

## Quality Report

### 1 Introduction

1.1 North East Hampshire and Farnham Clinical Commissioning Group (CCG) has a duty to ensure continuous improvement of the quality and outcomes of the services they commission. The CCG identifies the quality improvements they wish to secure using a range of performance and quality information and use the commissioning process to drive it through. The CCG must assure themselves the services they commission are:

- **Clinically effective** – quality care is care which is delivered according to the best practice evidence in improving an individual's health outcomes or quality of life;
- **Safe** – quality care is delivered to avoid all avoidable harm and risks to an individual's safety;
- **Positive Patient experience** – gives all individuals a positive experience of receiving and recovering from the care we commission, including being treated according to what that individual wants or needs, and with compassion, dignity and respect". (Quality in the new health system – National Quality Board January 2013).

1.2 The Quality and Nursing function of the CCG continues to go through a period of planned change. The CCG appointed a substantive Director of Quality and Nursing in December 2015. The process of recruitment to a substantive Team, to enable the CCG to deliver its strategic objectives in relation to the Quality and Nursing Portfolio, is underway. There continues to be robust transitional Quality Team arrangements in place to ensure delivery of key priorities for the next three months.

1.3 The Quality Team's key priorities for quarter four of 2014/15 include developing the 2015/16 quality contracting schedules to ensure the CCG continues to receive assurance on quality of commissioned services and to continue to drive quality improvements for our population. To date the Quality Team have completed a core quality schedule as well as provider specific quality requirements for all commissioned providers and are currently negotiating additional quality requirements to associate commissioner contracts. This has been a collaborative piece of work with the commissioning support team as well as other CCG quality leads across Hampshire, Berkshire and Surrey.

1.4 The Quality Team are working in line with time frames set by the contracting team to ensure that the quality and safeguarding schedules of the contracts are agreed within national timescales. In addition the Quality Team is working with all partners to develop robust Commissioning for Quality and Innovation (CQUIN) schemes for next year to drive continuous improvements in services. CQUIN workshops have taken

place and CQUINs schemes for 2015/16 have been or are in the process of being developed.

- 1.5 This report provides further detail to compliment the CCGs newly formatted Integrated Performance Report and reflects the quality priority areas considered and identified through the Quality and Clinical Governance Committee's (QCGC) and the Clinical Quality Review Meetings (CQRMs) for all providers of care services for the period of December, and where able, January will be included.

## **2 Quality and Clinical Governance Committee (Q&CGC)**

- 2.1 The Quality and Clinical Governance committee met on 10 December 2014. The committee undertook a detailed review of the outcome of PriceWaterhouse Coopers review of quality systems and processes and reviewed progress against the agreed action plan, set out by the CCG in response to the review. Highlights of the key actions relating to Quality are as follows;

1. Engage internal and external stakeholders to develop and agree a Quality Strategy, linked to the CCGs Strategic Objectives.
2. The Quality Team will develop and negotiate the contractual quality improvements for providers and ensure that the appropriate resource is in place to meet this.
3. Ensure that information and data from each of the providers is obtained and presented in the internal reporting process. Enabling the Governing Body to obtain assurance and to then be in a position to provide assurance to other CCG Governing Bodies.
4. Review and revise the Terms of Reference for the Quality and Clinical Governance Committee and ensure Terms of Reference are shared with the Governing Body.
5. Introduce Informal Quality Impact Assessments
6. Create one main report for quality which includes all key metrics, as defined by the Quality Strategy.

- 2.2 Medicines Management – Kirsten Lawrence (Head of Medicines Management) updated the committee on the progress made with undertaking Root Cause Analysis (RCA) in Primary Care for Clostridium Difficile cases. Six reviews have been completed to date and feedback via Summary of Learning is being provided to practices through the Medicines Optimisation Group. The Quality and Clinical Governance Committee agreed to establish a small sub group of the committee to

review Summary of Learning to analyse themes quarterly, providing feedback to the committee.

- 2.4 Summary of NICE Technology Appraisal and guidance and CCG draft process to be discussed at the next Quality and Clinical Governance Committee.

### **3 Quality Priority Areas**

#### **3.1 Safeguarding**

- 3.2 The Quality Leads from the Hampshire and Surrey CCG networks continue to work collaboratively to further strengthen safeguarding arrangements for children and adults. The Designated Nurses for Safeguarding Children and for Adults from Hampshire and Surrey are working in partnership to ensure consistency and enhance learning across the county borders for the population of North East Hampshire and Farnham CCG.

- 3.3 Hampshire and Surreys Children's and Adults Safeguarding quality schedules for the 2015/16 Contracts have been updated and are with all commissioned providers for review and agreement. Safeguarding dashboards have been developed to aid reporting to the CQRM as well as Adult Safeguarding board and Local Safeguarding Children's Board.

- 3.4 The Serious Care Review (SCR) of Child V and the action plan to deliver the learning has been formally received and considered by the CCG. The Quality and Clinical Governance Committee will review progress of actions for out of hour's provider through the CQRM. An ad-hoc review meeting was held on the 15/01/2015 to review progress to date and further actions agreed to ensure implementation of recommendations.

- 3.5 Surrey Safeguarding Children's services and governance arrangements have recently been inspected from routine reviews by Ofsted, HM Inspectorate of Constabulary (HMIC) and CQC. The CCG has been involved in the process and the final report will be presented to the Quality and Clinical Governance Committee in February 2015.

- 3.6 Winterbourne View returns regarding adults with a learning disability who are placed out of area continue to be reviewed and monitored. North East Hampshire and Farnham CCG have two clients to whom this process applies. The Director of Quality and Nursing is working with the relevant teams in Hampshire to ensure timely discharge to appropriate community settings for these clients.

#### **4 Infection Prevention and Control (IPC)**

- 4.1 By the end of December 2014 Frimley Park Hospital NHS Foundation Trust (FPH) had reported 8 cases of C Difficile against a trajectory of 18 for 2014/15 and 1 case of Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAB) against zero

tolerance. This was previously incorrectly reported as 2 cases. Actions are in place to minimise the occurrence of further cases.

- 4.2 Royal Surrey County Hospital reported a MRSA bacteraemia, 1 year to date against a zero tolerance target. The patient was a North East Hampshire and Farnham CCG resident, RSCH have accepted responsibility for this case and the MRSA Post Infection Review has highlighted learning and clear actions to be taken forward by the Trust.
- 4.3 North East Hampshire and Farnham CCG have 27 cases of C Difficile against trajectory of 33 for 2014/15 and zero cases of Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAB) against zero target. The Medicines Management Team is continuing to undertake reviews of the CCG assigned C Difficile cases. The process has been in place since the second week of December 2014, with an initial six reviews completed.
- 4.4 The model for the provision of IPC specialist support for the CCG is under review, as the CSU service ceased at the end of December, 2014. A draft IPC service specification has been developed and we are working with partners to identify a suitable alternative.

## **5 Friends and Family Test**

- 5.1 The way in which the Friends and Family Test data is presented was altered in November 2014, seeing the net promoter score replaced by a percentage recommended figure. The percentage recommended figure demonstrates the percentage of the patients surveyed who would be happy to recommend the service to a friend or family member. NHS England is yet to publish the December 2014 Friends and Family Test data, consequently the figures below have been taken from the respective Trusts performance reporting;

### *5.2 Frimley Health NHS Foundation Trust - Frimley Park Hospital Site*

The Trust achieved a percentage recommendation of 90% in A&E and 96% in Inpatients services. Unfortunately department specific data is not available within the Trusts performance reporting which includes the maternity score.

### *5.3 Royal Surrey County Hospital NHS Foundation Trust*

The Trust achieved a percentage recommendation of 86% in A&E and 95% in Inpatient services.

### *5.4 General Practice*

The Friends and Family Test has been expanded to include primary care services. GP practices are required to implement the test from December 2014. The CCG worked with member practices and FPH to review the most suitable method of collection for GP practices, however no uniform approach was agreed. All member practices are now collecting the data as required using a variety of methods, with the first set of results expected at the start of Quarter 1 2015/16.

## **6 Complaints**

- 6.1 The CCG transferred the management of complaints from the Commissioning Support Unit to in-house on 01/08/2014. The new complaints process has been established and disseminated to the relevant members of staff. A review of the CCGs complaints process is due to be undertaken now that the CCG's Quality Team has been dealing with complaints for six months.
- 6.2 4 new complaints have been received during December, with 1 case closed during December, and a further 6 closed at beginning of January 2015. All new complaints received acknowledgment of receipt within 3 working days and responded to within 20 working days.
- 6.3 At present there are a total of 2 open complaints. Work continues to investigate and respond to the outstanding complaints which are expected to be signed off by 04/02/2015.
- 6.4 The Quality Team are in the process of re-designing their standard operating procedures for complaints, to include a monitoring mechanism for concerns as these are an area which appear to be increasing (where people have a question or query rather than a complaint to make) and where themes trends and learning would be helpful. The Quality Team are reviewing a software solution to capturing and analysing themes from complaints, concern's and other sources of information.

## **7 Serious Incidents**

- 7.1 6 Serious Incidents have been reported during December involving North East Hampshire and Farnham patients.

## **8 Themes/learning**

- 8.1 Falls continue to be the primary type of incident reported for Frimley Park Hospital (Frimley Health NHS Foundation Trust). The Trust is continuing to develop its falls action plan that is monitored via the Clinical Quality Review Meeting (CQRM). Additionally, the Trust has a CQUIN which specifically monitors the requirements for fall assessment and appropriate referral and discharge in line with the local Falls Group. Performance against key criteria for improvement is monitored throughout both this and the performance data routinely received. There was a Falls launch in October at the Trust and training, awareness campaigns and focussed work to improve the quality of assessment and support for patient once discharged continues.
- 8.2 Surrey and Borders Partnership NHS Foundation Trust (SABP) primary themes continue to be Absconds and Unexpected Deaths of Community Patients (in receipt of services). Root cause analysis and associated action plans and lessons learnt are monitored through the CQRM Serious Incident Panel. SABP have reviewed all action plans from the Absconds and supported quality assurance visits by NWS CCG to provide assurance that key actions have been progressed. There have been no

absconds since November and sustainability of this progress will be monitored through the CQRM forum.

- 8.3 Southern Health NHS Foundation Trust continues to report a high number of both Grade 3 and 4 pressure ulcer incidents. The incident review process has been reviewed to align with the processes of both FPH and SABP. The local Serious Incident Review and Learning Panel has now met 3 times and the Quality Team are working closely with the Trust to ensure that the quality of root cause analysis meets national requirements and identify appropriate learning and actions as a result. One of the Quality Managers attended the Trust internal panel meeting to support the Trust and provide additional assurance. The CCG is also working with the Hampshire CCGs to review learning from serious incidents across the organisation.
- 8.4 The Quality and Clinical Governance Committee will be provided with an update on progress and learning.

## **9 Clinical Quality Review Meetings (CQRMs)**

- 9.1 The Terms of Reference for the CQRMs have been reviewed and updated for Frimley Health NHS Foundation Trust - Frimley Park Hospital site, Surrey and Borders Partnership NHS Foundation Trust, Southern Health NHS Foundation Trust, Spire- Clare Park, and Sussex Partnership NHS Foundation Trust. Additionally the Quality Team attend and input into CQRMs for Virgin Healthcare, North Hampshire Urgent Care (Out of Hours), 111, and South East Coast Ambulance Service(999). Key issues arising include:

### **9.2 Acute Services**

#### Frimley Health NHS Foundation Trust - Frimley Park Hospital (FPH) Site (Lead Commissioner)

FPHs Emergency Department had continued to see a high number of attendances which have increased month on month. This saw the Trust narrowly avoid failing to reach the 95% 4 hour wait target in A&E for quarter 2, in quarter 3 the Trust achieved 94.49% of patients seen at A&E within 4 hours. Performance in quarter 4 is currently at 88.6%. The Trust experienced a particularly significant increase of patients over the Christmas period and in particular on 28<sup>th</sup> and 29<sup>th</sup> December. These pressures continued into the New Year at the Trust, a pattern which was reflected nationally. System resilience is a standard agenda item at the CQRMs to ensure that impact of pressures on patient safety and experience is assessed and monitored. FPH fed back again in January that the system across the health economy had responded well, supporting the increase and surge during the periods of increased pressure.

The 2014/15 CQUINs have been progressed and their agreement is expected this month. All CQUINs have been agreed, with the Falls shared pathway CQUINs receiving final agreement. Monitoring for each quarter is now in place and the Trust have completed significant pieces of work, but have identified a potential risk to meeting all CQUIN requirements for Quarter 4. Options for extending CQUINs to an

additional quarter and/or agreeing appropriate thresholds in response to current system pressures will be undertaken as appropriate.

A series of meetings have taken place to discuss 2015/16 CQUINs and Quality Schedules with the intention of developing a consistent approach across the Trust and to ensure timely and well developed CQUIN schemes. The Quality Schedule is due to be finalised and work continues with the Commissioning team to develop the local CQUINs.

### 9.3 **Community Services**

#### *Southern Health NHS Foundation Trust (SHFT) - North East Division (Local Contract)*

The Serious Incidents closure process has been reviewed and terms of reference agreed to ensure that Serious Incidents are monitored, reviewed and closed appropriately. Extraordinary meetings took place in December and January CQRM to ensure review and signoff of the backlog of Serious Incident reports, all of which relate to pressure ulcers.

3 of the 4 Community Care Teams (CCTs) have been subject to CQC routine inspection, the reports have now been received and are with the Trust for review of accuracy with a CQC-led Quality summit planned for 20<sup>th</sup> February. The key results will be discussed at the February CQRM.

The CCG Quality leads from all CCGs who commission SHFT services have been meeting to agree a core quality schedule. Additionally NEHFCCG have developed an additional set of core quality indicators to ensure that key quality information is received in a timely manner at CQRMs to cover areas such as patient safety, patient experience and patient outcomes. This should support the on-going development of the CQRMs and the provision of informed discussion.

#### *Virgin Care Limited (VCL) (North West Surrey CCG are the lead commissioners)*

2015/16 CQUIN development and quality schedule review is being progressed and the CCGs Quality Team is contributing to this process

### 9.4 **Mental Health Services**

North East Hampshire and Farnham CCG is the lead commissioner for Adult Mental Health Services for the Surrey Six CCGs Collaborative and for Children and Adolescent Mental Health Services (CAMHS) for the Hampshire Five CCGs.

### 9.5 **Sussex Partnership CAMHS (Hampshire)**

CQRM agenda continues to develop and have now established key quality leads from the provider to attend the meeting. The quality reporting specific to CAMHS will be developed through the CQRM process where greater assurance and transparency will be evidenced.

Sussex Partnership Trust (SPT) has now reported the 2 serious incidents (SI) where a concise root cause analysis can be applied. The 2 incidents are in relation to unexpected deaths, both of which have had media interest. SPT are in the lowest 25% of reporting trusts. SPT's reporting rate = 15.5 incidents reported per 1,000 bed days where as nationally 23.8 incidents reported per 1,000 bed days. Kent, Surrey and Sussex Area Team have downgraded both of the SIs and further work is being undertaken to ensure alignment across the provider, commissioners and Area Team in relation to serious incident reporting.

CQC inspected Sussex Partnership Trust as part of its inspection regime in January 2015. The CCG contributed to the CQC's information gathering exercise and awaits outcomes of the inspection.

#### **9.6 Surrey and Borders Partnership NHS Foundation Trust (SABP) (Adult Mental Health Services for the Hampshire Five CCGs and CAMHS for Farnham)**

The CQC action plan is reviewed monthly on exceptions, progress and quarterly update reports to the CQRM. Good progress has been made and SABP are on track to complete all compliance actions, SABP plan to update the CQC on progress in March which will then be reviewed through the CQRM.

SABP Serious Incident backlog reporting has improved significantly and there is one remaining SI from the agreed backlog that will be reviewed during the SI panel in February. Sustainability of this has been reviewed by the CCG and the aim is to have reporting in line with the national framework to be evidenced by April, 2015.

#### **9.7 Care Homes**

The Surrey CCG Quality Leads meet with the Local Authority and CQC to consider the intelligence from each organisations perspective in order to ensure that any emerging concerns and issues are identified early and any supportive actions agreed. No current significant concerns regarding care homes in Farnham.

The Hampshire County Council hosts a regular forum with the CQC and CCGs ensuring a shared approach for quality assurance across Hampshire care homes. This is an area that is acknowledged as requiring further development of the CCG's quality assurance framework.

A total of 3 Care Homes in the North East Hampshire and Farnham area have seen CQC inspection reports published in December and January, these were;

- Lavender Lodge Nursing Home
- Park View Residential Home
- Marlborough House

Lavender Lodge Nursing and Park View Residential Homes were both inspected within the CQC's new style inspection programme. Each of the Homes were awarded with a rating based on the outcome of the CQC's assessments in the 5 inspection areas: Safe, Effective, Caring, Responsive and Well-led.

Park View Residential Home was awarded a rating of 'Good' having achieved that rating in each of the 5 inspection areas. Lavender Lodge Nursing Home however was rated as 'Requiring Improvement' having achieved a rating of 'Good' in only 2 of the 5 inspection areas, *Safe* and *Effective*, with the remaining 3 areas all rated as 'Requiring Improvement'.

Marlborough House was inspected within the CQC traditional inspection programme so did not receive a rating, however the provider was found not to have met the required standard in 3 out of the 5 inspection areas, these were 'Caring for people safely and protecting them from harm', 'Staffing' and 'Quality and sustainability of management'. Southern Health NHS Foundation Trust, who have provided nursing support to the Home, raised concerns regarding the Home at the December CQRM, these were reiterated at the January CQRM however it was advised that a new manager had been appointed and that there was hope that this would address some of the concerns raised. The CCG continues to work with Hampshire County Council, who lead quality in care homes, to contribute from health

## **10 Primary Care**

- 10.1 Following the CQC's most recent round of inspections 6 of our member practices have seen their inspection reports published in January 2015, these were The Border Practice, The Ferns Medical Practice, Fleet Medical Centre, Giffard Drive Surgery, Princes Gardens Surgery and Victoria Practice.
- 10.2 The inspections were carried out in the CQC's new style inspection programme and saw each of the practices awarded a rating of 'Good'. In order to achieve this rating the practices met an outlined standard against the five inspection areas: Safe, Effective, Caring, Responsive and Well-led. With the exception of Giffard Drive Surgery, who were identified as requiring improvements in the Safe inspection area, all of the surgery's achieved a rating of 'Good' in each of the inspection areas. The Ferns Medical Centre was awarded a rating of 'Outstanding' against the inspection area of Responsive.

## **11 Conclusion**

- 11.1 Providers of NHS commissioned services for the population of North East Hampshire and Farnham CCG continue to be held to account for the delivery of safe and caring services according to the nationally defined components of quality (clinical effectiveness, patient safety and patient experience).
- 11.2 The transitional Quality Team continue to evolve the CQRM process in partnership with the quality leads, clinical leads, commissioning teams and providers. This provides the platform to triangulate and analyse data providing assurance to the Governing body that appropriate mechanisms are in place to have full view of early warning signs in the system. The outcomes from the CQRM will be used for the planning of 2015/16 quality deliverables which is already being progressed.

11.3 A revised quality governance framework informed by the review undertaking is to be developed to ensure the CCG effectively fulfils the requirements of the 6 domains of the national CCG Assurance Framework.

11.4 It is recognised that further development is required to:

- Maximise existing quality data sources into intelligence to inform quality assurance and commissioning decisions
- Systematically collate soft intelligence from existing sources, including Health watch and Patient Practice Groups
- Establish the conscious inclusion of quality across all commissioning activities
- Increase the sophistication of quality assurance reporting

## **12 Recommendations**

The Governing Body is requested to consider and note the report