

GOVERNING BODY

PART I

28 October 2015

Title of Report:	Quality report	
Board Sponsor:	Jane Foster-Taylor	
Prepared by :	Sue Cleall	
Committees previous consulted:	Quality and Patient Safety Committee	
Executive Summary:	This report advises the Governing Body of concerns which are supported and reviewed by the Quality Team	
Financial / Resource Implications:	None	
Fit with CCG strategy/objectives:	Yes	
Risks identified / Outcome / Link to BAF:		BAF Ref:
Actions Required:	None	When By:
Recommendation to the Committee:	This report is for information	

This report is developed to advise the Governing Body of the work-streams which are supported by the Quality Team.

CQUINS

The Quality Team and Commissioners have been working closely with NELFT and partner CCGs to support and develop a series of CQUINS (Clinical Quality Innovation Schemes) to enhance service delivery and quality for patients. The schemes include 9 CQUINS as follows.

End of Life Care (EOL) Planning Training

- NELFT to develop and implement a planned programme of workforce training on the new individualised care plan for the last days of life

End of Life Care Planning Implementation

- NELFT to review and assess patients to ensure that they are on an EOL individualised plan of care for their last few days of life.

End of life Register

- Recognising that there is currently an end of life register, NELFT are to review and assess patients to ensure that those who are end of life are included within the register. NELFT will increase the numbers of patients on the register by 40% by the end of Quarter 4.
- Based on EOL register as at March 15 (883) these percentages would increase the register as follows: Q2: 1,060, Q3: 1,148, Q4: 1,236. 1,236 is 0.28% of total population.
- Recognising best guidance estimates 1% of population on EOL register. For SW Essex population of 440,696 (as at Apr 15) this would be by 4,407.

Frailty Identification & Process Management (incorporates National CQUIN on Urgent & Emergency Care)

- NELFT will work in partnership with the CCGs and local provider stakeholders to agree a standardised approach to the risk stratification, identification, assessment of frailty and implementation of a frailty register.

Frailty (Assessment & Care Planning)

- NELFT will work in partnership with the CCGs and local provider stakeholders to agree a standardised approach to the risk stratification, identification, assessment of frailty and implementation of a frailty register.

Dementia (National CQUIN)

- The proportion of patients aged 75 years and over to whom case finding is applied following an episode of emergency, unplanned care to either hospital or community services.
- The proportion of those identified as potentially having dementia or delirium who are appropriately assessed.

Carers Assessment

- To provide an assessment of carers' needs. To ensure their continued ability to support their relative/friend who requires care.

Minor Injuries Unit

- To review the quality of service provision to ensure a patient focussed service within resources available and to determine future service plans.

MCA/DOLS training

- Rollout of MCA and DOLS training to the Integrated Community Teams (ICT) Bands 5 and above. To include registered nurses, Occupational Therapists and physiotherapists.

The CCG and CSU will monitor the evidence of compliance with these CQUINS when submitted on a quarterly basis by NELFT to confirm implementation and payment of these innovative developments.

Cost Improvement Schemes

Cost Improvement schemes are developed by provider services to ensure that they continue to work effectively and efficiently within their budgets. CIPs are developed in order to streamline the service

provision, however the CCG monitor the impact of these schemes to ensure that quality is not compromised.

QUALITY IMPACT ASSESSMENTS (QIAs) FOR QIPP PLANS

There is representative from the Quality Team at both the QIPP Core Group and the Working Group.

QIAs are undertaken for all projects to ensure that there are no implications or impacts on quality before the projects are deemed ready to go 'live'.

Care Quality Commission Review of Children's safeguarding in Thurrock

CQC are currently reviewing services for looked after children and safeguarding in Thurrock. Thurrock CCG is the lead organisation that will be co-ordinating the program of visits however the visits include both health and social care. They are seeking assurances that services are safe, effective, compassionate and high quality. After the review a copy of the report will be shared with all agencies involved for factual accuracy before being published. Any areas of improvement fed back to the CCG during this week will be added to an action plan that will be shared with each provider and monitored.

CONTINUING HEALTHCARE INDIVIDUAL PLACEMENTS

The commissioning of individual placements for Children's services is hosted by West Essex. We currently have one personal health budget for a young person. The commissioning of individual Adult Placements is hosted by North Essex. These complex care packages are reviewed through the assurance processes commissioned and the CCG Quality and Patient safety team.

These reports will now be shared with both the Finance and Performance and the Quality and Patient Safety Committees.

TRANSFORMING CARE

The Winterbourne assurance continues weekly. A risk has now presented where Thurrock Council has indicated no funding for community placements will be committed to cases falling under Winterbourne until dowry funding from the NHS is transferred to local authorities.

This will impact on discharges planned for 2 patients falling under the Winterbourne view currently in hospital as their assessed accommodation needs require social care funding.

There is also the joint statutory duty that section 117 of the mental health act places on both the CCG and LA to meet the aftercare for people admitted under certain sections of the mental health act. The 2 patients highlighted here have s117 rights and in view of the position taken by Thurrock Council, we have now sought guidance from NHS England on how we manage the interface between the statutory obligation under section 117 and Transforming Care in light of the future dowry funding that the LA is waiting to have resolution on before committing to Transforming Care discharges.

SAFEGUARDING CHILDREN

Following the Lampard report for the Savile inquiry, the Children's safeguarding lead has undertaken a review of actions from NELFT. The action plan is detailed within appendix A to this report. There are two actions which are not yet fully completed relating to the updating of the risk register for celebrity attendance and compliance with refresher training for volunteers. Further updates will be offered to subsequent meetings.

Performance

EEAST

Ambulance performance is detailed in separate EEAST report and is monitored through the operational locality meeting hosted by North East Essex CCG.

- Red 2 performance continues to be a concern and likely to breach trajectory for quarter 2.

Emergency Department

Performance against the 4 hour target has dropped below the 95% standard during September.

Current Actions include:

- Daily conference calls
- Command & Control Structure in place.
- Full Mobilisation of Specialty Teams
- Specialist teams in ED
- All process delays are being escalated to Silver and Gold command at the Trust
- Review of Elective TCIs on a daily basis.
- Full use of escalation areas.
- Specialist teams in ED
- Full use of escalation areas
- Review of predicted discharges in the next 24 – 72 hours by all stakeholders.
- Request for additional GPs in ED streaming.
- NELFT specialist nurses supporting ward round in specialist wards such as Respiratory and Diabetes.
- COPD – Undertaking daily board rounds on respiratory wards and AMU
- Heart Failure – COPD team are alerting heart failure team if there are any patients on AMU who need review.
- Referral to treatment waits: Percentage of patients waiting 18 weeks or less
- The incomplete 92% standard was missed at 91.9% which equates to 13 patients waiting more than 18 weeks.
- This will be closely monitored.
- Basildon Hospital have met the 'incomplete target'.

Cancer

- Cancer 2 week wait standard has breached in August.
- This is due to patient choice for breast pathway and endoscopy delays.

IAPT

- Access standard has failed again. The CCG has successfully procured service provision from an alternative provider.
- The plan is on track for the service to fully transition by the end of March for 2016/17.

Dementia

- National delay with the information which is due to be released end of October.

RECOMMENDATIONS

The Governing Body is asked to note this report for information.