

Quality and Safety briefing – June 2020

The focus of today's briefing is Quality and Safety; the aim being to pull together relevant issues and guidance in one place

As we move on through this constant period of change, it's easy to lose track of some of the things we have done well in the past but somehow have not felt like an immediate priority recently. Whilst in the short term this may not have a serious impact, over the medium to longer term some of these gaps will have a negative effect on the quality of care delivered. Understandably incident reporting has fallen into this category. Given the huge amount of change that has occurred in the way we all work, it has never been more important to learn from what has gone well as well as what might have gone better. Whilst many of you will have many individual stories from which you have learnt a lot, if we fail to capture and share the learning a huge opportunity to improve care will be lost.

You will all be guessing that I am about to launch into [what sometimes feel like a broken record!] incident reporting through DATIX. I know many of you have worked hard and embedded reporting into everyday practice. For others it still feels like a huge "ask". Many think that DATIX reporting goes into a black hole and that nobody at the CCG does anything with it! However this briefing is a reminder of what actually happens, some feedback on data relating to 2019-20 and also more recent COVID-19 incidents. So if your systems and processes have fallen a bit by the wayside recently, then maybe now is the time for a bit of a refresh and reflection on those incidents where system change has impacted both positively or negatively.

If my attempt to motivate you still isn't cutting the mustard and you respond better to the stick approach then I urge you to read the section on CQC update!

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Overview of DATIX reporting 2019-20

The data attached demonstrates that the number of GP incidents reported are slightly lower than the previous year, it represents a 25% reduction overall since 2016/17. Whilst analysis of completed Part 1 of the incident form enables the CCG to feedback on trends and themes, there is often less information recorded in part 2 re learning. It's possible that this is captured at practice level but not recorded on DATIX

Also included is a summary of COVID-19 incidents which as you can see are small numbers; it's possible that practices still may have more to record but pressures of work have prevented this from happening, it may be worthwhile to reflect on this at a practice meeting. It would be valuable to know if there have been incidents specially related to COVID-19 such as PPE, total triage, care homes, delay in patients consulting with serious conditions so that we can all learn as we face the challenges of the next few months.

An overview of General Practice incidents for 2019/2020 can be found [here](#)

**Summary of COVID-19 related incidents on DATIX from 1/3/20 to 7/5/20;
18 incidents in total**

- 5 related to incidents where staff had seen patients face to face with possible COVID-19 symptoms but these were in early March prior to the triage model being fully established
- 4 related to PPE, two re GP practices not able to order PPE, one re GP practice nearly running out and other query whether being used safely in a Nursing Home
- 1 related to staff member working when had recently returned from Northern Italy. There was confusion re interpretation of guidance; this was prior to Lockdown
- 3 related to patients being verbally abusive to staff, one needed help from security
- 1 related to telephone assessment of a patient with some neurological symptoms who later deteriorated and was admitted with stroke. Learning was that maybe face to face or video may be a safer way to assess neurological symptoms
- 1 related to issue with YAS, confusion over request for patient with COVID-19 symptoms needing admission
- 2 related to admin errors, missed task, and failure to act on referral request in EDAN
- 1 related to sick note being emailed to wrong patient

Key documents you may wish to refer/review can be found here:

- a) Serious incident and incident reporting briefing note***
<https://primarycare.leedsccg.nhs.uk/resources/DATIX-forms-guidance-documents/>
- b) Incident reporting and SEA completion guides***
<https://primarycare.leedsccg.nhs.uk/resources/DATIX-forms-guidance-documents/>
- c) Quality & Safety Matters Newsletter***
<https://primarycare.leedsccg.nhs.uk/updates/quality-and-safety-matters-newsletter-september-2019/>

CQC Update

Whilst CQC have suspended routine inspections of providers, their regulatory role in terms of keeping people safe has not changed. They have developed an Emergency Support Framework (ESF) which they will follow during the pandemic. This focusses on 4 priority areas:-

1. Safe Care and Treatment
2. Staffing arrangements
3. Protection from Abuse
4. Assurance Processes, monitoring and Risk Management

[CQC launches emergency support framework | Care Quality Commission.](#)

Your CQC Inspector will be contacting you to arrange a virtual team meeting which will last for approximately an hour. Their approach will be supportive and informative; the outcome of the discussion will not result in any change of rating but may result in signposting to

relevant guidance. However significant concerns will be followed up. A report will be sent to the Practice but will not be published on the CQC website.

For further details and list of discussion questions:-

https://www.cqc.org.uk/sites/default/files/20200522_esf_gp_questions_prompts_indicators.pdf

Other relevant CQC Mythbusters updated over the last 3 months are:-

[Nigel's surgery 97: Responding to coronavirus \(COVID-19\) | Care Quality Commission](#)

[Nigel's surgery 21: Statutory notifications to CQC | Care Quality Commission](#)

[Nigel's surgery 70: Mandatory training considerations in general practice | Care Quality Commission](#)

RIDDOR Reporting

You must only make a report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) when:

- An unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.
- A worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.
- A worker dies as a result of occupational exposure to coronavirus.

<https://www.hse.gov.uk/news/RIDDOR-reporting-coronavirus.htm#>

Safeguarding

Recognising and dealing with safeguarding concerns during the pandemic has created many new challenges. The Safeguarding team have issued guidance to support health care staff when dealing with issues "from a distance".

<https://primarycare.leedsccg.nhs.uk/updates/safeguarding-at-a-distance/>

IPC (infection prevention & control)

All Practices are reminded of the requirement to carry out regular IPC audits and to have an IPC Lead. The three yearly practice audit, commissioned by the CCG and undertaken by Leeds Community Healthcare, has been paused but will recommence soon. In addition specific guidance re COVID-19 can be found in the Standard Operating Procedure - the updated version of this was referred to in the briefing on 3rd June.

As well as the requirement to adhere to the Health and Social Care Act, practices are reminded of the requirement for the IPC Lead to write an annual statement for anyone wishing to see it, including patients and regulatory authorities, to include a short review of any:-

- known infection transmission event and actions arising from this
- audits undertaken and subsequent actions;

- risk assessments undertaken for prevention and control of infection;
- education and training received by staff; and
- review and update of policies, procedures and guidance

Prescription Fraud

Incidents of prescription fraud involving personnel working in GP practices have occurred in Leeds.

A **repeat prescribing policy**, with clearly defined and auditable processes, will help to protect practices against the risk of fraud.

In 2019/20 the CCG Medicines Commissioning Team developed a Repeat Prescribing Policy template to support practices to implement or update their Repeat Prescribing Policy. The template outlines the minimum standards that should be covered by a practice Repeat Prescribing Policy, and prompts practices to review their policy regularly, at least every 3 years, or after a significant incident.

Practices should confirm that they have a Repeat Prescribing Policy in place and that meets the required standard via an annual submission of Appendix A to: leedscg.medsoptcommissioningteam@nhs.net

A copy of the Repeat Prescribing Policy Template can be found on the extranet [here](#)
Any incidents relating to the repeat prescribing process should be reported on DATIX.

Practice Quality Improvement Dashboard

Quarter 4 of the Practice Quality Improvement (PQI) Dashboard is in the process of being circulated to practices. As you will be aware, the purpose of the dashboard is to support quality improvements in respect of priorities identified for Leeds. The production of the dashboard has been delayed in light of Covid 19 and obviously there may be some impact on some indicators due to the pandemic

Further information will be shared as part of the distribution of the PQI but I wanted to take this opportunity to thank and congratulate practices for their hard work in 19/20 particularly in making huge improvements to the number of health checks delivered to patients on SMI and LD registers. As a city, 60% of eligible patients received an SMI healthcheck and over 70% of eligible patients received an LD healthcheck despite the challenges faced towards the end of the year.