

**THURROCK BOARD MEETING  
PART 1**

**26 February 2014**

<b>Title of Report:</b>	<b>QUALITY REPORT</b>
<b>Author:</b>	Quality Support Team
<b>Presented by:</b>	Jane Foster-Taylor
<b>Boards previous consulted:</b>	Individual reports are presented to the Quality & Governance Board.
<b>Executive Summary:</b>	<b>Members of the Board are invited to:</b> Approve and note the report and gain assurance that the CCG is monitoring the quality of services delivered, patient safety and patient experience in commissioned services.
<b>Recommendation to the Board:</b>	This report identifies the key areas of concern and is to inform the Governing Body of current issues related to Quality of service.
<b>Financial Implications:</b>	No direct financial implications.
<b>Fit with CCG strategy/objectives:</b>	This report supports the CCG strategy/objectives.
<b>Risks identified:</b>	Failure to ensure that there are robust systems in place for the CCG to monitor the quality and safety of local services for both the CCG and patients.
<b>Resource Implications:</b>	No direct resource implications.
<b>View of the Patients Carers or the Public and the extent of their involvement:</b>	The CCGs aim is to listen to, and learn from, our patient's experiences and recognise that there is a link between the Patient Engagement and Patient Experience agenda.
<b>Evaluation Criteria:</b>	N/A
<b>Evaluation Date:</b>	N/A

**NORTH EAST LONDON FOUNDATION TRUST  
(South West Essex Community Services)**

**COMPLAINTS & COMPLIMENTS  
December 2013**

Information is now provided by area and trend data will be available for the next report.

There were six complaints received for Thurrock and two for Basildon & Brentwood in December 2013.

Detailed in the table below are the complaints listed by primary subject for Thurrock and Basildon & Brentwood.

Area	Service	Category	Number of Complaints
Thurrock	Adult Services	Attitude of Staff	1
		Aspects of Clinical Treatment	1
	Specialist ICT	Aids and appliances, equipment, premises (including access)	1
		Aspects of Clinical Treatment	2
	Community Hospitals	Aspects of Clinical Treatment	1
<b>THURROCK TOTAL</b>			<b>6</b>
Basildon & Brentwood	Specialist ICT	Communication	1
		Patients property and expenses	1
<b>BASILDON &amp; BRENTWOOD TOTAL</b>			<b>2</b>

**Complaints Action Plans**

The NELFT Complaints Team regularly review outstanding action plans and are working with the owner of the action plans to ensure that they are completed within a timely manner.

**Satisfaction with Complaints Handling**

The NELFT Complaints Team has started to record and monitor complaints handling satisfaction data. For December this was 100%. There is a new Complaints Satisfaction Survey in development, which will be implemented on the 1 February 2014.

**Risk Assessing Complaints**

From the 1 February 2014 all complaints will be risk assessed. The risk rating will be based on the nature of the concerns, impact on the patient and the number services involved in the complaint and will provide the complainant with a realistic timeframe. Data will be shared in future reports.

**Informal Complaints**

Informal complaints which were previously considered as "PALS enquiries" or "local resolution" are handled by the Integrated Care Directorates directly. To ensure a unified approach with recording this information training will be rolled out at the end of February 2014.

## Compliments

Services in Thurrock received 18 compliments and for Basildon & Brentwood there were 10.

## Forthcoming developments and initiatives

The work of incorporating recommendations from the Francis and Clwyd reports into the Trust wide Complaints Policy (and process) continues and progress will be included in future reports.

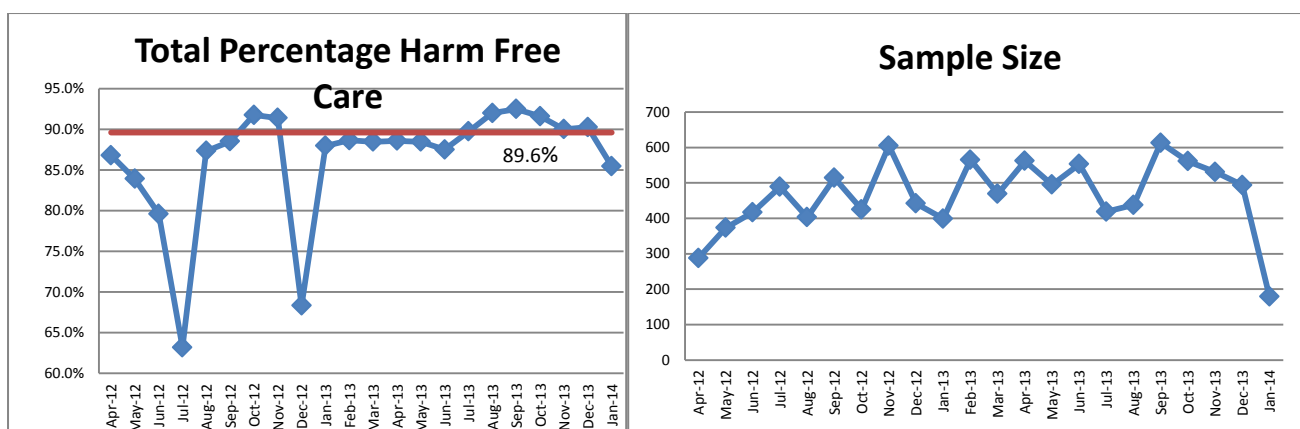
The draft complaints leaflet has been reviewed by the Patient's Experience Readers Group. The Children and Young People friendly complaints leaflet has been sent to the Readers Group for feedback and this will be available shortly.

NELFT's Head of Quality Assurance and the Complaints Team are in the process of identifying Service User Groups. The team will initially meet with the Waltham Forest Service User Group to engage and understand how the team can support these groups.

## PATIENT SAFETY THERMOMETER

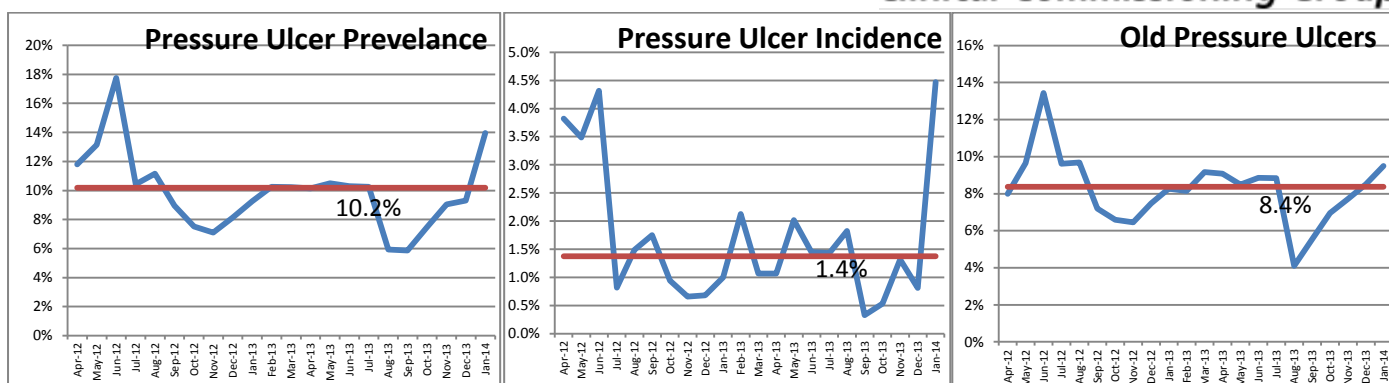
Patient Safety Thermometer measures 4 high volume patient safety issues: Pressure Ulcers, Falls in Care, Urinary Infections (in patients with catheters) and Treatment for Venous Embolism as a Point Prevalence study.

For January 2014, NELFT (SWECS) had 85.5% of patients from the survey reporting harm free care. This has been a decrease in performance as it below the average of 89.6% whereas previously the performance had been increasing as there were 5 consecutive months above the average.



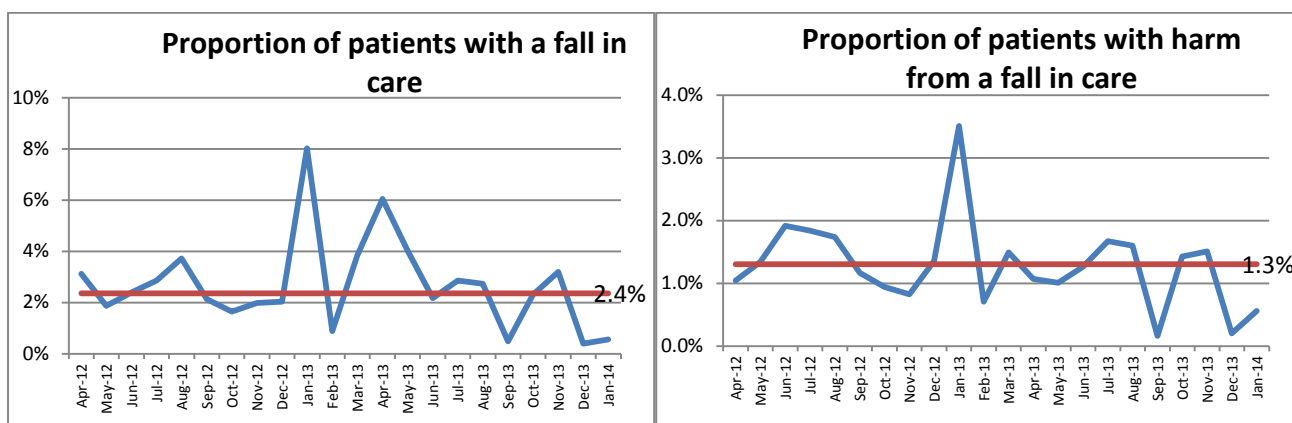
## Pressure Ulcers:

Pressure ulcer incidence in January 2014 is higher than December 2013, with 8 Grade 2 ulcers and zero Grade 3 and 4s. This has meant the prevalence of pressure ulcers was 14% for January 2014 which is above the year to date average



### Falls

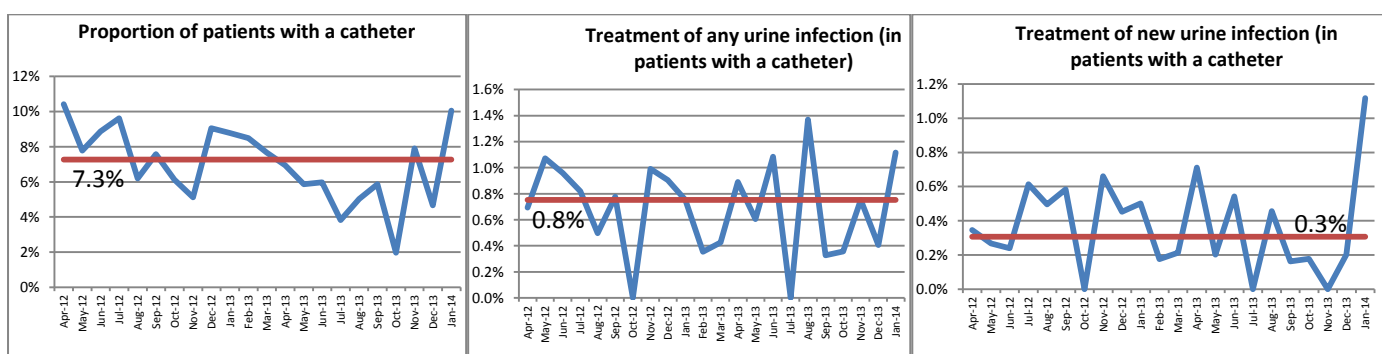
For January 2014, 1 falls was reported (0.6%) with 1 low harm. This was a slight increase from December 2013 which was 0.4%. This is in line with the year to date average.



### Catheters

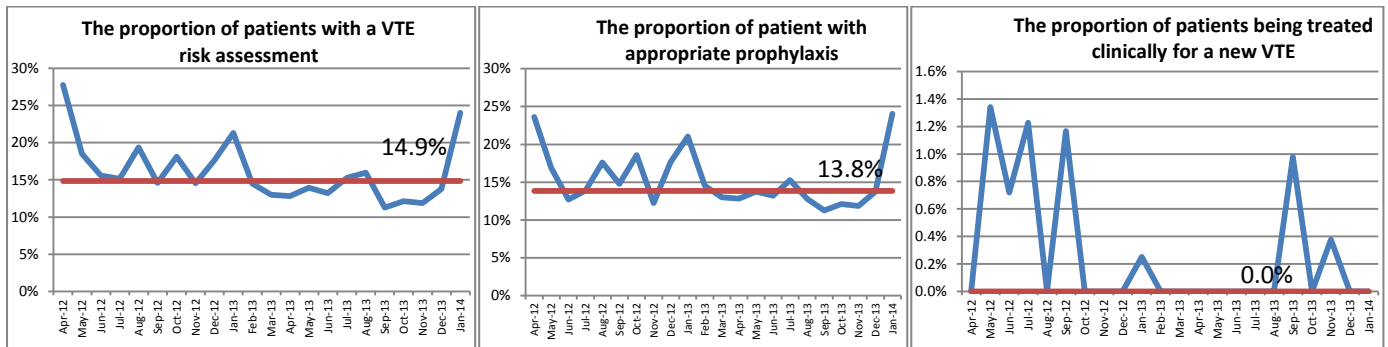
The proportion of patients with a catheter showed a slight increase to December 2013. January 2014 percentage was 10% and December 2013 was reported at 5%. An increase of 5%.

Two patients had a urine infection in January 2014(1.1%) an increase of 0.7% from December 2013 (0.4%). Two patients in January 2014 were a new infection (1.1%). This is an increase of 0.9% from December 2013.



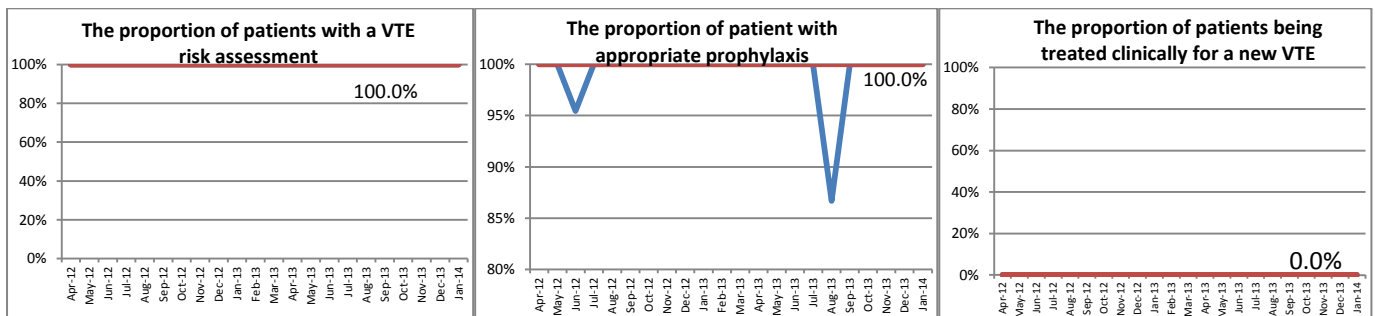
## Venous Embolism

The proportion of patients with a VTE risk assessment is currently looking very low in the Patient Thermometer Data. The VTE Safety Thermometer data includes the whole of the NELFT Nurse Services. We have done a further analysis to split the data into the three inpatient units.



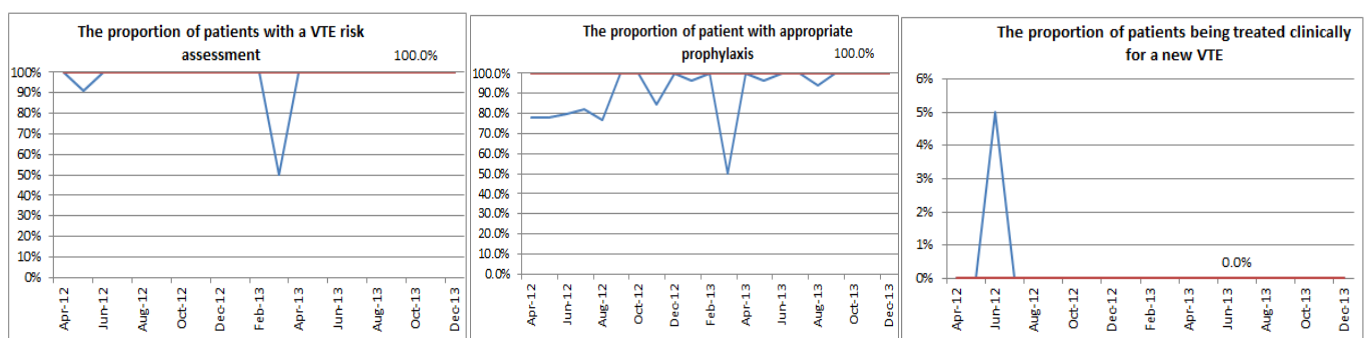
## VTE(Mayflower Community Hospital)

The proportion of patients with a VTE risk assessment for Mayflower Community Hospital is 100%. The proportion of patients with appropriate prophylaxis is 100% which is consistent achievement this year with the exception of August 2013.



## VTE(Alistair Farquharson)

The proportion of patients with a VTE risk assessment for this financial year including December 13 was 100%. The proportion of patients with appropriate prophylaxis is consistently 100% in December 2013 which was above the 95% standard with the exception of August 13. For January 2014 the data needs to be confirmed and would be reported once confirmed.



### **VTE (Brentwood Community Hospital)**

The current data includes both Thorndon and Bayman wards which stems both the NELFT contract and BTUH contract. Further analysis is needed.

### **CANCER WAITS**

For Thurrock CCG ,BTUH contract ,all elements of the pathway standards are met with the exception of the 62 day standard. For December 2013 this is 84%(against target 85%) relating to 5 patient breaches. This was an improvement on the November position. A contract query has been raised for all these breaches through BB CCG.

### **IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)**

Thurrock CCG is below expected trajectory. Current performance is 6.52% against current trajectory of 9.45%. A contract query has been raised and SEPT (provider) who are now providing weekly data against recovery action plan. Recovery plan has measurable actions within it to achieve the minimum 10% required.

### **FRANCIS REPORT RECOMMENDATIONS**

The Board is advised that NELFT developed a strategic plan of action in response to the Francis Report recommendations which were prioritised into four main areas:

#### **Freedom to Care Project**

NELFT commissioned a project to be undertaken which focused on understanding the 'on the ground' experiences and impact of existing Trust policies. The overall aim of the Freedom to Care project has been to explore, directly with staff and patients, whether the Trust has all the ingredients and in the 'right' proportions to deliver compassionate care.

This work has now been completed and presented to the NELFT Trust Board and Thurrock CCG. A further GAP analysis will be presented at the CQRG next month.

The recommendations include:

- the Trust needs to ensure that leadership values and behaviours are congruent with the Trust's values and beliefs in high quality compassionate care.
- the Trust needs to do more to reward what it purports to value, i.e. good quality front line Care.
- staff need to feel that they have the authority to do their best for patients.
- there may be some issues to do with the variability of performance and quality across the Trust and the skills of managers in how this is addressed.
- reach and methods of communication need to be reviewed, so that all staff are in the communication loop.

#### **Bands 1 to 4 project**

A project has commenced to develop an in house register for all new and existing Health Care Support workers within NELFT. Staff will undertake a development programme based on Skills for Health, core competencies, code of conduct and national minimum training standards.

The key knowledge incorporates:

- The roles of the Healthcare Support Worker and Adult Social Care Worker
- personal development
- Effective communication
- Equality, diversity and inclusion
- Duty of care
- Safeguarding for both Adults and Children
- Person-centred care and support
- Health and safety
- Handling information
- Infection prevention and control

All staff that complete the programme will be awarded a Certificate and will be added to the Trust in house register.

**Named Nurse and Named Consultant**

The recommendation has been implemented that each patient within the in-patient areas are aware of who is directly responsible for their care and that this information is displayed above their beds

**Care Connect Pilot**

This is in conjunction with National care connect and the pilot commenced in August 2013. This online service enables the public to flag, ask questions and give feedback on their experiences

**ELIMINATING MIXED SEX ACCOMMODATION**

There have been no reported breaches in the three community hospitals since the last report.

Patient satisfaction is sought at the time of discharge and patients are asked to score their experience between 1-10. Average scores are detailed below for November and December:

Hospital:	Nov. 2013 Average scores	Dec. 2013 Average scores
Brentwood Community Hospital	9.66	9.7
Mayflower Community Hospital	9.26	9.30
Alastair Farquharson Centre	9.2	9.05

**NHS CHOICES**

There were no latest comments published on NHS Choices website for Brentwood or Thurrock Hospitals and those for Orsett Hospital were mixed.

**QUALITY ASSURANCE REVIEW**

The above information reflects the current position and performance for SWECS Services which do not give cause for concern at the present time.

**ESSEX QUALITYSURVEILLANCE GROUP**

Bi-monthly meetings are attended by the Executive Nurse and Dr Bose. The next meeting is scheduled for 27 February 2014.

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

**ACUTE TRUSTS**

**BASILDON AND THURROCK UNIVERSITY HOSPITAL (BTUH)**

**CARE QUALITY COMMISSION (CQC) REVIEW**

As the Board was advised at the previous meeting, the Trust has 2 minor concerns remaining and is preparing for the new style CQC visit which is expected to take place in March 2014.

**KEOGH MORTALITY REVIEW**

The extended Clinical Quality Review Group continues to monitor progress against the recommendations of the BTUH Keogh report. This Group has representation of Executives from the Trust, BBCCG and the Monitor Improvement Director.

It has been agreed that the Chief Nurse of BBCCG and the Director of Nursing at BTUH will work together to develop a ‘test and challenge’ programme to pick up on any outstanding issues from the Keogh review, CQC and the McKinsey review of Quality Assurance, for BBCCG to carry out prior to the Mike Richards team hospital inspection expected in mid-March

Members are reminded that it is only following a successful visit by the Mike Richards Team that a recommendation can be made to withdraw ‘Special Measures’ from the Trust.

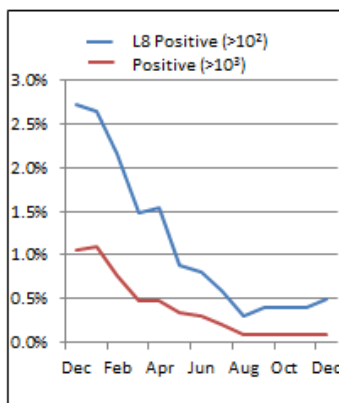
**Keogh Ambitions Workshop**

A workshop was held on 21 January 2014 with all local providers across Essex to discuss and agree ways in which the overarching Keogh Ambitions could be implemented. The outcomes from this event will be shared in the next report.

**ESSEX QUALITY SURVEILLANCE GROUP**

BTUH remains on Enhanced Risk Summit status as a consequence of the Keogh investigation.

**MANAGEMENT AND CONTROL OF LEGIONELLA**



**For December:**

L8 positive for December is 0.5% slight increase from November but still low compared to previous months.

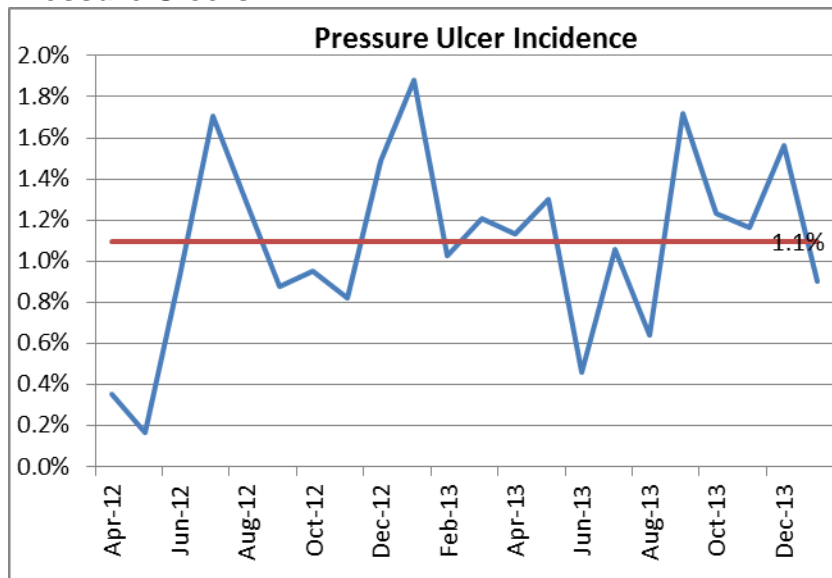
Positive (>10) for December is 0.1% same low rate as previous recent months.

**STANDARDISED HOSPITAL MORTALITY INDICES (SHMI)**

The Trust’s crude mortality data is 1.1126 for June 2013. This ratio now lies within the 95% confidence limits meaning mortality rate is as expected.



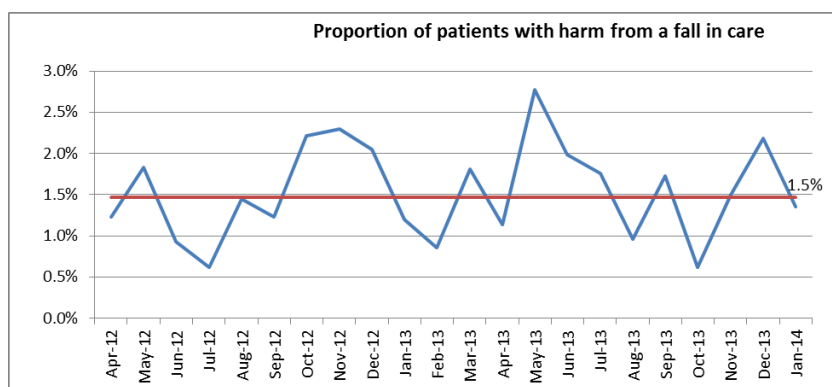
**PATIENT SAFETY THERMOMETER**  
**Pressure Ulcers**



Pressure ulcer incidence decreased in January by 2.8% which was 6 compared to 10 in December; five of these were Grade 2 and 1 was Grade 3.

The BBCCG nurse from the Quality Support Team has been attending the weekly 'Stop the Pressure' group meetings and is obtaining assurances in relation to the processes for the prevention and management of Pressure ulcers in the Trust.

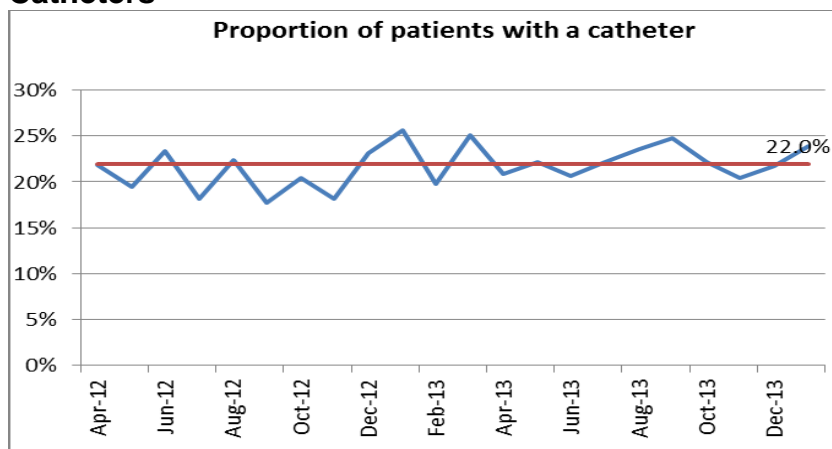
**Falls**



The proportion of patients who had falls in BTUH's care has decreased in January 2014 to 1.8% from to 3.4% in December 2013.

This equates to 12 falls for January with 1 having severe harm and 5 having moderate harm.

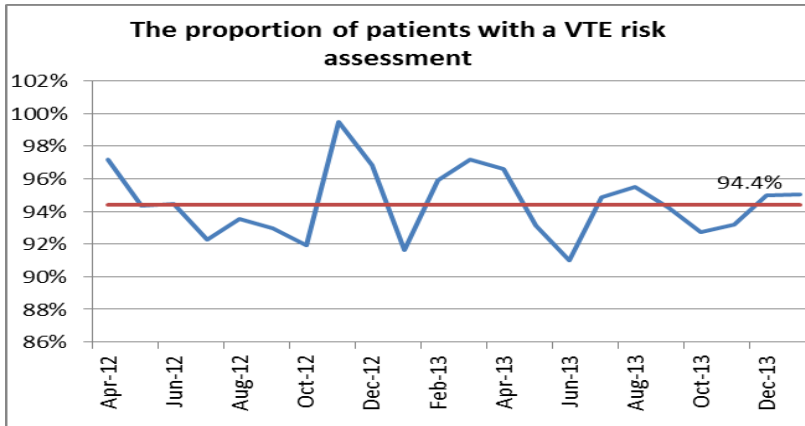
**Catheters**



The proportion of patients with a catheter has risen by 2% in January 2014 compared to the previous month (139 to 159)

The treatment of patients with new urine infections with catheters has decreased from 5 in December to 0 in January 2014.

### VTE Risk Assessments



VTE risk assessments have remained at 95% for January 2014

### FRIENDS & FAMILY TEST National Benchmarking

The table below show national benchmarking information for **December** 2013.

	Scores	
	Overall:	A&E:
<b>National Average</b>	<b>72</b>	<b>56</b>
Basildon & Thurrock University Hospital	<b>62</b>	<b>53</b>
Barking, Havering & Redbridge Trust (Overall)	<b>68</b>	<b>28</b>
Queens Hospital	<b>65</b>	<b>17</b>
Southend University Hospital	<b>76</b>	<b>51</b>

Basildon Hospital's net promoter scores continue to be below the national average.

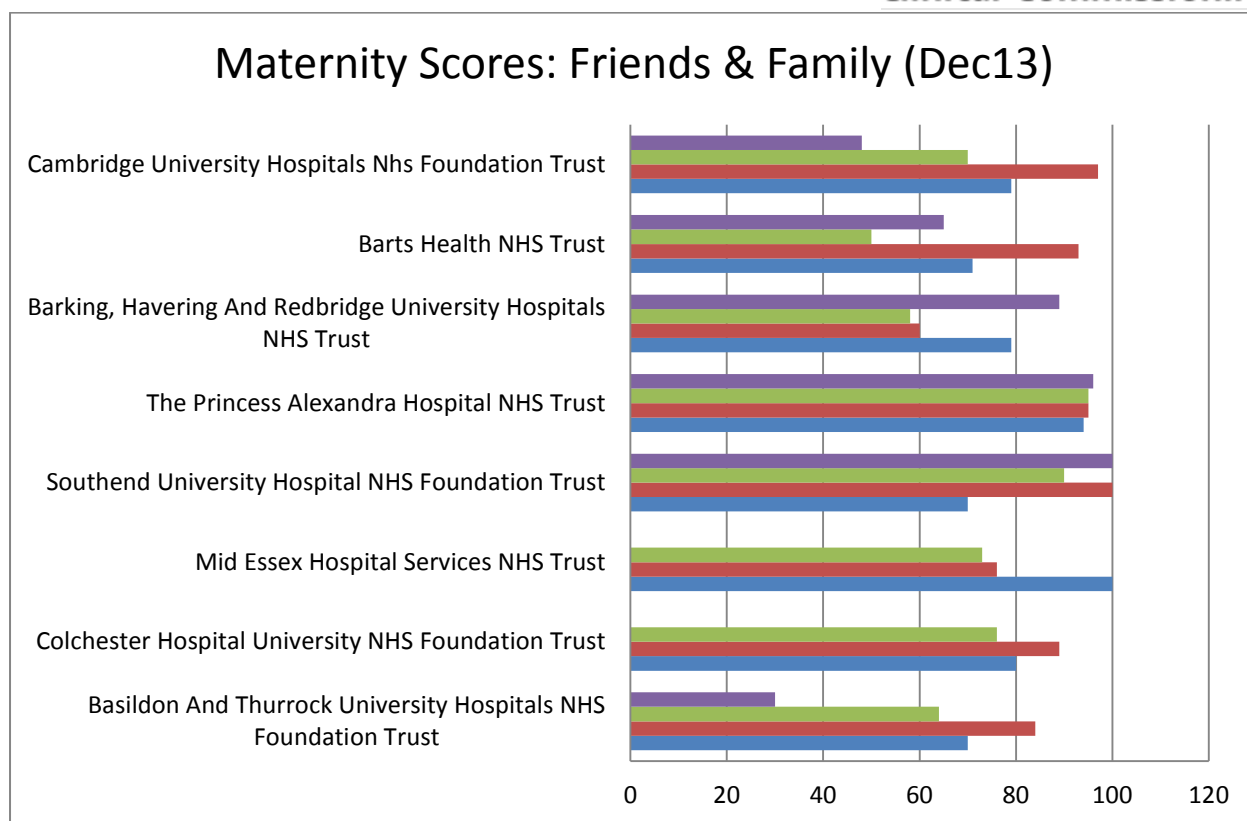
### Maternity

Data is now available by the four 'touch points'.

In December, Basildon Hospital scored; above the national average for the first two 'touch points', just below the national average for the third and well below the national average for the fourth, 30 compared to 74.

Benchmarking data across the local trusts for December 2013 in detailed in the chart below.

## Maternity Scores: Friends & Family (Dec13)



### KEY:

- Question 1 - Antenatal Care
- Question 2 - Birth
- Question 3 - Care on postnatal ward
- Question 4 - Postnatal Community provision

### NEW - STAFF FRIENDS & FAMILY TEST

The Board is advised that all NHS trusts providing acute, community, ambulance and mental health services are required to implement the Friends and Family test for NHS staff from 1st April 2014.

A full copy of the guidance is available by request to the Quality Team and the main points are summarised below:

The Friends and Family test for NHS staff will include two simple questions and staff will be asked to respond to the test using a scale between “extremely likely” and “extremely unlikely”. Staff should also be given the opportunity to provide further free-text comments as part of the test. All NHS staff within the occupational groups outlined below should be given the opportunity to undertake the test on a quarterly basis.

### What are the questions?

The questions must take the following format:

We would like you to think about your recent experience of working in the organisation.

- How likely are you to recommend this organisation to friends and family if they needed care or treatment?
- How likely are you to recommend this organisation to friends and family as a place to work?

### **What staff?**

All staff employed by NHS trusts providing acute, community, ambulance and mental health services, within the following occupational groups, should be given the opportunity to respond to the survey:

- Allied Health Professionals/Healthcare Scientists/Scientific and Technical
- Medical and Dental
- Ambulance (operational)
- Registered Nurses and Midwives
- Nursing or Healthcare Assistants
- Social Care
- Wider Healthcare Team
- General Management

### **Exclusions**

The purpose of the Friends and Family test for staff is to gather feedback from all those working in an organisation, but it is recognised that this might not be appropriate for some members of staff.

The following staff should therefore not be offered the Friends and Family test:

- those on long term sick leave during the data collection period
- those on maternity leave during the data collection period
- those on secondment during the data collection period
- those on suspension during the data collection period
- Non-Executive Directors
- those on hosted contracts

It is expected that data will to be released from September onwards

### **ELIMINATING MIXED SEX ACCOMMODATION**

There have been no EMSA breaches in BTUH.

With regards to the potential issue that the discharge lounge could be subjected to the EMSA guidelines, there is agreement from BTUH that regular patient surveys will be carried out to assess whether patients feel that their privacy and dignity is breached.

### **NHS CHOICES**

Basildon Hospital scored an overall user rating of 4.5 stars out of 5 based on 164 ratings. The latest reviews were generally positive with one negative comment relating to A&E:

- Maternity Services – 'would definitely choose Basildon and the midwife again'
- A&E – 'I am terribly upset about the whole experience and the attitude of staff. Basildon Hospital has responded with an apology and asked for further information.'
- A&E – 'At every stage I was kept fully informed with respect and care'
- A&E – 'What a fantastic place'
- Post op care Elsdon Ward – The aftercare was respectful, efficient. effective and very very caring'.

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

## **QUALITY ASSURANCE OVERVIEW**

Basildon & Thurrock Hospital remain on special measures although the return Keogh support review recognised how far the Trust had come in a short space of time.

Although some indicators are suggesting more positive outcomes i.e. comments on NHS Choices The scores for friends and family still remain below national average. The Trust needs to improve their ratings through actively promoting this feedback opportunity, particularly in relation to the A&E Department.

## **BARKING, HAVERING & REDBRIDGE TRUST (BHRT)**

### **QUEENS HOSPITAL, ROMFORD**

#### **Care Quality Commission (CQC) Review**

As a result of the CQC's findings from the review undertaken on 14-17 October 2013 at Queens Hospital, BHRT had been put in to special measures.

### **PATIENT SAFETY THERMOMETER**

For January 2014, BHRT had 93.5% no harms which as a decrease on December at 94.5%.

### **NHS CHOICES**

Queens Hospital scored an overall rating of 3.5 stars out of 5 based on 208 ratings and the majority of the current reviews were positive with one negative comment relating to A&E

- Neurology - 'My husband found the queens hospital clean and care was excellent!'
- A&E – ' I am absolutely disgusted by the lack of treatment and care I received'  
There was no response from Queens Hospital at the time of producing this report
- Sunrise B Ward – 'the level of care my father received was far beyond anything we could have hoped for'
- A&E – 'All staff very helpful and friendly'

## **QUALITY ASSURANCE OVERVIEW**

As a result of the CQC's findings BHRT has been put in to special measures by MONITOR taking into account the concerns about A&E capacity and staffing levels. This will be monitored through the Trust's CQRG which is attended by a representative from Basildon & Brentwood CCG.

## **SOUTHEND UNIVERSITY HOSPITAL FOUNDATION TRUST (SUHFT)**

### **INFECTION CONTROL**

#### **MRSA**

There has been one reported MRSA bacteraemia. A post infection review (PIR) investigation is currently being undertaken in accordance with national policy and a full report will be available once this has been completed.

### **LEGIONELLA KPIS**

The CCG IPCT are to meet with the CSU contract support manager to review the KPI's for legionella and will attend future meeting of SUHFT water safety meetings.

### **CLOSTRIDIUM DIFFICILE (C.DIFF)**

NHS Southend CCG is reporting 24 cases of C.Diff against their trajectory of 26.

Southend Hospital has now exceeded its ceiling of 18 cases against their year-end trajectory and have reported 22 cases to date.

Epidemiology reviews for all CDiff cases is due to be held in March 2014.

### **PATIENT SAFETY THERMOMETER**

Southend Hospital achieved 92.2% no harms for January 2014 which was a slight increase on December 2013 at 92.0%.

### **NHS CHOICES:**

SUHFT scored an overall rating of 4 out of 5 stars based on 78 ratings in December.

There were three reviews from patients who visited the hospital in December; two were positive and one was mixed. Southend Hospital had responded to all three reviews.

### **QUALITY ASSURANCE OVERVIEW**

The outcome from the recent CQC visit was positive and the friends and family testing overall for both in-patient and A&E was above the national average. However, the poor response rate for maternity is noted together with the Trust being scored within the 'worse' category for one of the areas on the recent CQC Maternity Survey. This was related to cleaning within the unit. Further quality visits are in the process of being arranged.

## **OTHER CONTRACTS**

### **SOUTH ESSEX PARTNERSHIP TRUST (SEPT)**

#### **PATIENT SAFETY THERMOMETER**

SEPT Overall achieved 93.0% no harms for January 2014 which was an increase on December 2013 at 91.0%

SEPT Mental Health Services achieved 93.0% no harms for January 2014 which was an increase on December 2013 at 91.0%

SEPT Community Services achieved 98.8% no harms for January 2014 which was an increase on December 2013 at 96.4%.

## CARE QUALITY COMMISSION (CQC)

### Annual Report – Mental Health Act

The CQC has published its annual report into the use of the Mental Health Act which provides information about the experiences of patients who received care under the act throughout 2012/13.

Findings were:

- Almost all wards (92 per cent) had access to Independent Mental Health Advocacy (IMHA) services that play a key role in ensuring patients' views and experiences are heard and that they are involved in care planning - this was a big improvement compared to last year.
- In 2012/13, improvements were demonstrated in the way mental health services help or encourage people to draw up advance statements of how they would like to be treated if they have a mental health crisis.
- More than a quarter (27 per cent) of care plans showed no evidence of patient involvement.
- More than a fifth (22 per cent) showed no evidence of patients' views being taken into account.
- There was also no improvement in evidence of patients' rights being explained to them. Over the last two years, no adequate evidence was seen of discussions with patients about their rights in at least one in 10 wards.
- At least some type of blanket rule was in place in more than three quarters of the wards we visited. The most common restrictions related to the use of the internet, mobile phones, smoking and access to outdoor space, communal rooms or bedrooms.
- In 46 per cent of cases we reviewed, the reason given to us for the blanket rules was hospital policy. Other reasons related to historical incidents. In 13 per cent of cases, no-one was able to give a reason.
- Throughout 2012/13, it was found that health-based places of safety for people experiencing a mental health crisis were often not staffed at all times.
- Carers have said they were not always provided with enough information on how to get help in a crisis.

A copy of the full report can be accessed via the following link

<http://www.cqc.org.uk/public/publications/reports/mental-health-act-2012/13>

### Themed Programme – Mental Health Crisis

The Board is advised that the CQC will be carrying out a themed programme exploring the care and outcomes for people experiencing a mental health crisis. During this programme, the CQC will explore three ways that people are likely to receive emergency mental health care. The CQC will look at people who experience a mental health crisis and who:

- go to accident and emergency departments (with a particular focus on people who self-harm).
- require access and support from specialist mental health services.
- are detained under Section 136 of the Mental Health Act (the power that police officers have to detain people, believed to have a mental disorder, in a public place and to take them to a place of safety for assessment).

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These groups were decided following in depth conversations with external experts. The CQC will also

- assess the quality of a service's response to a person experiencing a mental health crisis.
- look at how different organisations and agencies work together to provide an effective response within a local area.
- analyse and inspect the inequalities and outcomes for particular groups of people experiencing a mental health crisis (such as the inequalities experienced by some black and minority ethnic groups).

This themed programme will look at services provided by:

- NHS acute and mental health trusts.
- NHS and independent ambulance providers.
- primary medical services (including GPs)

The CQC will publish:

- a national report highlighting the key findings from the review.
- inspection reports from our sample of nine to 15 services which identify whether individual provider and multi-agency crisis care is safe, effective and responsive to people's needs
- a map of all health-based place of safety locations in England.

Further information can be accessed via the following link

<http://www.cqc.org.uk/public/news/taking-action-improve-mental-health-services>

## **SPIRE, WELLESLEY HOSPITAL.**

### **COMPLAINTS:**

There was one new complaint received from an NHS funded patient between October and December 2013. This has been addressed and an apology letter has been sent to the patient.

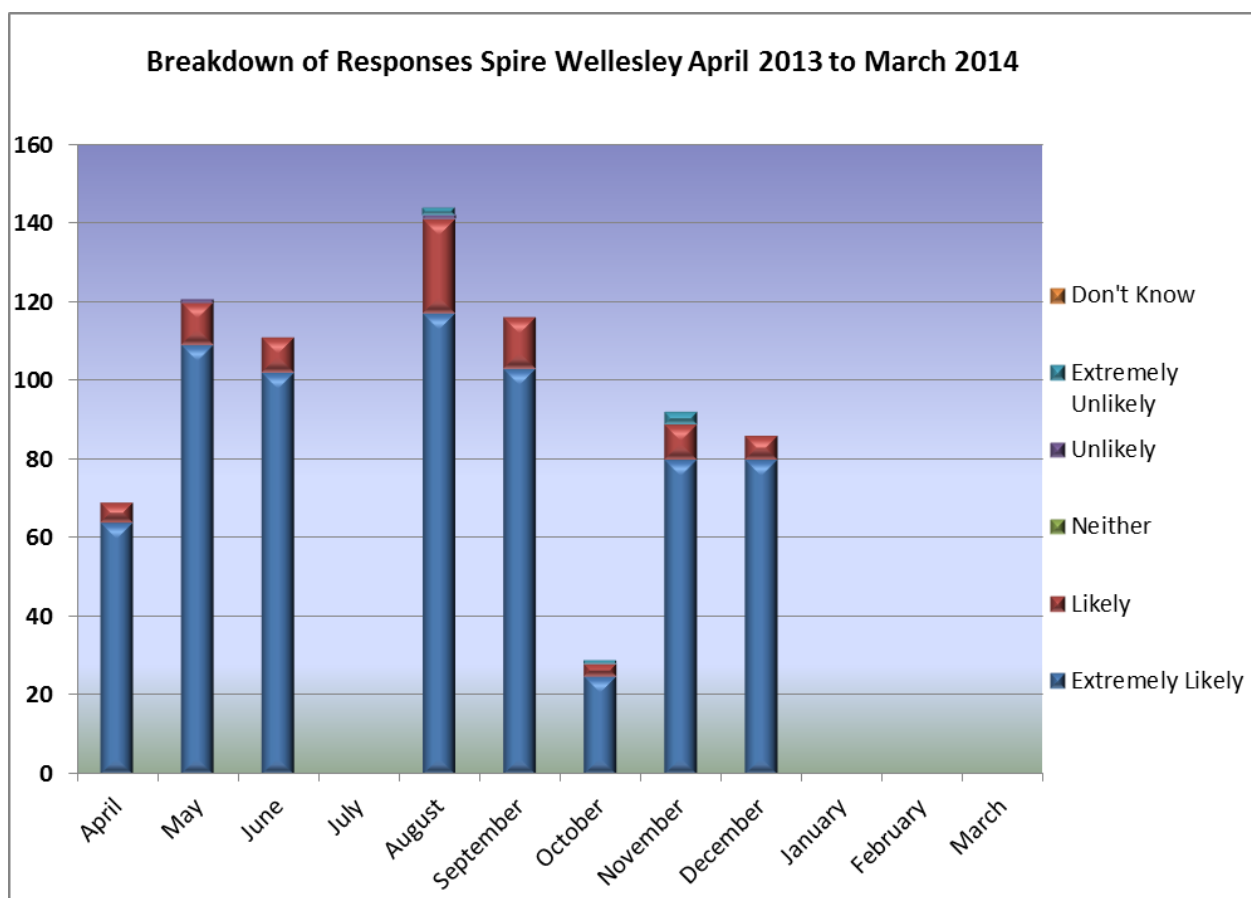
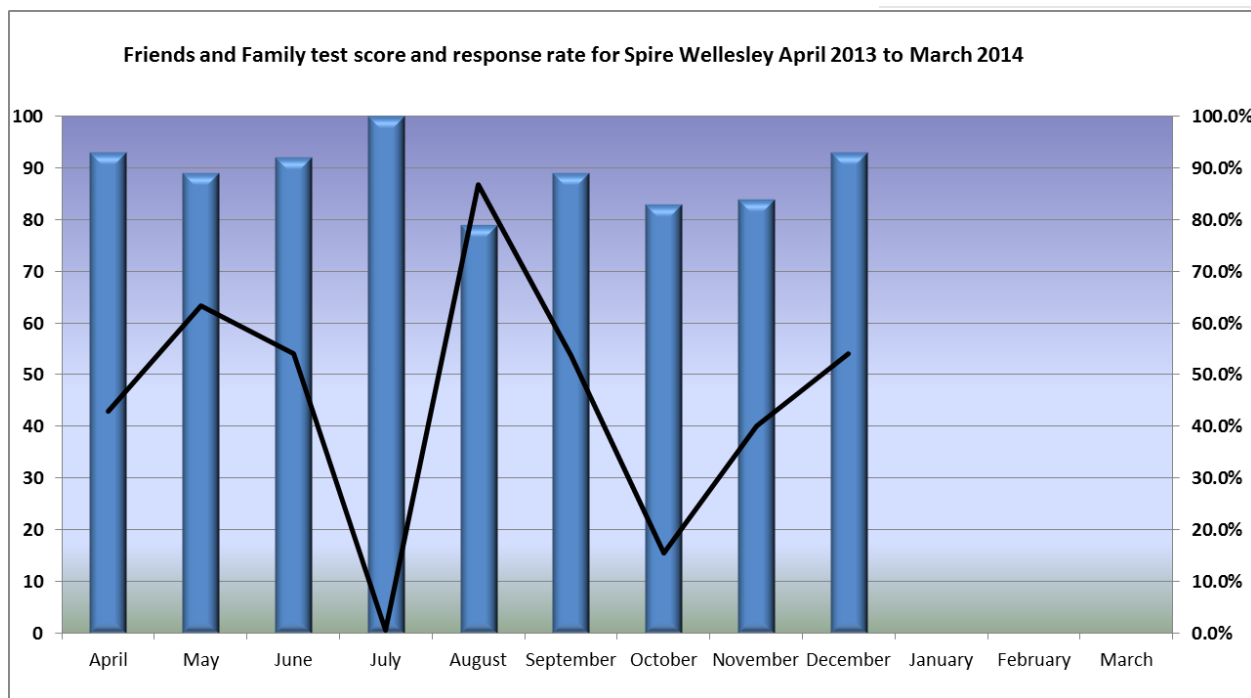
### **FRIENDS & FAMILY**

The in-patient net promoter score for SPIRE Wellesley in December 2013 was 93 with a response rate of 54.9%.

The first chart shows net promoter score and response rates by month.

The second chart shows the breakdown of responses by month.





**ELIMINATING MIXED SEX ACCOMMODATION**

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

There were no breaches reported between October and December 2013.

## **QUALITY ASSURANCE OVERVIEW**

There is limited intelligence available. A quality visit is in the process of being arranged.

### **NHS 111**

A comprehensive report was presented to the Quality & Governance Committee at the last meeting by the lead for NHS 111 and Out of Hours Service.

The service continues to perform consistently well. There is continued daily monitoring and exception reporting to NHS England of key performance targets.

#### **Key issues:**

- To ensure that the quality of the service is sustained call reviews are undertaken on samples of non- conveyed ambulance dispatches where EEAST query the dispatch by the NHS 111 service.
- Daily sitrep reporting is received from the provider which enables the monitoring of activity and performance on a daily basis.
- Initial telephone issues were experienced when North Essex service went live in November 2013. However, there was no adverse impact on the service that the public received and this issue has now been resolved.
- NHS 111 provider is part of the Unplanned Care Forum/Board for south east and south west Essex
- NHS 111 is part of the winter surge planning across south Essex.
- There was a concern relating to Post Event Messaging (PEMs). New revised PEMS have now been issued and this has proven positive.

#### **Self Assessment Questionnaire**

Towards the end of 2013, CPR CCG submitted a self-audit of the clinical governance arrangements for NHS 111. Based on the outcome from this audit NHS England will select sites for a deep-dive review.

#### **Patient Experience**

Patient feedback is sought through completion of a questionnaire. From July- September 2013 a total of 387 questionnaires were sent out. Although the response rate was disappointing at 23.51%, 86% of these responded as either 'fairly satisfied' or 'very satisfied'.

The Board is advised that every negative response is recorded as an incident and investigated to ensure that not only are issues addressed but that learning is shared.

## **QUALITY ASSURANCE OVERVIEW**

NHS 111 continues to perform well and there are robust governance arrangements in place.

## **EAST OF ENGLAND AMBULANCE TRUST (EEAST)**

### **CARE QUALITY COMMISSION (CQC) REVIEW:**

The CQC published their report on East of England Ambulance Service following a routine inspection on 10, 11, 12 and 20 December 2013. The trust met 5 out of 7 standards. The standards not met were Outcome 4 - Care and welfare of people who use services and Outcome 13 – Staffing. The CQC judged that both these standards had a ‘Moderate Impact’.

The report has shown significant improvement for East of England Ambulance Service NHS Trust following an unannounced inspection in December.

They spoke to people who used the service and staff as well as revised information given to them by the provider and local Healthwatch.

Although most patients spoken to were happy with the length of wait for an ambulance, CQC had continued to receive a number of complaints about the length of time they had waited for an ambulance to take them to hospital.

Staff in A&E departments stated that they had good relationships with the ambulance crews, and were positive about verbal and written handover information.

Fire services stated that they often had to wait excessive times for an ambulance to arrive which, on occasion, caused them delays in being able to cut people out of cares following RTA's.

CQC found significant improvements in a number of areas since their last inspection. Staff sickness absence rates had reduced, and performance development reviews had increased considerably. Complaints relating to ambulance delays had decreased as had the number of serious incidents. The trust had consistently met its targets in relation to less urgent calls, and there was evidence to show that long waits for back up vehicles to transport people to hospital in life threatening instances were decreasing in some areas.

Improvement was needed in response times to life threatening 999 calls as well as getting people who had suffered a stroke to a specialist center.

A copy of the full report can be accessed from the CQC: <http://www.cqc.org.uk/>

### **Emergency Services Continuous Survey**

#### **1 April 2012 - 31 March 2013**

This survey aimed to establish patient satisfaction with the Emergency Service (ES) provided by the East of England Ambulance Service NHS Trust (EEAST). A large number of additional comments were received from patients and although some of the comments received were either mixed/neutral or negative the vast majority were once again very positive about the service and staff. Areas for improvement appear to be similar to seen previously (in particular the time taken for the ambulance to arrive, the comfort of the ambulance, the attitude of ambulance service staff and some dissatisfaction with the call handling).

The annual survey is available on the link below:

<http://www.eastamb.nhs.uk/Performance/Patient%20Experience/Patient%20Experience%20Reports%202012%20-%202013/Annual%20Report%20Patient%20Experience%20Surveys%202012-2013.pdf>

## **NHS CHOICES**

EoE Ambulance Service was given an overall rating of 4.5 stars out of 5 based on 24 ratings.

### **Extracts from the latest reviews published on NHS Choices**

- 'From the time I spoke to the emergency operator, the service was excellent'.
- 'the care and attention I received was second to none,'
- 'Both Paramedic and Ambulance crew were amazing, all professional but very comforting.'
- 'I felt I was in very safe hands'

Members are asked to note that the patients who posted these reviews did not indicate which area they accessed the service from.

## **QUALITY ASSURANCE OVERVIEW**

In view of concerns raised previously, members from the Quality Team attend the EEAST Meeting.

## **CARE HOMES**

### **CARE QUALITY COMMISSION (CQC) REVIEWS**

The following reports have been published since the previous meeting.

Outcomes were generally positive with one minor impact relating to Gallimore Lodge, one minor impact relating to Hollyrose House and one moderate impact relating to Emmanuel House.

Copies of the reports can be accessed via the CQC website <http://www.cqc.org.uk/>

#### **Barn & Coach House; Grays**

Outcome 2 – Consent to care and treatment – **Met this standard**

Outcome 4 – Care and welfare of people who use services – **Met this standard**

Outcome 8 – Cleanliness and infection control – **Met this standard**

Outcome 13 – Staffing – **Met this standard**

Outcome 17 – Complaints – **Met this standard**

#### **Belmaine Avenue**

The CQC followed up on its inspection of 9 September 2013 to check that action has been taken to meet the following standard. The CQC did not revisit 18 Belmaine Avenue as part of this review because 18 Belmaine Avenue were able to demonstrate that they were meeting the standards without the need for a visit.

Outcome 11 – Safety, availability and suitability of equipment – **Met this standard**

#### **Gallimore Lodge, Grays**

Outcome 2 – Consent to care and treatment – **Met this standard**

Outcome 4 – Care and welfare of people who use services – **Met this standard**

Outcome 8 – Cleanliness and infection control – **Minor impact**

Outcome 9 – Management of Medicines - **Met this standard**

Outcome 12 – Requirements relating to workers – **Met this standard**

Outcome 13 – Staffing – **Met this standard**

Outcome 17 – Complaints – **Met this standard**

#### **The Homesteads, Stanford-le-Hope**

Outcome 1 – Respecting and involving people who use services – **Met this standard**

Outcome 4 – Care and welfare of people who use services – **Met this standard**

Outcome 5 – Meeting nutritional needs – **Met this standard**

Outcome 7 – Safeguarding people who use services from abuse – **Met this standard**

Outcome 12 – Requirements relating to workers – **Met this standard**

Outcome 17 – Complaints – **Met this standard**

#### **Emmanuel House, Tilbury**

Outcome 2 – Consent to care and treatment – **Met this standard**

Outcome 4 – Care and welfare of people who use services – **Met this standard**

Outcome 6 – Co-operating with other providers – **Met this standard**

Outcome 11 – Safety and suitability of premises – **Moderate Impact**

Outcome 13 – Staffing – **Met this standard**

Outcome 21 – Records – **Moderate impact**

#### **Hollyrose House, Grays**

Outcome 2 – Consent to care and treatment – **Met this standard**

Outcome 4 – Care and welfare of people who use services – **Minor impact**

Outcome 8 – Cleanliness and infection control – **Met this standard**

Outcome 9 – Management of Medicines - **Met this standard**

Outcome 12 – Requirements relating to workers – **Met this standard**

Outcome 13 – Staffing – **Met this standard**

Outcome 14 – Supporting workers – **Met this standard**

Outcome 16 – Assessing and monitoring the quality of service provision – **Met this standard**

Outcome 21 – Records – **Met this standard**

#### **Meesons Lodge, Grays**

Outcome 4 – Care and welfare of people who use services – **Minor impact**

Outcome 8 – Cleanliness and infection control – **Met this standard**

Outcome 13 – Staffing – **Met this standard**

Outcome 14 – Supporting workers – **Met this standard**

Outcome 16 – Assessing and monitoring the quality of service provision – **Met this standard**

#### **117-119 Molland Lane, South Ockendon**

Outcome 2 – Consent to care and treatment – **Met this standard**

Outcome 4 – Care and welfare of people who use services – **Minor impact**

Outcome 9 – Management of Medicines - **Met this standard**

Outcome 12 – Requirements relating to workers – **Met this standard**

Outcome 17 – Complaints – **Met this standard**

#### **Whitehall House, Grays**

Outcome 1 - Respecting and involving people who use services - **Met this standard**

Outcome 4 - Care and welfare of people who use services - **Met this standard**

Outcome 5 - Meeting nutritional needs - **Met this standard**

Outcome 7 - Safeguarding people who use services from abuse - **Met this standard**

Outcome 16 - Assessing and monitoring the quality of service provision – **Met this standard**

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

The CQC website states that the following care homes are under review and outcomes will be reported when published reports are available:

- Avalon, Grays
- Aveley House, South Ockendon
- The Coach House, Grays

## **QUALITY ASSURANCE OVERVIEW**

On receipt of any data or other soft intelligence, the Quality Team will liaise with colleagues in the Continuing Health Care Team, the local authority and the CQC to provide supportive reviews of these facilities.

## **PRIMARY CARE**

### **AREA TEAM FEEDBACK**

### **PRIMARY CARE COMPLAINTS**

It has been agreed that information will be provided on a quarterly basis. The next update is due to be presented at the meeting in March 2014.

## **CARE QUALITY COMMISSION (CQC)**

### **New Approach to Regulating GP Practices and GP Out Of Hours Out of Hours Services**

The CQC have announced that this month they will start inspecting all GP providers of NHS out-of-hours services in England, using their new approach to inspection. In the first three months of 2014, the CQC will inspect 27 out-of-hours providers.

The first four services to be inspected in January are:

- Bedford on Call Limited
- NEMS Community Benefit Services Limited, Nottingham
- South Doc Services Limited, Selly Oak
- **South Essex Emergency Doctors Service**

All GP providers of NHS out-of-hours services will be inspected by June 2014.

The new inspection teams will be led by expert inspectors with clinical input led by GPs. The teams will include an inspector, a GP, a nurse or a practice manager and a trainee GP. They may also include an Expert by Experience – someone who uses a GP practice or has a particular experience of care.

The inspectors will look at how well the service responds to patients' needs and consider the quality of communication between out-of-hours care and other local services, including GP practices, care homes and emergency services.

## **GP Surgeries**

Inspections of GP surgeries has begun and every GP surgery in England will have been inspected and rated by April 2016.

## OTHER QUALITY INDICATORS

### HEALTHCARE ACQUIRED INFECTIONS (HCAIS)

#### MRSA Bacteraemia

Post infection review (PIR) meetings have been completed and final assignment has been agreed, on the three cases which were reported in December.

Month	Attribution and Case	Comments
Dec	Case 5 Contaminant - Final assignment BTUH	Previously reported
Dec	Case 6 Final assignment – Southend CCG	Previously reported
Dec	Case 7 Contaminant – Final assignment BTUH	This was agreed as a contaminant following PIR

Contaminants are finally assigned to the organisation where the blood culture was taken and recorded on the Data Capture System (DSC). We have questioned the PHE on their reporting of contaminants and have been informed that these must continue to be reported as part of the mandatory reporting on the DCS, conflicting with advice given by them previously, advising us that they can be removed following appeal.

We are also currently awaiting the PHE quarterly HCAI report as we have also questioned a contaminant which occurred in April, although final assignment verified by the PIR team was BTUH, it has been reported as assigned to Thurrock CCG.

#### Clostridium difficile

The table below gives a brief summary and progress against action plans of all the Clostridium difficile (CDI) cases for financial year to date

#### BTUH: (Trust apportioned cases)

Month	Root Causes	Lessons Learnt	Action plan Completed/ Review date
<b>DEC 13</b>			
Case 13	<b>Unavoidable:</b> This lady was admitted from home following a fall. She was given appropriate antibiotics during her stay and was also treated for constipation	Nil related to CDI	NA
<b>Jan 14</b>			
Case 14	<b>Awaiting RCA</b>		

### Thurrock CCG Apportioned Cases (Excluding BTUH cases)

Month	Root Causes	Lessons Learnt	Action plan Completed/ Review date
<b>DEC 13</b>			
Case 13	<b>Unavoidable:</b> The RCA completed and returned by GP did not provide enough information to determine the root cause, however following discussion with the acute trust, this patient had a several recent hospital admissions during which she was treated with appropriate antibiotics	Nil	Nil
Case 14	<b>Unavoidable:</b> Appropriate antibiotic therapy prescribed for cellulitis	Nil	NA
<b>Jan 14</b>			
Case 15	<b>Awaiting RCA</b>		
Case 16	<b>Awaiting RCA</b>		

GPs are requested to undertake a RCA for all cases to enable us to understand the contributing factors and help reduce further incidence. We are currently awaiting an epidemiology review of all these cases (meeting due in March). The out of area cases are reviewed when possible, but this is dependent on the organisation where the CDI occurred, as not all Trusts are willing to share this information outside of their organisation.

### ADULT SAFEGUARDING

Safeguarding encompasses six key concepts: empowerment, protection, prevention, proportionate responses, partnership and accountability. Currently within South Essex there are 3 Safeguarding Adults Boards one for each local authority – Southend Essex & Thurrock, subgroups of the boards including an Essex NHS Safeguarding Adults Leads subgroup but an agreed process across the 3 local authorities.

The Safeguarding Adults agenda is not as clear cut as the Safeguarding Children’s agenda due to the differences in the legal status of the process and issues of capacity and consent. The allegations of abuse that are raised are often not easily proven due to issues around lack of documentation or evidence and because of these factors allegations which are raised are often not substantiated or are found to need case management rather than being deemed as abuse.

### Process

The current process followed for the South Essex CCGs links into the SET (Southend, Essex & Thurrock) Safeguarding Adults Guidelines. Essex CC has agreed to forward all the SET SAF 1s – (Safeguarding Adults alerts) and all the SET SAF 4s (Safeguarding Adult case closure) documents to the dedicated safeguarding NHS.NET inbox.



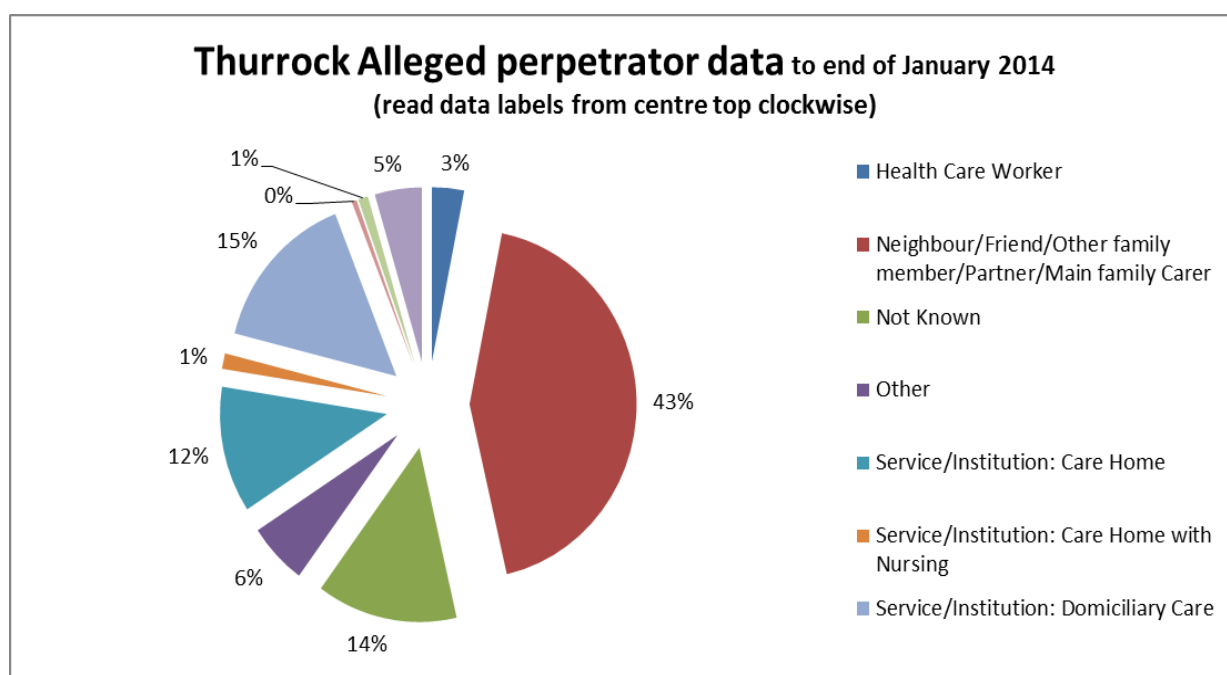
These are logged when they are received and more information sought or action taken when appropriate. Monthly meetings have been set up with Thurrock Council and with Southend Borough Council so that concerns can be discussed.

The SET SAF1 form is only an alert of a concern and until further information is gathered by the allocated social care team they are only allegation. These allegations will be reported in general terms and once the SET SAF 4 is received further detail can be provided as to what the allegation was and what the outcome was. Due to the nature of the process the receipt of the SET SAF4 is always retrospective.

This paper provides information about the number and type of allegations received each month and any outcomes that have been received following investigation.

Where an institutional allegation against a care home has been substantiated an action plan will be developed arising from the concerns. This will be monitored by the Local Authority in conjunction with the Safeguarding Adults Lead to gain assurance relating to the provision of the service. A review of the service usually takes place, where appropriate between 1-6 months following the development of the plan. The outcomes from these visits will be reported to the Committee.

The CCG Adult Safeguarding lead, the Thurrock linked CCG Quality & Patient Safety Manager and Thurrock Council's Safeguarding Adults Manager now have bi-monthly meetings to discuss current Adult Safeguarding concerns.



**Local, Regional and National Reports Update**

**CCG Policy Update**

*Vision Statement: The Health and care experience of the people of Thurrock will be improved as a result of our working effectively together.*

An updated Safeguarding Adults Policy has been circulated to the CCG Chief Nurses to be reviewed. A Prevent Policy is currently being written.

### **South Essex has been awarded funding**

South Essex Partnership Trust has been awarded funding from the home office and is proposing to deploy mental health professionals in Grays, Basildon and Southend custody suites to identify detainees who have recently left custody, who appear to be in need of treatment or support. Assessment information will be shared to enable key decision makers to make informed decisions on diversion, charging and sentencing.

### **Domestic Homicide Review**

A Domestic Homicide Review has been commissioned by Southend CSP as there was involvement by two Southend GPs in the care of the victim and alleged perpetrator. This investigation is currently taking place with the Safeguarding Adult Lead supporting the GPs to write their Individual Management Reviews (IMRs)

### **MCA update and Deprivation of Liberty Safeguards (DoLs)**

Advice remains available around Mental Capacity Act assessments and Deprivation of Liberty safeguards should it be required.

The figures from April 1<sup>st</sup> until end January for Thurrock are:

	Authorised	Not Authorised
Care Homes	4	6
Mental health hospitals	20	13
Acute Hospitals	2	3

### **Prevent**

SEPT reported training 47 members of staff via the HealthWRAP training in January and has made no referrals.

### **National**

#### **Care Quality Commission - Protecting people's human rights when they cannot consent to treatment - 16 January 2014**

CQC have said that they will do more checks on the use of the Deprivation of Liberty Safeguards which aim to protect people's human rights when they lack capacity to make decisions about the health or social care they receive.

It is intended that their checks in this area will become a routine part of their hospital and care home inspections and they intend to work more closely with local authorities to support them in their role as supervisory bodies.