

THURROCK GOVERNING BODY MEETING PART I

DATE: WEDNESDAY 22 APRIL 2015

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| 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 Governing Body are invited to: 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 Committee: | 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 are currently **3** active Serious Incidents

| NPSA Category | Number of Incidents |
|---|---------------------|
| Clinical Assessment | 1 |
| Medication | 1 |
| Consent, Communication, Confidentiality | 1 |
| TOTAL | 3 |

HEALTHCARE ACQUIRED INFECTIONS (HCAI)

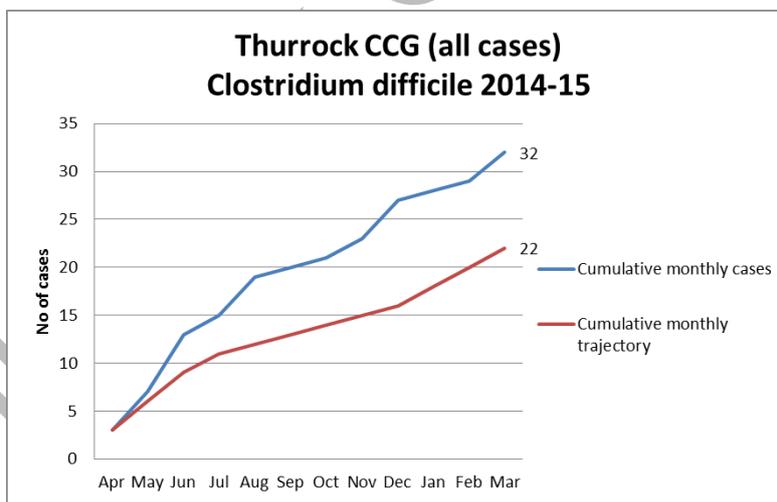
MRSA

There were no cases of MRSA assigned to Thurrock CCG during this reporting period (28 February-30 March 2015).

A zero tolerance for MRSA bacteraemia remains in situ for 2015-2016

Clostridium Difficile (CDiff)

There have been 32 cases attributable to the CCG (as of 30 March 2015) against a year end ceiling of 22 cases. 22 of these were community on-set cases
The trajectory for CDiff for 2015-16 for the CCG is 29.



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| NORTH EAST LONDON FOUNDATION TRUST (NELFT) COMMUNITY SERVICES FOR SOUTH WEST ESSEX |
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SERIOUS INCIDENTS

There are currently **50** active and **1** inactive Serious Incidents. The CCG has been working closely with NELFT to review all serious incidents; closure has been agreed on **19** incidents and **3** withdrawals since the last report

The following table gives the details of the **8** new incidents reported since the last report.

| New SIs 2 March 2015 – 18 March 2015 | |
|---|----------------------------|
| NPSA Category | Number of Incidents |
| Unexpected Death | 1 |
| Implementation of care & on-going monitoring/review (Pressure ulcers) | 7 |
| TOTAL | 8 |

HEALTHCARE ACQUIRED INFECTIONS (HCAI)
MRSA

NELFT Essex Localities has not reported any cases of MRSA.

CDiff

Year-end figures, trends and themes for community onset cases will be provided in the next paper.

SAFER STAFFING

In February, out of around 2100 shifts, 11 were reported on datix under the category 'adverse events that affect staffing levels'. Of the 11 incidents reported none were for the Essex community hospitals compared to 6 the previous month. The severity of all of these incidents was rated as 'no harm'.

With regard to the Alistair Farquharson Centre, the safe staffing level for February was based on the reduced bed numbers; however, where possible the full staffing quota was maintained to allow quality improvement initiatives to be progressed.

PATIENT SAFETY THERMOMETER (PST) DATA

Concerns have been raised with regard to the quality of the data received. This has been raised at the CQRG Meeting with NELFT and is in the process of being reviewed.

NHS CHOICES

There were two negative reviews for Orsett Hospital; relating to the waiting times for the Minor Injury Unit and the eye clinic.

BASILDON & THURROCK UNIVERSITY HOSPITALS FOUNDATION TRUST (BTUH)
MONITOR ENFORCEMENT UNDERTAKINGS

On 24 February 2015, Monitor agreed Enforcement Undertakings with the Trust to help secure improvement in response to finance and governance concerns. These were subsequently published on 27 February 2015. As set out in the Enforcement Undertakings, the Trust must take action to:

- deliver its services on a sustainable basis;
- diagnose and address failings in its financial governance;
- comply with any terms and conditions attached to interim support financing or planned term support financing provided by the Secretary of State; and
- regularly report to Monitor on its progress in meeting the undertakings set out above.

A link to a copy of the signed enforcement undertakings is available on our website on the link below:

<https://www.gov.uk/government/groups/basildon-and-thurrock-university-hospitals-nhs-foundation-trust>

CARE QUALITY COMMISSION (CQC) COMPLIANCE

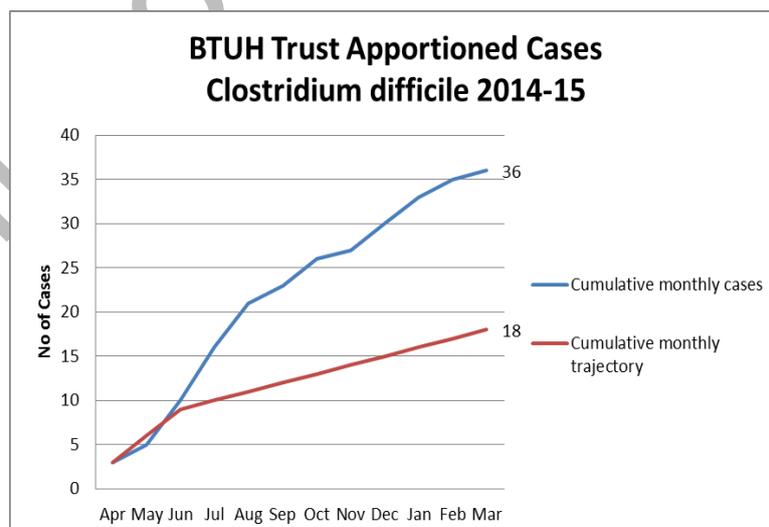
The CQC returned to the Trust during the week commencing 16 March to undertake a two day review of compliance with actions in particular relating to medicines management. The published report is awaited.

HEALTHCARE ACQUIRED INFECTIONS
MRSA

BTUH has reported 5 cases of MRSA (x 2 contaminants, x 3 true bacteraemia)

CDiff

Basildon Hospital has reported 36 cases of *Clostridium difficile* (YTD) against a ceiling of 18. The trajectory for CDiff for 2015-16 is 31.



SAFER STAFFING

Overall Trust fill rates for February were above the 90% threshold. However, there were a number of wards in Medicine where the % fill rate was below 70% for RN at night (Kingswood, Lionel Cosins, Lister, Orsett and Osler). The reasons for the dip in performance were short notice sickness leave and NHS Professionals being unable to fill shifts for escalation, this required staff to be moved from other wards. In addition Orsett ward are currently experiencing an increased vacancy factor.

All reported incidents for the above areas have been reviewed to understand any potential correlation between staffing levels and safety. Review of staffing numbers takes place on a shift by shift basis and staff are redeployed to ensure safety. In medicine there were no reported incidents of avoidable pressure ulcers in January and February and one injurious fall in January.

FRIENDS & FAMILY TEST

Inpatients

The percentage of patients who would recommend the Trust in February was 94% which was a slight decrease from the previous month at 95%. There was an increase in the response rate from 43% to 46%.

A&E

There was a slight decrease in the percentage of patients who would recommend the Trust from 81% to 80%. However, there was an increase in the response rate from 17% to 24%.

The Essex Cardiothoracic Centre

The percentage of patients who would recommend the Trust was 95% for both months. However, there was an increase in the response rate from 43% to 47% which was the highest it has been with the exception of November 2014 at 58%.

The ward with the highest improvement in response rates in February was Pasteur Ward from 37% to 94% and the ward with the largest decrease was Lionel Cosins from 100% to 82%.

Maternity

The Trust's response rate for touch points 1 (antenatal care) and 4 (postnatal community provision) continue to be below the threshold to calculate the percentage of patient who would recommend the Trust.

However, there was an increase in the percentage of patients that would recommend the Trust for the other two touch points; for touch point 2 (birth) this was 98% to 100% and for touch point 3 (care on postnatal ward) 93% to 99%.

FFT Roll out to Outpatients and Day Units

Currently feedback is being obtained from Outpatients and Day Units using paper postcards, a text messaging service is being considered to ensure sufficient response rates are achieved.

PATIENT SAFETY THERMOMETER (PST)

Data for February was not available at the time of preparing this report.

SIGN UP TO SAFETY

The leads for the Sign up to Patient Safety have been identified and notified. The communications strategy is being developed to be launched in April when the Trust will be informed if the bids for additional funding for safety initiatives have been successful

PALS

A total of 251 PALS contacts received in February, compared to 243 in January. The top category for both months was appointment delay/cancellation.

ELIMINATION OF MIXED SEX ACCOMMODATION

There were 3 reported breaches in February 2015.

NHS CHOICES

BTUH had an overall rating of 4.5 stars out of 5 based on 236 ratings.

There were positive reviews relating to nursing care, A&E and Horndon Ward.

BARKING, HAVERING & REDBRIDGE TRUST (BHRT)**CARE QUALITY COMMISSION (CQC) INSPECTION**

The published report is awaited following the inspection undertaken at the beginning of March.

IMPROVEMENT PLAN UPDATE

The Trust recognise that overall delivery remains behind plan although improvements have been seen in the workforce stream with the rating improving further due to progress in substantive recruitment of middle grade doctors in the Emergency Department, a net increase in staff in post and improved time to hire.

SAFER STAFFING – JANUARY 2015**Nursing and Midwifery Fill Rate**

In line with NHS England guidance, the fill rate is reported as an aggregate of registered nurse fill rate for day and night cover and is 95.61% against a planned 100% fill rate which has improved since December (94.72%). Three wards at Queens Hospital had a fill rate between 80-90%; Sky A, Ocean B and Sahara A.

There are also wards at risk (with support or development plans) who remain on the directorate risk registers or are a cause for concern, where staffing is usually filled as per the agreed rosters, but other indicators are being monitored. For January, these wards included Bluebell B, Clementine B and Harvest B and Sky A (Queens Hospital).

FRIENDS & FAMILY – QUEENS HOSPITAL

The percentage of patients that would recommend inpatients in both January and February was 94%. For A&E this was 84% in January and 83% in February. The percentage of patients that would recommend the Trust against all four touch points for Maternity was above 98% for February.

COMPLAINTS

The Trust received 192 complaints between October – December 2014, which reflects a 28% decrease in comparison with the number of complaints received in Q2 (265).

PALS

The number of Patient Advice & Liaison Service (PALS) contacts suggests a higher number of concerns are being resolved quickly at local level and are recorded as PALS contacts

NHS CHOICES

Queens Hospital had a rating of 3.5 stars out of 5 based on 347 ratings. There were positive reviews for A&E, maternity and day surgery. However, there was a very negative review from a lady relating to maternity triage.

SPIRE WELLESLEY
SPIRE HARTWOOD
ESSEX NUFFIELD

There were positive outcomes from both Friends & Family and Patient Safety Thermometer data. However these were based on very low numbers.

MENTAL HEALTH SERVICES
SOUTH ESSEX PARTNERSHIP FOUNDATION TRUST (SEPT)

STAFFING – FEBRUARY 2015

The following wards within South Essex Mental Health Services have remained as hotspots although the fill rates have improved, especially for registered staff and on night shifts where there was less staff from the multi-disciplinary team to support. As identified in the February report, these are wards where establishments have been increased and recruitment is ongoing to both permanent and bank posts:-

- Basildon MHAU
- Gloucester
- Grange water
- Mountnessing Court
- Clifton Lodge
- Mayfield
- Rawreth Court
- Westley
- Gloucester

During this time on the wards whilst recruitment is in progress, site managers are being utilised to support wards alongside the ward managers and matrons to ensure the ward is safe. It should also be noted that Westley is in process of planned closure and therefore occupancy and dependency of patients has reduced as the month has progressed.

New hotspots were identified which included Churchview, Meadowview, Poplar and Health Close. However, within all the wards highlighted as hotspots, there have been no significant concerns in regards to the safety and quality of care on the ward when reviewing clinical incidents and safeguarding reports.

SIGN UP TO SAFETY

The Trust has signed up to this initiative and have submitted their draft Safety Improvement Plan covering six priorities aligned with their Quality Strategy.

EARLY DETECTION OF DETERIORATING PATIENT

Training in vital signs monitoring, i.e. physical health observation and interpretation to enable early detection of patients who are becoming unwell continues, with roll-out of the revised Modified Early Warning Scoring System across adult inpatient mental health wards. The training was undertaken initially on older person's wards in recognition that older people may have significant physical co-morbidities.

Ongoing audit illustrates the improvement the teams have made since the development programme commenced.

FRIENDS & FAMILY

Across SEPT Services, 72.8% of patients said they would be 'extremely likely' to recommend the Trust and 21.49% said they would be 'likely' to recommend the Trust.

PATIENT SAFETY THERMOMETER (PTS)

In February, SEPT Mental Health Services achieved 97.2% harm free care which was an increase from January at 96.7%.

For note, Gloucester Ward reported a significant amount of falls with harm the previous month including 1 with severe harm. In February it reported 5 further falls with harm (low). This has been raised at the CQRG Meeting with SEPT and a further update will be provided once feedback is received.

MID ESSEX HOSPITAL SERVICES NHS TRUST
CARE QUALITY COMMISSION (CQC) REVIEW

The report has been published following the; announced inspection between 26-28 November 2014 at Broomfield Hospital and Braintree Community Hospital and an unannounced inspection on 6 December 2014 at Broomfield Hospital.

The CQC also undertook a focused review of the Emergency Admissions Unit at Broomfield Hospital on 5 February 2015 following concerns raised to them and took enforcement action because staffing levels were not sufficient to ensure safe care. The CQC returned on 26 March 2015 and found that appropriate improvements had been carried out.

Ratings:

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| Overall rating for this trust | Requires improvement  |
| Are services at this trust safe? | Requires improvement  |
| Are services at this trust effective? | Requires improvement  |
| Are services at this trust caring? | Good  |
| Are services at this trust responsive? | Inadequate  |
| Are services at this trust well-led? | Requires improvement  |

Broomfield Hospital

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| Overall rating for this hospital | | Requires improvement  |
| Urgent and emergency services | | Inadequate  |
| Medical care | | Requires improvement  |
| Surgery | | Requires improvement  |
| Specialist burns and plastic services | | Requires improvement  |
| Critical care | | Good  |
| Maternity and gynaecology | | Requires improvement  |
| Services for children and young people | | Good  |
| End of life care | | Requires improvement  |
| Outpatients and diagnostic imaging | | Requires improvement  |

Braintree Community Hospital

| | | |
|---|--|--|
| Overall rating for this hospital | | Good  |
| Surgery | | Good  |
| Outpatients and diagnostic imaging | | Good  |

Actions the CQC has told the provider to take:

Assessing and monitoring the quality of service provision

- The trust has not updated risk assessments, risk registers and policies and procedures relevant to patient care within the department. Therefore the trust has failed to regularly assess and monitor the quality of the services provided.
- The trust is inadequately analysing the quality of serious incident investigations that resulted in, or had the potential to result in, harm to a service user because the investigations missed key items of information and there was a lack of lessons learnt from incidents and embedding of lessons learned from incidents.
- The trust did not have appropriate strategies in place for the provision of end of life care.

Care and welfare of people who use services

The trust is failing to carry out assessments of needs to ensure the care delivered meets their needs and is planned for appropriately. The trust is failing to take proper steps to ensure that care plans are regularly updated to reflect people's changing care needs so that people in your care are receiving care that meets their needs and ensures their welfare and safety and reflects, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment. The trust is failing to plan and deliver care that meets the needs of people who are at risk of pressure ulcers and failing to provide them with foam mattresses with pressure-relieving properties. Care planning does not meet the individual needs of the service users and ensure their welfare and safety. The trust is failing to deliver treatment that reflects guidance issued by NICE in relation to pressure sores.

Requirements relating to workers

The trust placed unregistered nurses in charge of patient caseloads. These staff members provided advanced nursing tasks including the handling of medicines without competencies or adequate supervision in place which meant that patients will or may be exposed to the risk of harm. There was an insufficient number of suitably qualified, skilled, experienced and registered staff on duty at all times to meet the acuity level of patients. The trust was failing to protect service users from the risk of harm through care by clinically inexperienced and unregistered professionals. The trust also placed the wellbeing and clinical careers of staff on adaptation at risk as they were not adequately supported.

Copies of the full reports are available on request.

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| CARE HOMES |
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CARE QUALITY COMMISSION (CQC) INSPECTIONS

There has been one report published since the previous meeting for Cedar House in Stanford-le-Hope. The CQC has given Cedar House a rating of 'Good'.

Published reports are awaited for:

- Barn & Coach House, Grays
- The Coach House, Grays
- Avalon Nursing Home, Chadwell St Mary.

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

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| EAST OF ENGLAND AMBULANCE SERVICE (EEAST) |
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SERIOUS INCIDENTS

There are currently **4** active Serious Incident which relates to NHS Thurrock CCG.

| NPSA Category | Number of Incidents |
|--------------------------|---------------------|
| Medication | 1 |
| Other (Ambulance Delays) | 3 |
| TOTAL | 4 |

ATTENDANCE AT MEETINGS

The Head of Quality & Patient Safety continues to attend both the Quality and Contract Meetings. A separate report is presented to the Quality & Governance Committee.

NHS CHOICES

EEAST had an overall rating of 4.5 stars out of 5 based on 45 ratings.

Positive comments

'I would really like to thank two members of staff for their amazing care and kindness'

'Operator stayed on line until the ambulance arrived, which was very prompt. Paramedic and trainee paramedic were fantastic-they were friendly, made my daughter feel relaxed and comfortable, were thorough in their assessment, and gave clear and sensible advice'

'I would like to express our thanks for the excellent care we received from your service today.both the first response paramedic and the ambulance crew were very professional and knowledgeable

EEAST has asked for locations so that they can pass on the comments.

CARE QUALITY COMMISSION (CQC)

The CQC welcomes the launch of the Care Certificate (April 2015)

'We welcome the development of the Care Certificate, which sets standards for the induction of health care support workers and adult social care workers. These individuals play an essential role providing people with some of the most personal and fundamental support and are a significant part of the workforce in the services we regulate. It is crucial they are valued, supported and trained to do their important job well. The Care Certificate will help new members of this workforce to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Further information is available on the CQC website: <http://www.cqc.org.uk/content/cqc-welcomes-launch-care-certificate-april>

RECOMMENDATION

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