

THURROCK BOARD MEETING PART I
DATE: WEDNESDAY 17 DECEMBER 2014

Title of Report:	QUALITY REPORT
Author:	Quality Support Team
Presented by:	Jane Foster-Taylor, Executive Nurse
Committees previous consulted:	Individual reports are presented to the Quality & Governance Board
Executive Summary:	Members of the Board are invited to: 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.
Recommendation to the Board:	This report identifies the key areas of concern and is to inform the Governing Body of current issues related to Quality of service.
Financial Implications:	No direct financial implications.
Fit with CCG strategy/objectives:	This report supports the CCG strategy/objectives.
Risks identified:	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.
Resource Implications:	No direct resource implications
View of the Patients Carers or the Public and the extent of their involvement:	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.
Evaluation Criteria:	N/A
Evaluation Date:	N/A

THURROCK CCG

SERIOUS INCIDENTS

There is currently 1 active serious incident assigned to Thurrock CCG.

HEALTHCARE ASSOCIATED INFECTIONS (HCAI)
MRSA bacteraemia

There were 3 cases of MRSA bacteraemia assigned to Thurrock CCG to date.

The Governing Body is asked to note that these cases occurred in Basildon Hospital and did not occur in the community. However as the patients were registered to a GP within the Thurrock locality they are also allocated to Thurrock CCG as the responsible CCG

Clostridium difficile

Thurrock CCG have reported 23 cases of Clostridium *difficile* against a year-end total of 22

PROGRESS ON THE RECOMMENDATIONS FROM THE FRANCIS REPORT

Three changes have been made to the Thurrock CCG rating:

- CCG and NHS CB devise enhanced quality standards has been changed from amber to green status.
- GP's to be involved in incident investigation has been changed from amber to green status.
- GP's to be encouraged to be involved in Quality visits, Dr Raja is to lead this agenda and the visit has been booked.

NORTH EAST LONDON FOUNDATION TRUST (NELFT)

SERIOUS INCIDENTS

There are currently **53** active and **2** inactive serious incidents. The CCG has been working closely with NELFT to review all serious incidents; closure has been agreed on **6** incidents since the last report.

HEALTHCARE ACQUIRED INFECTIONS (HCAI)

NELFT have reported zero cases of MRSA or CDI to date.

SAFER STAFFING

Safer Staffing data for October 2014

Ward Name	Day		Night		Percentage of beds occupied
	Average % of registered nurses on shift against planned hours	Average % of care staff on shift against actual hours	Average % of registered nurses on shift against planned hours	Average % of care staff on shift against actual hours	
Alistair Farquharson Centre	85.8%	89.9%	100%	92.5%	81.60%
Mayflower Community Hospital	93.9%	97.2%	98.4%	100%	97.30%

Thorndon Ward	96.3%	95.2%	98.4%	108.1%	76.60%
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Alistair Farquharson Centre

Datix reports were raised for 3 day shifts which had a shortage of a registered nurse as agency did not arrive and one day shift which agency could not cover.

STAFF FRIENDS & FAMILY TEST

Data has now been published for Q1

- 54% of staff would recommend NELFT as a place of work
- 29% of staff would not recommend NELFT as a place of work
- 62% of staff would recommend NELFT for care or treatment
- 15% of staff would not recommend NELFT for care or treatment

PATIENT SAFETY THERMOMETER (PTS)

Comparison between NELFT and SEPT Community Services

In October, NELFT Community Services achieved 96.0% harm free care which was an improvement from 92.8% in September.

For SEPT Community Services this was 92.2% which was the same as the previous month.

Pressure ulcers:

Pressure ulcer prevalence in NELFT decreased from 6.1% in September to 3.7% in October. This was lower than SEPT which showed a slight increase in October to 7.5% compared to 7.2% in September.

Pressure ulcer incidence for NELFT was 0.6% (1 x Grade 2, 2 x Grade 3 and 1 x Grade 4) which was lower than SEPT at 1.6% (4 x Grade 2, 5 a Grade 3 and 4 x Grade 4).

There was also a decrease in reporting of 'old' pressure ulcers in NELFT from 5.6% (31) in September to 3.1% (20) in October.

This was lower than SEPT who also reported slightly less 'old' pressure ulcers in October 5.9% (47) compared to 6.8% (50) in September.

Falls

In October NELFT reported 1.1% (7) of patients with a fall in care which was an increase from the previous month at 0.5% (3) of patients.

This was higher than SEPT who reported 0.1% (1) patients with a fall in care. This is in line with the whole reporting period which has been below 1%.

In NELFT of the 7 patients with a fall, 1 fall was reported with low harm and 6 with no harm. The 1 patient with a fall in SEPT was reported with no harm.

Patients with Catheters and treatment for UTIs

NELFT Community Services reported 3%(18) of patients with catheters in October which was a significant decrease from the previous month at 7% (41). This was lower than SEPT who reported 6% (48) of patients with catheters for the second month in a row.

Clinical Commissioning Group

In October 0.1% (1) patient with a catheter was treated for a urine infection, which was identified as a new infection. This was a decrease from the previous month when 3 patients were treated for new urine infections. No patients were treated for any urine infections in SEPT for the last two months.

Assessment/Treatment for VTE and Appropriate Prophylaxis

In NELFT 12.1% (79) of patients were risk assessed for VTE in October which was an increase from the previous month at 11.9% (66). This was higher than patients assessed in SEPT which was 2.6% (21), in line with the previous 6 months.

In NELFT, 11.7% (76) of patients who were risk assessed for VTE received appropriate prophylaxis which was higher than the previous month at 10.8% (60) of patients.

In SEPT 1.3% (10) of patients who were risk assessed for VTE received appropriate prophylaxis which was a decrease from the previous month at 2.9% (21) of patients. There were no patients treated for a new VTE in October in either of the South Essex Community Services.

NELFT IN-PATIENT AREAS**MAYFLOWER COMMUNITY HOSPITAL (MCH)**

In October, MCH achieved 88.2% harm-free care which was an increase from the previous month at 76.2%.

Pressure Ulcers

Pressure ulcer prevalence decreased from 19.0% in September to 11.8% in October. There were no new pressure ulcers reported in October and this related to 2 'old' pressure ulcers; 1 x Grade 2 and 1 x Grade 3.

Falls

There was also a decrease in the percentage of patients with a fall in care from 9.5% (2) in September to 0% in October. It should be noted that there has only been 1 fall with low harm reported since April 2013.

Patients with Catheters and Treatment of UTIs

There was a decrease in the percentage of patients with catheters in October to 12% from 24% the previous month. The Committee is asked to note that this related to small numbers; 5 in September and 2 in October. No patients with catheters were treated for the whole of the reporting period (from April 2013).

Assessment/Treatment for VTE and Appropriate Prophylaxis

100.0% of patients were risk assessed for VTE in line with the rest of the reporting period and 88.2% received appropriate prophylaxis. This equated to 17 patients being risk assessed and 15 receiving appropriate prophylaxis.

ALISTAIR FARQUHARSON CENTRE (AFC)

In October, AFC achieved 91.1% harm-free care which was an increase from the previous month at 85.7%.

The Governing Body is asked to note that the sample size was incorrect and therefore this month's data is not reflective. This was raised at the last CQRG Meeting and NELFT agreed to check the PST submission.

Pressure Ulcers

Pressure ulcer prevalence decreased from 10.7% (3) in September to 8.9% (4) in October. However, it should be noted that this related to 'old' pressure ulcers.

Falls

AFC reported 4.4% (2) of patients with a fall in care in October, compared to no falls for the previous 6 months. However, it should be noted that both falls were with no harm.

Patient with Catheters and Treatment of UTIs

The percentage of patients with catheters increased to 16% (7) in October compared to 11% (3) in September.

No patient was treated for any urine infection in October, compared to 1 patient with a new infection and 1 with an existing infection the previous month.

Assessment/Treatment of VTE and Appropriate Prophylaxis

95.6% (43) of patients were risk assessed for VTE which was a decrease from the previous month at 100% (28).

88.9% (40) of patients received appropriate prophylaxis in October which was a decrease from the previous month at 92.9% (26). This equates to 28 patients being risk assessed and 26 receiving appropriate prophylaxis.

THORNDON WARD, (BCH)

In October, Thorndon Ward achieved 100% harm-free care which was an increase from the previous month at 92.3%.

Pressure Ulcers

Pressure ulcer prevalence has been remained at 0% for the last two months.

Falls

Thorndon Ward has not reported any falls for the last 5 months.

Patients with Catheters and Treatment of UTIs

There were no patients reported with catheters in October compared to 3 the previous month.

Assessment/Treatment of VTE and Appropriate Prophylaxis

100% of patients were risk assessed for VTE and all 100% received appropriate prophylaxis in October. This was an increase from the previous month when 92.3% received appropriate prophylaxis.

PROGRESS ON THE RECOMMENDATIONS FROM THE FRANCIS REPORT**NELFT**

Six amber status have been changed to green these are:

- Providers to have a robust system to feedback to staff any reports they make.

- Providers should offer complainant support when they meet with trust reps or investigators.
- Providers should assure that healthcare professionals contribute to policy and standard development.
- Providers should have robust leadership programmes in place.
- Providers should comply with DH set of mandatory minimum standards for Healthcare Assistants
- Providers should have robust systems for sharing information with regulators

NELFT have also provided updates (October 2014) to three amber status ratings.

NHS CHOICES

Overall ratings for Brentwood and Thurrock Community Hospitals and Orsett have not changed since the previous report and there were no current reviews for November.

BASILDON & THURROCK UNIVERSITY HOSPITALS FOUNDATION TRUST (BTUH)

SERIOUS INCIDENTS

The Serious Incidents (level 1 & 2) reported by BTUH has reported 70 serious incidents (level 1 and 2) from 8 April 2014 to 18 November 2014 which are currently under investigation (excluding pressure ulcers).

HEALTHCARE ACQUIRED INFECTIONS (HCAI)

MRSA

BTUH has reported 4 cases of MRSA bacteraemias year to date; 2 of these were considered contaminated samples following post infection review and 2 were true bacteraemias.

Clostridium *difficile* Infections (CDI)

BTUH has reported 27 cases to date (28 November 2014) against a year end ceiling of 18.

MONITOR UPDATE

All License conditions have now been removed following the “good” rating from the CQC and removal of special measures. This marks the end of a long period of regulatory scrutiny, which started in November 2009.

KEOGH – MORTALITY REVIEW

The Keogh action plan is now closed, with any residual areas added to other Trust programmes such as the ‘Right Time, Right Place’ for 7 day working.

PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN REPORT

Complaints about acute trusts 2013-14 and Q1, Q2 2014/15

This is the first of a series of regular publications outlining the insight the PHSO has drawn from its complaints data broken down by Trust.

The table below details information for the 3 local acute trusts:

Trust	Complaints made to trust	Enquiries PHSO received	Enquiries PHSO accepted for investigation	Investigations PHSO fully or partially upheld	Total number of clinical incidents recorded by the Trust
BTUH	883	65	11	1	164,110
BHRT	771	119	25	7	257,688
SUHFT	883	43	17	5	185,520

STAFFING – SEPTEMBER AND OCTOBER DATA

The Committee is asked to note that this information was extracted from the paper presented to the Board of Directors on 26 November 2014.

Overall Trust fill rates SEPTEMBER

RN Day	RN Night	HCA Day	HCA Night
88%	92%	113%	130%

OCTOBER

RN Day	RN Night	HCA Day	HCA Night
92%	90%	113%	125%

It is recognised that some wards have a high % of HCA and not a 90% fill rate for RN, however on many occasions these have been filled by staff awaiting their NMC PIN. It is anticipated that this will continue until January 2015. Contact has been made with the NMC in an attempt to expedite these.

FRIENDS & FAMILY

The Governing Body is asked to note that from September 2014 a new measure has been introduced. This is a percentage based purely on how many patients would recommend to family and friends. This data is now used for national benchmarking and not scores as previous.

For note the percentage recommended for the inpatient area has been above 93%. However, for A&E this has been much lower between 69% and 76%.

In-patient	Apr	May	Jun	Jul	Aug	Sep	Oct
1 - Extremely Likely	378	361	611	667	671	729	774
2 - Likely	131	136	186	211	167	224	231
3 - Neither likely nor unlikely	20	17	27	16	17	25	22
4 - Unlikely	7	3	4	4	6	6	7
5 - Extremely unlikely	6	4	5	9	4	5	10
6 - Don't Know	8	10	7	6	4	4	7
Total Responses	550	531	840	913	869	993	1,051
Total No. eligible to respond	2,197	2,242	1,867	1,952	2,106	2,041	2,156
Response Rate	25%	24%	45%	47%	41%	49%	49%

Percentage Recommended	93%	94%	95%	96%	96%	96%	96%
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A&E	Apr	May	Jun	Jul	Aug	Sep	Oct
1 - Extremely Likely	370	441	403	365	406	346	381
2 - Likely	212	165	149	179	155	185	157
3 - Neither likely nor unlikely	56	61	42	58	40	47	52
4 - Unlikely	61	68	33	60	54	42	54
5 - Extremely unlikely	96	119	93	113	93	67	104
6 - Don't Know	18	17	8	19	19	12	14
Total Responses	813	871	728	794	767	699	762
Total No. eligible to respond	5,005	5,374	5,161	5,456	4,663	4,998	4,741
Response Rate	16%	16%	14%	15%	16%	14%	16%
Percentage Recommended	72%	70%	76%	69%	73%	76%	71%

FFT roll out to Outpatients and Day Units

The FFT has been implemented in main outpatient departments at Basildon and Orsett, CTC and fracture clinic. There are also plans to implement this in dermatology and paediatrics in the next few months. FFT has also been implemented in Basildon and Orsett day units and Cardiac catheter Laboratory, Gynaecology Day Unit. Currently feedback is being obtained using paper postcard but a text messaging service is being considered to ensure sufficient response rates are achieved.

Maternity

The Trust's response rates for antenatal and postnatal care in the community continue to be below the threshold to calculate the percentage recommended score. The response rates for both birth and care on postnatal ward decreased in October, by 6% and 2% respectively from the previous month.

The percentage recommended score for birth was 100% the same as the previous month, whereas for care on postnatal ward this decreased from 95% to 93%.

PATIENT SAFETY THERMOMETER

BTUH achieved 100% harm free care in October, which was the same as the previous month.

Pressure Ulcers:

There was an increase in pressure ulcer prevalence from 3.6% (25) in September to 4.9% (33) in October. This was as a result of the reporting of (1.5%) 10 new pressure ulcers (9 x Grade 2 and 1 x Grade 3) compared to 0.3% (2) the previous month. Reporting of 'old' pressure ulcers was 3.4% the same as the previous month.

Falls

There was a significant decrease in the number of falls reported from 3.2% (22) in September to 1.0% (7) in October. Of these 7 falls, 1 was reported with low harm and 6 with no harm.

It was reported at BTUH's Board of Directors Meeting on 26 November 2014, that The Fallsafe initiative was beginning to embed and showing small but significant improvements within the Medical Division. The Falls Prevention Team have been experiencing some pressure to deliver the falls prevention improvement plan, in response a business case was presented to and

approved by the Resource Investment Group in August recommending additional resources to ensure that improvements can be delivered and sustained.

Patients with Catheters and Treatment of UTIs

There was an increase in the number of patients with catheters from 17% (115) in September to 19% (124) in October.

However, there were no patients treated for new urine infections in October compared to 5 the previous month.

VTE Risk Assessment and Appropriate Prophylaxis

There was an increase in the number of patients who were risk assessed for VTE from 92.6% in September to 94.5% in October.

However there was a decrease in the number of patients who received appropriate prophylaxis in October; 633 were risk assessed and 489 received appropriate prophylaxis compared to 634 and 521 respectively.

It was reported at BTUH's Board of Director's Meeting on 26 November 2014 that VTE compliance with appropriate prophylaxis has been maintained above the expected standard of 90% for 9 months until August 2014 when the results fell to 88%. There has been a downward trend in compliance for the previous 4 months and commissioners are determining the reason for the change in trend. Non-compliance relates to both chemical (medication) and mechanical prophylaxis (TEDs).

ELIMINATING MIXED SEX ACCOMMODATION

There were two EMSA breaches in October; both were on the Critical Care Unit and relate to patients being held on the unit in excess of 12 hours after being identified as fit for transfer to another area. The need to move patients from CCU is now included on the site report and being actively managed by the site team. However, these will remain challenging in the winter bed pressure period.

EMERGENCY DEPARTMENT KIOSK SURVEY COMMENTS

Key issues raised in September and October via the A&E survey are patients not being informed about how long they would have to wait and care. These issues should be reviewed by the Division.

PALS

PALS Activity for September & October 2014. There was a slight increase in the number of PALS contacts with 282 recorded in October (263 in September).

PROGRESS ON THE RECOMMENDATIONS FROM THE FRANCIS REPORT

The report for BTUH was shared with the Quality & Governance Committee at the meeting held on 12 December 2014. The Governing body is asked to note that there have not been any further changes since this was last reported.

NHS CHOICES

There were positive reviews for A&E, Cardiac Department and Maternity Services.

BARKING, HAVERING & REDBRIDGE TRUST (BHRT)

HEALTHCARE ACQUIRED INFECTIONS (HCAI)

MRSA

BHRT has reported 2 cases of MRSA bacteraemias year to date.

Clostridium *difficile* Infections (CDI)

BHRT have reported 23 cases to date (30th November 2014) against a year end ceiling of 37.

CARE QUALITY COMMISSION (CQC)

BHRT's Improvement Plan. 'Unlocking our Potential' is a response to the concerns raised by the CQC in December last year. September's monthly progress states that they have delivered 40% of the plan to date

FRIENDS & FAMILY

Information for October was not available at the time this report was prepared. This will be included in the next report.

PATIENT SAFETY THERMOMETER (PTS)

BHRT achieved 100% harm free care in October which was the same as the previous month. The Committee is asked to note that information by ward/team is no longer available and therefore it is not possible to drill down to identify where specific concerns may be.

Pressure ulcer prevalence was 2.3% (26) in October which was an improvement from the previous month at 3.3% (36).

The falls in care for BHRT in October was 2.4% (27) which was above the YTD Median of 1.9%. Of the 27 falls reported there were; 11 x low harm, 6 x medium harm and 5 x severe harm.

ELIMINATING MIXED SEX ACCOMMODATION

BHRT reported 12 EMSA breaches in September 2014.

NHS CHOICES

Queens Hospital

There were positive reviews for Clementine A Ward, Maxillofacial Department and Day Surgery. There was a mixed review from a patient who had ear surgery relating to the waiting time for the follow-up appointment. There was also a negative review regarding the attitude of a gynaecologist.

SOUTH ESSEX PARTNERSHIP FOUNDATION TRUST (SEPT)

MENTAL HEALTH SERVICES

SERIOUS INCIDENTS

NHS Castle Point & Rochford CCG will share SI Reports on a bi-monthly basis in line with their internal reporting process.

STAFF FRIENDS & FAMILY TEST

- 70% of staff would recommend SEPT as a place of work
- 13% of staff would not recommend SEPT as a place of work
- 78% of staff would recommend SEPT for care or treatment
- 8% of staff would not recommend SEPT for care or treatment

PATIENT SAFETY THERMOMETER (PTS)

In October, SEPT Mental Health Services achieved 98.3% harm free care which was the same as the previous month

Pressure ulcers

Pressure ulcer prevalence slightly increased to 1.1% in October from 0% in September.

This related to the reporting of 1 new Grade 2 pressure ulcer at Mountessing Court and 1 'old' Grade 2 pressure ulcer at Gloucester Ward.

Falls

In October, SEPT Mental Health Services reported that 6.7% (12) of patients had a fall in care, which was an increase from the previous month, when this was 3.3% (6) patients

Of those 12 patients 9 (5%) suffered harm:

- 7 x low harm; 1 at Clifton Lodge, 3 at Gloucester Ward and 3 at Meadowview
- 2 x severe harm at Gloucester Ward (potentially raised as SIs)

Patients with Catheters and treatment of UTIs

There was an increase in patients with catheter in October at 3% (5) compared to 1% (2) in September. 1 patient was treated for a new urine infection in October compared to none for the previous 12 months.

Assessment/Treatment for VTE and Appropriate Prophylaxis

In October 86.1% of patients were risk assessed for VTE which was a decrease from the previous month at 100%. No patients were treated for new VTEs for the last 4 months.

In October, 11.1% of patients received appropriate prophylaxis. This equated to 155 being risk assessed and 20 receiving appropriate prophylaxis. This was an increase from the previous month when 155 patients were risk assessed and 7 (3.9%) received appropriate prophylaxis

CARE QUALITY COMMISSION (CQC)**Priority bands published for trusts that provide mental health services**

The CQC have placed each Trust into a priority band from 1 (highest perceived concern) to 4 (lowest perceived concern). This was based on an analysis of a number of indicators to identify one of the following levels for each Trust:

- 'no evidence of risk'
- 'risk'
- 'elevated risk'

SEPT has been given a Band 2.

Further information including a comprehensive list of the indicators can be accessed from the CQC website.

CARE HOMES**CARE QUALITY COMMISSION REVIEWS**

There have not been any further reports published since the previous meeting and the Quality Team are not aware of any care homes in the Thurrock area which are under review by the CQC at the time of preparing this report.

EAST OF ENGLAND AMBULANCE SERVICES NHS TRUST (EEAST)**SERIOUS INCIDENTS**

There are currently **5** active SIs for the EEAST relating to NHS Thurrock CCG and there are **no** new SIs reported for this reporting period

EMERGENCY SERVICES CONTINUOUS PATIENT SURVEY

Outcomes from the survey from August 2014 were provided in detail to the Quality & Governance Committee at the meeting held on 12 December 2014.

For note the South East (which includes the Thurrock area) scored 100% (very satisfactory) for the service they received and 100% (extremely likely) to recommend the service to a friend or relative.

SPIRE WELLESLEY HOSPITAL**FRIENDS & FAMILY**

In September (latest information available) SPIRE Wellesley had a response rate of 33.7% and a net promoter score of 100, based on 59 responses.

PATIENT SAFETY THERMOMETER

In October, SPIRE Wellesley achieved 100% harm-free care in line with the previous months. The Committee is asked to note that this data is based on very low numbers and for October this was 4 patients.

There were no reported pressure ulcers, falls or patients with catheters. All 5 patients were risk assessed for VTE and received appropriate prophylaxis.

NHS CHOICES

SPIRE Wellesley had an overall rating of 3 stars out of 5 at the beginning of December 2014, based on 5 ratings. This rating had not changed since the previous report and there were no current reviews.

SPIRE HARTSWOOD**FRIENDS & FAMILY**

In September, (latest information available) SPIRE Hartswood had a response rate of 48.6% and a net promoter score of 100, based on 52 responses.

PATIENT SAFETY THERMOMETER

For October, SPIRE Hartswood achieved 100% harm-free care in line with the previous months. The Committee is asked to note that this data is based on very low numbers and for October this was 10 patients.

There were no reported pressure ulcers, falls or patients with catheters. 4 patients were risk assessed for VTE and all 4 received appropriate prophylaxis.

NHS CHOICES

SPIRE Hartswood had an overall rating of 5 stars out of 5 at the beginning of December 2014, based on 6 ratings. This rating had not changed since the previous report and there were no current reviews.

ESSEX NUFFIELD**FRIENDS & FAMILY**

In September, (latest information available) Essex Nuffield had a response rate of 33.7% and a net promoter score of 100, based on 15 responses.

PATIENT SAFETY THERMOMETER

For September, Essex Nuffield achieved 100% harm-free care in line with the previous months. The Committee is asked to note that this data is based on very low numbers and for October this was 10 patients.

There were no reported pressure ulcers, falls or patients with catheters. All 10 patients were risk assessed for VTE and received appropriate prophylaxis.

NHS CHOICES

Essex Nuffield had an overall rating of 5 stars out of 5 at the beginning of December 2014, based on 2 ratings. This rating had not changed since the previous report and there were no current reviews.

SOUTHEND UNIVERSITY HOSPITAL FOUNDATION TRUST (SUHFT)**CARE QUALITY COMMISSION (CQC)**

The report has now been published following the unannounced inspection undertaken on 7 August 2014. Whilst CQC noted some good practice there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Improve its cleaning schedule within the A&E department.
- Improve the security and storage of medicines within the A&E department.
- Increase the number of permanent trained nurses, paediatric nurses and consultants within the A&E department.

In addition the trust should:

- Take prompt action to ensure that the children's A&E department is in line with national guidance.
- Review working with the psychiatric liaison services to improve the care provided to patients within the department.

- Ensure that there are robust systems in place for checking stock to ensure it is in date and safe to use within the A&E department.
- Review the management and directorate structure which supports A&E to improve clinical excellence.
- Improve on the overall achievement rate of doctors attending mandatory training.
- Ensure that all doctors within the A&E department have received children's safeguarding level 3 training.
- Review the process for equipment reported as faulty within the service, ensuring it is repaired or replaced in a timely manner

CQC judgement was that essential standards of quality and safety were not being met were:

- Outcome 8 – Cleanliness and Infection Control
- Outcome 9 – Management of medicines
- Outcome 13 - Staffing

The Trust undertook a CQC style quality monitoring exercise week commencing 24 November where Trust staff, CCG staff, including the CCG Secondary Care Consultant, and external experts were involved in visits to services within the Trust

SERIOUS INCIDENTS

7 SIs were received during November 2014 which relate to Southend University Hospital NHS Foundation Trust (SUHFT).

HEALTHCARE ACQUIRED INFECTIONS

MRSA

1 case of MRSA bacteraemia was assigned to Southend CCG in September as the patient was registered to a Southend GP.

FRIENDS & FAMILY

In-patient

For September and October the response rates were 37% and 35% respectively. There was an increase in the percentage of patients who would recommend the Trust in October from 89.8% in September to 91% and a slight decrease for A&E from 85.8% to 84.9% respectively.

A&E

For September and October the response rate was 13%. There was a decrease in the percentage of patients who would recommend the Trust in October from 85.8% to 84.9% respectively.

Maternity

Whilst the percentage of patients that would recommend the Trust for all four 'touch point's has been above 92% this is based on small numbers of responders.

The response rate for all touch points has generally been below 20%. For particular note, there have been instances with regard to touch point 4 (post natal community provision) when the response rate has been 1% and below.

Staff Friends & Family (Staff FFT) – based on 439 responses

- 54% of staff would recommend SUHFT as a place of work
- 30% of staff would not recommend SUHFT as a place of work
- 74% of staff would recommend SUHFT for care or treatment
- 10% of staff would not recommend SUHFT for care or treatment

PATIENT SAFETY THERMOMETER

In October, SUHFT achieved 91.2% harm free care which was a slight improvement on the previous month at 90.3%.

Pressure ulcers:

Pressure ulcer prevalence decreased from 7.8% in September to 5.0% in October.

This was primarily due to an decrease in 'old' pressure ulcers from 7.2% (37) in September to 4.6% (23) in October.

SUHFT reported 2 new Grade 2 pressure ulcers in October (0.4%) September (0.6%) which was a slight decrease from the previous month when 3 new Grade 2 pressure ulcers were reported (0.6%)

For note is that new pressure ulcer incidence has been below 1.3% for the whole of the reporting period.

Falls:

In October there was a significant rise in the percentage of patients with a fall in care at 3% (15 falls) compared to 0.8% (4 falls) in September.

Of these 15 falls; there was 1 with severe harm, 2 with medium harm, 5 with low harm and 7 with no harm, compared to 1 with low harm and 3 with no harm the previous month.

Patients with Catheter and Treatment of UTIs:

In October ,SUHFT reported that 21% (105) of its patients had a catheter which in line with the previous month 22% (113).

5 patients (1%) were treated for a new urine infection in October which was in line with the previous month when this was 6 (1.2%). 9 (2.8%) of patients were also treated for an existing urine infection in October which was also in line with the previous month when this was 26 (2.3%)

VTE assessment/treatment and Appropriate Prophylaxis

In October, 99.4% of patients (excluding paediatrics) were risk assessed for VTE which was a slight decrease from the previous month at 99.6%. 2 patients were treated for new VTEs in October which were identified as 1 DVT and 1 pulmonary embolism, which was in line with the previous month when 2 patients were treated for DVTs.

In October 85.6% of patients received appropriate prophylaxis which equated to 476 being risk assessed and 410 receiving appropriate prophylaxis. This was a decrease from the previous month when 492 (99.6%) of patients were risk assessed and 440 (85.6%) received appropriate prophylaxis.

ADULT SAFEGUARDING**Local, Regional and National Reports Update Training**

A training session was provided by NHS England and the CCG Safeguarding Adults lead relating to the Mental Capacity Act which was well attended and well received.

DoLS

The Adults Safeguarding lead arranged for a workshop to be held to support the development of action plans for the CCGs in October. This legal advice was to identify the potential risks which could impact the CCG following the Supreme Court judgement (Cheshire West) on the Deprivation of Liberty Safeguards agenda. The ruling identifies that anyone whose care is funded by the NHS, in an environment outside a hospital or care home environment who does not have the capacity to be involved in the decisions around that care and the location of the care if they meet the "acid test" will require an application to the Court of protection.

The Supreme Court confirmed that to determine whether a person is objectively deprived of their liberty there are two key questions to ask, which they describe as the 'acid test':

- (1) Is the person subject to continuous supervision and control? AND
- (2) Is the person free to leave? (The person may not be saying this or acting on it but the issue is about how staff would react if the person did try to leave).

The CCG will monitor care provision through contractual obligations for those people whose care is funded by the NHS outside hospital or care home environments. This will include any reviews to ensure that the care packages are suitable to their requirements and where necessary develop systems to ensure that applications for DOLs are progressed.

Following the Supreme Court Judgement local authorities have seen an increase in applications from care home providers. Assurances are being sought through the Safeguarding adult network meetings to ensure that those patients in hospitals are being monitored, assessed and where appropriate DOLs applications are made.

CCG Policy Update

Work is being undertaken to finalise a Domestic Abuse Policy for CCG staff.

Serious Case Review

A Serious Case review for a case within the South Essex locality is being undertaken.

Prevent

The Prevent training planned for the Southend & Castle Point & Rochford CCG area was postponed as new training resources have been published and the requirement to update the Adult Safeguarding lead on these new developments prior to sharing with the wider audience.

National Deprivation of Liberty Safeguards Conference

In October the Safeguarding Adults Lead representing the 3 CCGs presented at a National conference in London on the Supreme Court's Judgement and the implications for CCGs. This was well attended and received very favourable feedback.

Community Safety Partnership strategic assessment workshop

The CCG Safeguarding Adults lead attended this workshop which aimed to engage partners to develop priority streams of work for the Community Safety Partnership particularly around hidden harm.

Discussion took place around:

- Sexual exploitation including sexual health – how much information is available for staff
- People with Learning Disabilities and sexual exploitation (plus any vulnerable person and sexual exploitation)
- Legal highs such as new psychoactive drugs, further information is included within the link below.
<http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Policy/BusinessAsUsual.pdf>
- Human Trafficking / modern slavery and the need for health professionals to have greater awareness so that they are able to identify and escalate concerns.
- Female Genital Mutilation, is illegal and any cases should be reported through the safeguarding and organisation governance routes.
- Hate crime. This is linked to the Prevent agenda and radicalisation as this is a key area for work.

This was a useful opportunity and further sessions should be considered to share this information to the wider audience in order the future actions can be agreed and owned by the members of the Safeguarding Adults Board and partners.

Care Act Guidance

On the 24th October the Guidance which sits alongside the Care Act was published.

A summary of the key points from the Safeguarding Section (14) was provided to the Quality & Governance Committee at the meeting held on 12 December 2014.

RECOMMENDATION

The Governing Body is asked to note the contents of this Quality Report.