

Paper: 14i

Date	Tuesday, 10 March 2015
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Title of paper	Integrated Quality, Performance Report Month 9
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Confidential	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/> Items are only confidential if it is in the public interest for them to be so

The Governing Body is asked to:

Note the report

Summary of purpose and scope of report

- This report seeks to provide members with assurances around the work being undertaken by the provider organisations who deliver services to the population of Hammersmith and Fulham CCG and the assurances that the Clinical Commissioning Groups seek to enable the Governing Body to be assured on the quality and effectiveness of services being commissioned. To effectively perform this role we have highlighted risk areas and provided key actions on work being taken forward.
- The report addresses the issues raised at each CQG, the exception report with mitigating actions and the follow up to achieve the expected outcome. Trends are also considered so that appropriate action can be taken in relation to commissioned services.
- The reports aim to address the strategic contracting principle for all providers of demonstrating continuous improvement in the quality of the services they are providing to patients encompassing patient safety, clinical effectiveness and patient

experience.

- The reports enable the committee to assess on a monthly basis how quality, continuous improvement, patient experience and patient safety are addressed on a monthly and quarterly and annual basis; where action will need to be taken and escalation to the Collaborative Quality Committee.

Quality & Safety/ Patient Engagement/ Impact on patient services:

Outline the impact on patient services

Quality and Safety

Concerns and Actions from Clinical Quality Group's (CQG).**Imperial College Healthcare Trust CQG****Action plans**

- The Care Quality Commission (CQC) action plan has now been submitted and commissioners comments will be incorporated into this, the February agenda will have a report on the CQC action plan and the achievements to date.
- The Francis action plan was discussed and a report will be presented at the March Trust Board on further actions and recommendations required.

Strategy

- A 5 year cancer commissioning strategy is in development with various service development initiatives associated with this and most notably the development of a GP direct access colorectal diagnostics service.
- Consultant obstetric cover is currently at 98 hours at both Queen Charlotte's and St Mary's Hospital with a plan to increase to 130 hours as part of the maternity business case. The trust has been asked to produce a trajectory for reaching 168 hours over the next year to meet the expected demand as a result of the transfer of women from Ealing. (page 41)

Recruitment

- Discussions held around midwifery staffing and recruitment. The current birth to midwife ratio is 1:33 and there is a commitment to move to a 1:30 by 1st April 2015. There are several recruitment initiatives in February and March 2015 to reach this target as set down and further reports will be received at CQG.

Infection prevention and control

- Update provided on the Group B strep at Queen Charlottes Hospital- infection control report will be given at this committee and Root Cause Analysis report is awaited.

Audits

- Audit presented on quality of discharge summaries and improvements made, however there remain some actions still to be taken around quality of the summaries and timeliness in information being received within Primary Care.

Patient Engagement and Experience

- The Patient Experience report was shared at CQG, however further work is required to enable a fuller and more detailed picture of patient experience across Imperial College Hospital Trust and to identify themes from complaints to enable the organisation to increase its current response rates against the target set. The Assistant Director of Patient Experience is currently working with the Trust to ensure meaningful reports are presented to the commissioners.
- The trust has taken two papers had been taken to the Executive team surrounding a redesign of the complaints process using a case worker model, to make more efficient use of resources – this will be discussed at CQG in February.
- All Experience reports moving forward will have a reference to equalities.
- As a result of the significant focus and pressure on the Emergency Department 4hr wait targets there is concern that patient experience data FFT may not have been completed, so there are concerns around attainment of the Jan/Feb 20% target.
- Beginning on the 1st April, the Trust will have a new supplier of their patient feedback mechanism, with the ability to show real-time feedback. The new system can collect data in many different ways, which will be beneficial for the differences between patient preferences for Inpatient, A&E and Maternity (For example, those on Maternity are more likely to prefer an email based system of data collection, due to many being at home with access to internet for extended periods).
- The trust plan to launch a new strategy to improve patient experience for patients with learning disabilities – the date will be confirmed.
- The trust is interested in creating a service user panel for Imperial, as this is not currently in place.

H&F Patient Reference Group meeting met on Thursday 8th January. The Key points from the meeting are:

A map has been created to show the work to date on the required patient engagement opportunities in the CCG's key commission activities. The potential is for this map to be used to gain further involvement from patients moving forward.

- Guidelines have been launched to help patients with the sharing of their medical information (This includes training for patients and GP staff on the implementation

process).

- Work has been progressing on the common mental illness employment support service.
- Work has also been progressing with the development of GP Patient Participation Groups across H&F. However, there has been some resistance from patients and practices concerning support from CCG development leads.
- Alex Silverstein, CWHHE Patient Experience & Equalities Manager has begun a CLAHRC fellowship looking into the use of technology (Google Glass) to improve health outcomes and access to care for young people with learning disabilities. The project will be collaboration with Action on Disabled, HFCCG and CLCCG.

Exception reports

- There continues to be a low level response rate in relation to complaints management, however a review of the internal processes is currently being taken forwarded and will be reported back at the CQG. (page 31)
- Issues continue with first booking maternity appointments- however there continues to be data quality issues within the organisation. The organisation is employing staff to ensure data quality improves and it is hoped that improvements will now be seen. (page 37)
- The levels of home births continues to be low, however this is a London wide issue and network wide actions are needed for this to be achieved – the trust is an active participant in the Shaping a Healthier Future maternity forum and Maternity network which considers NWL wide maternity issues. (page 39)
- Adult safeguarding training numbers have decreased significantly this is related to the trust recruitment of a new staff member required to create the capacity within the trust. (page 43)

Key points from other providers to the Hammersmith and Fulham CCG population.

Chelsea and Westminster Hospital Trust

- There continues to be issues with the organisation submitting its RCA reports within timescales, they are currently at 50%. (page 29)
- Recognition that the organisation needs to develop and improve the governance systems that it has in place. (pages 30)
- Low level of response complaints within time scales currently achieving 58% within target. (page 31)

West London Mental Health Trust

- Four items were deferred from Jan to Feb - Francis report update; Safeguarding from Dec; Winterbourne; Patient experience - therefore a full agenda is planned next month when clinical effectiveness is also on the agenda.
- IAPT issues continue to pose a challenge for the trust across all CCGs.
- There are delays in reporting incidents onto STEIS and the trust has been requested to provide an analysis of the outcomes of serious incidents showing what the trust has implemented as a result of the learning. (Page 47)
- Lessons learnt from complaints are also being looked at currently to be discussed at next CQG.
- No discussion around recovery houses and impact on specific boroughs. Discussion took place in relation to not having a female PICU which had resulted in changes to pathways of care.
- Delayed Transfers Of Care remains an issue in Ealing and Hounslow. Beginning to replicate the model from H&F (joint meetings with LA).
- Currently looking at suicides and mortality across the trust to give greater assurance that current position is within expected limits. The exercise did question how sighted the board was on this type of data. The trust has been invited to Ealing Quality committee to explain the governance structures in more detail.
- Patients' feeling safe is currently below the threshold – the trust has asked all wards to create an action plan working with service users and carers to be presented at CQG. (page 49)

Central London Community Healthcare Trust

- A deep dive is being undertaken into falls and all associated quality indicators and will be formally presented via the CQG. (Page 46)
- The trust has presented a review of pressure ulcers and their management across community services and care homes to CQG and is undertaking further work with care homes to assess their training needs. All homes have access to 2 day training provided by CLCH.

Other Providers

- There has been one breach in mixed sex accommodation this month and one the previous month at UCLH – this has been chased through the contract route and a

response is awaited. (page 13)

- Complaints response times for Royal Brompton Hospital has fallen below threshold and this will be discussed with and monitored by the lead commissioner. (page44)

Serious Incidents

This report contains patient safety data based upon the following principles:

- The sole purpose of reporting serious patient safety incidents is to generate and share learning to prevent harm to patients recurring
- Serious Incidents must be reported on the Strategic Executive Information System within 48 hours
- Grade 1 Serious Incidents must be investigated and a report of the investigation must be submitted within 45 working days (currently under review).
- Investigations must be robust, reliable and contain recommendations designed to prevent recurrence
- The report must apply recognised investigative techniques to reach a clear set of causative and contributory factors
- Reports must be clear, logical and use accessible language. Applying the principles of Being Open
- Reports must be signed off by an Executive Team member who has read the report, concurs with its findings and supports the action plan

Key messages from this report:

- Imperial demonstrates good practice in reporting numbers of unexpected deaths, investigating and de-escalating when no safety incident is detected.
- All trust reporting ought to be on an upward trajectory which is not currently apparent.
- WLMH reports low numbers of Serious Incidents. This MAY reflect a Patient Safety culture which does not support open reporting
- There has been considerable improvement across all trusts except WLMH (see below) in reporting within 48 hours
- WLMHT have not reported any serious incidents within 48 hours of them occurring.
- There has been a concurrent increase in requests for de-escalation (i.e. in subsequently finding that there was no Serious Incident occurred). This will be monitored.
- Pressure Ulcers continue to reflect a high human and financial cost. All providers must concentrate on investing in prevention of Category 2 Pressure Ulcers, we would

see a dramatic impact upon the overall burden of harm to people

- There is a discrepancy between reporting on STEIS and Safety Thermometer by WLMHT
- Pressure Ulcers aside, there is no overall trend in reporting of Serious Incidents across North West London
- Suicide reporting at WLMHT is in line with national trends
- There is a concerning number of reports which, when returned to trusts for quality improvement, are not returned to the Patient Safety Team within 10 working days
- Pending changes to the National Framework for Reporting and Investigating Serious Incidents, no action is required at present on the time taken to investigate reports
- New metrics will provide data on repeat causes and contributory factors to Serious Incidents in future reports

Actions being taken

- AD's are seeking assurance of types and frequency of Patient Safety Investigation Training taking place in all trusts
- AD's are seeking assurance that outstanding reports are being returned in a timely way.
- AD's are addressing Pressure Ulcer improvements with providers
- AD for Patient Safety is reviewing and revising current data set

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Finance, resources and QIPP
List implications for the organisation in terms of: <ul style="list-style-type: none"> • Implications for commissioned providers on delivery of services and contractual levers for financial penalties

Equality / Human Rights / Privacy impact analysis
None undertaken however relevant to all.

Risk	Mitigating actions
<p>What events could prevent the accomplishment of this paper / proposal?</p> <p>Failure of provider organisations to deliver on quality improvements and patient safety and CQGs to address emergent trends and themes</p> <p>What CWHHE Corporate Objectives does it support and how?</p> <p>Paper supports the improving quality and patient safety objective</p> <p>What risks on the Board Assurance Framework or local CCG risk register does it impact upon or mitigate and how?</p> <p>Addresses risks 3, 4, 5, 6 and 9 in the BAF</p>	<p>What are you, your team, CCG or Collaborative doing to control the risks?</p> <p>Review of CQG minutes and forward planner to ensure co-ordination of actions and joint planning of agendas with the provider</p>

Supporting documents
<p>Include only what the meeting requires for decision making/ action, and list documents below. If documents are available online, please include the link.</p> <ul style="list-style-type: none"> • Integrated Quality and Performance report • Serious Incident Report

Governance and reporting

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

Committee name	Date discussed	Outcome
Quality, Safety and Risk Committee	24 February 2015	Noted and escalated concerns to the Collaborative Quality and Safety Committee