in the Children Act, 2004 and in the statutory guidance within Working Together to Safeguard Children, 2010, which sets out how all agencies and professionals should work together to promote children's welfare and protect them from harm. The guidance provides a national framework within which each agency must agree local arrangements.

Statutory safeguarding duties placed on PCTs will be passed on to CCGs in 2013. It is therefore important to ensure that the right expert leadership capacity is maintained during transition and beyond.

The emerging CCGs have identified executive leads for safeguarding children and Designated Professionals. This is a fundamental component of the drive to maintain resilience and safeguarding expertise throughout transition.

The reformed NHS will have more complex provider provision and it will be vital that the CCG leads work closely with partners and the Local

Safeguarding Childrens Board (LSCB) to ensure a process of assurance of safeguarding arrangements.

East Riding of Yorkshire PCT

East Riding of Yorkshire PCT has an Executive Lead for Safeguarding Children who works closely with the Designated Nurse for safeguarding children and the Local Authority. Provider organisations all have their statutory safeguarding children roles in place and work closely with East Riding of Yorkshire PCT through the Designated Nurse.

The capacity for specialist safeguarding roles is:

Role	Capacity	Organisation
Designated Nurse	1 wte*	East Riding of Yorkshire PCT/CCG
Designated Doctor Safeguarding	2 PAs Min	Hull and East Yorkshire Hospitals Trust (SLA)
Designated Paediatrician for Child Death Reviews	2 PAs Min	Hull and East Yorkshire Hospitals Trust (SLA)
Named Doctor for GPs	0.2 wte*	Hosted by Humber FT

*wte – whole time equivalent PA – programmed activity

The Looked After Children (LAC) Designated Nurse and team is hosted within Humber NHS FT with the Designated Paediatrician for Looked After Children being hosted currently within Hull and East Yorkshire Hospitals Trust. This arrangement is in the process of being reviewed.

The East Riding of Yorkshire PCT Safeguarding Children Policy, which is an integral part of contracts, contains minimum standards for provider services. These include minimum assurance and monitoring arrangements.

Providers are asked to report key measures such as training uptake to the Designated Nurse and these are incorporated into a 'safeguarding quality dashboard' and submitted to the commissioner's quality and performance meeting on a quarterly basis. Additionally the commissioners review performance at regular contract quality meetings.

The East Riding of Yorkshire Council's integrated inspection by OFSTED and the CQC took place between 31st October and 11th November 2011. The 'Being Healthy' element of the Looked After Childrens component of the inspection was judged as 'adequate' and the health service contribution to safeguarding children as 'good'.

The report notes the contribution of health agencies to keeping children and young people safe is good, with health visiting, school nursing, midwifery and accident and emergency (A&E) services all being effective. The overall judgment was 'adequate' for safeguarding children and 'good' for Looked After Children. The report made specific recommendations for East Riding of Yorkshire PCT for which an action plan was developed and has now been implemented.

Category	Number in	Number	Total/

	East Riding of Yorkshire	Out of Area	Comments
0-19 population	74,000		
Children subject to a Child Protection Plan	229		
Children Looked After by East Riding Council	245	88	333
Children Looked After by another LA	358		Note - 183 of these are from Hull

Training has been a key priority for the Named Doctor for Safeguarding Children and there is an over 90% uptake by GPs and 2/3 of all dental practices.

Significant Issues/Cases

East Riding of Yorkshire PCT has one open Serious Case Review (SCR) involving a child who is believed to have committed suicide. This case has now been closed to the SHA. The PCT and relevant health service providers will continue to work with the ERSCB and partner agencies to fully investigate and report on this case in line with the statutory guidance. The anticipated date for completion of the multi-agency overview report is 25th May 2013.

Hull PCT

Hull PCT is represented at the Children's Trust Executive Group and the Hull Safeguarding Children Board (HSCB). The Executive Lead for Safeguarding works closely with the Designated Nurse for Safeguarding Children sit on the Hull Safeguarding Children Board and relevant sub-committees.

Role	Capacity	Organisation
Designated Nurse	1 wte*	Hull PCT/ CCG
Designated Doctor Safeguarding	2 Pas Min	Hull and East Yorkshire Hospitals Trust (SLA)
Designated Paediatrician for Child death Reviews	2 Pas Min	Hull and East Yorkshire Hospitals Trust (SLA)
Named Doctor for GPs	0.2 wte*	Hosted by CHCP

*wte – whole time equivalent

The Looked After Children (LAC) Designated Nurse post is sited within the safeguarding children team based within City Healthcare Partnership. The Designated Dr for LAC for Hull is being hosted currently within Hull and East Yorkshire Hospital Trust, an arrangement which is currently under review.

Hull has significant demographic features that affect the lives of children and families who live and grow up in the city. Hull is the 11th most deprived local authority in England and according to End Child Poverty, over one third of children and young people live in "income deprived" households. The Local Authority Interactive Tool (National Indicator 116) reports that 33.1% of children and young people in Hull live in poverty.

Category	Number in Hull	Number Out of Area	Increase on previous year
0-19 population	54,000		
Children subject to a Child Protection Plan	297		
Children Looked After by Hull Council	385	237	
Children Looked After by another LA	80		

During the period March 2010 – 2011 there was a 25% rise in the number of child protection referrals received by Children's Social Care.

The Hull Safeguarding Children Board has commissioned an audit to be undertaken of referrals in order to better understand local trends.

There are many more children receiving support and services commissioned by Hull PCT and partner agencies which will be preventing them requiring a child protection plan or becoming looked after. This reinforces the strategic partnership priorities of maintaining a clear focus on the quality and consistency of training and core child protection activity, whilst continuing to strengthen the early help offer which can, over time, reduce the numbers of children requiring protection from harm.

Provider organisations all have their statutory safeguarding children roles in place and work closely with Hull PCT through the Designated Nurse.

In addition to the Safeguarding Assurance Board, each provider organisation has maintained risk reporting arrangements which are monitored internally through a safeguarding committee. Reporting from provider organisations including adult services to the Safeguarding Assurance Board enables Hull PCT to undertake a monitoring role in relation to action plans/ recommendations.

Training has been a key priority for the Named Doctor for Safeguarding Children (employed by Hull and East Yorkshire Hospitals Trust) and there is an over 95% uptake of training by GPs. The Designated Doctor undertakes safeguarding training for hospital consultants and the Designated Nurse undertakes training for independent contractors including dentists and pharmacists.

The integrated inspection of OFSTED and the CQC took place in July 2011. The outcomes of an unannounced inspection in October 2010 formed the basis for this inspection alongside a self-assessment summary. The contribution of health agencies to keeping children safe was judged to be 'good'.

The report made specific recommendations for Hull PCT for which an action plan was developed and has now been implemented. Progress against these has been monitored by the Hull PCT Safeguarding Assurance Board. Those in relation to the Children's and Adolescent Mental Health Service (CAMHS) have been incorporated into the review of CAMHS services.

Significant Issues/Cases

Hull PCT currently has 3 cases open to the SHA as Serious Safeguarding Incidents (SIs):

- Case A concerns a 3 week old baby who was taken into A&E and pronounced dead. The case was referred to Ofsted by the local authority as the family were in receipt of active social work involvement. The death was addressed within the Child Death Overview process and referred to the HSCB serious case review sub-committee for consideration. The case did not meet the criteria for a serious case review as there was no evidence that abuse or neglect was a factor in the death. It will be considered as part of a joint audit of cases with the East Riding Safeguarding Children Board.
- Case B concerns a 5 week old baby taken into A&E and pronounced dead, the cause of death being a severe head injury. This case is the subject of a Serious Case Review. The multi-agency overview report is due on May 10th 2013.
- Case C concerns the death of a 2 year old child. This case has been heard by the HSCB serious case review sub-committee and the decision has been made not to instigate a serious case review until further toxicology results have been received. The case will then be reviewed.

North Lincolnshire PCT

North Lincolnshire PCT has an Executive Lead for Safeguarding Children who works closely with the Designated Nurse for safeguarding children and the Local Authority. Provider organisations all have their statutory safeguarding children roles in place and work closely with North Lincolnshire PCT through the Designated Nurse.

The capacity for the specialist safeguarding roles required in commissioning organisations, as well as Named Doctor for General Practitioners is:

Role	Capacity	Organisation
Designated Nurse	0.5 wte*	Shared with North East Lincolnshire CTP/CCG
Designated Doctor Safeguarding	1.5 PAs	Northern Lincolnshire and Goole Hospitals FT (SLA)
Designated Paediatrician for Child death Reviews	As required & flexible	Northern Lincolnshire and Goole FT Paediatrician on call with Designated doctor completing trend analysis & member of CDOP
Named Doctor for GPs	1 PA	North Lincolnshire PCT/CCG

*wte – whole time equivalent

The Looked After Children (LAC) Designated Nurse and Designated Paediatrician for Looked After Children team is hosted within Northern Lincolnshire and Goole FT with a clear Service Specification to ensure compliance with statutory guidance.

Details of the safeguarding leadership arrangements and capacity for providers in North Lincolnshire are included in the individual Quality Profiles.

North Lincolnshire PCT is represented on North Lincolnshire Safeguarding Children Board by the Executive Lead for Safeguarding Children, and the Designated Professionals.

North Lincolnshire as a Local Authority area is in the middle of the national rankings in terms of the Index of Multiple Deprivation 2010 – 83rd out of 150 local authorities in England. However, there are pockets of higher deprivation within the area. Data available in 2012 from the Campaign to End Child Poverty indicates that 19% of children in North Lincolnshire live in poverty.

Category	Number in North Lincolnshire	Number Out of Area	Increase on previous year
0-19 population	38,400		
Children subject to a Child Protection Plan	70		
Children Looked After by North Lincolnshire Council	110	59	
Children Looked After by another LA	69		

North Lincolnshire PCT has a Safeguarding Children Policy (incorporating Safeguarding Children through Commissioning of Services) which has been adopted by the emerging CCG to allow smooth transition. This policy outlines minimum standards for safeguarding children arrangements which are included in all provider contracts.

Providers are asked to report key measures including training uptake to the Designated Nurse, and compliance/challenges are reported to the commissioner's Quality Group on a monthly basis. Non-compliance is subject to challenge at regular contract quality meetings.

North Lincolnshire PCT were key partners in the North Lincolnshire integrated inspection by Ofsted and the CQC which took place between 23rd April and 4th May 2012. The contribution of health agencies to keeping children and young people safe was judged as 'Good', and the 'Being Healthy' element of the Looked After Children component was judged as 'Outstanding'. The report notes that primary care services, health visiting, school nursing, midwifery, paediatric and accident and emergency services are effective across the area, and health service involvement in strategic partnerships and the LSCB are also good. CAMHS services in North Lincolnshire were identified as outstanding in both the safeguarding and the looked after children elements of the report.

The overall North Lincolnshire judgement was 'Good' for safeguarding children, and 'Outstanding' for Looked After Children. Neither the OFSTED, nor the CQC reports made any recommendations for health services in North Lincolnshire.

Significant Issues/Cases

North Lincolnshire PCT has 1 open safeguarding children Serious Incident (SIs). North Lincolnshire Safeguarding Children Board has decided that the case does not meet the criteria for a Serious Case Review. A review of health service interventions in the case is required, and will commence in February 2013 following confirmation (on 31st January) of the completion and outlook of forensic pathology investigations.

North Lincolnshire PCT continues to monitor provider performance, in particular;

- In respect to safeguarding children training, in collaboration with North East Lincolnshire CTP as Lead Commissioner, in Northern Lincolnshire and Goole FT. (Further details of compliance is outlined in the Provider Quality Profiles)
- Implementation of action plans arising from serious incidents.

North East Lincolnshire CTP

North East Lincolnshire CTP has an Executive Lead and Designated Nurse for Safeguarding Children. Provider organisations all have their statutory safeguarding children roles in place and work closely with North East Lincolnshire CTP through the Designated Nurse.

The capacity for the specialist safeguarding roles required in commissioning organisations, as well as Named Doctor for General Practitioners is:

Role	Capacity	Organisation
Designated Nurse	0.5 wte*	Shared with North Lincolnshire PCT/CCG
Designated Doctor Safeguarding	1.5 PAs	Northern Lincolnshire and Goole Hospitals FT (SLA)
Designated Paediatrician for Child death Reviews	As required & flexible	Northern Lincolnshire and Goole FT Paediatrician on call with Designated doctor doing trend analysis
Named Doctor for GPs	2 PAs	North East Lincolnshire CTP/CCG

*wte – whole time equivalent

Looked After Children health services are commissioned by North East Lincolnshire Council under a Section 75 (NHS Act 2006) Partnership Agreement via their Children's Trust arrangements, and are provided by Northern Lincolnshire and Goole FT including Designated Nurse and Doctor for Looked After Children and Lincolnshire Partnership FT provides the CAMHS support.

Details of the safeguarding leadership arrangements and capacity for providers in North Lincolnshire are included in the individual Quality Profiles.

North East Lincolnshire CTP has been represented on North East Lincolnshire Safeguarding Children Board by the Executive Lead for Safeguarding

Children, and the Designated Professionals, until end of December 2012. Following the appointment of a new Independent Chair of the Local Safeguarding Children Board, a new structure for the Board has been developed with a Leadership Board where North East Lincolnshire CTP is represented by the Executive Lead and an Operational Board where the CTP is represented by the Designated Professionals.

Category	Number in North East Lincolnshire	Number Out of Area	Increase on previous year
0-19 population	38,500		
Children subject to a Child Protection Plan	197		100%
Children Looked After by North East Lincolnshire Council	141	42	
Children Looked After by another LA	74		

North East Lincolnshire CTP has a Safeguarding Children Policy (incorporating Safeguarding Children through Commissioning of Services) which has been adopted by the emerging CCG to allow smooth transition. This policy outlines minimum standards for safeguarding children arrangements which are included in all provider contracts.

This policy outlines minimum standards for safeguarding children arrangements which are included in all provider contracts.

The Designated Professional, in particular the Designated Nurse, works with commissioning leads within North East Lincolnshire Council to ensure consistency with these minimum standards in their commissioning of Health Visiting, School Nursing, CAMHS and Family Support Team as transferred under the section 75 partnership agreement.

Providers are asked to report key measures including training uptake to the Designated Nurse. Non-compliance is notified to contract leads, and is subject to challenge at regular contract quality meetings.

Training has been a key priority for the Designated Nurse and Lead (Named) GP in 2012/13 as GP training at Level 3 was 30% in May 2012. It is anticipated that by March 2013, in excess of 80% of GPs practicing in North East Lincolnshire will have received Level 3 training.

Starting in May 2012, in every month, there has been 100% rise in child protection referrals received by Children's Social Care, compared to the same month one year previously. This increase in referrals has been converted to a 100% increase in children subject to Child Protection Plans and a 95% increase in number of children subject to Looked After Children arrangements.

North East Lincolnshire Safeguarding Children Board have commissioned an on-going review of arrangements to ensure Local Authority and multi-agency capacity to maintain services to this vulnerable group of children.

North East Lincolnshire CTP participated in the Integrated Inspection by OFSTED and CQC of Safeguarding and Looked After Children's Services in North East Lincolnshire which was conducted in April and May 2012. It judged that the "Contribution of health agencies to keeping children and young people safe" was 'Good', and the Be Healthy judgement for Looked After Children was 'Good'. The Care Quality Commission report made two recommendations, both for North East Lincolnshire CTP in collaboration with North East Lincolnshire Safeguarding Children Board in respect to the range and take up of safeguarding children training. The Local Safeguarding Children Board Coordinator, Named GP and Designated Nurse are collaborating on the actions arising.

Significant Issues/Cases

North East Lincolnshire CTP has 2 open safeguarding children Serious Incidents (SIs). Both have been subject to multiagency reviews led by North East Lincolnshire Safeguarding Children Board.

One met the criteria for a Serious Case Review. The other has been subject to a Systems Review as per paragraph 8.17 of Working Together 2010. Key actions have been identified for the North East Lincolnshire health community, and are being progressed by the relevant providers, with oversight from the Designated Professionals.

North East Lincolnshire CTP continues to monitor provider performance, in particular:

- In respect to safeguarding children training in Northern Lincolnshire and Goole FT. (Further details of compliance is outlines in the Provider Quality Profiles).
- Implementation of action plans arising from serious incidents.

Concerns around the effectiveness of GP safeguarding children arrangements was a focus of North East Lincolnshire Safeguarding Children Board scrutiny in the 2011/2012 year, and work is on-going led by the Named GP and Designated Nurse to support practices in accessing training, and developing and embedding robust arrangements.

8.1.10 **Safeguarding Adults**

Although the same legislative framework does not apply to adult safeguarding as is in place for safeguarding children, this agenda is given equal priority. Recent high profile safeguarding incidents, such as the failings within Winterbourne View Hospital, have refocused the NHS on its safeguarding adults' responsibilities. In addition to this, following the recommendations of the 2011 Law Commission's review of adult social care law, the Government intends to legislate for Safeguarding Adults Boards (SABs), making NHS bodies, including new NHS commissioners, statutory members of these boards.

Each of the PCT/CTPs within the Humber Cluster work to the multi-agency policies and procedures that are in place across each area.

Safeguarding Adults Leads from Hull, East Yorkshire, North and North East Lincolnshire have begun to meet regularly to share good practice examples and develop a patch wide approach to safeguarding. Work is ongoing across local commissioners to develop a new model for Safeguarding Adults in the CCGs for post April 2013 in line with the national guidance.

Each of the PCT/CTPs is represented on the Safeguarding Adults Board for their local area. Each of these Boards is a multi-agency Board, and is the strategic multi-agency lead body in the local area for the safeguarding of adults. The role of the Boards includes determining safeguarding policy, the co-ordination of safeguarding activity between agencies and to facilitate joint training. NHS commissioners, providers and public health are represented on the Boards. The Boards are also responsible for signing off any serious case reviews. Each of the Local Safeguarding Adults Boards produces an annual report to which local organisations contribute. These can be found on the respective websites.

Both East Riding and Hull Safeguarding Adults Boards are in the process of revising their policies and procedures which are currently in consultation stages (February 2013). Once these revised policies and procedures are approved at their respective Boards, there may be significant changes to the operational policies for the partner agencies which will require attention.

Under both Boards, there are various sub groups that support the strategic and operational direction of the Safeguarding Adults agenda.

East Riding of Yorkshire PCT

The Lead Officer for Adult Safeguarding is the Director of Commissioning and Transformation and the designated officer is the Assistant Director of Joint Commissioning who represents the PCT at the Safeguarding Adults Board and Serious Care Review meetings. The Continuing Care Manager and Joint Commissioning Manager (Mental Health and Learning Disabilities) represent the PCT at the Safeguarding Adults Management Group. On handover the Continuing Care Manager will not be part of the CCG structure, but the role, including the safeguarding responsibilities of the team, will continue as a commissioned support service, transferring to Humber NHS Foundation Trust.

To ensure the organisation is able to learn from and adopt best practice elsewhere, the Assistant Director of Joint Commissioning attends regional NHS and Social Care safeguarding events and regular Humber NHS Cluster Safeguarding Leads meetings.

The Continuing Care nursing team and Non Contract Activity Case Managers include safeguarding as a main item in every review of patients placed by them in the care home and independent hospital sectors, including those in receipt of funded nursing care. The continuing care nursing team has also been involved in 53 case reviews of the quality of nursing care at nursing homes in East Riding of Yorkshire, either following CQC inspections or other alerts.

East Riding of Yorkshire PCT and its main providers participate actively in multi-agency investigation of specific incidents when required. The Serious Case Review sub group of the Safeguarding Adults Board looks at all local incidents which may need to be the subject of a serious case review, making

recommendations for joint or individual action in response to serious incidents of a safeguarding nature which do not proceed to Serious Case Review. To date there have been no incidents that have led to full Serious Case Review. The group also reviews information from Serious Case Reviews elsewhere to identify key learning and make changes to improve safeguarding in local services. A Vulnerable Adults Risk Management (VARM) tool has been adopted to manage those difficult cases that we all have where they are not safeguarding but have significant concerns for agencies that a multi-agency approach is warranted.

The national self-assessment framework for Learning Disabilities which includes significant elements focusing on safeguarding issues for people with learning disabilities has been undertaken and an action plan has been developed from this assessment. In view of the issues emerging from the national enquiry into abuse at Winterbourne View, a special Task and Finish Group has been established, led by the Joint Commissioning Manager (MH/LD), to identify areas where safeguarding people with Learning Disabilities can be improved, and to develop and monitor an action plan to deliver these. Numbers of out of area independent hospital placements are very small with only seven currently in this group, all of whose cases have been reviewed post Winterbourne. Case management and local inpatient assessment and treatment services capacity has been increased with the aim of reducing the number of people who have to be placed out of area and to return them to the local community as soon as possible to minimise the risks associated with out of area hospital placements.

One area of development for East Riding of Yorkshire is to improve the uptake of training for Safeguarding, Mental Capacity Act and Deprivation of Liberty standards. The level of uptake of training in primary care in particular is low, as is the proportion of safeguarding alerts received from primary care and this is an area of focus for improvement. Safeguarding adults has featured in a number of 'protected time for learning' events, but the profile still needs to be raised with primary care providers. This issue has been highlighted at CCG Committee meetings, and will continue to be raised by the Safeguarding Adults Board, and the CCG will continue to raise the profile of adult safeguarding and the need for training with its members.

A GP lead/representative for adult safeguarding has been requested by the East Riding Safeguarding Adults Board and this may also help to further improve both training and awareness in primary care. A job description for a lead GP for Learning Disabilities and Safeguarding Adults has been drawn up and the CCG Committee is actively seeking an interested and committed GP to take on this role.

The number of safeguarding alerters received by the East Riding of Yorkshire Safeguarding Adults Team is increasing year on year which the Safeguarding Adults Board has concluded reflects greater awareness of adult safeguarding issues amongst health and social care professionals and other partners rather than an increase in abuse or neglect. There were 982 referrals in 2010/11 and 1344 in 2011/12 of which roughly 10% came from hospitals or other NHS services and the majority of cases of reported abuse were in a care home setting.

Partners in Adult Social Care have observed that the effectiveness of the East Riding Safeguarding Adults team would be improved with input from registered nurses with experience and knowledge of safeguarding to advise on quality of nursing care in the care home sector. Non-recurrent resource has been identified to pilot a nurse member of the Safeguarding Adults Team to complement the work already being done by the Continuing Care Nurses and Case Managers. This addition to the team is intended to enhance the skills and knowledge of the East Riding of Yorkshire Safeguarding Adults Team particularly where incidents being investigated involve nursing or other healthcare provision.

Hull PCT

The Lead for Adult Safeguarding is the Director of Quality and Clinical Governance Hull CCG is who represents Hull PCT at the Safeguarding Adults Board and Serious Care Review meetings.

Hull PCT have commissioned two safeguarding adults posts to provide specialist advice and expertise to fellow professionals across City Health Care Partnership and Humber NHS Foundation Trust and Hull City Council in matters relating to the safeguarding of adults. The practitioners also undertake complex safeguarding assessments and enquiries into adults with complex needs in cases of significant harm and are a stakeholder on the multi-agency partnership board.

Safeguarding adults has been an even higher profile activity for Hull PCT following the failings at Winterbourne View. Hull PCT reviewed all patients placed in Castlebeck facilities (the owners of Winterbourne View) in order to gain assurance that their needs were being met. The local review was then extended to all out of area patients and is now embedded in the work of local case managers.

The Department Of Health launched an investigation and set up the Learning Disability Review which is currently taking place.

Yorkshire and the Humber SHA undertook an assurance process to provide some baseline data for learning disability clients. During Q3 2011/12 a one-off data collection and self-assessment of the enhanced framework was implemented. PCTs completed the framework and a snapshot data collection of activity on the 30th November 2011. The SHA then held validation meetings in December 2011 and January 2012.

Hull PCT received an Amber RAG (Red, Amber, and Green) Rating for the Enhanced Commissioning Framework, and good practise examples included;

- A dedicated team responsible for the reviewing of current placements.
- Links have been made and boards established set up to focus on transition, the outcome of which will lead to fewer young people being placed out of district at an early age.
- Safeguarding arrangements have been enhanced to ensure people are kept safe.

Yorkshire and the Humber SHA also undertook an additional compliance assurance process for all clients led by their safeguarding team.

The Hull Safeguarding Adults Partnership Board has created 'MASH' which stands for Multi Agency Safeguarding Hub. After several high profile deaths of vulnerable people across the country where agencies were aware of information about the deceased but did not share or communicate with other agencies, national best practice suggested the formation of a MASH. In Hull this is now established. In the safeguarding operational team based at Brunswick House there are staff from Adult Social Care, City Health Care Partnership, Humber Foundation Trust and Humberside Fire and Rescue Service. There are also staff from Humberside Police Public Protection Unit. The benefits of a multi-disciplinary team are the increased ability to share information and have a joined up approach to safeguarding investigations. The MASH is receiving enquiries and interest from other authorities across the country as recognition of best practice and further advice on implementation.

The Safeguarding Adults Strategic Action Plan is a combination of three work streams that have been subject to on-going work to improve standards.

The first is the national Association of Directors of Adult Social Services (ADASS) benchmarking exercise which began in April 2010 when the Hull Safeguarding Board was established.

The second is the outstanding actions from three multi-agency stakeholder events that were recently held to listen to the views and needs of agencies and partners who use the safeguarding process in the city.

The third piece of work comes from actions that were identified from the terrible abuse of vulnerable adults at Winterbourne View, a private hospital in Bristol. As a result of the subsequent enquiry by the Care Quality Commission, the Safeguarding Adult Board in Hull began a process to assure itself that suitable protection measures are in place in Hull.

All of these work streams have now been interwoven into the three year strategic action plan for 2012-2015. The Strategic action plan will be underpinned by the operational policies and procedures of its member agencies.

North Lincolnshire PCT

The local driver for policy and activity in North Lincolnshire is the Local Safeguarding Adult Board (LSAB) and its sub groups. North Lincolnshire PCT was a founding member of the North Lincolnshire Safeguarding Board. The LSAB meets bi-monthly and the Designated Officer Safeguarding Adults acts as both an advisor to and representative of the Director of Quality and Clinical Commissioning and sits on the LSAB sub groups.

At present the lead professional for North Lincolnshire PCT is the Designated Officer - Safeguarding Adults employed by NLAG FT.

North Lincolnshire PCT in partnership with North Lincolnshire County Council and RDASH commissioned a Complex Care Project in 2012 to review the capacity and understand the met and unmet of local Learning Disability services. The recommendations of this report will feed into a Winterbourne Action Planning Group. Phase 1 of the Winterbourne Concordat Position Statement submitted to the Strategic Health Authority on 28th February 2013 identified 10 LD patients placed out of area in learning disability or autism

beds, 5 of whom had received an appropriate review before 28 February and 5 to be reviewed by 31 May 2013.

Throughout 2011-12 a quarterly update on Safeguarding Assurance was provided to the Strategic Health Authority. The parameters of the return were very tight and consequently North Lincolnshire PCT were categorised as red (non-compliant). Consequently the position and influence of the post within local and regional health and social care networks (Clinical Commissioning Groups, Commissioning Support Unit, Local Authority and Association of Directors of Adult Social Services) is fundamental to the success of adult safeguarding in the area.

The service was delivered through an action plan incorporated into the Safeguarding 'Checklist' for Chief Executives. Despite the issues with the "Safeguarding Assurance", this reflects a high level of compliance with all areas of adults safeguarding. Including; representation at organisational and Local Safeguarding Adults Board (LSAB) level; policy; training; contracting; quality assurance; patient safety; and quality standards.

In addition to the assurance of safeguarding compliance there are practical issues that will require attention locally. This includes;

- To support the LSAB in improving Engagement with Patients and Service Users.
- In light of the current reorganisations to develop innovative ways of engaging staff in both training and practice.

There has been one Serious untoward incident investigation involving safeguarding 2011-2012. A further ten fact-finding reports have been completed.

The Designated Officer is involved in regular meetings with PCT Medical Director to ensure compliance.

Changes to the arrangements for Designated Professional SA are being made in North Lincolnshire. The service is being moved from the current providers, Northern Lincolnshire and Goole FT, to the emerging CCG, who will employ direct with increased hours.

North East Lincolnshire CTP

The local driver for policy and activity in North East Lincolnshire is the Local Safeguarding Adult Board (LSAB). The Director Lead for Safeguarding is the Deputy Chief Executive. There is a full time manager of the safeguarding adults team that is hosted by the CTP. The CTP has recently agreed to fund a half time designated nurse post which will be matched with funding by North Lincolnshire CCG. This nurse will work as part of a team with the North Bank Safeguarding Adults designated nurse to provide a sustainable team.

Following the Winterbourne review case a working group has been put together and an action plan developed. North East Lincolnshire CTP has already implemented improvements to achieve the actions recommended by the Winterbourne report. This included ensuring all Out Of Area placements are only approved at the Risk and Quality panel and the market reshaping project, has been undertaken to review placements. North East Lincolnshire

CTP do not have any informal patients placed in units like Winterbourne (treatment and assessment) for Learning Disability.

As North East Lincolnshire CTP is an integrated organisation local processes will cover all the client groups for both health and social care funded placements, it is acknowledged that Winterbourne only relates to learning disability but North East Lincolnshire CTP believe that all vulnerable groups for which it has funding responsibility should adopt the same practice. North East Lincolnshire CTP out of area placement policy is also under review, out of area placements are being monitored and where appropriate local providers are being resourced. This is a continuation of an on-going local commissioning strategy.

The Mental Capacity Act (MCA) foundation training package was re-vamped during the year to make it more interactive. The new training package has received very good feedback from both trainers and attendees. The foundation and level 2 of the MCA training have also been re-worked and the new packages are now in use. The Safeguarding Intermediate Level for Managers Training has now been brought in-house. The foundation level training (Safeguarding & MCA) is still proving very popular with additional sessions being fitted in whenever possible to keep up with demand. In many cases the numbers attending training throughout the year exceeded the number originally planned for.

Meetings of the Safeguarding Adults Trainer Network take place quarterly including trainers from the CTP and independent sector providers and is well attended. Several sessions of Train the Trainer have taken place for investigating officers, enabling the CTP foundation training to be delivered by a pool of trainers, which has enabled additional sessions to be put on.

The establishment of the business section within the safeguarding team has facilitated the development of performance reporting for safeguarding. This fulfils the requirements of statutory reports including the Department of Health, Information Centre AVA (Abuse of Vulnerable Adults) Return, and to satisfy local reporting needs.

Since the establishment of the safeguarding adults team in 2010, the referral rate of allegations of abuse has doubled. This is attributed to the raised awareness of safeguarding adults following the launch of the revised safeguarding adult's policies and procedures, and the creation of the dedicated team. Workload management and gate-keeping became a priority issue due to this unanticipated rise in referrals to the team with measures put in place to manage this.

Discussions are currently on-going in relation to the change in funding arrangements for MCA.

Serious Incidents

There was one serious incident during 2010 in relation to adult safeguarding. This was closed on StEIS in 2011. There were no serious incidents relating to adult safeguarding during 2011.

One Serious Incident report for Safeguarding in 2012 was reviewed by the SHA and feedback given to the CTP. This has now been closed on StEIS at the end of February.

8.2 Humber Foundation Trust

8.2.1 Profile

Humber NHS Foundation Trust (FT) is the major provider of Mental Health, Learning Disability, Community and Addictions services to the people of Hull and the East Riding of Yorkshire. The Trust also provides medium secure Mental Health and Learning Disability services to a wider catchment area across the Yorkshire and Humber region, as well as a range of general and specialist services to the neighbouring areas, for example to North Yorkshire and York Primary Care Trust and North East Lincolnshire Primary Care Trust.

The principal NHS Commissioners are Hull PCT, East Riding of Yorkshire PCT and the Secure and Specialist Commissioning Team hosted by Barnsley PCT.

Services are delivered by multi-disciplinary teams from 70 sites. The Trusts main operational areas are supported by two local authorities, Hull City Council and East Riding of Yorkshire Council.

The Trust is one of only 3 in the Yorkshire and Humber region that provides medium secure services.

On 1 April 2011 the Trust became the provider of Community Services across the East Riding of Yorkshire PCT area. These services include Community Hospitals, a Macmillan Palliative Care Unit, a wide range of Community Services such as District Nursing and Health Visiting across the East Riding of Yorkshire and a range of Therapy Services into the city of Hull.

East Riding Community Hospital in Beverley has been completed. The Trust will be providing a wide range of services from this facility.

Community Services also provide Offender Health Services at HMP Everthorpe.

8.2.2 Quality Summary

As with many NHS Trusts nationally Humber NHS FT have undergone a period of reorganisation in 2011/12 and have merged with East Riding of Yorkshire Community Services. The merger of Community services into Humber NHS FT has been an added challenge for the Trust in 2011/12 and full integration of the services will continue in 2012/13.

The Trust continues to work proactively with acute trusts to identify patients who can be transferred for step down care in the Community Hospitals supporting commissioning priorities of providing care closer to home and ensuring appropriate use of acute beds.

Humber NHS FT has worked throughout 2011/12 to identify priorities for offender health and have committed to ensure that plans are progressed in 2012/13.

During 2011/12 the Trust has focused on capturing patient and carer experience of services provided through ‘real time’ feedback the outcomes of this has enabled the Trust to address any emerging issues. The Trust has focused on extending this approach in 2012-13 to capture patient and carer views across all services making services more responsive to patient views.

8.2.3 Detailed Quality Review

8.2.3.1Patient Safety

National Reporting Learning System

The National Patient Safety Agency (NPSA) produces a report twice a year, identifying the number of reported patient-related safety incidents per Trust. For the six month period of October 2011 to March 2012, Humber NHS Foundation Trust reported 1292 patient safety related incidents. The severity of the incidents for the period are detailed in the table below, and in comparison to other mental health organisations, the Trust have a higher percentage of no harm, and lower percentages of the other categories.

Degree of Harm

None	Low	Moderate	Severe	Death
879	351	53	0	9

In the period Humber NHS FT were near the top of the middle 50% of reporters with 27.3 incidents reported per 1,000 bed days. This shows an open approach to the reporting of incidents. Disruptive, aggressive behaviour is the main type of incident reported at 21%, and is above the national average. Medication (16.5%), patient accident (16%), self-harming behaviour, and access, admission, transfer and discharge (10%) complete the top 5 types of incidents reported.

Serious Incidents

In order to ensure mistakes in care delivery do not repeatedly occur, providers are required to ensure that policies and procedures to manage serious incidents are robust enough to identify risks, manage those risks and create a learning culture.

During 2011/12, 21 Serious Incidents were reported through the Strategic Executive Information System (STEIS). All incidents have been managed through a joint process with Hull PCT to ensure that all reported serious incidents are investigated appropriately and that learning from the investigation is outcome focused and shared across the health economy.

Mental Health / Learning Disabilities

Type of Incident	Apr 11 Jun 11	Jul 11 Sep 11	Oct 11 Dec 11	Jan 12 Mar 12	Apr 10 Mar 11	Apr 11 Mar 12	Change
					All	All	All
Serious Untoward Incidents	2	5	5	9	19	21	2
Actual inappropriate sexual behaviour		1			0	1	1
Death - Narrative Verdict	1		1		1	1	0
Death - Natural Causes		1			1	0	-1
Death - Open		1			0	1	1

Type of Incident	Apr 11 Jun 11	Jul 11 Sep 11	Oct 11 Dec 11	Jan 12 Mar 12	Apr 10 Mar 11	Apr 11 Mar 12	Change
Verdict							
Death - Suicide					2	0	-2
Death – Unexpected / Sudden	2	4	5	9	12	20	8
Homicide Attempted by Patient					1	0	-1
Missing Patient/Client					2	0	-2

Serious Incidents for Humber NHS FT involve mostly patients in receipt of care but not inpatients. Each incident is investigated using Root Cause Analysis methodology and submitted through the lead commissioner for review through the Joint Hull Serious Incident reporting panel. No specific themes have been identified but action planning against root cause and contributory factors is undertaken and progressed to completion.

Community Services

Type of Incident	Apr 11 - Jun 11	Jul 11 - Sep 11	Oct 11 - Dec 11	Jan 12 - Mar 12	Apr 10 - Mar 11	Apr 11 - Mar 12	Change
					All	All	All
Serious Untoward Incidents	0	1	0	0	0	1	1
Inappropriate Care		1			0	1	1

*East Riding Community Services were not part of HFT between April 2011 and March 2012.

During 2011/12 Humber NHS FT have undertaken a lot of work to encourage staff to report adverse incidents. This has shown an initial increase in incident reporting which has been viewed in a positive light.

Never Events

'Never Events' are serious largely preventable patient safety incidents that can cut life short and result in serious impairment. They should never be allowed to happen in a high-quality service. A list was first drawn up for the NHS in 2009 covering 8 'never events' and this has now been expanded to 25.

Humber NHS FT has not reported any 'Never Events' at the time of writing this document. The Trust has an action plan in place to mitigate risk.

Safeguarding

Children

During 2011/12 Humber NHS FT participated in a statutory joint inspection by the care Quality Commission (CQC) in conjunction with Office for Standards in Education (OFSTED) in relation to Safeguarding and Looked

After Children. This was undertaken across both Hull and East Riding, with the contribution of health agencies to keeping children and young people safe awarded 'Good' for both areas. Both the lessons learned and the areas of good practice have been shared with the teams and an action plan produced.

Humber NHS FT follow the standards agreed within the Commissioner Safeguarding Children Policy and Minimum Standards for Providers. They have a specialist safeguarding team who are available for advice and support for their staff.

When staff members within Humber NHS FT have concerns regarding safeguarding they telephone the appropriate Safeguarding Team to discuss, and report as necessary. The Trusts policies and procedures have been updated to reflect this and help make the process easier for staff to follow.

The Specialist Safeguarding Children Team provide health input to the Multi Agency Risk Assessment Conference process working with victims of domestic violence. The team also coordinate the community health response to the child death overview process and host the Named Doctor for General Practice.

Role	Capacity
Named Nurse	2.0 wte*
Specialist Safeguarding Practitioner	1.2 wte*
Named Doctor for Safeguarding Children	2 Pas
Named Doctor for Safeguarding Children (General Practice)	2 PAs

*wte – whole time equivalent

Adults

Role	Capacity
Nurse Consultant	1.0 wte
Specialist Safeguarding Adults Practitioner	0.8 wte*

*wte – whole time equivalent

Clinical Audit

During 2011/12, Humber NHS FT participated in 100% of National Clinical Audits and National Confidential Enquiries which the trust was eligible to participate in. The reports of 7 national and 17 local clinical audits were reviewed, and the Trust has identified actions to improve the quality of healthcare provided.

8.2.3.2 Patient Experience

Patient Advice and Liaison Service (PALS)

	Total for 2010/11*	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for 2011/12
Number of PALS contacts for the Trust	442	207	207	150	185	749

	Total for 2010/11*	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total for 2011/12
Number of contacts referred to other trusts	43	111	64	28	23	226
Total	485	318	271	178	208	975

There has been an increase in PALS contacts in 2011/12. It is recognised that the figures for 2010/11 relate to mental health, learning disability and addictions services only, as East Riding Community Services joined Humber NHS FT on 1st April 2011 which will affect direct comparison. The top 5 reasons for contact during the year were with regard to the cancellation or delay in appointments, advice on the complaints process, information regarding treatment provided, and general advice regarding services. Compliments forwarded to the Trust are included in the PALS data.

Complaints

The 2009 complaints regulations allow Trusts to negotiate timescales on all cases and performance indicators are no longer included in the Trusts annual report to the Department of Health. Humber NHS Trust decided to retain the 25 working day benchmark as the standard for practice within the Trust, although if the Complaints and PALS Manager considers at the outset that an investigation may take longer than 25 working days, a longer timescale is agreed with the complainant.

Complaints received and responded to within each quarter	Total for 2010/11 *	Qtr 1 2011 /12	Qtr 2 2011 /12	Qtr 3 2011 /12	Qtr 4 2011 /12	Total for 2011/ 12
Number received	103	41	37	30	38	145
Number responded to	108	38	32	40	34	144
Number responded to within 25 working day timescale	100	36	31	36	33	136
Number outside of timescale with the knowledge of the complainant	7	1	1	4	1	7
Number outside of timescale without informing the complainant	1	1	0	0	0	1
Percentage responded to within 25 working day timescale	91%	95%	97%	90%	97%	95%
Percentage outside of timescale with the knowledge of the complainant	7%	2.5%	3%	10%	3%	4.5%
Percentage outside of timescale without informing the complainant	2%	2.5%	0%	0%	0%	0.5%

***** All figures for 2010/11 relate to mental health, learning disability and addictions services only as East Riding Community Services joined Humber NHS FT on 1st April 2011 which will affect comparisons.

The top 4 themes for complaints with regard to Mental Health, Learning Difficulties and Addictions were:

- Appointments delay/cancellation – Outpatients
- Clinical treatment
- Communication/information to patients
- Medication issues

The Top 4 themes for complaints with regard to Community Services were:

- Clinical treatment
- Appointments delay/cancellation
- Attitude of staff
- Communication/information to patients

The DATIX Web Electronic Risk Management System has been purchased by the Trust and will be rolled out during 12/13.

Patient Surveys

The National Patient Survey enables Trusts to be benchmarked against other Mental Health Trusts. The results of the 2011 Quality Health survey: Listening to Patients, as undertaken within the Community Mental Health services provided indicate the Trust's overall performance is better than that of other Mental Health Trusts. The Trust performs 'about the same' in relation to medications, talking therapies, care plans, and crisis care, while performing 'better' in relation to health and social care workers, care co-ordinators, care reviews, and day to day living. Where the Trust has performed 'better', an increase in performance of 10% or more has been evidenced.

8.2.3.3 Effectiveness of Care

Commissioning for Quality and Innovation Framework (CQUIN)

Since the first year of the CQUIN framework (2009/10) East Riding of Yorkshire PCT has worked jointly with Hull PCT to develop CQUIN Schemes with Humber NHS FT which will result in improvements to the services delivered and ultimately the care to patients.

NHS Humber FT Mental Health Services - Local Indicators Summary

CQUIN	Achieved
Indicator 1 - Improving Carer Experience	Partial achievement
Indicator 2 - Improve User Experience	Partial achievement
Indicator 3 - Improving Access	Partial achievement
Indicator 4 – Dementia	Achieved
Indicator 5 - DNA 1st Appointments	Partial achievement

In relation to Indicator 1 – Improving Carer Experience, it was noted that the quarterly data did not evidence any improvement in year, with performance for some elements either remaining at the same level as Quarter 3 or reducing. Humber NHS FT achieved 78% payment for the full year.

In relation to Indicator 2 – Although there had been an improvement in year the Trust achieved 81.9% against a target of 85% at year end with regard to the % of people who confirmed they received enough information before their first appointment.

Current CQUIN Performance

Exceptions in Performance for Q2 2012/13

The exceptions in performance were in the following areas;

- Goal 2 (Patient Experience) – none attainment of trajectories, paid £137,484 out of a possible £143,889 which is a 96% achievement.

NHS Humber FT Community Services - Local Indicators Summary

CQUIN	Achieved
Indicator 1a - End of Life	Achieved
Indicator 1b - End of Life	Achieved
Indicator 2 – Discharge interface	Partial achievement
Indicator 3 – Carer and patient experience	Partial achievement
Indicator 4 – Effectiveness of NCTs	Partial achievement
Indicator 5 - Pressure Ulcer Management	Achieved
Indicator 6 - Discharge in Community Hospitals	Partial achievement

Although Humber NHS FT Community Services achieved full compliance in only 3 of the CQUIN indicators in 2011/12 it is acknowledged that good progress against all of the indicators was made.

Indicator 1 – End of Life – only 82% of patients were recorded as having an end of life management plan in place against a target of 90%. However mitigating reasons were submitted and following discussion it was agreed that there had been a significant improvement in this area and that the CQUIN payment would be made. Progress will continue to be monitored in 2012/13.

Indicator 5 – Pressure Ulcer Management - undertaking a Root Cause Analysis of grade 3 and grade 4 pressure ulcers has proved to be a challenging indicator over the last 2 years. In year 1 none of the reports submitted demonstrated the use of this approach to investigating the cause of the pressure ulcer. There has been a great improvement in the process and reporting of this indicator in year 2, with all reports submitted being evaluated as good with regard to the Root Cause Analysis process, action planning, and the dissemination of learning, with a resulting fall in the number of pressure ulcers being reported.

CQUIN Financial Achievement 2011/12

Provider	Value of CQUIN Scheme	Financial Achievement	Achieved
Humber FT - MH	£344.282.00	£309.424.00	89.8%
Humber FT - CS	£497,328.00	£417,332.63	84%

Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement and harm free care over time. As well as recording pressure ulcers, falls, catheters, UTIs and VTEs, the Safety Thermometer also enables the recording and analysing of additional local information.

From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment programme.

Humber NHS FT has commenced national submissions of data with regard to the Safety Thermometer. The latest dashboard indicators are shown in the table below.

	June 12 %	July 12 %	Aug 12 %	Sep 12 %	Oct 12 %	Nov 12 %	Dec 12 %
Harm free	91.77	90.09	92.20	92.92	92.74	94.22	97.30
Pressure ulcers - all	5.35	7.87	5.13	4.01	4.84	4.11	2.28
Pressure ulcers – new	0.96	1.72	1.34	1.30	1.66	1.67	0.57
Falls with harm	1.65	0.97	1.00	0.94	1.02	0.69	0.28
Catheters & UTIs	0.55	0.75	0.56	0.12	0.64	0.10	0.00
Catheters & new UTIs	0.14	0.54	0.00	0.12	0.00	0.00	0.00
New VTEs	0.82	0.43	1.67	2.13	0.89	0.88	0.14
All harms	8.23	9.91	7.80	7.08	7.26	5.78	2.70
New harms	3.43	3.66	4.01	4.37	3.57	3.23	1.00
Sample	729	928	897	847	785	1,021	703
Surveys	21	25	21	21	20	20	21

Quality Accounts

In developing the Quality Accounts for 2011/12 the Trust held key stakeholder events to ensure views were considered on the development of the Quality Account inviting for example Governors, the local, LINKs and commissioners to ensure that the priorities selected for review and publication represented the quality of service delivery. Specific achievements are documented in the Annual Report. The Trust has identified nine strategic goals that form the direction and aspirations for 12/13.

CQC Registration/Inspections

Humber NHS FT is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

Following the merger of East Riding Community Services with Humber NHS FT in April 2011 the registrations for both organisations and for the new merged organisation necessitated the revision and updating of the registration with the CQC.

The Trust has undergone two unannounced visits by the CQC during 2011. In the first visit, Townend Court was assessed against several CQC Standards, and initial issues regarding Safeguarding Adults were highlighted and an improvement notice was placed necessitating urgent action. A second visit to assess compliance with the actions took place in December 2011 and the notice was lifted. Following a third visit by the CQC to the Unit, they are now assured that there is full compliance in all areas.

The second unannounced visit took place at the Humber Centre, and the assessors visited Ullswater, Swale, Derwent and Ouse Wards again assessing several CQC Standards. The subsequent report gave assurance of compliance on all wards with only minor concerns requiring actions. The CQC are satisfied that full compliance will be achieved and do not plan to make a follow-up visit.

Monitor Risk Ratings

Foundation Trusts' risk ratings are updated each quarter. They can also be updated in 'real time' to reflect, for example, a decision to find a Trust in significant breach of its terms of authorisation or the Care Quality Commission's regulatory activities.

Two risk ratings are published for each NHS Foundation Trust:

A **financial risk** rating (rated 1-5, where 1 represents the highest risk and 5 the lowest); and

A **governance risk** rating (rated red, amber-red, amber-green or green).

Humber NHS FT is currently rated;

Financial risk – 3

Governance risk – Green

The governance risk rating was amended from Amber/ Green to Green in August 2012 with the trust returning to compliance with healthcare targets in 2012/13.

8.3 Hull and East Yorkshire Hospitals NHS Trust

8.3.1 Profile

Hull and East Yorkshire Hospitals NHS Trust was established in October 1999 through the merger of the Royal Hull Hospitals NHS Trust and East Yorkshire Hospitals NHS Trust. The Trust operates from two main sites: Castle Hill Hospital and Hull Royal Infirmary.

A full range of NHS hospital services are provided to almost 600,000 people in the Hull and East Yorkshire area. In addition the Trust's staff provide specialist/tertiary services (including neurosciences, cardiology, cardiothoracic surgery and trauma) and cancer services to a catchment population of up to 1.25 million people in a broader geographical area extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in Lincolnshire. The only services not provided locally are transplant surgery, burns and some specialist paediatric surgery.

Hull PCT are the Lead Commissioner for Hull and East Yorkshire Hospitals NHS Trust. The contract is managed via the Contract Management Board where there is representation from commissioning stakeholders.

8.3.2 Quality Summary

The year 2011/12 has seen many changes at the Trust including a significant restructure within the organisation. The Trust has also seen changes at a senior management level with a new Chief Medical Officer and Chairman during the year.

The Trust has also seen significant upgrading of its facilities. In May 2011 the Clinical Skills, Dermatology and Ophthalmology Facility was opened. This £7m building provides Dermatology and Ophthalmology outpatient clinics as well as a state of the art Clinical Skills centre for education, training and assessment of healthcare students, foundation and speciality trainees and staff from all disciplines at the Trust.

A £7.3m major scheme to significantly improve the Emergency Department is also well underway. Major construction work has already begun on site and once complete will transform the way the Trust will see and treat patients who attend as emergencies.

Of key focus in terms of quality are the Trusts mortality rates. During the year 2011/12 the Trust reviewed all of the deaths that happened in the hospital. They have also begun to improve the way in which they record which patients are coming into hospital and the true acuity or illness of our population. The patient safety work streams identified in the Trusts Quality Accounts are essential to ensuring a sustainable reduction in mortality rates. The Trust has begun to see a reduction within the last year; however, there is still work to do.

8.3.3 Detailed Quality Review

8.3.3.1 Patient Safety

National Reporting Learning System

The National Patient Safety Agency (NPSA) produces a report twice a year, identifying the number of reported patient-related safety incidents per

Trust. For the six month period of October 2011 to March 2012, Hull and East Yorkshire Hospitals Trust reported 6549 patient safety related incidents. The severity of the incidents for the period are detailed in the table below, and in comparison to other large acute organisations, the Trust have a slightly higher percentage of 'no' and 'low' harm, and lower percentages of the other categories.

Degree of Harm

None	Low	Moderate	Severe	Death
4620	1623	290	12	4

In the period Hull and East Yorkshire Hospitals Trust were within the top 25% of reporters with 5.9 incidents reported per 100 admissions. This shows an open approach to the reporting of incidents. Patient accident is the main type of incident reported at 30.5%, and is above the national average. Access, admission, transfer and discharge (16.8%), treatment, procedure (11.1%), documentation (9.2%), and implementation of care and on-going monitoring/review (9.1%), complete the top 5 types of incidents reported.

Serious Incidents

In order to ensure mistakes in care delivery do not repeatedly occur, providers are required to ensure that policies and procedures to manage serious incidents are robust enough to identify risks, manage those risks and create a learning culture.

During 2011-12, 12 Serious Incidents were reported in the Trust of which 3 were classed as Never Events.

All incidents have been managed through a joint process with Hull PCT to ensure that all reported serious incidents are investigated appropriately and that learning from the investigation is outcome focused and shared across the health economy.

The current number of Serious Incidents reported in the period 1/4/2012 to 31/12/2012 is 39.

Never Events

'Never Events' are serious largely preventable patient safety incidents that can cut life short and result in serious impairment. They should never be allowed to happen in a high-quality service. A list was first drawn up for the NHS in 2009 covering 8 'never events' and this has now been expanded to 25.

Of the Serious Incidents reported in the period 1/4/2012 to 31/12/2012 these include 3 Never Events, 1 Retained Foreign Object, and 2 Wrong Site Surgery

Safeguarding

Children

An integral part of the contract between the Trust and the PCT contains minimum standards for provider services. These include minimum assurance and monitoring arrangements.

They have a specialist safeguarding team who are available for advice, supervision and support for their staff. This team also provide nursing support to the vulnerable victim suite (known locally as the Anlaby Suite) where child protection medicals are undertaken.

During 2011/12 the Trust participated in a statutory joint inspection by the Care Quality Commission (CQC) in conjunction with Office for Standards in Education (OFSTED) in relation to Safeguarding and Looked After Children. This was undertaken across both Hull and East Riding, with the contribution of health agencies to keeping children and young people safe awarded 'Good' for both areas.

Areas for improvement have been identified by the Trust and the safeguarding team, led by the Named Nurse, are working with the Trust to progress these. The key areas being strengthened are to improve supervision arrangements for staff with a safeguarding caseload and ensuring that the Named Doctor role is clearly reflected within the post holders job plans.

The Trust also hosts the Designated Doctor for Looked After Children (LAC), the nursing LAC team have recently moved from HEY NHS Trust to CHCP for the Hull team, and Humber NHSFT for the East Riding Team.

Role	Capacity
Named Nurse	1 wte*
Named Midwife	0.4 wte*
Named Doctor	1 wte*

*wte – whole time equivalent

The Trust is compliant with the CQC standards for Safeguarding

Adults

Hull and East Yorkshire Hospitals Trust (HEYHT) has developed the Safeguarding Adults process to ensure awareness, actions and training are undertaken by all members of staff.

The Chief Nurse is the executive director lead for safeguarding and the Assistant Chief Nurse is the delegated safeguarding adults lead and is supported operationally by the Tissue Viability Nurse and Matrons, although dedicated support has not been formalised. Internal processes include monitoring of safeguarding incidents across trust (via Datix system), review of information including training, development of policies/pathways and training. There are also processes in place to disseminate all Safeguarding Adults investigations and issues to each Health Group Division.

Externally, HEYHT is a member of both Hull and East Riding Safeguarding Adults Boards, and provides representation on the various sub groups under each Board, including Serious Case Review and the management groups.

It is mandatory for all Trust staff including volunteers to attend mandatory training on safeguarding and this is also included in the trust induction days for employed staff.

The Trust works in partnership with Humber FT and the Learning Disabilities Advisor has provided expert advice and guidance on this area for the acute trust, improving patient/carer experience, accessibility, resources, communication and training.

Specific areas of further development for safeguarding adults within the trust include: application of the mental capacity act, deprivation of liberty, restraint procedures and higher level training for investigators.

Role	Capacity
Nurse Lead	1 wte*
Specialist Safeguarding Adults Lead	.2 wte*

*wte – whole time equivalent

Clinical Audit

During 2011/12, Hull and East Yorkshire Hospital Trust participated in 96% of the National Clinical Audits and 100% of the National Confidential Enquiries which the Trust was eligible to participate in. This included 47 National Clinical Audits and 4 National Confidential Enquiries covering NHS services that Hull and East Yorkshire Hospitals NHS Trust provides. The Trust did not participate in two national audits, 'cardiac arrest' and 'risk factors' during 2011/12 but signed up to commence them in 2012/13.

The reports of 33 national and 92 local clinical audits were reviewed, and the Trust has identified actions to improve the quality of healthcare provided.

Infection Control

MRSA Bacteraemia

For the year 2011/12 Hull and East Yorkshire Hospitals Trust target for MRSA Bacteraemia was set at 9 cases, however there is also a Primary Care Organisation (PCO) target and for Hull PCT this was set at 6 cases.

The Care Quality Commission (CQC) are using the tolerance/threshold as an absolute ceiling and will if a Trust exceeds their objective class the organisation as under achieving.

Hull and East Yorkshire Hospitals Trust exceeded their targets for MRSA Bacteraemia in the year ending March 2012. The challenge for the year ahead will be to keep within a reduced target. The Trusts trajectory is set at 7 cases. Further work around the Root Cause Analysis process regarding MRSA Bacteraemia needs to be undertaken to ensure a robust process is in place, where good practice and learning outcomes can be shared across the local health economy.

As at the end of September 2012 there have been 4 acute-acquired cases of MRSA Bacteraemia during the financial year. The Trust's contract with local commissioners sets a limit of 7 acute-acquired cases for the full 2012/13 financial year.

Clostridium Difficile

The rates of Clostridium Difficile continue to be monitored in line with the Department of Health requirements.

The contract threshold set by Hull PCT is for a maximum of 60 cases of C. Difficile for the financial year of 2012/13. As at the end of September 2012 there were 26 acute-acquired Clostridium Difficile Infections (CDIs) year to date against the trajectory of 60 and this equates to a rate of 0.6 CDIs per 1,000 ordinary admissions year to date.

The current compliance with MRSA and C Diff bactoraemias as at December 2012 are detailed below.

Metric	Achieve	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	YTD
Clostridium Difficile Infections (CDIs) per 1,000 ordinary admissions	monitoring only	0.78	0.79	0.78	0.14	0.30	1.05	1.15	0.79	0.47	0.70
Clostridium Difficile Infections (CDIs)	<= 60 (2012/13)	5	6	5	1	2	7	9	6	3	44
MRSA Bacteraemia	<= 9 (2012/13)	0	1	0	2	1	0	0	0	1	5

Hull and East Riding Infection Control Committee

The Hull and East Riding Infection Control Committee (H&ERICC) is a patch wide infection control group consisting of the Infection Control leads from all partnership organisations and chaired by the Director and Consultant in Communicable Disease Control for the North Yorkshire and Humber Health Protection Agency (HPA).

Its aim is to monitor and advise on infection Control issues across the Hull and East Riding area. The committee helps to support joint working across health providers and has developed a patch wide infection control strategy which focuses on the reduction of Hospital Acquired Infections.

Specific Areas of Concern

Hospital Standardised Mortality Ratio (HSMR)

Hull and East Yorkshire Hospital Trust were identified as an outlier for hospital mortality in the Dr Foster Report in November 2010. Therefore a CQUIN scheme was developed to drive improvements. Initially the 20010/11 scheme focused on the Trust setting up systems and processes to review 90% of hospital deaths. Then in 2011/12 the scheme incentivised to reduce the hospital mortality by 10 points. The trust successfully achieved an 8.7 points reduction.

As part of the collaborative working with the acute trust, a mortality workshop took place in November 2011 which included CCG GPs to understand the health community approach in reducing mortality. The following actions were agreed;

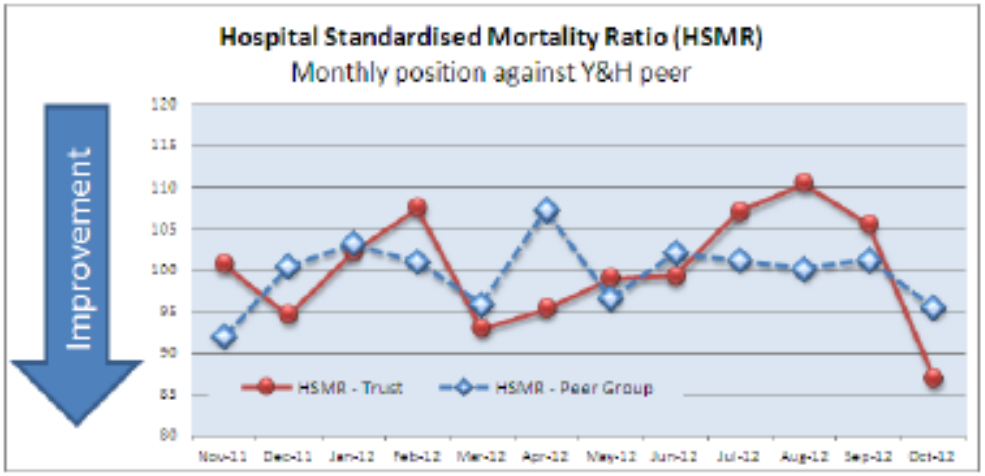
- Commissioners would receive monthly Hospital Standardised Mortality Ratio (HSMR), Risk Adjusted Mortality Indicator (RAMI),

Quarterly Summary Hospital Mortality Indicator (SHMI), metrics as part of 12/13 contract.

- Commissioners would require a quarterly mortality report including all measures and action plan as part of 12/13 contract.
- Commissioners would receive all CQC alerts and actions as part of 12/13 contract.

The mortality metrics including the Dr Foster Report are monitored via the NHS Hull CCG and Contract Management Board. Where mortality rates are identified as being above expected, the CCG will work with the Trust to understand the reasons why this is the case and take appropriate action to remedy the situation.

The Trust's Hospital Standardised Mortality rate (HSMR) for July 2012 when measured as a Moving Annual Total (MAT) was 102.3 which was a slight increase from the June position of 101.8. . The Trust's HSMR for October when measured as a Moving Annual Total (MAT) was 99.9, which was a drop from the September position of 101.2. The monthly HSMR value for the Trust for October is 87.0 and the Trust's 2012/13 year to date HSMR is 100.0.



8.3.3.2 Patient Experience

Patient Advice and Liaison Service (PALS)

The key complaints and PALS activity data is described, as follows: year to date (YTD) data is to the end of December 2012.

	2010/11	2011/12	2012/13 YTD Dec
Complaints Received	497	521	540
PALS cases Received	2312	2179	2100

PALS cases are divided into compliments, general advice and concern. Some of these concerns are escalated to complaints.

PALS Activity Breakdown	2010/11	2011/12	2012/13 YTD Dec
Compliments	62	96	73
General Advice	507	523	477
Concerns	1743	1560	1550

PALS are collecting an increasing number of compliments. This still does not take into account those received at ward level. We can learn and improve by listening to our patients' compliments as well as from concerns and complaints.

PALS cases and complaints are triaged and assigned a level of severity and complexity. The breakdown of those triaged is set out below:

Triaged Complaints and PALS levels:

Level of Complaints	2010/11	2011/12	2012/13 YTD Dec
1	5	0	0
2	2	1	7
3	487	515	519
4	3	1	1

Level of PALS	2010/11	2011/12	2012/13 YTD Dec
1	1855	1545	1255
2	389	501	705
3	9	14	17
4	0	1	1

Level 3 and 4 complaints take more time and resource to respond to due to their complexity and seriousness. Once triaged, some complaints are escalated from PALS concerns to formal complaints.

The Picker Institute was commissioned by 73 NHS trusts to undertake the Inpatient Survey 2011 and provided Hull and East Yorkshire Hospitals NHS Trust with a summary of results, which were benchmarked against the remaining 72 trusts in England that use Picker.

The Trust's results have significantly improved in the following areas

- Hospital: toilets not very or not at all clean
- Hospital: felt threatened by other patients or visitors
- Care: not enough opportunity for family to talk to doctor
- Discharge: did not receive copies of letters sent between hospital doctors and GP

And were better than the picker average for the following

- Hospital: room or ward not very or not at all clean
- Hospital: toilets not very or not at all clean
- Hospital: bothered by other patients' visitors
- Hospital: not offered a choice of food
- Discharge: not given any written/printed information about what they should or should not do after leaving hospital
- Discharge: not told who to contact if worried

The number of complaints received has increased compared with the previous year. (2010/11, 497, 2011/12, 521). The main areas of complaint were medical staff, treatment and surgery, which are the same as in 2011/12. These are the primary cause of the complaint, although it should be noted that most complaints will have more than one area of concern, and with other staff groups affected.

Complaints

Complaints can be defined by a number of different factors; the following table shows the main categories of complaint. Dissatisfaction with clinical treatment forms the core of most complaints, with care, discharge, attitude and communication forming the bulk of others. These are the primary subject of complaints with many being multi-layered.

As above, most complaints also have other elements of poor care highlighted or are concerned with a failure to meet the expectations of patients and relatives. Many complaints relate to concerns raised following the death of a patient.

The complaints raised most frequently are related to outcome of the treatment plan/surgery. These are continuing trends and are in line with other NHS organisations. Some of this increase has been attributed to the change in no win no fee compensation for medical negligence which is due to end in April 2013.

Complaints by Subject (primary)	2010/11	2011/12	2012/13 YTD
Attitude	19	26	32
Care and comfort including privacy and dignity	46	37	25
Communication/Record Keeping	19	23	66
Compliments		1	
Delays, waiting times and cancellations	44	30	46
Discharge	19	32	48
Environment	5	2	3
food, car parking, cleanliness	1	4	2

Complaints by Subject (primary)	2010/11	2011/12	2012/13 YTD
Special needs e.g. disability access, dietary, language etc	1	1	1
Treatment	345	363	317
No Subject		2	0
Totals:	**497**	**521**	**540**

Patient Surveys

The National Surveys undertaken by the Care Quality Commission enable the Trust to be benchmarked against other large acute organisations. Two surveys were undertaken during 2011/12, a survey of Adult Inpatients and a survey of the Outpatients Department. Both surveys indicate the Trust's overall performance is 'about the same' as that of other large acute organisations. Areas where the Trust performed 'worse' that others in the Adult Inpatients survey were in relation to privacy and storing belongings, whereas they performed 'better' than others in relation to advice after discharge and advising patients who to contact if problems arose after leaving hospital. Areas where the Trust performed 'worse' than others in the Outpatient Department survey were in relation to being told the reasons for changes to medication in a way they could understand.

8.3.3.3 Effectiveness of Care

Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Hull and East Yorkshire Hospitals NHS Trust income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Hull and East Yorkshire Hospitals NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

CQUIN Financial Achievement 2011/12

Provider	Value of CQUIN Scheme	Financial Achievement	Achieved
Hull and East Yorkshire Hospitals Trust	£2,703,195	£2,320,385	86%

Exceptions in Performance for Q4 2011/12

The exceptions in performance were in the following areas;

- Goal 3 (End of life)
- Goal 5b (Mortality)
- Goal 9 (Patient satisfaction of hospital discharge)
- Goal 10 (Criteria led discharge)
- Goal 11 (AAU and the short stay ward)

Current CQUIN Performance

Exceptions in Performance for Q2 2012/13

There were no exceptions in performance, paid £231,222 out of a possible £231,222 which is a 100% achievement.

Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement and harm free care over time. As well as recording pressure ulcers, falls, catheters, UTIs and VTEs, the Safety Thermometer also enables the recording and analysing of additional local information.

From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment programme.

Hull and East Yorkshire Hospital Trust has commenced national submissions of data with regard to the Safety Thermometer. The latest dashboard indicators are shown in the table below.

	July 12 %	Aug 12 %	Sep 12 %	Oct 12 %	Nov 12 %	Dec 12 %	Jan 13 %
Harm free	92.57	91.61	91.20	92.39	92.86	92.60	91.83
Pressure ulcers - all	4.76	5.66	7.10	4.56	4.40	5.77	6.06
Pressure ulcers – new	0.76	0.68	2.10	0.41	0.20	0.38	0.77
Falls with harm	0.95	1.07	0.50	0.20	0.49	0.19	0.58
Catheters & UTIs	1.24	1.46	1.20	1.93	1.86	1.35	1.25
Catheters & new UTIs	0.29	0.59	0.70	1.01	0.78	1.06	0.87
New VTEs	1.24	0.59	0.70	1.22	0.88	0.19	0.58
All harms	7.43	8.39	8.80	7.61	7.14	7.40	8.17
New harms	2.95	2.73	3.60	2.74	2.25	1.83	2.79
Sample	1050	1025	1000	986	1023	1040	1040
Surveys	57	57	55	54	54	55	53
Organisations	1	1	1	1	1	1	1

Quality Accounts

Hull and East Yorkshire Hospitals NHS Trust is following the proposed changes made by the National Quality Board to strengthen the Quality Accounts through the introduction of mandatory reporting against a small, core set of quality indicators. The core set of quality indicators are aligned closely with the NHS Outcomes Framework and are all based on data that

Trusts already report on nationally. The Trust Board has also monitored some of the core quality indicators throughout the 2011/12 period.

CQC Registration/Inspections

Hull and East Yorkshire Hospitals NHS Trust is registered with the Care Quality Commission (CQC) and its current registration status is unconditional.

The Care Quality Commission has not taken any enforcement action against Hull and East Yorkshire Hospitals NHS Trust since initial registration in 2010.

Hull and East Yorkshire Hospitals NHS Trust is subject to periodic compliance reviews by the Care Quality Commission and in 2011/12 there were six reviews and visits to the Trust. Two of the visits were undertaken by CQC and Ofsted to look at the Hull and East Yorkshire Hospitals NHS Trust element of Safeguarding children and Looked after children. Some recommendations were made to improve the timeliness of Health Assessments for Looked after Children and improve supervision arrangements for staff holding safeguarding children case loads. Overall the Trusts safeguarding arrangements for children were found to be good.

The Trust had a review of its Maternity services in June 2011 and was found to be compliant overall. However, the CQC found there to be major concerns with outcome 13 – staffing. This was in respect of services provided at the Jubilee Birth Centre based at the Castle Hill Hospital site. The Trust has since undertaken a review of Maternity services and has closed the Jubilee Birth centre and transferred the service to the Women's and Children's Hospital. The Trust is now fully compliant.

The Trust had another compliance check in October 2011 against three outcome areas and CQC found no areas of non-compliance and made only one improvement action. This was related to Governance arrangements for escalating staffing concerns; this has been addressed in full.

In February 2012 the Hull and East Yorkshire Hospitals NHS Trust was subject to a further compliance review which included a visit to the Castle Hill Hospital. The review looked at Outcome areas 2, 4, 8, 13 and 16 and found no areas of non-compliance. However two areas of improvements were noted; Consent practices needed to be improved, particularly in relation to ensuring patients understand what they are consenting to and are fully informed and also contemporaneous notes needed to be made of all aspects of a patients care.

In March 2011 the Trust was reviewed for its termination of pregnancy services. All Trust's providing such services were reviewed and no action was taken against the Trust as a result of the visit.

8.4 City Health Care Partnership CIC CHCP

8.4.1 Profile

City Health Care Partnership CIC (City Healthcare Partnership) is an independent, co-owned business providing community NHS services to local people in the Hull and East Yorkshire area. It was officially formed on 1 June 2010 as a Community Interest Company (CIC) separate to the commissioning organisation, Hull PCT. It has five business units that provide a wide range of services to more than half a million local people.

City Healthcare Partnership provides a range of primary and community health care services across the City of Hull, including health visiting, district nursing, school nursing, prison health, primary care and sexual and reproductive health care services. Activity in 2011/12 showed a significant increase on the prior year, with increases in service activity within; emergency care practitioners (57%); minor injury units (44%); sexual health (21%); district nursing (19%); and the anti-coagulation team (11%).

8.4.2 Quality Summary

City Healthcare Partnership reviewed its data collected during 2011/12 from various sources such as Patient Opinion, comment cards, reported incidents, the stakeholder statements from previous years Quality Accounts and complaints. From these sources of data they looked for key themes and trends which would inform the Priorities for 2012/13 and developed a list of priorities under the headings of Patient Experience, Patient Safety and Clinical Effectiveness.

1) Putting customer satisfaction at the heart of what we do

2) Be a provider of excellent healthcare services

3) Be an employer of choice

4) Ensure we are able to compete in a competitive healthcare market

8.4.3 Detailed Quality Review

8.4.3.1 Patient Safety

Serious Incidents

In 2011/2012 City Healthcare Partnership declared 3 serious incidents to Hull PCT in line with local policy. These serious incidents were all joint investigations with other organisations. From the investigations the following key learning points have been recognised;

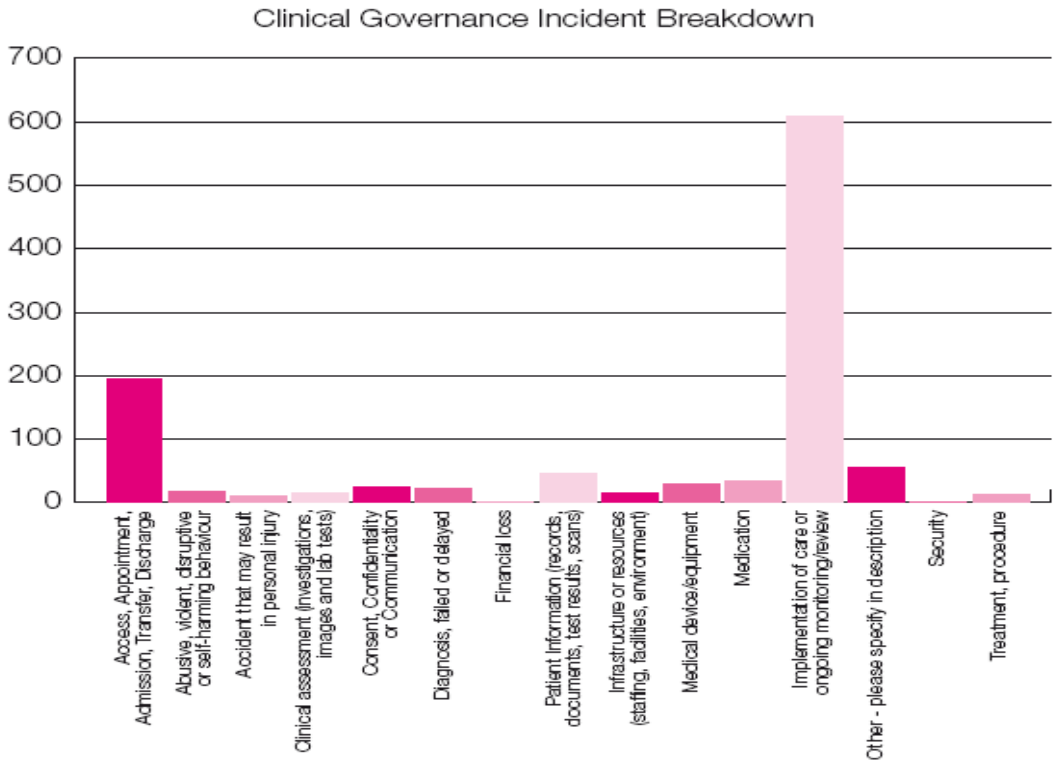
- Better communication pathways with other agencies involved in patient care
- The generation of a core clinical skills profile for the Prison Health Care Staff to reflect the unique care environment of a custodial setting
- Where joint agency processes are used that all staff are trained in these joint processes

Action plans are in place to implement the learning points generated through the investigations. These action plans are monitored for completion in the individual Business Unit Quality & Safety Forums and at an organisational level by the Quality & Safety Board as well as at the commissioner Serious Incident Panel.

The Serious Incident reported during quarter four involved the attempted suicide of an outpatient (in receipt). Although no themes have been identified specifically during quarter four the nature of this incident is similar to a number of incidents that have occurred over previous quarters. The action highlighted in this investigation is to review the recommendations contained in the Investigation report and also previous reports within the prison and produce a combined action plan from outstanding actions and a headline report for Hull PCT.

Incidents

City Healthcare Partnership staff reported just over 2500 incidents and near misses over the year. The following table outlines the types of quality and safety incidents and near misses that were reported in 2011/2012: previously the National Patient Safety Agency (NPSA) had supported that CHCP CIC is a high reporter of incidents and near misses in the community healthcare sector.



Safeguarding

Children

The CHCP Safeguarding Children Team provides a service which is congruent with the *Every Child Matters* (2003) agenda. The team is designed to support and advise community practitioners such as health visitors and school nurses across the organisation in their day to day work

to ensure the best possible outcomes for children who are vulnerable and in need, and those who may be at risk of being harmed. This now includes the Looked After Children nurse service for Hull, previously hosted within HEY NHS Trust

The named GP is hosted by City Healthcare Partnership; the post holder contributes to the training of GPs in safeguarding children.

Role	Capacity
Named Nurse	1 wte*
Named Midwife	N/A
Named Doctor	0.1 wte*

*wte – whole time equivalent

Adults (see also section 8.1.10)

CHCP CIC has developed the Safeguarding Adults process to ensure awareness, actions and training are undertaken by all members of staff.

There is a Named Executive Lead and Safeguarding Adults monitoring and review is tabled at the Quality and Safety Sub-Board. The Safeguarding Adults working group is accountable to the Quality and Safety Sub-Board. This group has representation from all Business Units, learning and development, Safeguarding Adults Practitioner and the Hull Safeguarding Adults Board Manager

Internal processes include monitoring of Safeguarding incidents across chcp (via Datix system), review of information including training, development of policies/pathways and traning. Alsdo there is a process to d9sseminate all Safeguarding Adults issues to each Business Unit. A full time Safeguarding Adults Practitioner works with staff advising and leading complex care issues, case reviews and case conferences.

Externally, CHCP CiC is a member of the Hull Safeguarding Adults Board, the Safeguarding Assurance Board and the Hull Safeguarding Adults Partnership Board (a Case Review Sub-Group). There is a Safeguarding Adults Practitioner who works two days per week with MASH team and CHCP staff are involved with training across Hull.

MRSA Bacteraemia

For the year 2011/12 the Primary Care Organisation (PCO) target for Hull was set at 6 cases. The Care Quality Commission (CQC) are using the tolerance/threshold as an absolute ceiling and will, if a Trust exceeds their objective, class the organisation as under achieving. The number of cases attributed to HEY and Hull PCO from April 2011- March 2012 are shown in the HEYHT section.

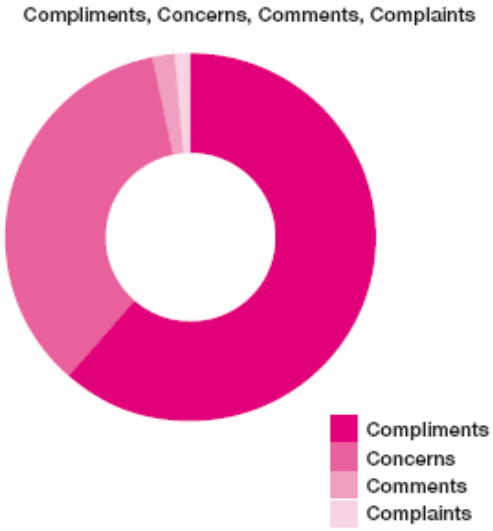
Clostridium Difficile

The rates of Clostridium Difficile continue to be monitored in line with the Department of Health requirements. The actual number of cases assigned to the PCO was 67 which is a reduction of 6 cases from the previous year. The new trajectory for 2012-13 remains the same at 67 cases.

8.4.3.2 Patient Experience

PALS & Complaints

City Healthcare Partnership reviews all the feedback it receives on the services it delivers. The chart below shows the ratio of the 4 C's.



City Healthcare Partnership complaints procedure has been established in line with NHS best practice guidance. The aim is to deal with complaints as quickly and as efficiently as possible by those who have been involved in delivering the patients care. The NHS Constitution makes clear what people should expect when they complain and the combined health and social care regulator, the Care Quality Commission requires registered providers of services to investigate complaints effectively and learn lessons from them. In 2011/12 City Healthcare Partnership received 24 complaints in connection with the services provided, and this figure is consistent with previous reporting periods. There have been no complaints formally investigated by the Health Care Ombudsman during 2011/12

Patient Survey

The main aim of the survey is to ensure patients and service users within Hull and the East Riding of Yorkshire, have the opportunity to give their views on their experiences of accessing City Healthcare Partnership services and to ensure these views are used to improve patient care. It was important to monitor satisfaction over time, particularly with the changes occurring within the City Healthcare Partnership.

The Patient Survey report was reviewed by City Healthcare Partnership and used to monitor and track customer experience and feedback measures. Action plans for each service area have been produced reflecting the results of the survey. The data provided by the annual survey also feeds into City Healthcare Partnership's performance management and CQUINs targets.

8.4.3.3 Effectiveness of Care

Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of City Healthcare Partnership income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between City Healthcare Partnership and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

The 2011/12 CQUIN scheme for Hull PCT contains 5 headline topics with 29 indicators. The East Riding of Yorkshire PCT Scheme contains 1 headline topic with 7 indicators. The indicators have different financial values attached to them dependant on the activity and weight placed on the scheme by the commissioners.

Hull PCT CQUIN headline topics

- Patient Experience
- Pressure Ulcers
- End of Life
- Long Term Conditions
- Goal Attainment linked to specific service areas

The total actual CQUIN payments was achieved was 90%

Exceptions in Performance for Q4

The exceptions in performance were in the following areas;

- Goal 1 (Patient experience)
- Goal 3 (End of life)
- Goal 4 (Long term conditions)
- Goal 5 (Goal attainment

Current CQUIN Performance to Q2 2012/13
The exceptions in performance were in the following areas;

- Goal 3 (Quality of Life/Empowerment) - no associated deduction in payment in this quarter
- Goal 5 (Long term Conditions) - no associated deduction in payment in this quarter

Paid £27,921 out of a possible £27,921 which is a 100% achievement

Safety thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement and harm free care over time. As well as recording pressure ulcers, falls, catheters, UTIs and VTEs, the Safety Thermometer also enables the recording and analysing of additional local information.

From July 2012 data collected using the NHS Safety Thermometer is part of the Commissioning for Quality and Innovation (CQUIN) payment programme.

City Healthcare Partnership has commenced national submissions of data with regard to the Safety Thermometer. The latest dashboard indicators are shown in the table below.

	July 12 %	Aug 12 %	Sep 12 %	Oct 12 %	Nov 12 %	Dec 12 %	Jan 13 %
Harm free	83.84	89.84	90.27	88.49	90.75	91.36	87.74
Pressure ulcers - all	14.14	10.16	7.03	9.35	7.88	8.02	10.97
Pressure ulcers – new	1.01	3.91	3.24	1.80	5.14	2.78	3.87
Falls with harm	1.01	0.00	1.08	1.08	0.68	0.62	0.97
Catheters & UTIs	1.01	0.00	1.62	1.44	0.34	0.00	0.32
Catheters & new UTIs	0.00	0.00	1.08	1.44	0.34	0.00	0.32
New VTEs	0.00	0.00	0.00	0.00	0.34	0.00	0.00
All harms	16.16	10.16	9.73	11.51	9.25	8.64	12.26
New harms	2.02	3.91	5.41	4.32	6.51	3.40	5.16
Sample	198	128	185	278	292	324	310
Surveys	6	5	5	6	10	9	8
Organisations	1	1	1	1	1	1	1

Quality Accounts

City Healthcare Partnership is following the proposed changes made by the National Quality Board to strengthen the Quality Accounts through the introduction of mandatory reporting against a small, core set of quality indicators. The core set of quality indicators are aligned closely with the NHS Outcomes Framework and are all based on data that City Healthcare Partnership already report on nationally.

CQC External visits and inspections

City Health Care Partnership is required to register with the Care Quality Commission and its current registration status is 'Registered.' City Healthcare Partnership has no current conditions on registration. The Care Quality Commission has taken no enforcement action against City Healthcare Partnership during 2011/12. City Healthcare Partnership is subject to periodic reviews by the Care Quality Commission. To date City Healthcare Partnership has not been reviewed.

Other inspections

Her Majesty's Inspectorate of Prisons

During February 2012 Her Majesty's Inspectorate of Prisons undertook an unannounced inspection of HMP Hull. As part of this inspection the provision of custodial healthcare provided by City Healthcare Partnership was reviewed, the report has not been issued to City Healthcare Partnership as yet and requires review and approval by the Ministry of Justice prior to issuing to City Healthcare Partnership.

Safeguarding Inspection

Between 27th June – 8th July 2011 a joint inspection was undertaken in Hull by OFSTED and the Care Quality Commission into all agencies involved in the Safeguarding and Looked After Children.

The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers.

The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004. The inspectors graded the contribution of health agencies to keeping children and young people safe as a Grade 2 (good).

Hull and East Riding Infection Control Committee

The Hull and East Riding Infection Control Committee (H&ERICC) is a patch wide infection control group consisting of the Infection Control leads from all partnership organisations and chaired by the Director and Consultant in Communicable Disease Control for the North Yorkshire and Humber Health Protection Agency (HPA).

Its aim is to monitor and advise on infection Control issues across the Hull and East Riding area. The committee helps to support joint working across health providers and has developed a patch wide infection control strategy which focuses on the reduction of Hospital Acquired Infections.

8.5 Spire

8.5.1 Profile

Spire Hull and East Riding Hospital is part of Spire Healthcare, an independent healthcare provider. The hospital offers a range of tests for the diagnosis of medical conditions, and treatment and operations following diagnosis. The hospital has 56 overnight beds; treatment can be carried out on an inpatient, outpatient or day patient basis.

8.5.2 Quality Summary

There are approximately 450 contracted and bank staff, and a number of independently employed consultants use the hospital to treat their patients. Information about the hospital is available on request in their statement of purpose.

Spire Hospital in Hull and the East Riding is registered with the Care Quality Commission. Spire completed its transfer of registration to the CQC under the Health and Social Care Act 2008 in line with the planned transfer of registration for independent sector providers.

Note that the following details are based on Spire Healthcare as a whole and not just Spire Hull and East Riding.

Following a Care Quality Commission inspection in December 2012 the Spire Hospital in Hull and the East Riding was found to be meeting all regulatory requirements.

Safeguarding Children and Adults

The paediatric nurse lead for Spire (Anlaby) acts as a child protection / safeguarding children resource for the hospital and is responsible for delivering child protection training. Spire have the contact details and procedures for the Local Safeguarding Board, and for the PCT Designated Nurse.

8.5.3 Detailed Quality Review

8.5.3.1 Patient Safety

MRSA Bacteraemia

There have been no incidents of MRSA to date.

Clostridium Difficile

There have been no incidents of Clostridium Difficile to date.

8.5.3.2 Patient Experience

Patient Survey

Surveys undertaken by Spire indicate a high satisfaction level, with 95% of Spire Hull and East Riding's patients stating they would recommend the hospital to others. Additionally;

- 99% agree that the hospital is clean,
- 97% agree that there is good pain control, and

- 96% have confidence in the nurses.

8.5.3.3 Effectiveness of Care

Commissioning for Quality and Innovation (CQUINS)

The CQUIN payment framework is a national framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on the achievement of ambitious quality improvement goals and innovations agreed between Commissioner and Provider, with active clinical engagement. The CQUIN framework is intended to reward excellence, encouraging a culture of continuous quality improvement in all providers.

The following are the indicators were set for Spire and the overall outcomes:

CQUIN	Achieved
Indicator 1 - VTE Prevention	Achieved
Indicator 2 - Patient Experience	Achieved
Indicator 3 - Hip & Knee Replacement	Partial Achievement
Indicator 4 - Deteriorating Patient	Partial Achievement
Indicator 5 - Real Time Patient Experience	Achieved

Indicator 3 – Hip and Knee Replacement – One element, % of hip and knee replacement patients who received appropriate venous thrombo embolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery, was introduced at 95% in quarter two, and the Hospital marginally failed to achieve this with 94.5%. Results for quarter three and quarter four show 97% and 96% respectively.

Indicator 4 – Deteriorating patient – One element, % of fluid balance charts audited which are fully completed as per trust guidance, was introduced at 90% in quarter two, and the Hospital failed to reach this obtaining only 74.7%. Results for quarter three and quarter four show 90% and 97% respectively.

CQUIN Financial Achievement 2011/12

Provider	Value of CQUIN Scheme	Financial Achievement	Achieved
Spire	£126,624	£122,403	96.6%

Current CQUIN Performance to Q2 2012/13

There were no exceptions in performance, paid £27,921 out of a possible £27,921 which is a 100% achievement

Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement and harm free care over time. As well as recording pressure ulcers, falls, catheters, UTIs and VTEs, the Safety Thermometer also enables the recording and analysing of additional local information.

Spire has commenced national submissions of data with regard to the Safety Thermometer. The latest dashboard indicators are shown in the table below.

	May 12 %	July 12 %	Aug 12 %	Sep 12 %	Nov 12 %	Dec 12 %	Jan 13 %
Harm free	100	100	100	100	100	100	100
Pressure ulcers - all	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pressure ulcers – new	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Falls with harm	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Catheters & UTIs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Catheters & new UTIs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
New VTEs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
All harms	0.00	0.00	0.00	0.00	0.00	0.00	0.00
New harms	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sample	3	12	15	10	12	19	5
Surveys	1	1	1	1	1	1	1
Organisations	1	1	1	1	1	1	1

CQC External visits and inspections

Spire Hull and East Riding Hospital is registered with the Care Quality Commission. The results of the most recent inspection by the Care Quality Commission (30 May 2012) indicated all standards were being met when checked. A routine inspection is currently underway and a report will be published when the review is complete. Further details can be found at www.cqc.org.uk/directory/1-129794258

During a routine inspection in June 2011, people told the CQC that they were consulted about their treatment at every stage of the care pathway and that their views were listened to. They said;

- They were asked for feedback about their treatment and their stay in hospital,
- Staff were 'excellent',
- Rooms were cleaned regularly to maintain a high degree of cleanliness,
- Nursing staff always used hand sanitiser on entering the room and that they encouraged others to do so.

Following a Care Quality Commission inspection in December 2012 the Spire Hospital in Hull and the East Riding was found to be meeting all regulatory requirements

8.6 Care Plus Group

8.6.1 Profile

Care Plus Group is a social business that provides adult health and social care services to people across North East Lincolnshire to help improve people's health and wellbeing and enrich people's lives. Considerable work has been done to establish Care Plus Group operating as a stand-alone Social Enterprise organisation, since its separation from North East Lincolnshire CTP. This transition means that the commissioning and assurance relationship has been evolving and this continues to develop well and will need to continually improve in the context of the current large scale changes within care services in order to keep the necessary joint focus on effectiveness, experience and safety as well as value for money and benchmarking.

In the year since separating off as a social enterprise, Care Plus has worked across all 3 service segments to support the Commissioner's aims to develop as an organisation. Intermediate Tier services have developed to continue to support front end demand management and hospital discharges, providing a key contribution to the urgent care strategy. A key on-going challenge is in the restructuring and development of community nursing services

As part of the continuing development of the commissioning relationship with Care Plus Group, North East Lincolnshire CTP and emerging CCG will be working closely with them over the next year to ensure a mutual understanding and clear definition of the range and scope of services delivered by Care Plus Group.

8.6.2 Quality Summary

During their first year as a stand-alone organisation, Care Plus Group has made good progress with the on-going development of Intermediate Tier Services including Intermediate Care, Rapid Response and the HOME team, providing a key contribution to planned and urgent care strategies. Community Nursing services have been re-structured to deal with an acknowledged concern over coverage and skills development and this area will see continued focus to ensure that services meet the needs of expected demand, and that quality of service is maintained and improved.

8.6.3 Detailed Quality review

8.6.3.1 Patient Safety

Incidents, Serious Incidents and Never Events

July 2011 to April 2012	Number
NB Care Plus Group went live as a Social Enterprise on the 1st of July 2011, therefore any incidents recorded prior to this date would have been recorded on the CTP Datix system. As such the figure provided represents the period 1st of July 2011 to 31st March 2012	
Incidents reported	602

Serious Incidents reported	13
Never Events reported	0

6 of the 13 related to Grade 3 & 4 Pressure sores after a significant improvement in the education and reporting related to pressure ulcers.

April 2012 to January 2013	Number
Incidents reported	746
Serious Incidents reported	18
Never Events reported	0

CPG have reported 18 SI's to date in 2012, 5 of which relate to Grade 3 & 4 Pressure sores,8 SI's relate to the Beacon Intermediate Care Home of which 6 since the end of October 2012 have related to Medication Incidents, The CTP have asked for immediate assurance of Patient Safety within the Beacon resulting in CTP Chief Executive meeting with CPG Chief Executive in January 2013, The SHA have contacted the CTP for added assurance measures and these requests have been sent to Contracts to pick up along with an Action Plan within 7 days as requested from CTP. Meetings are/have been arranged between SHA/CSU Medicines Management/CTP and CPG.

The SHA have requested that all 6 SI reports to do with the Beacon are sent to them. To date 3 of the 6 Beacon medications SIs have been received and sent to the SHA for review. Meetings have not yet been arranged between SHA/CSU Medicines Management/CTP and CPG.

There has been a significant improvement in the education and reporting relating to Pressure Ulcers and it has been recognised that a rise in reporting is related to the improvement in reporting and training and not an underlying increase in actual incidence. The CQUIN measure relating to this has been rebased on this basis.

Safeguarding

Children

Care Plus Group follow the Safeguarding Children standards as per the North East Lincolnshire CTP Safeguarding Children Policy.

Care Plus Group has identified their Chief Executive Officer as their Executive Lead for Safeguarding Children, with their Governance Lead taking a lead role in ensuring arrangement are robust. As a social business, the organisation does not employ their own Named Professionals. However, they do have arrangements with North East Lincolnshire Council Children's Health Provision for access to support, supervision and training from the Children's Health Provision Safeguarding Children Team. Care Plus Group also engage with the Designated Nurse where there are complex issues.

Care Plus Group has a Safeguarding Children policy which is appropriate to the organisation's role with children and families, accessible to all staff members, and compliant with LSCB procedures. Uptake of Safeguarding Children Training at Levels 1-3 as appropriate to staff roles is above 80% at all levels, with a forward plan to maintain, and improve training uptake.

Care Plus Group have not had direct membership of the Local Safeguarding Children Board, but have provided assurance to the Board when requested. Following the restructuring of the Local Safeguarding Children Board, Care Plus Group will be a core member of the Safeguarding Children in Health subgroup.

Adults (see also section 8.1.10)

Care Plus Group has a named Director on the board who has responsibility for safeguarding. In addition to this there are a number of deputies who support this work.

Care Plus Group has recently appointed a medical advisor GP who will be the GP lead for safeguarding, however this has yet to be added to his job description.

Care Plus Group currently employs 3 Best Interest Assessors. However, we would like to express our concern as we are aware of the low numbers of BIA's currently trained in NEL, and the fact that other providers should also be required to do this.

In addition CPG has a number of Heads of Service who lead on Safeguarding arrangements across the organisation.

Care Plus Group does not currently have a place on either the Adult or Children Safeguarding Boards. As an organisation they have been advised that they will be invited to attend and represent the organisation on the following sub committees of the Boards:-

- Safeguarding Adults Operational Group
- Safeguarding Children in Health

CPG categorise issues in the following ways. Alerts, which are incidents that do not progress onto a Safeguarding Adults investigation. A Referral is an incident that does progress to a Safeguarding Adults investigation. Characteristics of a Low Level incident are: i) no significant injuries ii) one off, minor incidents iii) little or no negative impact/outcomes for service user(s).

Between 1/4/11-31/3/12 – 4 Alerts were triggered none of which proceeded to investigation but 2 were subject to other action.

In the same period 3 referrals were subject to investigation (2 of which were substantiated, 1not substantiated).

In the current year 1/4/12-26/02/13 – 4 referrals subject to investigation (1 substantiated, 1 not-substantiated, 1 partly substantiated and 1 still open), no new Alerts/Referrals reported since the previous report.

Care Plus Group participates in a low-level Safeguarding reporting process introduced as a pilot scheme in January 2012 whereby returns are submitted to Safeguarding monthly in arrears. Care Plus Group rolled the process out to all its departments in October. Some of the concerns reported in November and December include where CPG staff witness incidents around family members causing harm to their patients, or other providers causing harm to their patients, or vulnerable adults causing harm to staff. Safeguarding Adults practitioners review the low level reports and

identify where further action is needed but it should be noted that the numbers provided for this document are as reported before review by Safeguarding practitioners.

The number of low level incidents reported to Safeguarding is as follows:

Between January 2012 and January 2013 was 33

(NB returns are submitted monthly in arrears).

Safeguarding Adult's Specific Roles	
Named Lead Nurse Safeguarding Adults	0.4*
Named Lead Nurse Safeguarding Children	0.4*
Named Lead Safeguarding Adults	0.2*

*wte – whole time equivalent these are F/T staff but have guessed % time on S'G.

Care Plus Group has a named Director on the Board who has responsibility for safeguarding. In addition to this there are a number of deputies who support this work.

Care Plus Group has in place a named lead Nurse for Safeguarding Children and also a named nurse for Safeguarding Adults. Each of these staff has a full time contract.

Care Plus Group has recently appointed a medical advisor GP who will be the GP lead for safeguarding, however this has yet to be added to his job description.

Care Plus Group currently employs 3 Best Interest Assessors currently trained in NEL, and the fact that other providers should also be required to do this.

In addition CPG has a number of Heads of Service who lead on Safeguarding arrangements across the organisation.

Care Plus Group does not currently have a place on either the Adult or Children Safeguarding Boards. As an organisation CPG has been advised that it will be enabled to attend and represent the organisation on the following sub committees of the Boards:-

- Safeguarding Adults Operational Group
- Safeguarding Children in Health

8.6.3.2 Patient Experience

Patient Advice and Liaison Service

Complaints

Care Plus Group has adopted a robust process for the management and investigation of all complaints received relating to all services across the organisation.

Staff are aware that all complaints must be logged onto Datix, upon receipt of the complaint, and this will then be allocated to a trained Investigating Officer external to the service in order that they can fully investigate the complaint, including root causes and lessons learned.

Complainants are advised at the earliest opportunity who the Investigating Officer is so they can make contact themselves with the Investigating Officer in order to review progress with the investigation. A standard part of CPG process where it is feasible and appropriate is for the Investigating Officer to meet with the complainant to be clear on the issues and to engage with them.

All complainants are kept abreast of the investigation as it progresses and on completion of the investigation are supplied with a full copy of the complaint report and a covering letter, including advice to them about the Health Ombudsman should they remain dissatisfied.

Period 1/7/2011 – 31/3/2012

Total of 13 Complaints – Findings of the 13 complaints are:

8 substantiated; 1 partly substantiated; 2 unsubstantiated; 2 arose through misunderstandings and issues were resolved/lessons learned.

7 complaints were in Intermediate Tier; 2 from Community Nursing; 1 from AIP; 2 from CLDT & 1 from Day Opportunities.

Period 1/4/2012 – 21/02/2013

Total of 32complaints (including multi-agency) – findings are:

8 substantiated; 4 unable to substantiate but lessons learned; 1 partly substantiated; 10 unsubstantiated; 8 currently under investigation, 1 complaint withdrawn.

15 complaints were from within Intermediate Tier; 5 were from Community Nursing; and 12 from other areas of the organisation.

Patient Survey

Local surveys of patient and service user experience carried out within Care Plus Group vary from service to service but the figures remain constantly high. The overall level of patient and service user satisfaction has been between 98 and 100% for the last two years. Moving forward to ensure results that are unbiased, Care Plus Group will be centralising the survey process. This will ensure that a true reflection of the thought and feelings of patients and service users is captured.

8.6.3.3 Effectiveness of Care

Commissioning for Quality and Innovation Framework (CQUIN)

A proportion of Care Plus income is conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. CQUINs have been continued into the new contract year; however they have been modified in content and relative value. Care Plus continues to meet the CQUIN requirements. New CQUINs have been introduced to support the introduction of Telehealth monitoring and to support the desired improvements in identifying high risk patients in LTC (long term care) management.

CQUIN	Achieved

CQUIN	Achieved
Indicator 1 – Patients will experience seamless responsive care and there will be a reduction in admissions and an improvement in outcomes.	Achieved
Indicator 2 - Telehealth	Partial Achieved
Indicator 3 - Caseload Definition and In-reach	Achieved
Indicator 4 - Patients and carer will be able to expect the highest possible standards of end of life care.	Achieved
Indicator 5 - Improve pressure ulcer prevention and management	Partial Achieved

CQUINS – effective from 1/7/2011. Financial value is 1.5% of contract (50%/£79K) payable on monthly basis with remaining 50% payable on delivery of outcomes.

Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement and harm free care over time. As well as recording pressure ulcers, falls, catheters, UTIs and VTEs, the Safety Thermometer also enables the recording and analysing of additional local information.

The Safety Thermometer is being introduced into the contract for 2013/14.

Quality Accounts

The Quality Accounts reflect the considerable work done over the year to establish Care Plus Group operating as a stand-alone Social Enterprise. There is a clear focus on vision, values and priorities and on organisation development. Care Plus Group is following the proposed changes made by the National Quality Board to strengthen the Quality Accounts through the introduction of mandatory reporting against a small, core set of quality indicators.

CQC Registration & Inspection

Care Plus Group has completed registration with the Care Quality Commission. A number of inspections were undertaken during September and October 2012. These covered the following areas:

- Headquarters
- Intermediate Care at Home
- Supported Living Service
- The Beacon Intermediate Care Unit

Across all of these inspection areas, all standards were being met. Further detail is available on the CQC website: http://www.cqc.org.uk/directory/1-225006461

People that used the services told CQC they were;

- “Very surprised and delighted” and that they “Couldn’t speak highly enough” of the service.
- Staff were “Helpful” and “Efficient” and provided them with useful information and involved them in reaching decisions and choices about their support.
- Staff involved them in decisions about their support to ensure their wishes were respected.
- Staff listened to them and that they were “all pleasant” and “acted professionally.”
- Staff were “prompt and efficient” and that their timekeeping was generally good.

8.7 St Hugh's Hospital

8.7.1 Profile

St. Hugh's is an independent private hospital with charitable status offering elective surgery for both private and NHS patients. The hospital provides North East Lincolnshire health care community with a 'choice' of referral hospitals allowing choose and book to be embraced within primary care.

The hospital is owned and operated by The Hospital Management Trust, a limited company and registered charity. St Hugh's Hospital provides a wide range of surgical and medical treatments for adults, with consultation only for children from the age of 3.

Built on one level the hospital consists of an outpatients department, 31-bedded ward, theatre suite, physiotherapy department, x-ray department and endoscopy unit.

North East Lincolnshire CTP is the lead commissioner for St Hugh's Hospital.

There have been no safeguarding incidents reported in 2012-13 and the safeguarding outcomes of the recent CQC inspection have been met.

8.7.2 Quality Summary

There are no concerns over the quality of patient services for service users. Through the contract management process St Hugh's have provided regular information, which has provided assurance with regard to the quality of patient services provided.

St Hugh's prides itself on being able to offer an MRSA free environment due mainly to the screening and elective process by which patients are admitted. In 2011 St Hugh's was recognised as one of the best hospitals for joint replacement, especially knees.

Safeguarding

St. Hugh's Hospital works closely with the safeguarding operational team based at the North East Lincolnshire Care Trust Plus. This arrangement provides an effective mechanism for reporting concerns relating to safeguarding issues.

The only time we have had to make a formal patient referral to the safeguarding manager was in April 2012. The manager informed the patient's key worker at Social Services.

Role	Capacity
Nurse Lead & Specialist Safeguarding Adults Lead	1 wte

8.7.3 Detailed Quality Review

8.7.3.1 Patient Safety

Serious Incidents, Incidents, never events

No incidents or serious incidents have been reported to the commissioner, and there have been no Never Events.

Incidents at the hospital have reduced in 2011, the table below shows the type of incident occurring.

Category	2010	2011	2012
Security	3	1	21
Information security	1	2	4
Near Misses	14	16	15
Deaths	1	0	0
Unplanned re-admission	10	5	17
Unplanned return to theatre	10	9	5
Transfer out to level1 – ward nursing	5	1	4
Transfer out to level 2 – HDU	0	4	0
Transfer out to level 3 – ITU	3	0	2
MSSA bacteraemia	0	0	1
MRSA bacteraemia	0	0	0
Surgical site infections	10	10	11
Post-operative complication – DVT	1	5	2
Drug errors	3	0	0
Total	61	53	82

Infection Control

St. Hugh's Hospital manages its responsibilities regarding infection control in line with the National Minimum Standards. In addition to a dedicated infection control committee St. Hugh's produces an annual infection control strategy. Consultant support to the management of infection control is included in the form of microbiologist and orthopaedic input.

The microbiologists ensure that best practice is implemented and controls in place to ensure surveillance of infection. The Matron is the identified lead in the hospital with ward / theatre and outpatient areas having a dedicated trained infection control nurse.

Through these rigorous processes and procedures St Hugh's managed to maintain an environment free from MRSA and Clostridium Difficile during 2011-12.

Knee Replacements 2011	
Number of knee replacements	137
Surgical site infections	2 (1.4%)
National average	1.4%

Hip Replacements 2011	
Number of hip replacements	116
Surgical site infections	2 (1.7%)
National average	1.1%

All infections from hip and knee replacement patients are reported to the Care Quality Commission.

Clinical Audit

During 2011/12 St Hugh's participated in the following relevant clinical audits.

National Clinical Audit	Eligible	Participated	Number of cases submitted	% of number required
Hip Replacements (National Joint Registry)	Yes	Yes	110	100%
Knee Replacements (National Joint Registry)	Yes	Yes	141	100%
Elective Surgery (National PROMS Programme)	Yes	Yes	109	100%

A number of local clinical audits were also undertaken, including;

- Medical records
- Pharmacy
- Resuscitation
- Blood transfusion
- Patient Satisfaction
- Infection Control

8.7.3.2 Patient Experience

Patient Survey

St Hugh's strives to ensure that their patients are wholly satisfied with the care and attention they receive. In order for them to monitor this they have a patient questionnaire which is issued to all patients. The collation of this is carried out on a monthly basis and they proactively manage any improvements and changes necessary.

Patient feedback is encouraged in a variety of areas including administration, admission, patient information, outpatients, food and cleanliness.

A patient questionnaire is given to the patient by a trained nurse as part of the discharge procedure. It is currently under review to address the NHS Choice element for patients.

The return rate for 2011 was 48% compared to 45% in 2010, and the results show monthly statistics for Overall Service Satisfaction ranging from 85% in April to 93% in December 2011. Hospital Cleanliness again ranges between 85 and 95%, and Confidence in Nurses from 92 to 99%

Complaints

St. Hugh's manages its complaints in a very timely manner which exceeds 95% response. The complaints policy is in line with NHS Complaints Regulations (England) 2009.

There was only 1 NHS complaint during 2011/12

8.7.3.3 Effectiveness of Care

Commissioning for Quality and Innovation framework (CQUIN)

Work continues throughout 2012/13 to achieve further improvements in quality and St Hugh's has developed a broader schedule in relation to the national NHS Commissioning for Quality and Innovation (CQUIN) agenda. In 2012-13 the following measures have been introduced:

- Reduce avoidable death, disability and chronic ill health from Venous Thromboembolism (VTE)
- Patient experience - Improve responsiveness to personal needs of patients
- NHS Safety Thermometer - Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter and VTE
- Improving hospital discharge to ensure safe, effective and timely discharge for all patients through improved discharge planning
- Improve early recognition and response to the deteriorating patient

Safety Thermometer

As mentioned above this measure has been introduced in to the contract for 2012-13 but there is no information to date on the hospitals progress.

Quality Accounts

St Hugh's Quality Accounts for 2011/12 give an overview of quality throughout the year, and identify the priorities for improvement as ; Patient Safety, Patient Experience, and Care Quality Standards.

As the lead commissioner, North East Lincolnshire CTP was given an opportunity to comment on the Quality Accounts, and was happy to note particular improvement in infection control and patient satisfaction.

CQC registration/ inspections

St Hugh's Hospital is registered with the CQC to provide a range of surgical and medical treatments for adults with consultation only for children from the age of three.
Quarterly PVH Performance Indicators are submitted to the Care Quality Commission. These are a regular clinical indicator used in various ways.

St. Hugh’s had an unannounced visit from the Care Quality Commission in November 2011. Some issues were raised and an action plan forwarded. The return visit noted that all issues of concern addressed.

The last CQC inspection that took place was in April 2012 and the hospital met all of the required standards.

During the inspection the inspectors spoke with a number of people who use the service. People they spoke with were very positive about their care and experience in hospital. They told CQC;

- They received sufficient information about the hospital and the proposed treatment or procedure.
- The options for their treatment or procedure were explained to them in a way they could understand and they were given opportunities to ask questions.
- They were told about the risk and benefits of the treatment or procedure, they felt included in decisions made about their care and were given time to consider their decision about the proposed treatment or procedure.

One patient stated: "The care was excellent, each time I saw the doctor he explained everything to me and gave me time to ask any questions." Another patient said: "I can't fault the care I've received, everything was explained very well."

8.8 Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

8.8.1 Profile

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Northern Lincolnshire and Goole FT) was established as a combined hospital and community Trust on 1st April 2001 and achieved Foundation Status on 1st May 2007. It was formed by the merger of North East Lincolnshire NHS Trust and Scunthorpe and Goole Hospitals NHS Trust and operates all NHS hospitals in Scunthorpe, Grimsby and Goole. Its name reflects the wider geographical area in which the Trust is a major provider of health care.

It has a new management structure, which is being implemented, and is in a relatively strong financial position in order to meet the challenges of the year ahead at a time of great change in the NHS, both locally and nationally.

The Trust has made inroads into its savings target over four years – and the stated intention of the Trust is to achieve those savings without impacting on the quality of the care offered.

A new 3.17million purpose built state of the art imaging suite was opened in August 2012 at Scunthorpe General Hospital, that will bring new MRI, CT and new ultrasound into a single area.

North East Lincolnshire CTP is the lead commissioner for the Northern Lincolnshire and Goole Hospitals, and work within a consortia arrangement on behalf of five other Primary Care Trusts to commission acute secondary care services.

Over the last year the Commissioners have worked with Northern Lincolnshire and Goole FT to improve the quality of patient services for service users. Through the contract management process the Trust has provided regular information regarding progress against their quality targets, which has provided assurance with regard to the quality of patient services provided.

Major forthcoming service changes include:

- Sexual health procurement being run by North Lincolnshire and North East Lincolnshire commissioners; this procurement has just ended and the service will be transferred to an alternate provider by the end of 2012/13.

8.8.2 Quality summary

Areas of Particular Improvement	
MRSA	The Trust has managed to keep the number of cases within their very low target for the year (Actual 2 against target of 3 as at 31st December 2012).
Clostridium Difficile	The Trust has managed to keep the number of cases within their target for the year (Actual 34 against target of 34 as at February 2013).

Areas of Particular Improvement	
Patient Satisfaction	The Trust has over-achieved against their targets for overall patient satisfaction and the percentage of patients who would recommend the Trust to their family and friends.

Northern Lincolnshire and Goole FT have worked well with commissioners on developing sustainable services and with other providers on the redesign of unscheduled care services in North East Lincolnshire.

Work continues with the Trust to address some areas that have been more challenging, focusing on two areas in particular. The levels of C Difficile infection in 2011/12 were higher than the target, albeit the 2012/13 performance remains within expected levels. The Trust has paid a lot of attention to identifying the way in which improvements could be made in this area and they are now working to an action plan, which is being monitored through the monthly contract and quality group meeting.

The Standardised Hospital Mortality Index (SHMI) was introduced in 2011/12 and this shows Northern Lincolnshire and Goole FT as having one of highest mortality rates in the country. The latest data, published in January 2013, shows that NLAG's position is now 'higher than expected'. This data relates to the 12 month period up to June 2012, and will not therefore reflect improvements that have occurred as a result of the actions carried out by the working groups that were established in 2012. Nevertheless, it is still concerning that the position has worsened. An independent review was undertaken during summer 2012 and the report was published in September 2012. As a result of this a new community wide action plan has been developed by the Mortality Action Group. Admissions to two wards at Goole Hospital were suspended for a period of time whilst investigations took place, due to concerns linked with mortality rates.

Following publication of the second Francis report NLAG has been named by the NCB Medical Director (Sir Bruce Keogh) as an organisation to be subject to further external review.

8.8.3 Detailed Quality review

8.8.3.1 Patient Safety

National Reporting Learning System

The National Patient Safety Agency (NPSA) produces a report twice a year, identifying the number of reported patient-related safety incidents per Trust. For the six month period of October 2011 to March 2012, Northern Lincolnshire and Goole FT reported 4217 patient safety related incidents. The severity of the incidents for the period are detailed in the table below, and in comparison to other large acute organisations, the Trust have a slightly higher percentage of 'no' and 'low' harm, and lower percentages of the other categories.

Degree of Harm

None	Low	Moderate	Severe	Death
2996	1058	153	8	2

In the period Northern Lincolnshire and Goole FT were within the top 25% of reporters with 8.4 incidents reported per 100 admissions. This shows an open approach to the reporting of incidents. Patient accident is the main type of incident reported at 26.2%, and is below the national average. Implementation of care and on-going monitoring/review (12.5%), treatment, procedure (12.1%), other categories (12.1%), and access, admission, transfer, discharge (9.8%), complete the top 5 types of incidents reported.

Total incidents within the Trust are detailed in the table below.

Incidents

Incidents	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	Total
Patient clinical incident or patient accident	**2172**	**2354**	**2496**	**2491**	**9513**
Allergic / adverse reaction	7	6	8	11	32
Blood / fluid loss	10	21	25	28	84
Collapse / loss of consciousness	6	9	8	4	27
Damage to property or equipment	0	1	0	2	3
Death caused by incident	1	0	0	1	2
Disruption to services	1	1	4	2	8
Emotional distress	52	74	65	31	222
Financial loss	9	9	10	8	36
Gastrointestinal disturbances (nausea, vomiting, diarrhoea)	0	0	2	3	5
Ill health	0	1	1	1	3
Infection	5	15	21	24	65
Injury to skin / tissue (pressure sore/abrasion/sharps)	366	371	349	323	1409
Loss or compromise of chance for successful treatment	99	95	70	62	326
Musculoskeletal injury	18	7	7	15	47
Near miss (no injury, harm or adverse outcome)	1287	1315	1481	1586	5669
Near miss by intervention (no injury, harm or adverse outcome)	288	396	417	356	1457
Neo-natal encephalopathy, with fits	0	0	1	0	1
Neurological effect	1	0	2	3	6
Pain	14	20	13	17	64
Respiratory effect (choking / aspiration)	0	2	2	5	9
Unexpected deterioration	3	7	8	7	25

Incidents	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	Total
Unintentional puncture/laceration to organ/body part	3	3	2	2	10
Unknown harm/injury	2	1	0	0	3
Injuries affecting visitors, contractors or the public	**11**	**15**	**15**	**17**	**58**
Collapse/loss of consciousness	2	1	0	2	5
Damage to property or equipment	0	1	0	0	1
Emotional distress	3	1	1	0	5
Financial loss	0	0	0	1	1
Injury to skin / tissue (pressure sore/abrasion/sharps)	0	3	2	5	10
Musculoskeletal injury	2	3	0	0	5
Neurological effect	0	0	1	0	1
Near miss (no injury, harm or adverse outcome)	4	6	7	8	25
Near miss by intervention (no injury, harm or adverse outcome)	0	0	4	1	5
Incidents affecting the staff	**382**	**368**	**441**	**368**	**1559**
Allergic/adverse reaction	3	0	1	0	4
Collapse/loss of consciousness	1	0	0	1	2
Damage to property or equipment	4	0	0	2	6
Disruption to services	122	97	138	99	456
Emotional distress	14	33	38	36	121
Financial loss	4	6	4	4	18
Infection	1	0	0	0	1
Injury to skin / tissue (pressure sore/abrasion/sharps)	75	63	60	68	266
Musculoskeletal injury	28	31	31	27	117
Neurological effect	0	0	0	2	2
Near miss (no injury, harm or adverse outcome)	90	108	138	105	441
Near miss by intervention (no injury, harm or adverse outcome)	22	20	20	12	74
Pain	13	8	11	11	43
Psychological	3	1	0	0	4
Unintentional puncture/laceration	0	0	0	1	1

Incidents	11/12 Q3	11/12 Q4	12/13 Q1	12/13 Q2	Total
to organ/body part					
Unknown harm/injury	2	1	0	0	3
Incidents principally affecting the Trust or other party	**88**	**99**	**147**	**103**	**437**
Loss or compromise of chance for successful treatment	0	0	0	1	1
Damage to property or equipment	5	4	3	12	24
Disruption to services	12	9	26	14	61
Financial loss	14	11	9	7	41
Near miss (no injury, harm or adverse outcome)	40	54	87	46	227
Near miss by intervention (no injury, harm or adverse outcome)	17	21	22	23	83
Totals:	**2653**	**2836**	**3099**	**2979**	**11567**

Serious Incidents

In order to ensure mistakes in care delivery do not repeatedly occur, providers are required to ensure that policies and procedures to manage serious incidents are robust enough to identify risks, manage those risks and create a learning culture.

These include unexpected or avoidable death, or serious harm to patients, staff or the public. North East Lincolnshire CTP monitors and performance manages NLAG serious incidents to ensure the serious incidents they report are investigated appropriately and that learning from the investigation is shared across the health economy.

North East Lincolnshire CTP Serious Incident Group ensure that each submitted report and action plan is reviewed, the report is given a grading ranging from weak to excellent and feedback is provided.

From April 2011 until November 2012, 65 Serious Incidents were reported in the Trust, 6 were classed as Never Events, 4 Retained Swabs, 1 Retained Guide wire, and 1 Wrong Site Surgery. Of the 65 Serious Incidents 19 were reported as grade 3 and 4 pressure sores after extensive on-going work across the Trust in this area with quality matrons completing retrospective audits to highlight this area. There have been issues with timeliness of reporting Serious Incidents and requesting extensions to report deadlines, Northern Lincolnshire and Goole FT have implemented a new governance process in September 2012 which will hopefully address issues relating to timeliness of reports and action plans.

From November 2012 until January 2013, 7 further SIs were reported: 2 of which related to failure to diagnose and misreporting of CT scans on children; 1x SI related to the shortfalls identified in the examination of a

child; 2 further avoidable Grade 3 pressure sores; 1x unintentional X-ray; and 1x HCA suspended for assaulting a patient.

From April 2012 to date 41 reports were received by the Serious Incident Group, of which 16 were granted extensions. The 41 are graded as follows: 17 Good; 9 Fair; 8 Weak; 1 has been sent back for a complete re write; 4 are currently with the SHA for review and grading; and a further 3 are being reviewed. . Concerns have been raised regarding some aspects of medical inpatient care at Goole Hospital. These reports have immediately been addressed by commissioners and urgent responses from NLAG have been requested from the questions raised.

After responses received for the mortality reviews, a collaborative approach of East Riding of Yorkshire, North and North East Lincolnshire PCTs/CTP has made further requests of NLAG for clarity and assurance of the methodology of the 5 cases reviewed of the Goole Mortality reviews. A further meeting with NLAG has been arranged with the Directors of Nursing and NLAG on 14/03/2013. No further reports are currently outstanding

Safeguarding

Children

Northern Lincolnshire and Goole FT follow the Safeguarding Children standards as per the North East Lincolnshire CTP and North Lincolnshire PCT Safeguarding Children Policies.

The Executive Lead for Safeguarding Children for Northern Lincolnshire and Goole FT is the Chief Nurse. The organisation has a specialist Safeguarding Team led by a Head of Safeguarding (Adults and Children). All staff working for Northern Lincolnshire and Goole FT are able to access support as required and when they have concerns. The capacity within the team focussed on Safeguarding Children arrangements is:

Role	Capacity
Named Nurse	3.0 wte*
Specialist Nurse	1.4 wte*
Named Midwife	1.0 wte*
Named Doctor	4 PAs

*wte – whole time equivalent

Northern Lincolnshire and Goole FT have an overarching Safeguarding Children policy supported by a suite of supplementary documents. These documents are appropriate to the organisation's role with children and families, accessible to all staff members, and compliant with LSCB procedures.

Uptake of Safeguarding Children Training at Level 3 is maintained at 80%. Uptake of Safeguarding Children Training at Level 1 has been subject to close scrutiny since May 2011, when Northern Lincolnshire and Goole FT identified that compliance was 44%. Since that time, there has been a slow upwards trajectory to a high of 58% in September 2012. However, the compliance at end of December 2012 was 52%. North Lincolnshire PCT

and North East Lincolnshire CTP have challenged the lack of progress through the contract quality meetings. An action plan has been formulated to address this lack of compliance with minimum standards.

Northern Lincolnshire and Goole FT have been represented on both North and North East Lincolnshire Safeguarding Children Boards by the Head of Safeguarding. Following the reorganisation of North East Lincolnshire Safeguarding Children Board, the Head of Safeguarding will have a core role in the Operational Board in new arrangements which commenced in January 2013.

There was an incident on the Disney (Children's) Ward at Scunthorpe Hospital in late 2011/12 which raised safeguarding children issues. An investigation was completed and concerns addressed satisfactorily.

There have been 3 on-going Serious Incidents relating to activity in Northern Lincolnshire and Goole FT which involve children who were subject to safeguarding children concerns. These Serious Incidents are subject to organisational investigation, and will be monitored through Serious Incident processes by North East Lincolnshire CTP and into CCG. The Designated Nurse is a core member of the North East Lincolnshire CTP Serious Incident Group, and will advise as appropriate.

Safeguarding

Adults (see also section 8.1.10)

Northern Lincolnshire and Goole NHS Foundation Trust has developed a Safeguarding Adults process (safeguarding Adults Policy & Safeguarding Adults training Plan) to ensure awareness, actions and training are undertaken by all members of staff.

There is a Named Executive Lead for safeguarding adults and the Trust has a Head of Safeguarding with responsibility for safeguarding children and adults.

Safeguarding Adults is monitored via the Trust Clinical Governance Group as a standing item with operational monitoring and development delegated to the Safeguarding Adults Forum. The Safeguarding Adults Forum is accountable to the Trust Clinical Governance Group. This group has representation from all Business Units, learning and development, complaints and Safeguarding Practitioners including the North Lincolnshire Designated Nurse for safeguarding adults.

Internal processes include monitoring of safeguarding incidents across NLaG (via Datix system), review of information including training, development of policies/pathways and training.

Operationally the safeguarding services is led by the Head of Safeguarding (joint role for children and adults) and has a 0.8wte Safeguarding Adults Practitioner who works with staff advising and leading complex care issues, case reviews/ safeguarding investigations and case conferences.

The team are assisted to investigate safeguarding cases by the team of Hospital Matrons who have undergone safeguarding investigator training

Externally, Northern Lincolnshire and Goole FT is a member of the North Lincolnshire Safeguarding Adults Board, North East Lincolnshire Safeguarding Adults Board and the East Riding Safeguarding Adults Board and the relevant subgroups that pertain to these boards.

Number of alerts/ referrals and internal safeguarding investigations

2010 – 2011 60

2011 – 2012 55

Role	Capacity
Head of Safeguarding Shared post (Children & Adults)	1 wte*
Designated / named Nurse Safeguarding Adult	0.8 wte*

*wte – whole time equivalent

There have been 4 adult safeguarding incidents reported this year so far.

Clinical Audit

During 2011/12 Northern Lincolnshire and Goole FT took part in 38 (90%) of the National Clinical Audits that formed part of the Quality Accounts that they were eligible to take part in and all 3 (100%) of the national confidential enquiries.

The Trust also undertook a number of local audits, and a sample of those that had final action plans in place were reviewed, with an example of the actions being taken to improve quality published in the Quality Accounts.

Infection Control

MRSA Bacteraemia

The Trust has managed to keep the number of cases within their very low target for the year (Actual 2 against target of 3 as at 31st December 2012).

Clostridium Difficile

The Trust has managed to keep the number of cases within their target for the year (Actual 18 against target of 20 as at 31st Oct 2012).

The efforts taken by the Trust to meet the 2011/12 Clostridium Difficile and MRSA indicators have been multi-focal. In addition to the mandatory training programme, focussed sessions on Clostridium Difficile have been delivered to staff, leading to a clearer understanding of the problems being faced by certain areas. Tighter control of antibiotic prescribing has been achieved and further cleaning resources have been sourced. Specific action plans for Clostridium Difficile and MRSA have been implemented. The actions taken have contributed to a small net reduction in hospital acquired infection compared to last year. However, the Trust did miss its target and will be focussing on environmental decontamination and antimicrobial stewardship in particular over the next year in order to make further reductions. In addition to this, there is increased focus on quality

and standards of nursing care, for example, the development of standard operating procedures for the taking of specimens.

Specific Areas of Concern

Mortality - The Standardised Hospital Mortality Index (SHMI) was introduced in 2011/12 and this shows Northern Lincolnshire and Goole FT as having one of highest mortality rates in the country. The latest data, published in January 2013, shows that NLAG's position is now 'higher than expected'. This data relates to the 12 month period up to June 2012, and will not therefore reflect improvements that have occurred as a result of the actions carried out by the working groups that were established in 2012. Nevertheless, it is concerning that the position has worsened. An independent review was undertaken during summer 2012 and the report was published in September 2012. As a result of this a new community wide action plan has been developed by the Mortality Action Group. . Admissions to two wards at Goole Hospital were suspended for a period of time whilst investigations took place, due to concerns linked with mortality rates.

Midwifery - A significant role of Head of Midwifery is currently vacant (although an acting member of staff is in post). Good report received from Yorkshire and the Humber Local Supervising Authority - no major concerns raised. One of the Never Events that occurred in 2011/12 was within Midwifery.

Cost Improvement Programme - The Trust shared their Cost Improvement Programme (£12m in 12/13) with commissioners. Reassurance has been provided by the Trust that staffing reductions would not impact on the quality of services.

Peer Reviews - The National Cancer Action Team raised a serious concern during a recent peer review regarding the lack of an Acute Oncology Service (AOS) on either of the two main hospital sites for patients not already known to the oncology service. Northern Lincolnshire and Goole FT have responded to this with an action plan.

8.8.3.2 Patient Experience

Patient Advice and Liaison

Complaints

Complaints submitted directly to the Trust are reported through the contract and quality group on a quarterly basis. The numbers of complaints are detailed below.

Complaints received and responded to within each quarter	Qtr 1 11/12	Qtr 2 11/12	Qtr 3 11/12	Qtr 4 11/12	Total for 11/12	Qtr 1 12/13	Qtr 2 12/13
Number received	84	85	65	107	341	97	92
Total number of complaints closed	89	89	72	71	321	80	71

Complaints received and responded to within each quarter	Qtr 1 11/12	Qtr 2 11/12	Qtr 3 11/12	Qtr 4 11/12	Total for 11/12	Qtr 1 12/13	Qtr 2 12/13
Number of complaints closed within original negotiated timescales	62	62	33	38	195	52	32
Number of complaints closed within re-negotiated timescales	27	26	39	31	123	27	36
Number of complaints upheld	14	38	27	23	102	33	21

Patient Surveys

Northern Lincolnshire and Goole FT performed well on patient survey results at end of 2011/12. The following patient experience measures are reported monthly through the contract and quality group (latest position = November 2012)

- Overall satisfaction with Trust Services = 96 %(target 85%)
- Recommending the Trust to family and friends = 99% (target 90%)
- Complaints responded to within agreed timescales = 90% (target 90%)

The National Out-Patient Survey for 2011 received by the Trust in February 2012, showed that in most areas the Trust was performing at the same standard as other Trusts in the services provided, however it is worth noting that the Trust performed better than other Trusts when patients were asked about the length of time taken from referral to actually attending appointment.

The National In-Patient Survey for 2011 showed that the Trust was performing at about the same standard as other Trusts; however it is worth noting that it scored better than other Trusts in relation to patients not being bothered by noise from staff at night.

Staff Surveys

The National NHS Staff Survey for 2012 had a response rate of 30% from Northern Lincolnshire and Goole FT which is in the lowest 20% of acute trusts in England. In the two areas of “staff feeling satisfied with the quality of work and patient care they are able to deliver” and “agreeing that their role makes a difference to patients”, the Trust is in the lowest (worst) 20% of acute trusts.

8.8.3.3 Effectiveness of Care

Commissioning for Quality and Innovation framework (CQUIN)

The Trust achieved a significant proportion of their CQUINs during 2011/12 and clinicians from the commissioning organisations and the Trust have worked together to ensure that the CQUINs agreed for 2012/13 reflect areas where further improvements can be made and that will deliver the best outcomes for patients. As at Quarter 2, the Trust are achieving 4 out

of 7 of the 2012/13 CQUINs. Two are rated as amber and one as red. The red one relates to completion of fluid balance charts (87% completion); NLAG have developed an action plan to improve this, and the work is being led by the Quality Matrons.

CQUIN	Achieved
National Indicator 1 - VTE Prevention	Achieved
National Indicator 2 - Patient Experience	Achieved
Local Indicator 1 - Stroke	Achieved
Local Indicator 2 - End of Life Care	Partial Achievement
Local Indicator 3 - Discharge letters	Achieved
Local Indicator 4 - Pregnant women referred to smoking cessation	Achieved
Local Indicator 5 - Skin & Tissue	Achieved
Local Indicator 6 - Estimated Date of Discharge	Achieved
Local Indicator 7 - Drug Formulary	Achieved
Local Indicator 8 - Nutrition	Partial Achievement
Local Indicator 9 - Respect and Dignity	Achieved

CQUIN Financial Achievement 2011/12

Provider	Value of CQUIN Scheme	Financial Achievement	Achieved
Northern Lincolnshire and Goole FT	£3,600,000	£3,427,200	95%

Safety Thermometer

The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. It provides a quick and simple method for surveying patient harms and analysing results to measure and monitor local improvement and harm free care over time. As well as recording pressure ulcers, falls, catheters, UTIs and VTEs, the Safety Thermometer also enables the recording and analysing of additional local information.

Northern Lincolnshire and Goole FT has commenced national submissions of data with regard to the Safety Thermometer. The latest dashboard indicators are shown in the table below.

	June 12 %	July 12 %	Aug 12 %	Sep 12 %	Oct 12 %	Nov 12 %	Dec 12 %	Jan 13 %
Harm free	96.76	90.13	91.47	92.58	92.67	90.29	89.69	90.47
Pressure ulcers - all	1.62	7.68	5.99	4.82	5.74	7.11	4.62	5.86

	June 12 %	July 12 %	Aug 12 %	Sep 12 %	Oct 12 %	Nov 12 %	Dec 12 %	Jan 13 %
Pressure ulcers – new	1.62	1.97	2.54	0.96	1.09	2.00	1.07	1.39
Falls with harm	0.54	0.62	0.51	0.77	0.50	1.40	0.54	0.89
Catheters & UTIs	0.00	0.52	1.22	0.96	0.79	0.70	1.93	1.49
Catheters & new UTIs	0.00	0.10	0.81	0.29	0.50	0.40	1.29	0.89
New VTEs	1.08	1.35	1.42	0.96	0.30	1.10	3.65	1.79
All harms	3.24	9.87	8.53	7.42	7.33	9.71	10.31	9.53
New harms	3.24	3.84	4.97	2.99	2.38	4.80	6.55	4.67
Sample	185	963	985	1038	1010	999	931	1007
Surveys	26	91	91	89	89	88	82	88
Organisations	1	1	1	1	1	1	1	1

Quality Accounts

The “Quality Account Toolkit” (published by the Department of Health) describes Quality Accounts as “annual reports to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Accounts is to encourage boards and leaders of healthcare organisations to assess quality across all of the healthcare services they offer. It allows leaders, clinicians, governors and staff to demonstrate their commitment to continuous, evidence-based quality improvement, and to explain their progress to the public”.

As such the report outlines the priorities which Northern Lincolnshire and Goole FT set themselves last year and demonstrates their achievement against meeting these. It also sets out the priorities which the Trust Board have agreed for 2012/13. There have been some notable success stories during 2012/13. They have met their target for hospital acquired MRSA incidents, they have undertaken a large programme of work in the area of falls prevention which is starting to pay dividends and importantly, they continue to show that patients are satisfied with the care they receive and would recommend the Trust to their families and friends.

CQC Registration and Inspection

Northern Lincolnshire and Goole FT is registered with the CQC and all standards were being met at the last inspections that took place.

The last CQC routine inspection that took place at Diana Princess of Wales Hospital was February 2012 and the hospital met all of the required standards.

CQC undertook a simultaneous review of two children's wards managed by Northern Lincolnshire and Goole FT in February 2012, visiting wards at Scunthorpe General Hospital and Diana Princess of Wales Hospital. During the inspection CQC spoke with a number of people who use the service, and feedback was generally positive about their care and experience in hospital. They told CQC:

- They received sufficient information about the hospital and the proposed treatment or procedure.

- The options for their treatment or procedure were explained to them in a way they could understand and they were given opportunities to ask questions.
- They were told about the risk and benefits of the treatment or procedure, they felt included in decisions made about their care and were given time to consider their decision about the proposed treatment or procedure.
- They could raise any concerns with staff and these would be acted upon.
- Staff supported them in a friendly and supportive manner.

CQC also undertook a themed inspection in relation to termination services. During the inspection visit on 22 March 2012 CQC issued a compliance action as they were concerned the correct records relating to termination of pregnancy were not maintained. The service at Scunthorpe Hospital was suspended for a period of time following this visit, however, an action plan was developed and the service has re-commenced. A follow up inspection by CQC found the service took appropriate action to review the documentation of the process from referral to procedure of the termination of pregnancy service. As a result of the review the Trust made improvements to the way records were maintained. Audit of termination of pregnancy has been added to the annual audit calendar.

Monitor Risk Ratings

Foundation trusts' risk ratings are updated each quarter. They can also be updated in 'real time' to reflect, for example, a decision to find a Trust in significant breach of its terms of authorisation or the Care Quality Commission's regulatory activities.

Two risk ratings are published for each NHS Foundation Trust:

A financial risk rating (rated 1-5, where 1 represents the highest risk and 5 the lowest); and

A governance risk (rated red, amber-red, amber-green or green).

NLAG is currently rated;

Financial risk – 3

Governance risk – Green

The governance risk rating was amended from Amber/ Red to Green in August 2012 as the Trust returned to compliance with healthcare targets in 2012/13.

8.9 NAVIGO

8.9.1 Profile

NAViGO Community Interest Company is a not for profit organisation that emerged from the NHS in April 2011 to run all local mental health and associated services in North East Lincolnshire. NAViGO provide mental health services including acute facilities, but also specialist services such as systemic family therapy, highly developed employment and training services running their own and other peoples ancillary services (catering, cleaning, maintenance, etc.) creating jobs and training for people with mental health problems, eating disorders and many more. NAViGO design the services in conjunction with people who use them and as such many are bespoke.

The 2012/13 priorities for improvement have been agreed together with North East Lincolnshire CTP, to enable a balanced view focusing on successes whilst highlighting areas for continued development and improvement within 2012/13.

8.9.2 Quality Summary

There is a significant impact on NAViGO arising from the mental health commissioning strategy. Over the last two years, North East Lincolnshire CTP have developed a model of care for services valuing people working alongside the person, their families and carers to support enablement and inclusion, and have worked with NAViGO to implement this service model. This will mean that a proportion of funding currently invested in NAViGO services will be re-invested in earlier intervention and community support to prevent the need for acute services. NAViGO is aware of this through the commissioning intentions issued to them and is currently working with the commissioner around the transition.

Antipsychotic medication usage within North East Lincolnshire is very high and the provider is working with primary care to address this. Achievement of the required reduction in usage may be an issue in 2012/13.

One of the other key challenges during 2012/13 is the work required on delivering services within a Payment by Results framework, in line with national requirements. The delivery of CQUINs for 2012/13 will also be a challenge.

8.9.3 Detailed Quality Review

8.9.3.1 Patient Safety

Incidents, Serious Incidents and Never Events

Ensuring service users come to no harm whilst receiving services is paramount to NAViGO delivering on its vision of providing services they would be happy for their families to use. In 2010-11 NAViGO adopted the Datix incident, accident and risk management system to support a positive culture in relation to reporting incidents, accidents and near misses which could hurt service users.

As part of NAViGO's commitment to the management of risk and to improve the quality of care provided, an organisation-wide incident

reporting system for reporting untoward incidents or accidents is in operation. The purpose of incident reporting is to ensure all accidents or incidents (actual and potential) are recorded, reported and managed. This enables NAViGO to learn lessons and take prompt action to prevent and minimise recurrence. It enhances NAViGO's ability to continually develop good practice and improve the quality of care. It also protects the individual: patients, staff, contractors, volunteers and visitors through the provision of a safer environment. Incidents are flagged to the Corporate Affairs Team who complete and submit the necessary CQC Statutory Notification forms.

SUIs are investigated via NAViGO's policy within specified timescales and recorded on STEIS. The Director of Operations ensures the establishment and co-ordination of an investigation team to thoroughly investigate the SUI and to ensure objectivity using Root Cause Analysis tools.

NAViGO's CQC notification process policy has recently been updated to ensure staff are aware of all of the relevant statutory notifications required by the CQC and understand the reporting mechanisms and flow of information.

A review of the data recorded on the Datix system shows that the number of reported service user safety related incidents increased. Despite the National Patient Safety Agency (NPSA) indicating that high reporting organisations typically have a positive approach to incident reporting and are keen to learn lessons, NAViGO feel there was further work to be done around learning lessons and preventing similar incidents from re-occurring.

Work has recently been undertaken to improve the reporting experience for staff with a user survey being created and the results of which were used to make alterations to the web forms and are being fed into an upcoming upgrade project, when NAViGO will be moving to Version 12 of the Datix software.

Once incidents are reported a designated handler is then emailed, informing them that an incident has been logged and that they need to begin the investigation process. The timescale for this process varies due to the complexities of the incident.

When reporting the incident the reporter is asked a series of questions, such as 'Is this a medication incident?', this enables the incident to be reviewed by specialists as well as the handler so that their advice can be used to guide the handler to reach an outcome. Specialists on the system include a medication manager, health and safety, estates and facilities, CQC, safeguarding and information governance.

Once the handler has reached a suitable outcome and any action points are implemented then the incident is closed on the system.

For the period between 01/04/2012 and 31/01/2013 the following types and number of incidents have been recorded. This data does not include incidents coded as other Trusts and Organisations; it only includes those incidents coded as NAViGO.

Category	Number of incidents
Abusive, violent, disruptive or self-harming behaviour	169
Access, Appointment, Admission, Transfer, Discharge	34
Accident that may result in personal injury	83
Clinical assessment (investigations, images and lab tests)	2
Consent, Confidentiality or Communication	11
Financial loss	2
Implementation of care or on-going monitoring/review	4
Infrastructure or resources (staffing, facilities, environment)	15
Medical device/equipment	4
Medication	22
Patient Information (records, documents, test results, scans)	7
Security	8
Treatment, procedure	1
Grand total	**362**

Every month the Performance Team also perform an upload of patient safety incidents to the NPSA.

Serious Incidents

April 2011 to April 2012 NB NAViGO went live as a Social Enterprise on the 1st of April 2011; As such the figure provided represents the period 1st of April 2011 to 31st March 2012	**Number**
Serious Incidents reported	4
Never Events reported	0

One incident related to an Outpatient charged with Perverting the Course of Justice by dismembering and disposing of body parts (Homicide). Two incidents related to service users found hung, and a further incident classed as Suspected Suicide. One SI still currently open with on-going actions.

April 2012 to February2013	**Number**
Serious Incidents reported	4
Never Events reported	0

Four incidents relating to service users (both in and outpatients) taking their own lives. The SI group had concerns that the recent mental health reports received seemed to be of a recurring theme and type within the chronology of the timelines of patient intentions and questioned if the review of the reports by the group were missing an essential part to feedback to the provider. An independent review of two reports was requested by the

group, and this indicated that all actions taken by the provider seemed to be appropriate in each case. This provided assurance to the group.

Safeguarding

Safeguarding referrals are made when a member of staff is made aware of a potential safeguarding issue. All of these are reported on Datix, although not all are reportable to the CQC. It is only if/when the safeguarding team accept and investigate a referral that the CQC notification is completed.

Children

NAViGO follow the Safeguarding Children standards as per the North East Lincolnshire CTP Safeguarding Children Policy.

NAViGO's Executive Lead for Safeguarding Children is the Executive Director (Operations). As a social business, the organisation does not employ their own Named Professionals. However, they do have arrangements with North East Lincolnshire Council Children's Health Provision for access to support and supervision where required from the Children's Health Provision Safeguarding Children Team. NAViGO have identified an operational manager and a training officer to act as safeguarding leads within the organisation, and following programmes of preparation provide Level 1 and Level 2 training for their own staff.

NAViGO have a Safeguarding Children policy which is appropriate to the organisation's role with children and families, accessible to all staff members, and compliant with LSCB procedures.

The Executive Lead for NAViGO was a member of the Local Safeguarding Children Board until December 2012. Following the restructuring of the Board, NAViGO will be a core member of the Safeguarding Children in Health subgroup as they were no longer able to be part of the main Board.

Safeguarding

Adults (see also section 8.1.10)

NAViGO follow the local safeguarding procedures as outlined in the contract, the Director of Operations sits on the safeguarding board, whilst the manager for the specialist service represents the operational board

All staff undertake mandatory training provided by the North East Lincolnshire safeguarding team. This ensures all staff are aware of the reporting process and all incidents are reported using Datix. Reports of incidents are presented to the safeguarding board, CQC and the contract and performance board.

For the period between 01/04/2012 and 26/02/2013 the following types and number of incidents have been recorded.

Category	Number of incidents
Safeguarding referrals made	22
Serious Untoward Incidents investigated	8
Absence without leave overnight	13

Clinical Audit

During 2011/12, NAViGO participated in one national clinical audit, out of two national clinical audits which it was eligible to participate in. This was in addition to NAViGO's local clinical audit programme and a national audit not applicable to the Quality Account.

The national clinical audit that NAViGO participated in and for which data collection was completed during 2011/12 is listed in the table below, alongside the number of cases submitted as a percentage of the number of registered cases required by the terms of that audit.

National Clinical Audit	Eligible	Participated	% of number required
Prescribing in mental health services	Yes	Yes	100%
National audit of schizophrenia	Yes	No	0

A number of local clinical audits were also carried out during 2011/12, and include;

- Named Worker Audit,
- NICE guidance for Obsessive compulsive Disorder (OCD)
- Care Programme Approach (CPA) Records
- NHS Litigation Authority (LA) record keeping standards
- Use of clozapine for service users with refractory schizophrenia

8.9.3.2 Patient Experience

Patient Advice and Liaison Service & Complaints

Service users, families and members of the public can make a complaint or PALS enquiry in a number of ways as follows:

- Verbally (telephone or face-to-face)
- Written (via email, letter, Your Opinion Counts Form)
- Online – via the Your Opinion Counts form and complaint link on the NAViGO website (a direct email address is currently being created)

Work has been recently undertaken to improve the PALS/Complaint leaflets and Your Opinion Counts forms along with developing the internet to make it easier for people to complain. For example, there is now a direct link on the internet for people to submit a complaint and a direct email address is being created.

Complaints and PALS enquiries are handled by the Patient Experience Lead. Formal complaints are allocated to an investigator who does not work in the service area concerned and in most cases, a response is completed within a 35 working day timescale (although the deadline is

negotiable and can be shorter or longer depending on the complexity of the complaint). PALS enquiries are generally resolved by the Patient Experience Lead who will liaise with the relevant service area and update the enquirer. The complainant receives a full, written response in relation to their complaint which is signed off by the Chief Executive. Depending on the nature of the complaint, meetings have been arranged with the complainant(s) and relevant staff members/managers, in order to resolve the issues quickly and so that the complainant feels confident that their views are taken on board. Following a complaint investigation, recommendations for improvements are forwarded to service areas and a quarterly PALS/Complaint report is presented at Clinical Governance meetings.

Since April 2012 to 31 December 2012, NAViGO has received 31 formal complaints and 33 PALS enquiries. The theme of complaints ranges from concerns about the type of care provided; diagnoses; detail in medical records; communication between staff and service users/families. The theme of the PALS enquiries has ranged from general questions about how to access services; requests to change consultant or move to a different care team; assistance with accessing records from other care providers etc.

The service also collates and records compliments received by service users and families. Since April 2012, there have been 137 compliments received. Compliments are mainly received via Your Opinion Counts forms, letters, emails and via conversations with staff members. The majority of compliments received relate to the high level of care provided by team areas and show appreciation by service users of the skills and attitudes of the staff members involved. Older Peoples Mental Health Services received the majority of the compliments received in this period along with Open Minds and the Eating Disorder Service.

8.9.3.3 Effectiveness of Care

Commissioning of Quality and Innovation framework (CQUIN)

Detailed CQUINS have been developed, some of them focusing on getting care for patients, for example better and more effective pathways for patients being discharged from low secure units, as well as support for people moving from residential care to supported living. One of the largest CQUINs is to develop better working relationships and pathways in primary care. Most of the CQUINS are awarded at the end of the year with significant milestones to be achieved during the life of each CQUIN. This is reported in the quartile report which is discussed at the Contract and Performance meeting.

CQUIN	Achieved
Indicator 1 – Independence & Pathways Residential Care to Supported Living	10% £42k
Indicator 2 - Primary Care MH Improvement	40% £171k

CQUIN	Achieved
Indicator 3 - Recovery Star Plan	20% £85k
Indicator 4 - Forensic Care Pathway	20% £85k
Indicator 5 - Dementia	10% £42k

CQUIN Financial Achievement 2011/12

For 2011-12 section the only money we held back was 50% of the PbR clustering which meant a loss to them of £12,500. All other CQUINS were paid.

Quality Accounts

NAViGO's Quality Accounts for 2011/12 give an overview of quality throughout the year, and identify the priorities for improvement during 2012/13.

CQC Registration and Inspections

NAViGO is registered with the Care Quality Commission and its current registration status is registered. The Care Quality Commission has not taken enforcement action against NAViGO during 2011/12.

All standards were being met when last checked, with the following inspections having taken place;

- Harrison House (2nd October 2012)

Patients and service uses questioned by the CQC during their inspection had the following comments;

- They appreciated the facilities in Harrison House and that they could be involved in the running of these services. Weekly meetings were held for people to contribute their views.
- Their rooms were comfortable and pleasant.
- They were supported to use facilities in the community.
- That the food was of a high standard.
- That the staff were helpful and easy to talk to.

Staff also spoke very positively about working for the provider and their support for staff development, and demonstrated a commitment to improving the service they offered to people.

The CQC are currently conducting checks on one or more locations registered by the provider. The results will be published on the CQC website when available.

8.10 Other Providers – Safeguarding Children Arrangements

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Children

Rotherham, Doncaster and South Humber FT follow the Safeguarding Children standards as per the North East Lincolnshire CTP and North Lincolnshire PCT Safeguarding Children Policies.

The Executive Lead for Safeguarding Children for RDaSH FT is the Director of Nursing/Deputy Chief Executive supported by the Deputy Director of Nursing. The organisation has a specialist Safeguarding Children Team with a total of 5.2 wte Named Nurses for their 5 localities. All staff working for RDaSH FT are able to access support as required and when they have concerns. The capacity of this team available to and based in Northern Lincolnshire is as below.

Role	Capacity
Named Nurse (also provide support to part of Doncaster).	1.8 wte*
Named Doctor	Variable

*wte – whole time equivalent

Prior to the development of a single Safeguarding Team in early 2012, each locality had an individual Named Nurse. The Named Nurse for Northern Lincolnshire was 0.5 wte.

RDaSH FT have an overarching Safeguarding Children policy supported by a suite of supplementary documents. These documents are appropriate to the organisation's role with children and families, accessible to all staff members, and compliant with LSCB procedures.

Uptake of Safeguarding Children Training for RDaSH FT staff in North East Lincolnshire at all Levels is 100%, and for North Lincolnshire, these are Level 1 – 95%, Level 2 – 85%, and Level 3 – 80%

RDaSH FT have been represented on North Lincolnshire Safeguarding Children Board by the Deputy Director of Nursing. With only one service in North East Lincolnshire (The Junction providing specialist substance use service to adults), RDaSH FT have not had direct representation on North East Lincolnshire Safeguarding Children Board, but have provided assurance to this Board when requested. Following the restructuring of North East Lincolnshire Safeguarding Children Board, The Junction will have a role as part of the Safeguarding in Health subgroup.

North East Lincolnshire Council Child Health Protection

Children

North East Lincolnshire Council Children's Health Provision is commissioned by North East Lincolnshire Council as commissioning of this service has been transferred under the section 75 partnership agreement. However, Children's Health Provision follow the Safeguarding Children standards as per the North East Lincolnshire CTP Policy.

As a service provided by North East Lincolnshire Council, the Executive Lead within the organisation is the Director of People and Communities for North East Lincolnshire Council, who also fulfils the role of Director of Children's Services. The Head of Children's Health and Family Support is directly accountable to the Director of People and Communities.

Children's Health Provision has a specialist Safeguarding Children Team with the following arrangements:

Role	Establishment	Current (Jan 2013)
Named Nurse.	1.0 wte*	0.45 wte*
Specialist Nurse	1.0 wte*	1.0 wte*
Temporary Specialist Nurse (until recruitment of Named Nurse to job shared post))		1.0 wte*

*wte – whole time equivalent

CHP have an overarching Safeguarding Children policy supported by a suite of supplementary documents. These documents are appropriate to the organisation's role with children and families, accessible to all staff members, and compliant with LSCB procedures.

Uptake of Safeguarding Children Training for CHP staff is above 90% for all levels.

CHP have not been separately represented on North East Lincolnshire Safeguarding Children Board. Following the restructuring of the Board, the Head of Children's Health and Family Support will be a member of the Leadership Board, and the Head of Children's Health Provision will be a member of the Operational Board.

Lincolnshire Partnership Mental Health FT (LPFT)

Children

The Child and Adolescent Mental Health Service in North East Lincolnshire is commissioned from Lincolnshire Partnership Mental Health FT by North East Lincolnshire Council as commissioning of this service has been transferred under the section 75 partnership agreement.

However, in provision of the CAMHS service, LPFT follow the Safeguarding Children standards as per the North East Lincolnshire CTP Policy.

The Executive Lead for Safeguarding Children for LP FT is the Director of Nursing and Operations. The organisation has a specialist Safeguarding Service which includes a fulltime Named Nurse for Safeguarding Children for their services across Lincolnshire, including North East Lincolnshire. The service is led by a Consultant Nurse for Safeguarding (Children and Adults). One of the Consultant Child Psychiatrists fulfils the role of Named Doctor for LPFT. All staff working for LPFT are able to access support as required and when they have concerns. The organisation currently does not have specifically allocated capacity for North East Lincolnshire. However, this is subject to current review following LPFT being awarded the CAMHS contract from April 2013.

LPFT have a Safeguarding Children policy with a range of supplementary documents, and include specific reference to processes in place in North East Lincolnshire. The documents are accessible to all staff members, and compliant with LSCB procedures.

Uptake of Safeguarding Children Training for LPFT staff in North East Lincolnshire is at 95% for Level 1, and above 80% for Levels 2 and 3.

LPFT have not been directly represented on North East Lincolnshire Safeguarding Children Board. Following the reorganisation of the Board, LPFT will be a core member of the Safeguarding in Health Subgroup.

9 Risk Register

Risks and actions plans will continue to be identified and acted upon during the transition period.

Any risks in relation to quality handover likely to be outstanding as at 31 March 2013 will be reviewed and handover and management of the risk agreed with a successor.

The handover of quality risks outstanding at this date will also be agreed and these appended as at 31st March 2013.

Risk Registers will be appended to the Corporate Handover Document.

10 Supporting and Useful Documents

All relevant documentation for receivers has been uploaded into a document management system, to which receivers will be given password access, in order to view and download documents they may find useful.

11 Face to Face Communication

A number of handover events, including local face to face handovers are being undertaken with receivers. Key personnel with organisational memory are listed at Appendix 5.

12 General Comments

It should be recognised that this document has been completed at a point in time, and that during its development, the new organisations have been developing and taking on responsibilities on behalf of the PCTs/ CTP along the way. As such although the new organisations may begin delivering their statutory accountabilities from 1st April 2013, they have been, through the delegations in place, managing these on behalf of the outgoing PCTs/ CTP for a number of months.

Appendix 1 – Local Leads

Transition Leads	Transition Director	Programme Manager	Governance Programme Manager
Humber Cluster Transition team	**Kate Ireland** kate.ireland@nhs.net 01482 672175 Director of Quality and Governance (Nursing) Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT	**Paul Freear** paul.freear@nhs.net 07803 933492 Programme Manager Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT	**Kendra Marley** kendramarley@nhs.net 07862 260149 Governance Programme Manager Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT

	Quality Handover Lead	Deputy	Legacy Lead
NHS ERY	**Hilary Gledhill** hilary.gledhill@nhs.net 01482 672095 ERY PCT - Assistant Director of Quality & Patient Experience Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT	**Lynn Poucher** Lynn.Poucher@nhs.net	**Gary Lusty** gary.lusty@nhs.net 01482 672032 ERY PCT - Assistant Director - Service Planning Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT
NHS Hull	**Sarah Smyth** sarah.smyth4@nhs.net 01482 344832/ 07545 512872 Hull PCT - Associate Director of Clinical Quality and Patient Safety Postal Address: The Maltings, Hull, East Yorkshire, HU1 3HA	**Mark Patience** mark.patience@nhs.net 01482 344736 Hull PCT – AD Risk & Integrated Governance Postal Address: The Maltings, Hull, East Yorkshire, HU1 3HA	**Mark Patience** mark.patience@nhs.net 01482 344736 Hull PCT – AD Risk & Integrated Governance Postal Address: The Maltings, Hull, East Yorkshire, HU1 3HA

	Quality Handover Lead	Deputy	Legacy Lead
North Lincolnshire	**Karen Rhodes** karen.rhodes5@nhs.net 01652 251057/ 07786 510346 NL PCT - Director of Quality & Clinical Commissioning NHS NL CCG – Senior Officer Quality and Assurance (Interim) Postal Address: Health Place, Wrawby Road, Brigg, DN20 8GS	**John Pougher** john.pougher@nhs.net 01652 251215/ 07500 120960 NL PCT - Head of Quality & Standards NHS NL CCG – Assistant Senior Officer Quality & Assurance (Interim) Postal Address: Health Place, Wrawby Road, Brigg, DN20 8GS	**Karen Rhodes** karen.rhodes5@nhs.net 01652 251057/ 07786 510346 NL PCT - Director of Quality & Clinical Commissioning NHS NL CCG – Senior Officer Quality and Assurance (Interim) Postal Address: Health Place, Wrawby Road, Brigg, DN20 8GS
NE Lincolnshire	**Zena Robertson** zena.robertson@nhs.net 03003000501 NEL CCG - Assistant Chief Executive Postal Address: Athena Building, 5 Saxon Court, Gilbey Road, Grimsby, DN31 2UJ	**Claire Stocks** claire.stocks@nhs.net 0300 3000 507 NEL CCG - Assurance Officer Postal Address: Athena Building, 5 Saxon Court, Gilbey Road, Grimsby, DN31 2UJ	**John Priestly** john.priestly@nhs.net 0300 3000 717 Associate Director - Health Partnerships (PH & Transition) Postal Address: Athena Building, 5 Saxon Court, Gilbey Road, Grimsby, DN31 2UJ

Humber Cluster Function Leads	Estates	HR Lead	HR Deputy
	Louise Ramsay louise.ramsay1@nhs.net 01482 344825/ 07977482488 Assistant Director (Facilities) Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT	**Tina Smallwood** tina.smallwood@nhs.net 01482 344867 Director of Human Resources Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT	**Alex Gymer** a.gymer@nhs.net 01482 672061 HR Senior Manager Postal Address: Health House, Grange Park Lane, Willerby, East Yorkshire, HU10 6DT

Appendix 2 - List of Provider Organisations

Table 1 – Provider Organisations

Hull PCT	East Riding of Yorkshire PCT	North Lincolnshire PCT	North East Lincolnshire CTP
Lead commissioner:	***Associate or joint commissioner:***	***Lead commissioner:***	***Lead commissioner:***
Hull & East Yorkshire Hospitals Trust	Yorkshire Ambulance Service	Rotherham, Doncaster and South Humber Mental Health NHS FT	Northern Lincolnshire & Goole Hospitals NHS FT
City Health Care Partnership CIC	Hull & East Yorkshire Hospitals Trust	***Associate or joint commissioner***	NAViGO SE
Spire Healthcare	Northern Lincolnshire & Goole Hospitals NHS FT	East Midlands Ambulance Service	Care Plus SE
Humber FT	York Hospitals NHS FT	Hull & East Yorkshire Hospitals Trust	St Hugh's Hospital
Yorkshire Ambulance Service PTS	Scarborough & North East Yorkshire NHS Trust	Northern Lincolnshire & Goole Hospitals NHS FT	***Associate or joint commissioner:***
Associate or joint commissioner:	Humber FT	Leeds Teaching Hospitals NHS Trust	Hull & East Yorkshire Hospitals Trust
Yorkshire Ambulance Service	Bradford Teaching Hospitals NHS Trust	Sheffield Teaching Hospitals NHS FT	Sheffield Teaching Hospitals NHS FT
Leeds Teaching Hospitals NHS Trust	Sheffield Teaching Hospitals NHS FT	Mid Yorkshire Hospitals NHS Trust	Leeds Teaching Hospitals NHS Trust
Sheffield Teaching Hospitals NHS FT	Mid Yorkshire Hospitals NHS Trust	Sheffield Childrens NHS FT	Sheffield Childrens NHS FT
Leeds Teaching Hospitals NHS Trust	Leeds Partnership NHS FT	Doncaster and Bassetlaw Hospitals NHS FT	East Midlands Ambulance Service
Joint commissioner:	Clifton Park Treatment Centre - Ramsay Health	United Lincolnshire Hospitals NHS Trust	United Lincolnshire Hospitals NHS Trust
Care Homes (with NHS funded patients)	Leeds Teaching Hospitals NHS Trust	***Joint commissioner:***	***Joint commissioner:***
	City Health Care Partnership CIC		
	Spire Healthcare		
	Doncaster and Bassetlaw Hospitals NHS FT		
	Joint commissioner:		
	Care Homes (with NHS funded patients)		

Table 2 – Other Cluster PCT Leads where individual Quality profiles can be located.

Provider	Cluster QHD
Yorkshire Ambulance Service (YAS)	Airedale, Bradford and Leeds
Rotherham, Doncaster and South Humber Mental Health NHS FT	South Yorkshire & Bassetlaw
East Midlands Ambulance Service	NHS Derby City and NHS Derbyshire County
York Hospitals NHS FT	North Yorkshire and York
Scarborough & North East Yorkshire NHS Trust	North Yorkshire and York
Bradford Teaching Hospitals NHS Trust	Airedale, Bradford and Leeds
Sheffield Teaching Hospitals NHS FT	South Yorkshire & Bassetlaw
Mid Yorkshire Hospitals NHS Trust	Calderdale, Kirklees and Wakefield District
Leeds Partnership NHS FT	Airedale, Bradford and Leeds
Clifton Park Treatment Centre - Ramsay Health	North Yorkshire and York
Leeds Teaching Hospitals NHS Trust	Airedale, Bradford and Leeds
Sheffield Childrens NHS FT	South Yorkshire & Bassetlaw
United Lincolnshire Hospitals NHS Trust	Lincolnshire
Doncaster and Bassetlaw Hospitals NHS FT	South Yorkshire & Bassetlaw

Appendix 3 – Local PCT/ CTP Area & Population Information

East Riding of Yorkshire PCT

The Area & Population

The East Riding of Yorkshire PCT shares the same operational boundary as East Riding of Yorkshire Council and covers a large geographical area of approximately 1,000 square miles with a population of 335,049. This includes rural farming areas, urban areas, developing market towns, picturesque villages in the Wolds, and busy coastal resort towns. Its primary aim is to determine health priorities and commission services for our residents

Public Health

The health of people in the East Riding is relatively good with overall improving life expectancy and reductions in premature deaths. The area is characterised by its variations and these are evident in health outcomes. Considerable health inequalities exist and there is a variation of up to ten years in life expectancy between some wards. These differences are largely in line with material deprivation, which is most prominent in Bridlington, Goole and Withernsea. The population of the East Riding is relatively old, especially in areas nearer the coast and projections point to an increasingly elderly population. The prevalence of long term conditions, such as diabetes, chronic obstructive airways disease and notably dementia is projected to increase substantially over the next 20 years.

Health priorities identified through the JSNA and Health Strategy include independent ageing, the physical and mental wellbeing of children and tackling health inequalities. Public health priorities that have been specifically identified include childhood obesity and alcohol misuse.

The Public Health budget for the East Riding has historically been small and indicative spending per head is the lowest outside the south of England. There is however, a balanced complement of staff and good progress has been made regarding transition to the new structures. All staff moving to the local authority now work in the main council building and are integrated into council work.

There are good relationships with neighbouring public health departments and with the Health Protection Agency. Several recent challenges have been met in connection with screening. A large cervical screening patient notification exercise has been largely completed while another exercise is also being managed. Breast, bowel and diabetic retinopathy programmes have also had specific delivery challenges.

East Riding performs well in relation to the majority of health outcomes measured in the Public Health Outcomes Framework. However the areas where East Riding performs poorly in comparison to the national average are:

- The number of persons killed or seriously injured on East Riding roads.
- The number of persons offered health checks.
- The number of persons who are statutory homeless.

Average overall rates for the East Riding hide a wide range of variation within the area, often reflecting the varying levels of material deprivation experienced by differing communities within the East Riding.

Hull PCT

Area & Population Summary

NHS Hull (formerly known as Hull Teaching Primary Care Trust (PCT)) is one of 14 PCTs within the Yorkshire and Humber Strategic Health Authority. The geographical boundaries for the PCT are coterminous with the local authority. There are 23 wards in Hull, seven local authority area committee areas (Areas) and three NHS Localities within Hull.

There are approximately 265,000 residents of Hull, with approximately 290,000 persons registered with General Practices in Hull. North locality has approximately 63,000 residents, East approximately 95,000 and West 107,000 residents.

Based on the Index of Multiple Deprivation 2007 score, Hull is the 11th most deprived local authority in England (out of 354); 8 of Hulls 23 wards are in the bottom 2% of wards nationally in terms of deprivation, all of Hull's wards are within the most deprived 44% nationally. As at May 2009, there were 14,900 residents claiming Incapacity Benefit and Severe Disablement Allowance in Hull, which represents 8.7% of the working age population.

Public Health

Life expectancy at birth for Hull men is 75.0 years, which is 2.9 years lower than the national average, and for Hull women it is 79.5 years, which is 2.5 years lower than the national average. There were considerable differences across the wards. For men, life expectancy estimates differ by up to 10 years across the wards, for women, the differences is slightly larger at 10.2 years.

Summary of the key issues –

The absolute gap between England and Hull for mortality from early circulatory disease is reducing, but the absolute gap between England and Hull is increasing for a number of indicators such as life expectancy at birth and all age all-cause mortality rate. Hull is characterised by (2007-2009):

- Lower than average life expectancy at birth (men: 75.2 years compared to England 78.3 years; women: 80.0 years compared to England 82.3 years)
- Higher than national average all age all cause standardised mortality rates (Hull 718 compared to England 567 deaths per 100,000 persons)
- Early deaths rates from cancer higher than the national average (under 75s standardised mortality ratios (SMRs): men 131; women 129, i.e. 31% higher and 29% higher than England based on what would be expected from age-gender population structure)
- Early deaths rates from coronary heart disease higher than the national average particularly for women (under 75s SMRs: men 146; women 174, i.e. 46% and 74% higher than England)
- Teenage pregnancy rates third highest in England (64.0 under 18 conceptions per 1,000 female population aged 15-17 years in 2009 compared to 38.2 for England)

- Above average incidence of poor mental health (3.1% (range 1%-8% across wards) of working age population on Incapacity Benefit or Severe Disablement Allowance where the main reason for the claim was mental health)
- High levels of ill health and disability (rates of limiting long-term illness 10-25% higher than England depending on age group, 2001 Census)

There are also significant differences in the health status across the city. The under 75s age standardised mortality ratio (SMR) from all causes for 2007-2009 ranges from 75 (25% lower than the national average) to 213 (113% higher than the national average) over the 23 wards in Hull.

Lifestyle factors impacting on the health of the population of Hull include:

- Smoking
- Alcohol and substance misuse
- Poor educational attainment
- Lack of employment opportunities and low incomes

A much more complete analysis of the health needs of the Hull Population can be found at: - www.hullpublichealth.org including full reports from the local surveys, and Hull's Health Atlas which provides survey, life expectancy and mortality information at ward.

North Lincolnshire PCT

Area & Population Summary

According to the 2011 Census, there are an estimated 167,400 people living in North Lincolnshire. This represents a 9.5% growth since 2001and is significantly higher than the 2010 mid-year estimate of 161,300 published by the ONS last year.

A boundary map for North Lincolnshire is located in the Document Store.

Public Health

Inequities are evident in North Lincolnshire and can be observed right across the life course. The cumulative impact of which is a 10.7 year gap in life expectancy for males, a 9.5 year gap for females, and a 10 year gap in healthy life expectancy. This gap in life expectancy is wider than the national average and has not narrowed significantly over the last decade. This is in spite of marked improvements in overall health and wellbeing, and the highest levels of average male and female life expectancy ever recorded in North Lincolnshire.

Key public health outcomes where North Lincolnshire performed better in 2011/12 than in the previous year include:

- More young people making healthier choices, including fewer teen smokers and declining teen conception rates.
- Smoking, fewer women smoking in pregnancy, more adults quitting smoking.
- Improving take-up of childhood immunisations
- More people taking up cancer screening opportunities, with fewer women dying prematurely from breast cancer and more people surviving for longer.
- Fewer men dying prematurely from heart disease

- More people who are at the end of life, supported to die at home

However, there is still room for improvement. Key outcome areas where we continue to perform worse than the national average include:

- A higher death rate from some potentially preventable causes, such as lung disease and lung cancer
- A higher than average number of adults who smoke, including in pregnancy
- Higher than average levels of unhealthy weight amongst adults, with lower than average levels of physical activity amongst adults and rising levels of inactivity amongst young people
- A higher adult hospital admission rate for alcohol related harm
- A higher rate of hospital deaths and deaths following discharge from hospital
- Higher prevalence of some potentially preventable diseases, such as diabetes and heart disease in our community.

Further details regarding the PH achievements and challenges together with population data is included in the Draft Joint Strategic Needs Assessment 2012 which can be found within the document store.

The PCT 'Strategy on a Page' includes North Lincolnshire PCT values, aims, targets, strategic objectives and high level delivery plan. This can be found within the document store.

North East Lincolnshire CTP

Area & Population Summary

North East Lincolnshire is a unitary authority covering 192 square km located on the south bank of the Humber within the Yorkshire and Humber Region. The authority has 15 wards and includes the towns of Grimsby, Cleethorpes and Immingham which all have significant areas of socio economic deprivation and a number of small villages and rural communities which tend to be more affluent.

The mid-year population estimate for North East Lincolnshire (NEL) in 2010 was 159,700. 'Children' and 'older people' constitute a greater proportion of the population in NEL than for England as a whole and the 'working age' population a lesser proportion. NEL continues to experience high levels of overall deprivation relative to other areas in the country and also for the components of deprivation such as income, employment, education, crime, housing, living environment, health, etc. The Index of Multiple Deprivation (IMD 2010) ranks NEL at 46th most deprived on the overall score.

Worklessness and poverty are important underlying issues, particularly in the most deprived areas. There are over 8000 adults in receipt of Disability Living Allowance in North East Lincolnshire, including over 6000 under the age of 65. There are almost 2000 people in receipt of carer's allowance. Within the population the more vulnerable groups (e.g. people with learning disability or mental health problems) are less likely to be in employment. In 2009, North East Lincolnshire had the lowest proportion (7.0%) of young people not in employment, education or training (NEET) of its statistical neighbours and lower than the England average and by 2010 there was a further improvement to 6.5%.

Key Public Health Achievements and Challenges

Significant investments have been made by North East Lincolnshire Care trust Plus and North East Lincolnshire Council to improve health in North East Lincolnshire during the last few years and these are undoubtedly bearing fruit. In the last year we have seen increased life expectancy, especially for women, and rates of obesity and smoking in our young people which have remained stubbornly high now appear to be reducing. The infant mortality rate has also fallen below the regional and national average which is a significant achievement given the poverty that exists in some of our communities. There are also clear signs that premature mortality associated with cardiovascular disease, which has long been responsible for the greatest number of deaths in people under 75, is falling as the benefits of prevention focused primary care are realised.

However it is clear that the greatest improvements in health are being made in those parts of North East Lincolnshire where health is already better and those parts of the community with the worst health are seeing only marginal improvements in key health indicators. This is particularly true for men. This means that the health inequality gap is not narrowing and may indeed be increasing for some important health indicators. Undoubtedly the difficult economic situation, which has hit the more deprived communities hardest, makes health improvement an additional challenge. A renewed focus is therefore needed on reducing health inequality and this will require targeted action in those parts of North East Lincolnshire where health inequalities remain most stark. Therefore the three overarching recommendations from the 2012 annual public health report were as follows:

- The difference in life expectancy between the most affluent and the most deprived parts of North East Lincolnshire is currently around 11 years for men and 8 years for women. Reducing the health inequalities gap should be a central and overarching priority for the health and wellbeing board. Concerted action across the whole health and wellbeing system is needed if we are to make progress and narrow this gap. We must also address the economic problems that lie behind much of the health inequality that exists in our communities and we should seek to prevent problems in the future by doing whatever is necessary to give our young people employment opportunities today.
- Despite a slight fall in our smoking rate in recent years, around 27% of adults in North East Lincolnshire are still smoking and more than 40% of adults smoke in some of our more deprived areas. We also have one of the highest smoking in pregnancy rates in the country with around 24% of mothers smoking at the time of delivery. It is vital that we continue to invest in the work of the local tobacco control alliance.
- The cultural misuse of alcohol in North East Lincolnshire goes hand in hand with poor health, family breakdown, welfare dependence, crime and disorder and health inequalities. The Department of Health recommend the large scale use of screening for alcohol misuse, delivery of Information and Brief Advice and access to structured treatment as having ‘High Impact’ upon such a culture over time. We need to further increase the use of these interventions across the whole of our health community in order to deliver the ‘sensible drinking’ message. For the greatest impact these health based interventions need to be coordinated with action around policing, liquor licensing and health promotion already delivered through our local alcohol harm reduction strategy.

Appendix 4 – Board Membership

Humber Cluster Board

Humber Cluster Board Role	Name	Start/ end dates (where applicable)	Destination (where known)
Chairman	Karen Knapton	From 1 Oct 2011 - Until 31 August 2012	External organisation
Chairman (previously Non-Executive Director)	Kath Lavery	From 1 September 2012	Humber Cluster Board
Chief Executive	Christopher Long	From 1 Oct 2011	National Commissioning Board/Local Area Team
Director of Finance and Performance	Tim Savage	From 1 Oct 2011 - Until 4 December 2011	National Commissioning Board/Regional Office
Director of Finance and Performance	Alan Barton	From 5th December 2011	Humber Cluster Board
Director of Quality and Governance (Nursing)	Kathryn Ireland	From 1 Oct 2011	Humber Cluster Board
Director of Commissioning Development	Maddy Ruff	From 1 Oct 2011 - Until 29 January 2012	Yorkshire and Humber Commissioning Support Unit
Director of Commissioning Development	Julie Warren	From 30 January 2012	National Commissioning Board/Local Area Team
Medical Director	Paul Twomey	From 1 Oct 2011	National Commissioning Board/Local Area Team
Director of HR	Tina Smallwood	From 1 Oct 2011	Humber Cluster Board
Non-Executive Director	Catherine Dymond	From 1 Oct 2011 – Until 31 October 2012	Doncaster and Bassetlaw Hospital NHS Foundation Trust
Non-Executive Director	Graham Powell	From 1 Oct 2011	Humber Cluster Board
Non-Executive Director	Richard Davies	From 1 December 2011	Humber Cluster Board
Non-Executive Director	Helen Varey	From 1 Oct 2011	Humber Cluster Board
Non-Executive Director	Ursula Vickerton	December 2012	Hull & EY Hospitals Trust
Non-Executive Director	Val Waterhouse	From 1 Oct 2011	Care Plus Group
Non-Executive Director	Louise Norton	From 1 September 2012	Humber Cluster Board
Associate Non-Executive Director Local Authority Nominated Director	Pauline Harness		
Director of Public Health (East Riding)	Tim Allison		East Riding of Yorkshire Council

Humber Cluster Board Role	Name	Start/ end dates (where applicable)	Destination (where known)
Non-Executive Director	Mark Webb	From 1 Oct 2011 – Until 28th July 2012	North East Lincolnshire CCG – chairman
Director of Public Health (Hull)	Wendy Richardson		Hull City Council
Director of Public Health (North Lincolnshire)	Frances Cunning		North Lincolnshire Council
Director of Public Health (North East Lincolnshire)	Geoff Barnes	From 1 Oct 2011 - To 31 October 2012	North East Lincolnshire Council
Director of Public Health (North East Lincolnshire)	Cate Carmichael	From 1 November 2012	North East Lincolnshire Council

East Riding of Yorkshire PCT Board Membership prior to Cluster Board

East Riding of Yorkshire PCT Role	Name	Start/ end dates (where applicable)	Destination (where known)
Chairman	Karen Knapton		External organisation
Chief Executive	Christopher Long		National Commissioning Board/Local Area Team
CCG Chair	Dr Gina Palumbo		East Riding of Yorkshire CCG
Acting Chief Executive/ Chief Operating Officer	Jon Swift	To End March 2011	National Commissioning Board/Local Area Team
Director of Finance and Performance	Tim Savage	From 1 April 2011	National Commissioning Board/Regional Office
GP Member	Dr Clive Henderson		East Riding of Yorkshire Clinical Commissioning Group
Non-Executive Director	Louise Norton		Not known
Non-Executive Director	Rob Baker		Not known
Non-Executive Director	John Wilson		Not known
Non-Executive Director	Catherine Dymond		Rotherham, Doncaster and South Humber NHS Foundation Trust?
Non-Executive Director	Sharon Mays		Humber NHS Foundation Trust
Director of Joint Commissioning	Alex Seale		East Riding of Yorkshire CCG
Director of Quality and Governance (Nursing)	Kathryn Ireland		Not known
Director of Corporate Affairs and Engagement	Janice Sunderland		Yorkshire and Humber Commissioning Support Unit
Director of Strategy and Market Development	Jane Hawkard		East Riding of Yorkshire CCG
Director of Public Health	Tim Allison		East Riding of Yorkshire

East Riding of Yorkshire PCT Role	Name	Start/ end dates (where applicable)	Destination (where known)
(East Riding)			Council

Hull PCT Board Membership prior to Cluster Board

Hull PCT Role	Name	Start/ end dates (where applicable)	Destination (where known)
Chair	Kath Lavery	Until 31 August 2012	Humber Cluster
Chief Executive	Christopher Long		NCB – LAT Director
Director of Finance	Alan Barton	Until 4th December 2011	Humber Cluster
Director of Public Health	Dr Wendy Richardson		Hull Local Authority
Director of Commissioning and Performance	Maddy Ruff	from 1 January 2011	CSU
Director of Human Resources	Tina Smallwood		Humber Cluster
Director of Partnerships	Emma Latimer	from 1 January 2011	Hull CCG
Director of Quality, Primary Care Commissioning and Governance	Simon Hunter	from 1 January 2011	Humber FT
Non-Executive Director	Graham Powell	December 2012	Humber Cluster Board
Non-Executive Director	Danny Brown		
Non-Executive Director	Richard Davies		
Non-Executive Director	Paul Jackson		
Non-Executive Director	Karen Marshall		Lay - Hull CCG
Non-Executive Director	Andrew Snowden		
Non-Executive Director	Gary Wareing		
Quality Executive/GP Member	Dr Kanan Pande		

North East Lincolnshire CTP Board Membership prior to Cluster Board

North East Lincolnshire CTP Role	Name	Start/ end dates (where applicable)	Destination (where known)
Chair	V Waterhouse	To October 2011	Humber Cluster Board
Non-Executive Director	M Burnett		A NED on CCG Governing Body
Non-Executive Director	P Harness	To October 2011	Humber Cluster Board
Non-Executive Director	M Webb (Vice Chair)		Chair NELCCG Governing Body

North East Lincolnshire CTP Role	Name	Start/ end dates (where applicable)	Destination (where known)
Non-Executive Director	S Whitehouse		A NED – CCG Governing Body
Acting Director Public Health	G Barnes	October 2011	
Shadow Accountable Officer	P Melton		NEL CCG
Chief Executive	C Long	From 25 April 2011	Humber Cluster Board
Director of Finance and Performance	T Savage	From 25 April 2011	NCB - North
Executive Director of Community Services, NELC	A Milner	From 25 April 2011	
	R Sutton	From 1 June 2011	
Chief Operating Officer & Chief Finance Officer	C Kennedy	From 25 April 2011 (Associate)	NELCCG
Director of Strategic Change	S Rogerson	From 25 April 2011 (Associate)	NELCCG Governing Body Member
Commissioning Intelligence Director	H Kenyon		NELCCG Governing Body Member
ASC Strategic Advisor	G Lake	From 25 April 2011	NELCCG Governing Body Member
Medical Director	P Twomey		Humber Cluster Board
Director of Commissioning Development	M Ruff	From 25 April 2011	Humber Cluster Board
Director of Quality and Governance (Nursing)	K Ireland	From 25 April 2011	Humber Cluster Board
Director of HR	T Smallwood	From 25 April 2011	Humber Cluster Board
Chair – Provider Services Associate Board	R James	To 30 June 2011	
Associate Director of Quality/ Strategic Nurse	L Poucher	To 25 April 2011	

North Lincolnshire PCT Board membership prior to Cluster Board

North Lincolnshire PCT Role	Name	Start/end dates (where applicable)	Destination (where known)
Chairman	Mrs Helen Varey		Humber Cluster
Chief Executive	Mrs Allison Cooke		Chief Officer NLCCG
Non-Executive Director	Mr Paul Clark	30 September 12	Resigned
Non-Executive Director	Mrs Ursula Vickerton	30 November 12	Hull & East Yorkshire Hospitals
Non-Executive Director	Mr Stan	30 September 12	NLaG FT

North Lincolnshire PCT Role	Name	Start/end dates (where applicable)	Destination (where known)
	Shreeve		
Non-Executive Director	Mr Ian Reekie		Lay Member NLCCG
Non-Executive Director	Mr Peter Flood	30 September 12	Resigned
Executive Director of Public Health	Ms Frances Cunning		
GPCTG – Chairman	Dr Margaret Sanderson		Chair NLCCG
Executive Director of Finance	Mr Tim Savage		
Executive Director of Quality and Engagement (Executive Nurse)	Mrs Karen Rhodes		Senior Officer Quality and Assurance /Nurse Member NLCCG

Appendix 5 – Individuals with Key Knowledge

Key Personnel – East Riding of Yorkshire PCT

Role	Name	Start/ end dates (where applicable)	Destination (where known)
Deputy Director of Finance	Richard Dodson		East Riding of Yorkshire CCG
Associate Director of Performance and Informatics	Nick Tordoff		Not known
Associate Director of Contracting & Information	Dilani Gamble		Yorkshire and Humber CSU
Assistant Director of Strategy	Karen Ellis		East Riding of Yorkshire CCG Group
Assistant Director Primary Care	John Brennan		Not known
Assistant Director Service Planning	Gary Lusty		Not known
Assistant Director of Joint Commissioning	Neil Griffiths		East Riding of Yorkshire CCG Group
Programme Director Community Services Strategy	Melanie Iredale		Not known
Assistant Director – South Localities	Jane Robinson		East Riding of Yorkshire CCG
Assistant Director – North Localities	Matthew Groom		East Riding of Yorkshire CCG
Deputy Director of Public Health	Andy Kingdom		East Riding of Yorkshire Council
Assistant Director of Design & Innovation	Jo Gaunt		Yorkshire and Humber CSU
Assistant Director Quality & Patient Experience	Hilary Gledhill		East Riding of Yorkshire CCG
Assistant Director Medicines Management	Jackie Lyon		Yorkshire and Humber CSU

Key Personnel - Hull PCT

Role	Name	Start/ end dates (where applicable)	Destination (where known)
Assistant Director of Contracting & Performance	Julia Mizon	Until 31 March 2013	Hull CCG
Assistant Director of Quality Clinical Governance and Lead Nurse	Sarah Smyth	Until 31 March 2013	Hull CCG
Assistant Director of Finance	Emma Sayner	Until 31 March 2013	Hull CCG
Assistant Director of Performance	John Fitzsimmons	Until 31 March 2013	CSU
Assistant Director of Risk & Assurance	Mark Patience		Not Known
Assistant Director of Finance	Joy Dodson		Hull CCG
Assistant Director of Estates and Facilities	Louise Ramsey		NHS Property Services

North East Lincolnshire CTP

Role	Name	Start/ end dates (where applicable)	Destination (where known)
Primary Care/PMS Compliance	Lisa Jamieson		CSU
GP Development Lead	Chris Clarke		NHSCB - AT
Prescribing Lead	Rachel Staniforth		CSU
Community Pharmacy Lead	Richard Staniforth		Unknown
Dentistry	Lynne Clarke		N/A
Primary Care Lead	Paul Twomey		NHSCB - AT

North Lincolnshire PCT

Role	Name	Start/ end dates (where applicable)	Destination (where known)
Deputy Director Quality and Standards	John Pougher		NL CCG

Role	Name	Start/ end dates (where applicable)	Destination (where known)
Associate Director of IM &T, Informatics	Doug Scott		Yorkshire & Humber CSU
Associate Director of Performance & Delivery	Mark Janvier		NCB - LAT
Assistant Director of Commission	Geoff Day		NCB - LAT
Head of Commissioning	Jane Ellerton		NL CCG
Associate Director of Contracting	Tim Fowler		Yorkshire & Humber CSU
Deputy Director of Finance	Dave Moore		LAT

Appendix 6 - Timeline

Table 5 from Plan to Develop QHDs: CLUSTER ACTION PLAN	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013
Begin work on the handover document	■										
Identify a named Transition Lead	■										
Allocate director leads for the development and implementation of the QHD plan	■										
Produce the QHD plan for Board and TPG Group (briefing document for SHA 23/06/12)	■										
Schedule relevant Board meetings and sign off processes	■										
Identify staff to lead the development and implementation of the QHD plan (sub director level)		■									
Gather the hard and soft intelligence	■	■	■	■	■	■	■	■	■		
Use the data to populate the template at Annex B of the NQB guidance	■	■	■	■	■	■	■	■	■		
Undertake face-to-face meetings to exchange hard and soft intelligence				■	■	■	■	■	■	■	
Work with senior team to prioritise and risk-assess concerns	■	■	■	■	■	■	■	■	■	■	
Create, revise and maintain live electronic data repository				■	■	■	■	■	■	■	■
Version 1 of the QHD completed (04/09/12)				■							
Version 1 of the QHD presented to private session of the Board on 20th September				■							
Version 1 of the QHD shared with key partner and stakeholder organisations to triangulate data				■							
Updated (version 2) of the QHD completed (29/11/12)							■				
Updated (version 2) of the QHD presented to private session of the Board on 13th December							■				
Updated (version 2) of the QHD shared with key partners and stakeholder org's to triangulate data							■				
Final version of the QHD completed (04/03/13)										■	
Final version of the QHD presented to public session of the Board 21st March 2013										■	
Approved version of final QHD sent to receiver organisations and National Quality Team										■	
Boards of receiver bodies receive & adopt all relevant elements of QHD at earliest opportunity											■