

## Quality Report

### 1 Introduction

- 1.1 North East Hampshire and Farnham Clinical Commissioning Group (CCG) have a duty to ensure continuous improvement of the quality and outcomes of the services they commission. The CCG identifies the quality improvements they wish to secure using a range of performance and quality information and use the commissioning process to drive it through. The CCG must assure themselves the services they commission are:
- **Clinically effective** – quality care is care which is delivered according to the best practice evidence in improving an individual’s health outcomes or quality of life;
  - **Safe** – quality care is delivered to avoid all avoidable harm and risks to an individual’s safety;
  - **Positive Patient experience** – gives all individuals a positive experience of receiving and recovering from the care we commission, including being treated according to what that individual wants or needs, and with compassion, dignity and respect”. (Quality in the new health system – National Quality Board January 2013).
- 1.2 The Quality and Nursing function of the CCG continues to go through a period of planned change. The CCG appointed a substantive Director of Quality and Nursing in December 2015. The process of recruitment to a substantive Team, to enable the CCG to deliver its strategic objectives in relation to the Quality and Nursing Portfolio, is underway and recruitment to substantive posts is planned for April – June 2015. There continues to be robust transitional Quality Team arrangements in place to ensure delivery of key priorities for the next three months.
- 1.3 The Quality Team’s key priorities for quarter four of 2014/15 include developing the 2015/16 quality contracting schedules to ensure the CCG continues to receive assurance on quality of commissioned services and to continue to drive quality improvements for our population. To date the Quality Team have completed a core quality schedule as well as provider specific quality requirements for all commissioned providers and are currently negotiating additional quality requirements to associate commissioner contracts. This has been a collaborative piece of work with the commissioning support team as well as other CCG quality leads across Hampshire, Berkshire and Surrey.
- 1.4 In addition the Quality Team is working with all partners to develop robust Commissioning for Quality and Innovation (CQUIN) schemes for next year to drive continuous improvements in services. CQUIN workshops have taken place and CQUINs schemes for 2015/16 have been undertaken.

The Quality Team are working in line with time frames set by the contracting team to ensure that the quality and safeguarding schedules of the contracts are agreed within national timescales. There will remain a number of CQUINs and elements of the Quality Schedules that will remain outstanding and have planned long-stops in the contracts (planned timeframes to complete and add to the contract), mainly due to the late publication of the National CQUINs.

- 1.5 This report provides further detail to compliment the CCGs newly formatted Integrated Performance Report and reflects the quality priority areas considered and identified through the Quality and Clinical Governance Committee's (QCGC) and the Clinical Quality Review Meetings (CQRMs) for all providers of care services for the period of February 2015.

## **2 Quality and Clinical Governance Committee (Q&CGC)**

- 2.1 The Quality and Clinical Governance committee met on 19 February 2015. At that meeting the committee were provided with an update on PriceWaterhouse Cooper's review of quality systems and processes and reviewed progress against the agreed action plan, set out by the CCG in response to the review.
- 2.2 The planned Quality and Clinical Governance committee for 11 March was cancelled as the meeting was not quorate. Discussions regarding quoracy and availability of key staff has identified pressures in capacity and in particular General Practitioner representation which is being reviewed and new arrangements put in place to support.

## **3 Quality Priority Areas**

### **3.1 Safeguarding**

- 3.2 The Quality Leads from the Hampshire and Surrey CCG networks continue to work collaboratively to further strengthen safeguarding arrangements for children and adults. The Designated Nurses for Safeguarding Children and for Adults from Hampshire and Surrey are working in partnership to ensure consistency and enhance learning across the county borders for the population of North East Hampshire and Farnham CCG.
- 3.3 Hampshire and Surreys Children's and Adults Safeguarding quality schedules for the 2015/16 contracts have been updated and have been agreed with all commissioned providers to be added to the contracts for 15/16. Safeguarding dashboards for Frimley Health have been developed to aid reporting to the CQRM as well as Adult Safeguarding board and Local Safeguarding Children's Board. Other providers will use the quality schedule which determines the requirements for reporting.

- 3.4 The Serious Care Review (SCR) of Child V and the action plan to deliver the learning has been formally received and considered by the CCG and was published in October 2014. The Quality and Clinical Governance Committee will continue to review progress of actions for out of hour's provider through the CQRM. February's Committee meeting saw a review of progress to date and further actions agreed to ensure implementation of recommendations. All actions have been completed by NHUC, with the exception of one action which will continue to be monitored through the committee.
- 3.5 Surrey Safeguarding Children's services and governance arrangements have recently been inspected from routine reviews by Ofsted, HM Inspectorate of Constabulary (HMIC) and CQC. The CCG has been involved in the process and the Quality and Clinical Governance Committee were provided with an updated at the February 2015 meeting. Initial feedback was positive and an action plan was being developed.
- 3.6 Winterbourne View returns regarding adults with a learning disability who are placed out of area continue to be reviewed and monitored. North East Hampshire and Farnham CCG have two clients to whom this process applies. The Director of Quality and Nursing is working with the relevant teams in Hampshire to ensure timely discharge to appropriate community settings for these clients.

#### **4 Infection Prevention and Control (IPC)**

- 4.1 By the end of February 2015 Frimley Park Hospital NHS Foundation Trust (FPH) had reported 9 cases of C Difficile against a trajectory of 18 for 2014/15 and 2 cases of Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAB) against zero tolerance. The second of the two incidents occurred during February. The Post Infection Review meeting deemed the incident to have been avoidable. Actions are in place to minimise the occurrence of further cases.
- 4.2 Royal Surrey County Hospital reported 3 MRSA bacteraemia, year to date against a zero tolerance target. The first patient was a North East Hampshire and Farnham CCG resident, RSCH have accepted responsibility for this case and the MRSA Post Infection Review has highlighted learning and clear actions to be taken forward by the Trust.
- 4.3 North East Hampshire and Farnham CCG have 30 cases of C Difficile against trajectory of 33 for 2014/15 and zero cases of Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAB) against zero targets. The Medicines Management Team is continuing to undertake reviews of the CCG assigned C Difficile cases. The process has been in place since the second week of December 2014, with an initial six reviews completed.
- 4.4 The model for the provision of IPC specialist support for the CCG is under review, as the CSU service ceased at the end of December, 2014. A draft IPC service specification has been developed and we are working with partners to identify a suitable alternative.

## **5 Friends and Family Test**

5.1 The way in which the Friends and Family Test data is presented was altered in November 2014, seeing the net promoter score replaced by a percentage recommended figure. The percentage recommended figure demonstrates the percentage of the patients surveyed who would be happy to recommend the service to a friend or family member. NHS England is yet to publish the February 2015 Friends and Family Test data, consequently the figures below have been taken from the respective Trusts performance reporting;

### *5.2 Frimley Health NHS Foundation Trust - Frimley Park Hospital Site*

The local Friends and Family survey has shown during the last year that over 90% of patients would recommend the hospital to friends and family and for February the stretched target of 95% was not met (achieved 92%). 94% of patients reported their care to be very good or excellent. Results of the Local Survey have been shared through a number of Nursing and Clinical Forums to help focus on improving patient experience.

### *5.3 Royal Surrey County Hospital NHS Foundation Trust*

The Trust achieved a percentage recommendation of 86.73% in A&E, 93% in Inpatient services and 100% in Maternity services

### *5.4 General Practice*

The Friends and Family Test has been expanded to include primary care services. GP practices are required to implement the test from December 2014. The CCG worked with member practices and FPH to review the most suitable method of collection for GP practices; however, no uniform approach was agreed. All member practices are now collecting the data as required using a variety of methods, with the first set of results expected at the start of Quarter 1 2015/16.

## **6 Complaints**

6.1 There was only 1 concern received in March 2015 and no formal complaints raised. The CCG has contacted the person raising the concern to gain consent in order to pass to the Area team as it is a primary care concern and will not be added to the CCGs cases but the themes will be captured.

6.2 4 complaints were received during February 2015, with 4 cases closed during March. All new complaints were received acknowledgment of receipt within 3 working days and responded to within 20 working days.

6.3 At present there is a total of 1 open complaint. Work continues to investigate and respond to complaints and concerns.

- 6.4 The Quality Team have been re-designing their standard operating procedures for complaints in line with CQC recommendations. This includes a monitoring mechanism to ensure the CCG has a system to monitor concerns (similar to the old PALS function) as the public would like a less informal process to have concerns or queries responded to. The monitoring of concerns and queries will also be monitored and will be added to trends and themes for the organisation to develop learning opportunities. The Quality Team are reviewing a software solution to capture and analyse themes from complaints, concern's and other sources of information.

## **7 Serious Incidents**

- 7.1 10 Serious Incidents have been reported during February involving North East Hampshire and Farnham patients and 1 never event at Frimley Health.

## **8 Themes/learning**

- 8.1 Falls resulting in harm continue to be the primary type of incident reported for Frimley Park Hospital (Frimley Health NHS Foundation Trust). The Trust is continuing to develop its falls action plan that is monitored via the Clinical Quality Review Meeting (CQRM). Additionally, the Trust has a CQUIN in place for 14/15 which specifically monitors the requirements for falls assessment and appropriate referral and discharge in line with the local Falls Group.

There has also been a possible trend in maternity serious incidents and the CCG is working with the Trust to support investigation and review. All Serious Incidents continue to be monitored and closed through the Serious Incident Panel. In addition, Frimley Hospital reported a never event in Obstetrics in February.

- 8.2 Surrey and Borders Partnership NHS Foundation Trust (SABP) primary themes continue to be Unexpected Deaths of Community Patients (in receipt of services). Root cause analysis and associated action plans and lessons learnt are monitored through the CQRM Serious Incident Panel.

- 8.3 Southern Health NHS Foundation Trust continues to report a high number of both Grade 3 and 4 pressure ulcer incidents. A contributory factor to the sustained high number could be due to the lack of robustness to the root cause analysis reports and lessons learnt process, which has been reviewed by the Quality Team.

The Quality Manager now attends the Trust internal panel meeting to support the Trust and provide assurance and additional Serious Incident meetings have been arranged with the Trust to ensure direct engagement and discussion to ensure that reports meet local and national requirements. The CCG is also working with the Hampshire CCGs to review learning from serious incidents across the organisation.

- 8.4 The Quality and Clinical Governance Committee will be provided with an update on progress and learning.

## 9 Clinical Quality Review Meetings (CQRMs)

- 9.1 The Terms of Reference for the CQRMs have been reviewed and signed off for Frimley Health NHS Foundation Trust - Frimley Park Hospital site and new Terms of reference are being developed for and South East Coast Ambulance Service 999 (SECAMB) and NHUC. Additionally, the Quality Team attend and input into CQRMs for Virgin Healthcare, 111 and Royal Surrey County Hospital.

Key issues arising include:

### 9.2 *Acute Services*

#### Frimley Health NHS Foundation Trust - Frimley Park Hospital (FPH) Site (Lead Commissioner)

There was 1 case of MRSA bacteraemia reported in February, Frimleys first MRSA infection since April 2014. This case was agreed to have been avoidable with lapses in care noted and this has been discussed at the Serious Incident Panel.

FPHs Emergency Department had continued to see a high number of attendances which have increased month on month. The 4-hour target was achieved in February although the performance of 95.2% will not be sufficient to achieve the overall target for Q4.

System resilience is a standard agenda item at the CQRMs to ensure that impact of pressures on patient safety and experience is assessed and monitored. FPH reported that the system across the health economy had responded well, supporting the increase in demand during the periods of increased pressure.

The Director of Quality and Nursing (along with other CCG Staff) recently took part in 'Spring to Green'. This was a week-long event aimed at supporting FPH to review systems and processes relating to admission and discharge with the aim of ensuring models of care that provide high quality compassionate care to patients and minimise their stay in hospital.

CQUINs for 15/16 have been drafted and are shaped from the CCGs Integration agenda. FPH will focus on ensuring older people with frailties at the front end are receiving the correct screening and assessment and are referred to/can access appropriate support services in the community. A further 3 CQUINs have been developed on patient discharge; patient, carer and family as partners of care in discharge planning, safe transfers of care and trusted assessors for Nursing Homes to support safe discharge to nursing home placements. National CQUINs for acute are acute kidney injury, sepsis, dementia services and urgent care. These were published on 19<sup>th</sup> March 2015 and require further work to ensure they are appropriate and are directed to improve the quality of service delivery.

The Quality Schedule for the 15/16 contract has been agreed.

Monitoring for each quarter for the current years CQUINs (14/15) is in place and the Trust have completed a number of pieces of work, making significant improvements and changes in practice to areas of service delivery such as sepsis, VTE and people with dementia. However they continue to have an identified potential risk to meeting all CQUIN requirements for Quarter 4. Options for extending CQUINs to an additional quarter and/or agreeing appropriate thresholds in response to current system pressures will be undertaken as appropriate.

### 9.3 **Community Services**

#### Southern Health NHS Foundation Trust (SHFT) - North East Division (Local Contract)

The Serious Incidents closure process has been reviewed and terms of reference agreed to ensure that Serious Incidents are monitored, reviewed and closed appropriately. Extraordinary meetings took place in December and January CQRM to ensure review and signoff of the backlog of Serious Incident reports, all of which relate to pressure ulcers. Further meetings have been planned for April.

3 of the 4 Community Care Teams (CCTs) have been subject to CQC routine inspection; the reports have now been received and a Quality summit was held on the 20<sup>th</sup> February. The reports were discussed at the CQRM meeting in February and the shared-CCG strategic meeting to identify where the actions will be monitored.

The CCG Quality leads from all CCGs who commission SHFT services have agreed a core quality schedule. Additionally NEHFCCG have developed an additional set of core quality indicators to ensure that key quality information is received in a timely manner at CQRMs to cover areas such as patient safety, patient experience and patient outcomes. This should support the on-going development of the CQRMs and the provision of informed discussion.

#### Virgin Care Limited (VCL) (North West Surrey CCG are the lead commissioners)

2015/16 CQUIN development is being progressed and the CCGs Quality Team is contributing to this process.

### 9.4 **Mental Health Services**

North East Hampshire and Farnham CCG is the lead commissioner for Adult Mental Health Services for the Surrey Six CCGs Collaborative and for Children and Adolescent Mental Health Services (CAMHS) for the Hampshire Five CCGs.

### 9.5 **Sussex Partnership CAMHS (Hampshire)**

The CQRM agenda continues to develop and the quality reporting specific to CAMHS will be developed through the next contractual year supported by CQUIN.

Sussex Partnership Trust (SPT) is being supported to increase reporting of serious incidents. Sussex Partnership has not been reporting as per national guidance. 12 Serious incidents have been reported following a review by the Quality Team.

A data marker has to be identified for the sudden increase in reporting, but regular reporting will occur as business as usual as appropriate.

CQC inspected Sussex Partnership Trust as part of its inspection regime in January 2015 and the findings will be reported in May/June.

**9.6 Surrey and Borders Partnership NHS Foundation Trust (SABP) (Adult Mental Health Services for the Hampshire Five CCGs and CAMHS for Farnham)**

The CQC action plan is reviewed monthly on exceptions, progress and quarterly update reports to the CQRM. Good progress has been made and SABP are on track to complete all compliance actions, SABP has updated the CQC on progress in March and this has been, and will continue to be reviewed through the CQRM by exception reporting.

SABP Serious Incident backlog reporting has been cleared in line with the national framework and business as usual processes will apply.

**9.7 Urgent Care and Out of Hours Services**

**Urgent Care – North Hampshire Urgent Care (NHUC)**

NHUC will be taking part in ‘Sign up to Safety’ national campaign and will be the first Out of Hour Provider to do in the country.

NHUC have a CQC action plan which is being monitored through the CQRM. NHUC are making good progress against the action plan which is almost complete. New structures for managing NHUC CQRM meetings between NEHFCCG and North Hampshire CCG are being developed.

**9.8 South East Coast Ambulance Service (SECAMB)**

New structures for managing CQRM meetings between NEHFCCG and North West Surrey CCG are being developed to include local and regional meetings, including new Terms of reference.

**10. Care Homes**

The Surrey CCG Quality Leads meet with the Local Authority and CQC to consider the intelligence from each organisations perspective in order to ensure that any emerging concerns and issues are identified early and any supportive actions agreed. No current significant concerns regarding care homes in Farnham.

The Hampshire County Council hosts a regular forum with the CQC and CCGs ensuring a shared approach for quality assurance across Hampshire care homes. This is an area that is acknowledged as requiring further development of the CCG’s quality assurance framework.

There have been no inspection reports published for Care Homes in the North East Hampshire and Farnham area during February 2015.

## **11 Primary Care**

- 11.1 None of our member practices have seen any further CQC inspection reports published.

## **12 Conclusion**

- 12.1 Providers of NHS commissioned services for the population of North East Hampshire and Farnham CCG continue to be held to account for the delivery of safe and caring services according to the nationally defined components of quality (clinical effectiveness, patient safety and patient experience). This has been strengthened through the development of the CQUINs for 15/16 and the quality schedules.
- 12.2 The transitional Quality Team continue to evolve the CQRM process in partnership with the quality leads, clinical leads, commissioning teams and providers. This provides the platforms to triangulate and analyse data providing assurance to the Governing body that appropriate mechanisms are in place to have full view of early warning signs in the system. The outcomes from the CQRM will be used for the planning of 2015/16 quality deliverables which is already being progressed.
- 12.3 Recruitment for the substantive Quality Team is now fully underway with interviews planned for April 2015.
- 12.4 A revised quality governance framework informed by the review undertaking is to be developed to ensure the CCG effectively fulfils the requirements of the 6 domains of the national CCG Assurance Framework.
- 12.5 It is recognised that further development is required to:
- Maximise existing quality data sources into intelligence to inform quality assurance and commissioning decisions
  - Systematically collate soft intelligence from existing sources, including Health watch and Patient Practice Groups
  - Establish the conscious inclusion of quality across all commissioning activities
  - Increase the sophistication of quality assurance reporting

## **13 Recommendations**

The Governing Body is requested to consider and note the report