

Quality Report

1. Introduction

- 1.1 The Quality and Nursing function of the CCG continues to go through a period of planned change. The review of the core quality responsibilities and accountability of the CCG as a lead and associate commissioner has been completed. The proposed structure requirements of the Quality and Nursing team are being finalised and arrangements are in place to ensure business continuity throughout this period of transition.
- 1.2 The recruitment to the post of Director of Quality and Nursing is underway, with interviews scheduled for mid-December.
- 1.3 This report provides further detail to complement the CCGs newly formatted integrated performance report and reflects the quality priority areas considered and identified through the Quality and Clinical Governance Committee (QCGC) and the Clinical Quality Review Meetings (CQRMs) for all providers of care services for the period September and October.
- 1.4 It is anticipated that there will be further changes to the quality reporting arrangements as a consequence of the outcome of the review undertaken by external experts. The terms of reference for the Quality and Clinical Governance Committee will be informed by this work.

2. Quality and Clinical Governance Committee (Q&CGC)

- 2.1 **Medicines Management** – The CCG is required to have an identified officer to undertake the roles of Medicines Safety Officer (MSO) and Medical Devices Safety Officer (MDSO). It was agreed that the Head of Medicines Management, Kirsten Lawrence, would undertake these roles and the Central Alerting System (CAS) team notified.
- 2.2 **Patient Group Directives (PGDs)** – The legal framework for PGDs excludes NHS England and private providers. The efficient and effective delivery of the national immunisation and vaccination programme requires PGDs. It was agreed that North East Hampshire CCG will adopt the PGD's produced by Wessex Area Team.
- 2.3 **Willow Ward** – The review undertaken of the death of four former patients of Willow Ward was considered and assurance provided regarding the transfer of care and management of the transition. The process was judged to have been undertaken with care and compassion. The findings are to be shared with Associate Commissioners.

Quality Priority Areas

3. Safeguarding

- 3.1 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.

- 3.2 The CCG's Safeguarding Children Policy, bringing together Hampshire and Surrey positions, has been reviewed, amendments made and is to be published on the website.
- 3.3 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 monitor its progress.
- 3.4 Further level 3 safeguarding training for GPs is being delivered early in 2015.
- 3.5 Surrey Safeguarding Children's services and governance arrangements are currently under scrutiny 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.
- 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 has one person for whom this applies.

4. Infection Prevention and Control (IPC)

- 4.1 By the end of October 2014 Frimley Park Hospital NHS Foundation Trust (FPH) had reported 7 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 North East Hampshire and Farnham CCG have reported 21 cases of C Difficile against trajectory of 33 for 2014/15 and 1 case of Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAB) against zero tolerance. The Medicines Management Team have now ascertained the required data via Frimley Park Hospital to begin undertaking reviews of the CCG assigned C Difficile cases. Forms and processes have been piloted and awaiting Information Governance sign off. A report is to be presented at the next Quality and Clinical Governance Committee.
- 4.3 The model for the provision of IPC specialist support for the CCG is under review, it is currently provided by the CSU.

5. Friends and Family Test

- 5.1 The way in which the Friends and Family Test data is presented was altered in September seeing the net promoter score replaced by a percentage recommended figure.
- 5.2 *A&E*
 - 5.2.1 Both Frimley Park Hospital NHS Foundation Trust (FPH) (35.9%) and Royal Surrey County Hospital NHS Foundation Trust (RSCH) (23.2%) have recorded response rates superior to that of the national average (19.5%) in September.

5.2.2 Under the new recommendation measure 84% of FPHs A&E patients would recommend the service, with 82% of patients also recommending RSCHs A&E. The national average is 86%.

5.3 *Inpatients*

5.3.1 Both FPH (39.2%) recorded a response rate superior to that of the national average (36.6%) while RSCH (26.7%) recorded response rates below the national average in September.

5.3.2 Neither Trust matched the national average percentage recommendation (94%), FPH (93%) and RSCH (91%).

5.4 *Maternity*

5.4.1 From July 2014 response rates for the maternity services survey were only recorded on question 2 (birthing stage). Both FPH (52.7%) and RSCH (48.1%) received significantly higher response rates than the national average (21.3%)

5.5 *General Practice*

5.5.1 The Friends and Family Test is to be expanded to include primary care services. GP practices are required to implement the test from December 2014. The CCG is working with member practices and FPH to review the most suitable method of collection for GP practices.

6. **Complaints**

6.1 The CCG transferred the management of complaints to in-house on 01/08/2014. The new complaints process has been established and disseminated to the relevant members of staff.

6.2 3 new complaints have been received during September and October, with a total of 6 cases closed in the same period. All new complaints received acknowledgment of receipt within 3 working days.

6.3 At present there are a total of 5 open complaints; however two of these are pending completions of investigations by providers with a further case stepped down pending the result of the complainants meeting with the CCG. Work continues to investigate and response to the outstanding complaints.

7. **Serious Incidents**

7.1 10 Serious Incidents have been reported during September and October 2014 involving North East Hampshire and Farnham patients. The incidents comprised of;

- 1 x Delayed Diagnosis
- 3 x Grade 3 Pressure Ulcers
- 2 x Grade 4 Pressure Ulcers
- 1 x Serious Incident by Inpatient (in receipt)
- 1 x Serious Self Inflicted Injury (Outpatient)
- 1 x Unexpected Death of Inpatient (in receipt) - Grade 2
- 1 x Venous Thromboembolism (VTE)

7.2 Themes/ learning

- 7.2.1 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).
- 7.2.2 Throughout September and October Surrey and Borders Partnership NHS Foundation Trusts most commonly reported incident type were Absconds and Unexpected Deaths of Community Patients (in receipt). Individual incidents and associated action plans are monitored via the CQRMs Serious Incident Panel. The Surrey Designated Nurse for Safeguarding Vulnerable Adults, Helen Blunden, is undertaking a deep dive into these incidents.
- 7.2.3 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 recently been reviewed to bring into line with the review and closure processes of FPH and SABP.
- 7.2.4 The Quality and Clinical Governance Committee will be provided with an updated on progress and learning.

Clinical Quality Review Meetings (CQRMs)

8. Acute Services

8.1 Frimley Park Hospital (FPH) (Lead Commissioner)

- 8.1.1 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.
- 8.1.2 The 2014/15 CQuIN have been progressed and their agreement is expected this month. Discussions have commenced for 2015/16 with the intention of developing a consistent approach across the new Trust.
- 8.1.3 The CQC inspection outcome published in September, of *outstanding* status, is a positive position for the local population. The action plan required as a consequence, in particular regarding paediatric services, will be received and monitored by the CQRM.

8.2 Royal Surrey County Hospital (RSCH) (Guildford & Waverly CCG Lead Commissioner)

- 8.2.1 No CQRM was held in October as the meeting was cancelled following an agreement between the provider and the lead CCG. No additional concerns were raised for discussion outside of the CQRM.

9. Community Services

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

- 9.1.1 SHFT have now appointed to each of the 4 Community Matron posts across the North East Division, having previously been covered by 2 Matrons.

9.1.2 The Serious Incidence closure process has been reviewed and terms of reference shared for final amendments. The new process is expected to be trialled at the next CQRM.

9.1.3 3 of the 4 Community Care Teams (CCTs) have been subject to CQC routine inspection, the reports are expected in December. No initial feedback has been provided.

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

9.2.1 Continued breaches in breast screening figures have seen the establishment of a joint service review, lack of resource within VCL has seen the review process held up. An agreement is in place for VCL to provide additional resources to ensure no further breaches.

10. **Mental Health Services**

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

10.2 Guildford and Waverley CCG is the lead commissioner of CAMHS for the Surrey CCGs including the residents of Farnham.

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

10.3.1 Following their recent CQC inspections SABP had received the 10 inspection reports and are working to produce the required action plan response. The CQC provided SABP with a total of 11 compliance actions but noted their satisfactions with the actions taken to address the previous compliance action imposed on the Trust. The inspection noted the positive feedback from patients, carers, the workforce and the Trust's leadership.

10.3.2 Following SABPs failure to achieve a quality standard, as outlined in the schedule, for 3 consecutive months it was agreed that a formal process to address the issue would be agreed at the CRM.

11. **Care Homes**

11.1 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.

11.2 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.

11.3 A total of 6 Care Homes in the North East Hampshire and Farnham area have seen CQC inspection reports published between August and October, these were;

- Ticehurst Care Home

- Manor Place Nursing Home
- Willow House
- Briary
- Freelands Croft Nursing Home
- Hill Brow

11.4 Manor Place and Hill Brow passed each inspected standard, while Ticehurst and Briary both failed to meet the standard for '*quality and suitability of management*' (accurate and safekeeping of personal records).

11.5 Willow House failed to meet the inspected standard for '*providing care, treatment and support that meets people's needs*' and received an enforcement action against the standard for *quality and suitability of management*' (accurate and safekeeping of personal records).

11.6 Freelands Croft failed to meet the inspected standard for *quality and suitability of management*' (accurate and safekeeping of personal records) and received an enforcement action against the standard for '*providing care, treatment and support that meets people's needs*' (people should be given the medicines they need when they need them, and in a safe way).

12. Conclusion

12.1 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).

12.2 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.

12.3 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 Healthwatch and Patient Practice Groups
- Establish the conscious inclusion of quality across all commissioning activities
- Increase the sophistication of quality assurance reporting

13. Recommendations

13.1 The Governing Body is requested to consider and note the report