

ANNUAL QUALITY UPDATE APRIL 2013 – APRIL 2014 WORK STREAMS

The purpose of the regular Quality Reports that are submitted to the Board is to provide assurance on the quality of service provision for the population of Thurrock CCG.

The data is reviewed and triangulated to develop intelligence on the quality of the services which is used to inform and identify areas of concern which require further scrutiny.

THE ROLE OF THE QUALITY TEAM

The team was established during the closing months of the Primary Care Trusts. However, with new appointments and resignations as career development opportunities arose there was a review of the team structure in early April 2013.

The vacancy factor allowed for a nurse to be appointed and aligned to each CCG, the purpose of this was to provide direct support for the Executive Nurse who would also have access to the rest of the team.

The decision was made to appoint a nurse with clinical knowledge and skills to support the community agendas for Thurrock CCG and this has proved to be most beneficial in the monitoring of the provider services. The following areas are included within the portfolio:

- End of Life Care
- COPD
- Review of Serious Incident Reports to inform improved performance and lessons learnt
- Supporting the education and training sessions at the Time to Learn
- Lead on quality visit agendas
- Monitoring of action plans following events and visits
- Clinical support to Local Authority for Care homes
- Investigation of patient experience concerns
- Pathway redesign and procurement
- Support commissioners with a clinical understanding of proposed service models, including ongoing performance management and investigations where appropriate

The team vacancies had been filled by early September. However by the end of the month Basildon Brentwood CCG had chosen to give notice to the hosted arrangements. This contributed to an unsettling period and the team portfolios undergoing a further review to ensure all functions were covered whilst remaining within the funding envelope.

The team are responsible for the production of many of the reports presented to the Quality & Governance Committee

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

PATIENT EXPERIENCE

The Quality & Governance Committee receive a monthly report on areas of patient experience relating to commissioned and other services for the population of Thurrock.

The standard of the Patient Experience reports to both the Quality and Governance committee meetings and the Governing Body has evolved throughout the year. These reports provide extensive in depth information on themes and trends from provider services based on intelligence from Friends and Family testing, NHS Choices, Patient Safety Thermometer, complaints feedback from the area teams and details of Care Quality Commission reports. This in depth information is used to determine areas for monitoring and assessment during quality visits. Other reports provide data relating to serious incidents and infection control concerns and performance against the trajectories.

MONITORING QUALITY, SAFETY AND SUITABILITY OF PROVIDER SERVICES

There is robust monitoring of Provider services through quality visits by the team and the Clinical Quality Review Group Meetings which includes compliance with trajectories, key performance indicators and CQUINS.

The Quality Team review national reports for themes and trends and use this soft intelligence as background information as part of the quality visit agenda.

It is key that there is learning from investigations which could arise from complaints, incidents or infection control concerns. The Quality Team continue to seek assurances that this learning is embedded and practices amended should this be identified as part of the recommendations.

NORTH EAST LONDON FOUNDATION TRUST (NELFT) COMMUNITY SERVICES

There is a Quality & Patient Safety Manager aligned to the CCG to support the Executive Nurse in the monitoring of the commissioned community services through NELFT.

This was undertaken through a series of scheduled quality visits across all services and patient pathways. There was additional monitoring of quality and performance through the CQRG Meetings.

The Quality & Governance Committee was provided with outcomes from the visits and latterly with the full reports and action plans to optimise the quality of service delivery.

The Executive Nurse was proactively involved in the contract negotiations including the establishment of Clinical Quality Indicators (CQUINS) and Key Performance Indicators (KPIs).

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

The following areas have been subject to review in 2013/14:

- Admission Avoidance (based at Basildon Hospital)
- Alistair Farquharson Centre (based at Thurrock Community Hospital)
- Day Hospital (based at Brentwood Community Hospital)
- Primary Care Treatment Centre (based at Brentwood Community Hospital)
- Integrated Community Team (based at Phoenix Court)
- Falls Clinic (based at Brentwood Community Hospital)
- Integrated Community Team (based at Brentwood Community Hospital)
- Integrated Community Team (based at Corringham Health Centre)
- John Tallack Centre (based at Thurrock Community Hospital)
- Mayflower Community Hospital
- Orsett Hospital
- DESMOND Education Session
- MacMillan Team (based at Thurrock Community Hospital)
- Physiotherapy Department (based at Orsett Hospital)
- Speech & Language Service (based at Orsett Hospital)
- Diabetes Service (based at Craylands Clinic)
- Tissue Viability Team (based at Brentwood Community Hospital)

Examples of some of the areas of concern highlighted and discussed following visits:

Infection Control:

- correct disposal of waste in the correct colour bins
- all staff to be made aware of where spillage kits are kept and that they are in date
- any damaged furniture should be removed
- staff to be compliant with bare below elbows policy
- store cupboards should be de-cluttered and all out of date stock removed
- staff uniforms to be washed at 60° wash
- sharps bins to be signed
- drugs fridge to be checked and signed every day
- wall mounted dispensers for alcohol gel

Care and treatment:

- assessments not identifying all patient needs
- OT risk assessments to be undertaken to identify alternative pressure relieving equipment solutions when required

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

Staffing:

- staff concerns relating to the capacity of the team at the present time to manage the work-load.
- role of the Community Matron going forward once integrated within the team.
- a register of clinical supervision attendance to be maintained

Staff Training:

- new members of staff being able to access corporate induction
- To ensure staff are given access to relevant training i.e. MCA training

Estates:

- ensure there are enough alternative chairs to suit varying patient needs
- office space and lack of storage facilities
- signage and posters need to be updated and directions to various locations could be more clearly designed.
- design of the stair case at Speech and Language Services to be escalated to BTUH estates to confirm appropriates of design

Documentation

- compliance with the Record Keeping Policy with regard to correcting documentation
- review of care plans and Waterlow assessment out of date
- double input of notes e.g. paper version then being entered onto SystemOne
- ensure patient consent is completed
- PID not to be left in car
- to use a key when using the intentional rounding tool to ensure recognised symbols being used
- to document instances where patients who are at risk of developing pressure ulcers are not turned during the night due to patient choice and reflect in care plan
- ensure all NEWS scores were added up.
- ensure pressure ulcer risk assessments undertaken

Patient Experience

- Incident relating to limited choice of food
- patients or their relatives to have details of who to contact in case of any concerns
- to ensure that surveys carried out can be reported back to NELFT (there was an issue with outcomes from 5x5 survey not being able to be inputted on the system)
- to continue plans to develop a service leaflet ,raising awareness of the benefits of the falls clinic.
- one attendee stated that he had applied 2 months previously for the DESMOND course and had not been able to access information regarding nutrition prior to starting the course.

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

BASILDON & THURROCK UNIVERSITY HOSPITAL FOUNDATION TRUST (BTUH)

Following the Keogh Report, Basildon & Brentwood CCG worked closely with its partner CCGs, MONITOR and the Trust to undertake weekly unannounced Quality visits totalling over 40 visits during 2013/14. Throughout the year until December 2013, the format was based on the 16 essential standards. In January 2014, the Quality Team visit model changed to reflect the CQC's new process for monitoring quality in hospitals relating to five key questions – are they safe, effective, caring, responsive and well led.

A thematic overview of the 2013/14 BTUH visits has been conducted enabling the Quality Team to identify the main themes around good practice as well as any areas for improvement.

There were three predominant themes around good practice; patients as well as relatives felt involved in their care, the environment was clean tidy and calm and the staff were friendly.

The main areas identified for improvement related to record keeping, cluttered ward areas and general estate issues.

Outcomes were shared with BTUH Senior Managers at the time of the visit and followed up by a comprehensive report. Any areas of concern are addressed through the CQRG Meetings.

By the end of the 2013/14 financial year the position had improved and a final Keogh review was expected. The purpose of which was to review the Trust's 'special measures' status.

SEPT MENTAL HEALTH SERVICES

In general there have been no significant concerns reported in relation to the service provision. There have been positive quality visits undertaken by the Quality Team.

CAMHS

There is continued monitoring of the CAMHS Service provision. This is to ensure improving standards are achieved and maintained. This monitoring is undertaken through the CQRG Meetings, quality visits which is led by Castle Point & Rochford CCG.

NHS 111/OUT OF HOURS SERVICES

These services are commissioned through CPR CCG, the roll out of the NHS111 service, managed through the IC24 contract, has been positive and continue to perform well when compared to other service providers nationally.

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

EAST OF ENGLAND AMBULANCE SERVICE (EEAST)

During the year the Executive Nurse was invited to attend monthly and quarterly quality meetings to seek assurances on the quality of service and that the lead commissioner was undertaking stringent monitoring. The Head of Quality and Patient Safety has been attending the EEAST quality meeting to represent the 4 South Essex CCGs, from November 2013 to March 2014. From August 2014 has also been invited to attend the contract meeting, this enables quality and patient safety to be considered in all aspects of the quality and contract meetings.

SAFEGUARDING ADULTS

A regular report is presented to the Quality & Governance Committee to provide updates on the work being undertaken in relation to Safeguarding Adults, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

It seeks to provide assurance that the organisation is compliant with requirements and standard expectations.

The Safeguarding Adults agenda is not always clear cut 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.

The CCG Adult Safeguarding lead has regular meetings to discuss current Adult Safeguarding concerns with the local authority. There is also CCG representation at the Adult Safeguarding Board Meetings.

Going forward into 2014/15, the changes in the legislation relating to requirements for Deprivation of Liberty Safeguards will present a risk to the local authority's ability to fulfil these requirements.

CARE HOMES

The quality of services in Care Homes was monitored in collaboration with the local authority and CQC when concerns or other soft intelligence had been received.

A series of quality visits have been conducted during 2013/14 by the Quality Team and local authority which included:

- Bluebell Court, Grays
- Coach House,
- Grapecroft
- Ladyville Lodge
- 295 Long Lane Grays

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

QUALITY SURVEILLANCE GROUP (QSG)

This established meeting enables the Executive Nurse to network and share intelligence with leads from the CCGs across Essex, the Area team, Local Authorities, the Deanery and Regulators. The purpose is to share concerns and provide assurances on provider performance.

Each CCG has the opportunity to discuss these high level issues and guidance on future management is offered.

PROCUREMENT AND QUALITY IMPROVEMENT PLANS

The CCG has actively included the quality team in these processes. The next step will be to ensure that the whole cycle of the plans and processes incorporate quality and environmental reviews.

A Quality Impact Assessment (QIA) tool has been developed to assess QIPP Plans. This tool was used to establish a quality assurance baseline from the information contained within the initial Work Book Proposals.

The Quality Support Team ensures that QIPP plans are being baseline assessed for assurance that essential quality elements are evidenced within them using the agreed tool.

HEALTHCARE ACQUIRED INFECTIONS

A full annual report for the Infection, Prevention and Control agenda has been produced detailing incident rates and outcome of investigations for the locality.

This is appended to this report at Appendix 1.

SERIOUS INCIDENTS

The serious incident lead meets with provider services on a monthly basis to monitor compliance with reporting and to share the outcomes from investigations and provide assurance to the Executive Nurse.

A full annual report of serious incidents is appended to this report at Appendix 2

NICE

Bi-annual reports were presented to the Quality & Governance Committee for information and monitoring of new guidance and quality standards. Aspects of this were also included within the Medicines Management Report.

LETB

A report to the Quality & Governance Committee detailed the role of Health Education England (HEE) which is to provide leadership and ensure greater transparency in the investment employers make in their workforce.

HEE also have scope to allocate a limited amount of central funding for LETBs to invest in Continuing Professional Development (CPD) to support

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

innovation and in developing the wider healthcare team, particularly those employed at Agenda for Change bands 1-4 in the NHS and equivalent staff employed as part of primary care teams in general practice, community pharmacy and other community based employers.

Health Education England is responsible for developing and managing a robust system of authorisation for the local education and training boards (LETBs).

RESEARCH

A report was produced to advise the Quality & Governance Committee of the changes to the research networks.

Clinical Local Research Network (CLRN)

These locally based Research Networks coordinate and facilitate the conduct of clinical research and provide a wide range of support to the local research community. South Essex initially came under the Essex & Herts CLRN. These networks will be amalgamated into 15 CLRNs and South Essex will be hosted by Barts & The London (which will be known as CRN: North Thames), who will hold the budget from April 2014 and produce newsletters to update members.

RECOMMENDATIONS FROM NATIONAL REPORTS

The Final Report of the findings of the public inquiry into Mid Staffordshire NHS Foundation Trust was published on 6th February 2013. The report has major implications for all those involved in delivering and commissioning patient care or regulating the NHS.

Robert Francis QC, has recommended that all NHS organisations should explicitly consider and respond to the recommendations of the Public Enquiry. The report made a total of 290 recommendations and concluded:

'It is clear that not just the Trust's Board but the system as a whole failed in its most essential duty – to protect patients from unacceptable risks of harm and from unacceptable, and in some cases inhumane treatment that should never be tolerated in any hospital'. Robert Francis, QC Feb 2013

This was the first in the series of quality reviews and recommendations were also included in the reports by Berwick, Keogh and Richards.

The provider organisations are monitored against these recommendations through the CQRGs.