

DUDLEY CLINICAL COMMISSIONING GROUP BOARD

Date of Report: 11 September 2014
Report: Quality & Safety Committee Report
Agenda item No: 8.1

TITLE OF REPORT:	Report from the Quality & Safety Committee
PURPOSE OF REPORT:	To provide on-going assurance to the Governing Body regarding quality and safety in accordance with the CCG's statutory duties.
AUTHOR(s) OF REPORT:	Quality Team
MANAGEMENT LEAD:	Rebecca Bartholomew, Chief Nurse
CLINICAL LEAD:	Ruth Edwards, Clinical Executive Lead for Quality
KEY POINTS:	<p>Report of the Quality and Safety Committee Meetings held on 22 July 2014 and 19 August 2014.</p> <ul style="list-style-type: none"> • Unannounced visit undertaken to DGFT in response to anonymous whistle-blowing allegation • Increase in Serious Incident reporting at DGFT (largely due to an increase in the reporting of community pressure ulcers by DGFT) • Trend in serious harming behaviour (including self-harm) identified via D&WMHT Serious Incidents
RECOMMENDATION:	The Board is asked to accept this report as a source of on-going assurance that the CCG Quality & Safety Committee continues to maintain forensic oversight of all clinical quality standards in line with the CCG's statutory duties.
FINANCIAL IMPLICATIONS:	None to report
WHAT ENGAGEMENT HAS TAKEN PLACE:	User experience is an essential component of quality assurance and surveillance and as such public views and feedback form part of the triangulation of hard and soft intelligence.
ACTION REQUIRED:	<ul style="list-style-type: none"> ✓ Assurance Approval Decision

1. INTRODUCTION

- 1.1 To provide assurance to the Governing Body that the CCG Quality & Safety Committee continues to maintain forensic oversight of all clinical quality and patient safety standards in line with the CCG's statutory duties.
- 1.2 The CCG Quality & Safety Committee meets monthly and is chaired by Dr Ruth Edwards, clinical executive lead for quality. This report is a material summation of the Committee's meetings in July and August 2014.
- 1.3 The Governing Body will be briefed on any contemporaneous matters of consequence arising after submission of this report at its meeting.

2. SECRETARY OF STATE ANNOUNCEMENTS

- 2.1 The Quality & Safety Committee will discuss these announcements at its next meeting, but it is important that the Board are sighted on these developments.

Introduction of car parking principles

- 2.2 On 23 August 2014 the Department of Health published NHS patient visitors and staff car parking principles, stating that NHS organisations should work with patients, staff and local authorities to take steps to ensure that:

- charges are reasonable;
- concessions are available for people with special needs, e.g. people with disabilities, frequent attenders, visitors with relatives who are gravely ill, etc.;
- the priority for staff parking should be based on need.

Safer Staffing levels

- 2.3 Nurse staffing levels at Trusts across England were published for the first time in June 2014 under new rules on transparency. Dudley CCG is working closely with the providers to review workforce planning and safer staffing levels. Data on actual versus planned staffing levels will be published on the safety section of the NHS Choices website. This information forms part of the suite of surveillance by the Quality team.

Standards for food

- 2.4 In August 2014 the Department of Health has published the Hospital Food Standards Panel Report which recommends a set of food standards which should become routine practice across NHS hospitals. These standards will be required through NHS contracts, meaning that the hospitals will have a legal duty to comply with the following recommendations:

- Hospitals should screen patients for malnutrition;
- Patients should have a food plan;
- Hospitals must take steps to ensure patients get the help they need to eat and drink, including initiatives such as protected meal times where appropriate;
- Hospital canteens must promote health diets for staff and visitors;
- Food must be sourced in a sustainable way.

3. UPDATE

3.1 The following sections provide a brief update on issues discussed by the Committee, or matters arising which the Governing Body need to be aware of.

4. DUDLEY GROUP FOUNDATION TRUST (DGFT)

4.1 Dudley CCG received information on an anonymous whistle-blowing allegation from the Care Quality Commission in August 2014 regarding DGFT. The allegation specifically mentioned three wards at Russells Hall Hospital, and made reference to the care and treatment provided to patients.

4.2 In response to the information received, an unannounced visit to DGFT was planned and undertaken by members of the Quality team on Friday 15 August 2014.

4.3 A draft report has been completed and forwarded to DGFT on 29 August 2014. DGFT's initial comments are expected by 12 September 2014, and a copy of the draft report will be made available to the Quality & Safety Committee, for comments, at the next meeting on 16 September 2014.

4.4 Interim plans to gain assurance prior to the final report will be discussed at the next DGFT Clinical Quality Review Meeting (CQRM).

Serious Incident reporting and management

4.5 Provider organisations reporting SIs are required to submit a completed RCA investigation tool to complete the investigation process and provide appropriate assurance to the CCG. There is a timeline of 45-working days for submission of Root Cause Analysis (RCA) related to SIs. The RCA should demonstrate learning which has taken place and improvements which have been introduced as a result of the SI.

4.6 Figure 1 (below) provides a breakdown of Serious Incidents (SIs) reported by DGFT on the national Strategic Executive Information System (STEIS) for 2014/15 to date, 2013/14 (by quarter) and 2012/13.

4.7 The Board will note the increase in the reporting of SIs. This is largely due to an increase in the reporting of community pressure ulcers by DGFT. These pressure ulcers were not previously recorded on STEIS. Considerable work has been done with DGFT and the Area Team over the last year to establish and address this reporting issue. As a result, Figure 1 shows the submitted but unvalidated number of SIs reported. This is subject to change once DGFT and Dudley CCG have validated the outcome of the RCAs.

Figure 1: Serious Incidents reported by DGFT

Subject	2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	2013/14	Apr 2014	May 2014	Jun 2014	Q1 2014/15	Jul 2014
Total SIs reported	207	28	28	42	45	143	13	15	11	39	37
Never Events reported	1	0	0	1	0	1	0	0	0	0	0

Never Events

4.8 Never Events are defined by NHS England as “serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented”. They include

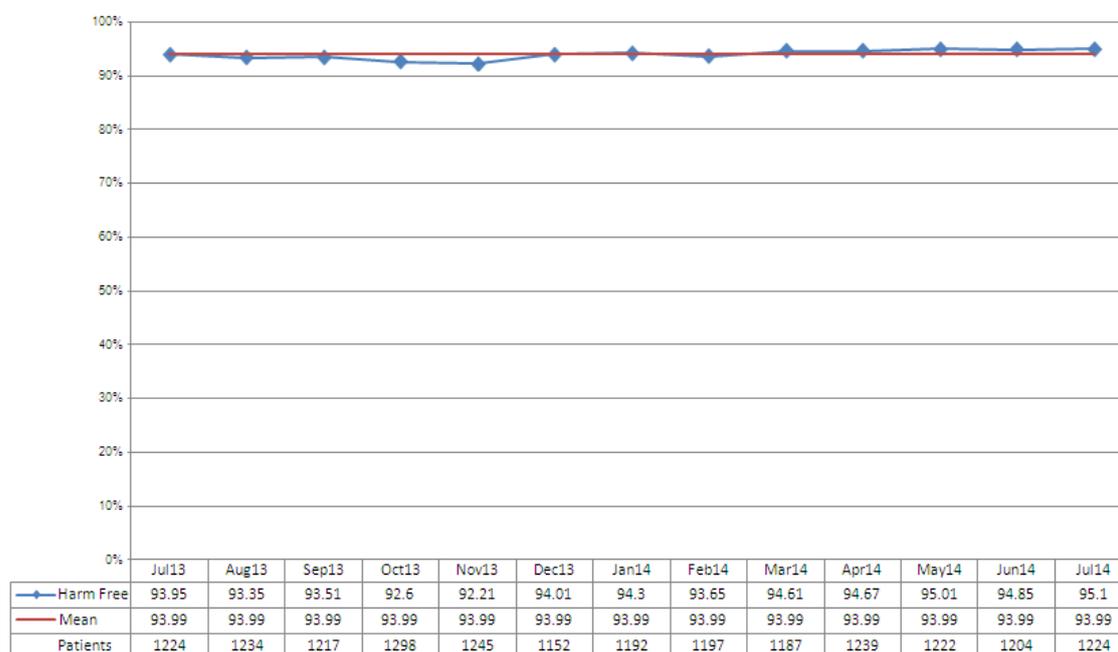
incidents such as wrong site surgery, retained instrument post operation, or wrong route administration of chemotherapy.

- 4.9 There was discussion at the August 2014 CQRM regarding a potential Never Event at DGFT. DGFT’s Medical Director provided a detailed explanation and rationale to support the decision not to report the issue as a Never Event, and a detailed Root Cause Analysis found that medical equipment failure had occurred. The CCG has focused on ensuring appropriate senior clinical staff are aware of this and similar incidents in the future. The Quality team is gaining assurance that governance and reporting mechanisms are implemented in a timely manner for any future incidents. The Area Team has been informed of this decision.

Safety Thermometer

- 4.10 The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results so that this can be measured and monitored over time. For acute providers this focuses on reducing the incidence of four harms; pressure ulcers, venous thromboembolism, catheter acquired urinary tract infections, and falls. This provides organisational context for the services we commission.
- 4.11 The methodology is to audit a sample of patients from across the Trust each month. The figure below shows the percentage of sampled patients reported by DGFT as having no harm identified, and reflects the consistently high levels of harm free care reported by DGFT. However, there is more that can be done to improve this. The results reported by DGFT are in line with peer Trusts.

Figure 2: Harm Free Care reported by DGFT July 2013 – July 2014



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Falls resulting in Harm

- 4.12 Figure 3 (below) shows a month-by-month breakdown of Slips / Trips / Falls (resulting in harm) reported onto STEIS by DGFT to date during 2014/15, and a quarterly breakdown of Slips / Trips / Falls (resulting in harm) reported onto STEIS by DGFT during 2013/14. “Severe injury” is

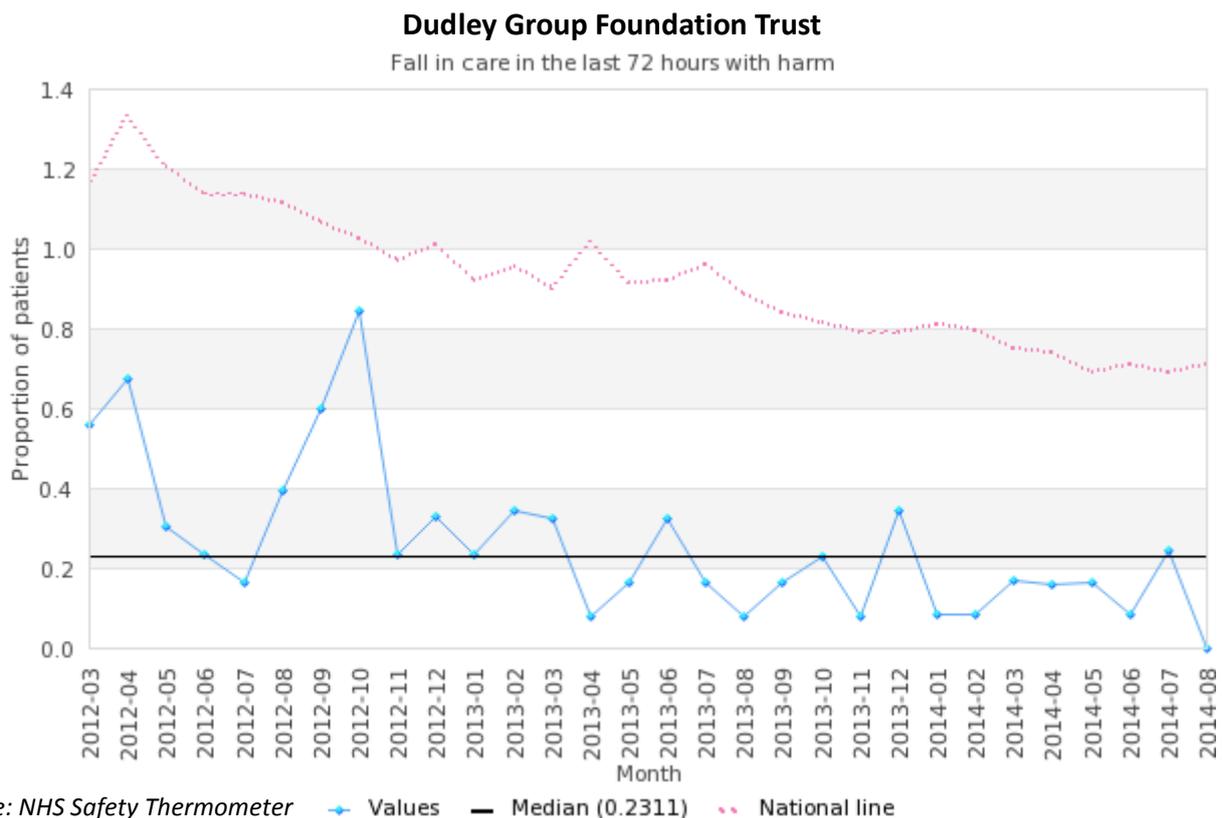
consistently classified by the Quality team as a debilitating fracture, i.e. fractured neck of femur, fractured pelvis.

Figure 3: Falls resulting in harm recorded by date of entry onto STEIS (source STEIS)

Subject	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	2013/14	Apr 2014	May 2014	Jun 2014	Q1 2014/15	Jul 2014
Falls with fracture	1	1	3	7	12	0	0	0	0	2
Falls resulting in severe injury/death	3	4	4	5	16	1	1	1	3	1
Total Falls	4	5	7	12	28	1	1	1	3	3

- 4.13 Three falls occurring in Q1 2014/15 resulted in severe injury. None of these patients died as a result of the fall. The fall resulting in severe injury in July 2014 involved a hip fracture.
- 4.14 Figure 4 (below) shows information about falls resulting in harm, sourced from the NHS Safety Thermometer between March 2012 and August 2014, and reflects DGFT's position against national results and the median level based on the proportion of patients. The overall trend between March 2012 and August 2014 is downwards and appears to have fallen in line with the national trend.

Figure 4: Falls resulting in harm (source NHS Safety Thermometer)



- 4.15 Slips / trips / falls which **do not** result in harm are recorded by DGFT on their own internal incident reporting database. There is no requirement for Provider organisations to record details of all falls on STEIS.
- 4.16 Falls have been a key feature of discussions with DGFT at CQRMs, particularly around risk assessments and roll out of the falls care bundle.

Grade 3 and Grade 4 pressure ulcers

- 4.17 DGFT continues to do a significant amount of work to eliminate avoidable pressure ulcers. From July 2014, DGFT is correctly reporting pressure ulcers. This has resulted in the increase in SIs attributable to pressure ulcers.
- 4.18 Figures 5a and 5b (below) shows a month-by-month breakdown of pressure ulcers reported onto STEIS by DGFT to date during 2014/15, a quarterly breakdown of pressure ulcers reported onto STEIS by DGFT during 2013/14, and the number of pressure ulcers reported onto STEIS by DGFT during 2012/13. The tables also reflect the split between hospital-acquired and community-acquired pressure ulcers from July 2014 for reference purposes.

Figure 5a: Incidence of Grade 3 pressure ulcers

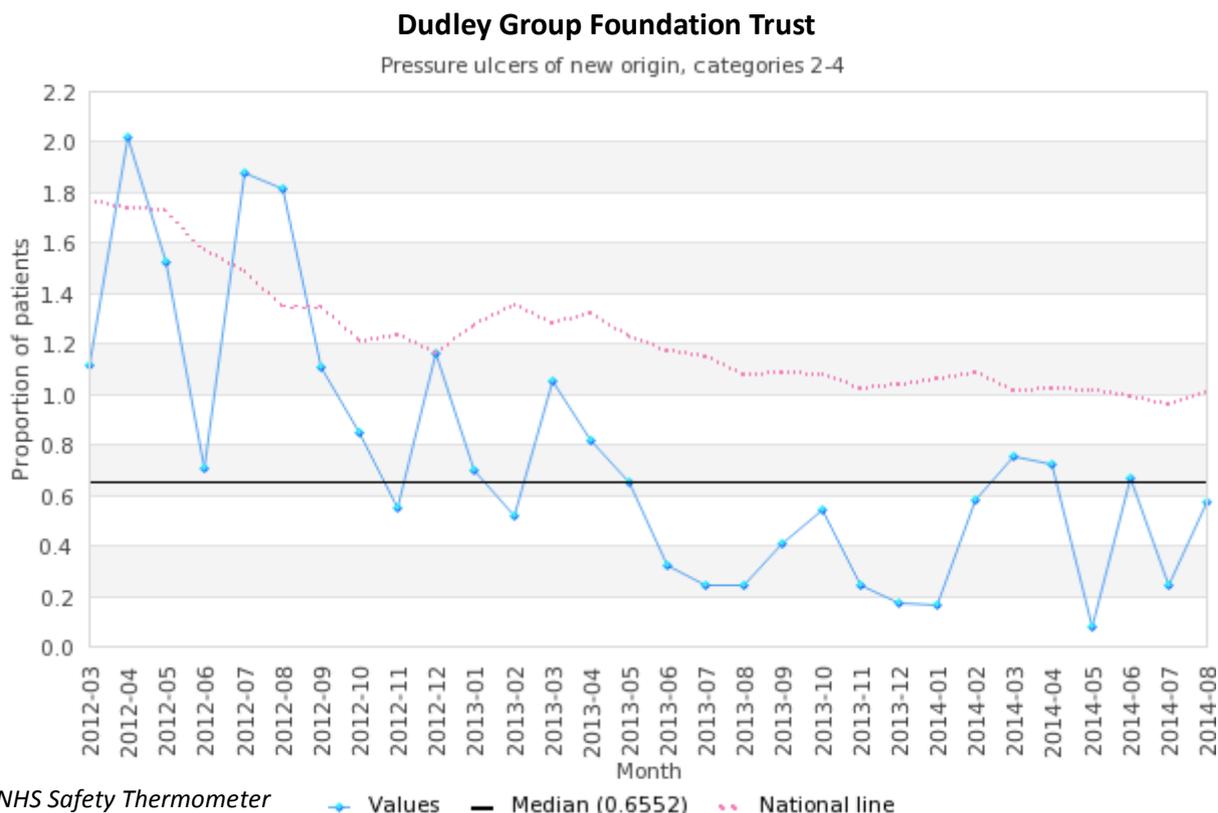
Grade 3	2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	2013/14	Apr 2014	May 2014	Jun 2014	Q1 2014/15	Jul 2014
Community											13
Hospital											10
Total	45	1	2	13	18	34	5	5	3	13	23

Figure 5b: Incidence of Grade 4 pressure ulcers

Grade 4	2012/13	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14	2013/14	Apr 2014	May 2014	Jun 2014	Q1 2014/15	Jul 2014
Community											0
Hospital											1
Total	50	1	0	0	0	1	0	0	0	0	1

- 4.19 The numbers of pressure ulcers for June and July 2014 shown in the tables above are submitted but not yet validated, and may be subject to change depending on the findings and outcomes of the Provider organisation's RCA investigations and whether the Quality team and Area Team agree with any request for reclassification or downgrading.
- 4.20 A total of 37 pressure ulcers have been reported by DGFT year-to-date (April to July) during 2014/15, with 36 reported as Grade 3 and one reported as Grade 4.
- 4.21 Figure 6 (below) shows information about pressure ulcers of new origin (grades 2-4), sourced from the NHS Safety Thermometer between March 2012 and August 2014, and reflects DGFT's position against national results and the median level based on the proportion of patients. The proportion of patients with a pressure ulcer of new origin at DGFT has an overall downward trend between March 2012 and August 2014 despite some spikes, most noticeably in April 2014 (when it was at its peak) and July 2012. More significantly the proportion has dropped from being in line with or above the national rate to below it from January 2013, though the gap does appear to be closing in more recent months.

Figure 6: Pressure ulcers (source NHS Safety Thermometer)



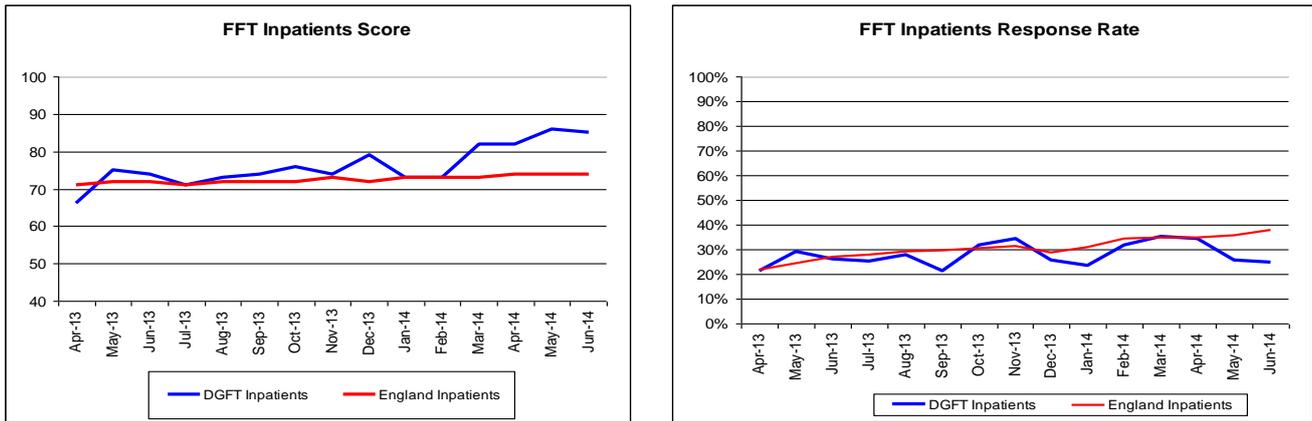
Mortality

- 4.22 DGFT has had an improving focus on mortality and has undertaken a lot of work to understand mortality drivers.
- 4.23 An updated DGFT mortality trend and position using HED data for both HSMR and SHMI is expected to be available in September 2014. The position remains unchanged from the last report due to a delay in data.
- 4.24 There are no Care Quality Commission / Dr Foster Intelligence mortality outlier alerts.

Friends and Family Test (FFT)

- 4.25 FFT scores can range from -100 to +100. The higher the score, the better reported patient experience.
- 4.26 2014/15 CQUIN guidance confirms funding will be based on increasing and/or maintaining response rates in inpatient services (30% by Q4 2014/15), and for reducing (or maintaining at zero) negative responses from inpatient services.
- 4.27 Figure 7 (below) shows that DGFT's Inpatient FFT scores are generally higher than the national score, and have been equal to or above the national score since May 2013. However, the Inpatient response rate has been below 30% for the last three months, whilst the national response rate has increased to 38.2%.

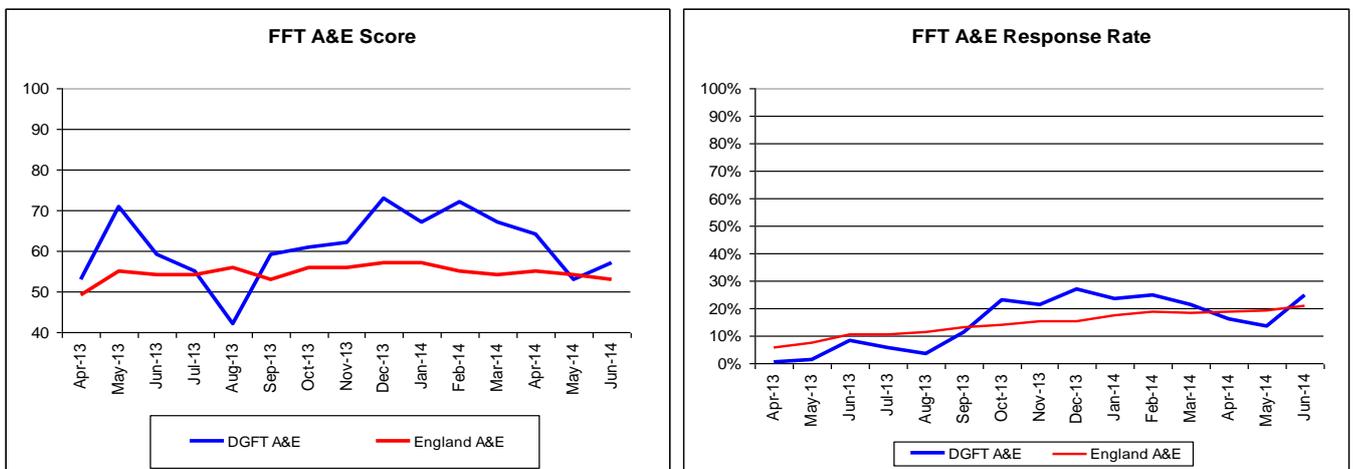
Figure 7: FFT scores and response rate for inpatient services at DGFT



4.28 2014/15 CQUIN guidance confirms funding will be based on increasing and/or maintaining response rates in A&E (to 20% by Q4 2014/15), and for reducing (or maintaining at zero) negative responses from A&E.

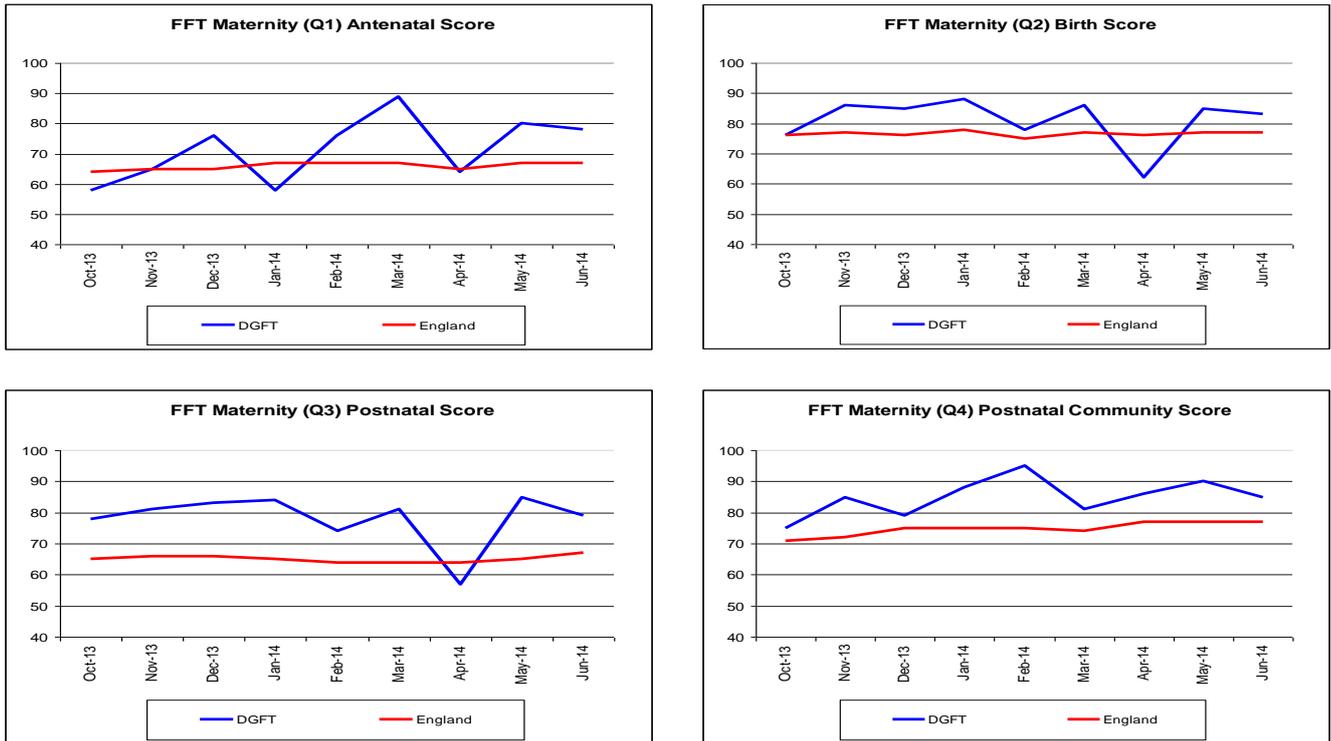
4.29 Figure 8 (below) shows that DGFT’s A&E FFT scores have generally been higher than the national score since September 2013, with one exception in May 2014 (DGFT achieved a score of 53, the national score was 54). The A&E response rate has returned to a level above the national response rate in June 2014, and has returned to being above the 20% threshold.

Figure 8: FFT scores and response rate for A&E at DGFT



4.30 FFT is operational in maternity services across four touch-points (antenatal, birth, postnatal ward and postnatal community). DGFT continues to do better than the national average at all these stages based on the information shown below in Figure 9 (below).

Figure 9: FFT scores for maternity service at DGFT



Staff Friends and Family Test

- 4.31 Staff FFT is to be implemented from April 2015. The primary purpose of Staff FFT is to support local service improvement work and NHS England has adopted a flexible approach for how organisations implement Staff FFT.
- 4.32 Staff FFT data is to be collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken) there is no requirement to undertake Staff FFT, although organisations may wish to do so.
- 4.33 A proportion of staff should have the opportunity to respond to Staff FFT in each of the three quarters, with all staff having the opportunity once per year, as a minimum requirement. Organisations are expected to provide all staff with the opportunity to respond during each quarter if they so wish.

Clinical Quality Review Meeting (CQRM)

- 4.34 CQRMs are held monthly with DGFT together with other associate commissioners and colleagues from the Office of Public Health as appropriate. All stakeholder commissioners receive copies of reports and minutes. Meetings are focused on reviewing the quality of care given supported by surveillance data and reports and data / analysis. Meetings are attended by senior management from DGFT and CCG(s) and operate on the basis of scrutiny and challenge. All providers are now subject to monthly meetings and have a schedule of dates going forward.

5. DUDLEY & WALSALL MENTAL HEALTH TRUST (D&WMHT)

Serious Incident (SI) reporting and management

- 5.1 Receipt of Serious Incident notification and Root Cause Analysis (RCA) reports continues via Walsall CCG. Investigation reports are reviewed by the Quality Team, and feedback has been provided to Walsall CCG that there is room for improvement in relation to some RCAs. Issues are addressed via monthly CQRMs.
- 5.2 A trend of serious harming behaviour (including self-harm) has been identified, and further detail and assurance is being sought via CQRM.

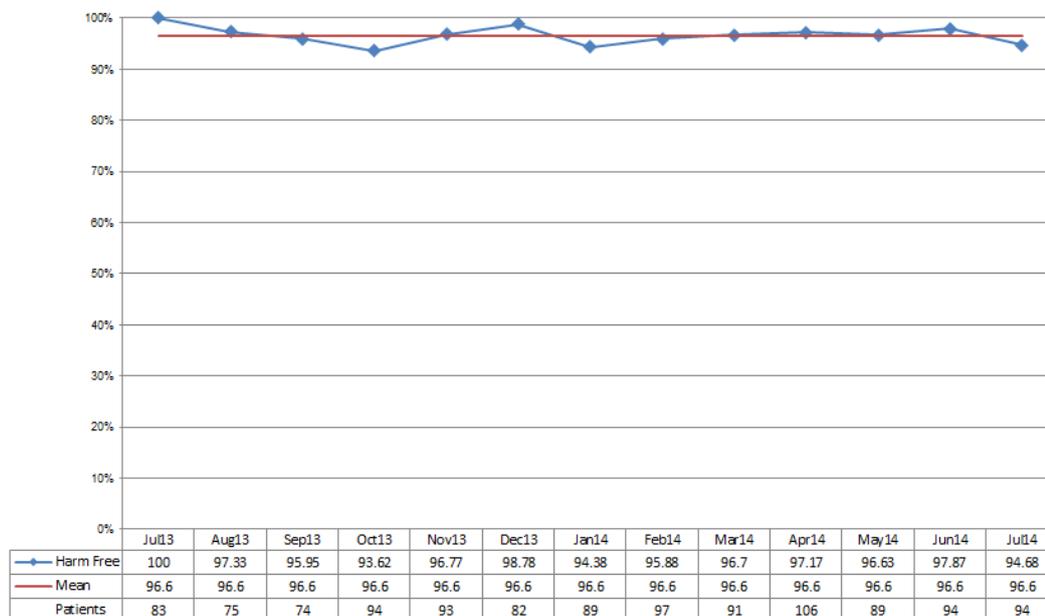
Never Events

- 5.3 There have been no Never Events reported by D&WMHT.

Safety Thermometer

- 5.4 The safety thermometer is a national initiative focused on reducing harm at the point of care – in mental health providers this focuses predominantly on reducing harm related pressure ulcers and falls, other work looks at reducing the risk of harm from violence and aggression and at the point of handover. This provides organisational context for the services we commission.

Figure 10: Harm Free Care reported by D&WMHT July 2013 – July 2014



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Friends and Family Test

- 5.5 Recent updated guidance from DoH confirms that reporting on Friends and Family Test has been deferred to January 2015 for mental health trusts.

Results of CQC Mental Health Survey April 2014

- 5.6 CQC recently published the results of a survey looking at the experiences of service users receiving care and treatment from mental healthcare providers. CQC did not detail how many service users were approached or responded, or the period during which care was assessed.

D&WMHT agreed at the August 2014 CQRM to compare the findings of CQC with relevant internal audits. D&WMHT plan to identify themes to improve the experience of service users.

Clinical Quality Review Meetings

- 5.7 From June 2014, the CCG is having monthly CQRMs with D&WMHT, prior to this meetings were held jointly with commissioners from Walsall CCG. The changed arrangements are so a greater focus can be placed on Dudley residents. Dudley CCG now has greater scrutiny of the quality of care offered to Dudley patients and is shaping KPIs, innovation and safety.
- 5.8 Dudley CCG is currently reviewing D&WMHT's workforce plans.

6. BLACK COUNTRY PARTNERSHIP FOUNDATION TRUST (BCPFT)

- 6.1 Dudley CCG has been advised of areas of concern around BCFPT commissioned services which are currently under investigation. A report will be submitted to the Quality & Safety Committee in September 2014, with a subsequent update to the Board in November 2014.

Serious incident reporting and management

- 6.2 Receipt of Serious Incident notification and Root Cause Analysis (RCA) reports continues via Wolverhampton CCG. No Serious Incidents were reported during June and July 2014. Issues would be addressed via monthly CQRMs.

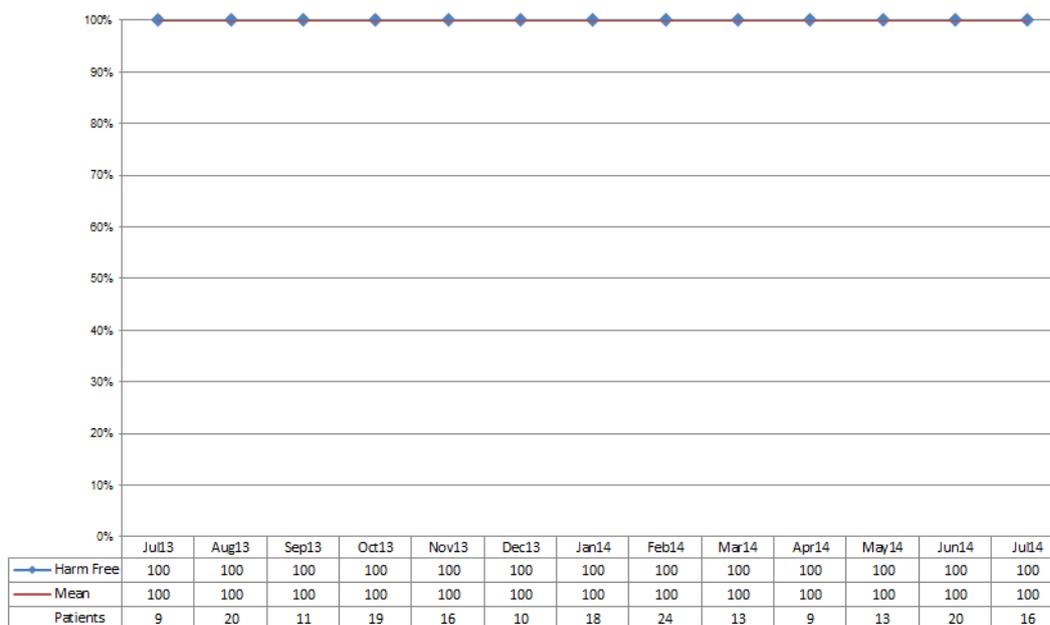
Never Events

- 6.3 There have been no Never Events reported by BCPFT.

Safety Thermometer

- 6.4 The safety thermometer is a national initiative focused on reducing harm at the point of care – in mental health providers this focuses predominantly on reducing harm related pressure ulcers and falls, other work looks at reducing the risk of harm from violence and aggression and at the point of hand over. Figure 11 (below) shows the high reporting percentage of harm free care at BCPFT, this is one of the highest figures across the country, and provides organisational context for the services we commission.

Figure 11: Harm Free Care reported by BCPFT July 2013 – July 2014



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Patient Experience / Friends and Family Test

- 6.5 Recent updated guidance from Department of Health has been advised that reporting on the Friends and Family Test has been deferred to January 2015.

Clinical Quality Review Meetings

- 6.6 Monthly CQRMs are now being held, prior to this the meetings were quarterly and this was insufficient to maintain oversight on the quality of services commissioned by the CCG. BCPFT is now compliant with reporting data at strategic and service level. Greater scrutiny is now in place to ensure that services delivered are effective and responsive to new legislation with regard to children's services.

7. HEALTHCARE ASSOCIATED INFECTION

- 7.1 The Office of Public Health (OPH) provide support and advice to the CCG on Infection, Prevention and Control matters, and provide epidemiology reports to the CCG which are discussed by the Quality & Safety Committee.

C difficile

- 7.2 In 2014/15 *C difficile* thresholds have been set at 48 cases for DGFT and 108 cases for the CCG. At the time of reporting, there have been nine confirmed cases at DGFT and 27 confirmed cases within the community (CCG attributed), which are both below trajectory.
- 7.3 The Quality team is reviewing the contents of a draft report on *C difficile* in collaboration with OPH staff. This report will be received by the Quality & Safety Committee at its next meeting to particularly focus on what further action is needed to reduce rates further.

MRSA

- 7.4 In 2014/15 the MRSA threshold set is zero for DGFT and the CCG – there have been no cases reported to date.

8. CHILDRENS SAFEGUARDING

- 8.1 The CCG continues to ensure that it meets its statutory functions regarding the safeguarding of children. The Designated Senior Nurse post meets NHS England accountability framework and Working Together 2013 requirements and the post-holder works closely with other members of the team including the Designated Doctor and Named GP.
- 8.2 An independent company has been commissioned to undertake a review of safeguarding arrangements within Dudley CCG; findings are due to be presented in September 2014 and will be reviewed by the committee following which the Board will be briefed.
- 8.3 It is expected that the CQC will be undertaking a themed inspection nationally on safeguarding and Looked After Children's services in the near future – date as yet unknown.

Special Educational Needs and Disabilities (SEND)

- 8.4 The CCG Designated Nurse for Safeguarding Children updated the Quality & Safety Committee on forthcoming changes to the Children & Families Bill, which transforms the system for children and young people with Special Educational Needs and Disabilities (SEND).
- 8.5 The Designated Nurse has highlighted this group's requirement with the appropriate providers on behalf of Dudley CCG. New duties will include support from the Core Assessment Framework team from September 2014 system wide work is well established. CQR meetings will continue to:
- Increase focus on the effectiveness of the transition pathway paediatric to adult care;
 - Promote listening to the voice of the child and young person, their experience and that of their parents / carers;
 - Creation of single system spanning 0-25 years for all children and young people and their families through reforms that include the creation of a simplified assessment system, improved co-operation between health and social care, greater choice, and control to parents;
 - Encourage services to work with Local Authorities to publish a clear and transparent 'Local Offer' of services to support children and their families.

9. ADULT SAFEGUARDING

- 9.1 The Q&S Committee was updated on a report received from West Sussex Adult Safeguarding Board about an incident reported to the local CCG arising from Orchid View Nursing Home in West Sussex. This home was part of the former Southern Cross group. It was noted that the incident raised related to the deaths of 19 patients deaths over a two year period. An independent serious case review was carried out with 34 recommendations made. There are implications for Clinical Commissioning Groups across the country. Many of the recommendations are currently being implemented in Dudley. The breakdown and gap analysis will be received at October 2014 Quality & Safety Committee. Ongoing updates will be forwarded to the Board.

Court Ruling – Deprivation of Liberty

- 9.2 The Committee received a report on a recent court ruling regarding Deprivation of Liberty (DOL) (*P versus Cheshire West & Chester Council*, and *P & Q versus Surrey County Council* - ruling in the Supreme Court 2014) as a result there is an expectation that there will be an increase in referrals for DOL assessments. This information to include additional detail has been forwarded to all providers. Dudley CCG is monitoring DoLs assessments in collaboration with Dudley Borough Council.

10. NATIONAL REGULATORS

Care Quality Commission (CQC)

Inspection at DGFT

- 10.1 CQC undertook a visit to DGFT in March 2014 as part of a national review of the 14 Trusts reviewed by NHS England following identification of concerns regarding mortality rates. The CQC inspection included two days on site and focused on eight services. A summit meeting took place on Monday 23 June 2014, and we are awaiting the final report (progress monitored via monthly CQRM).

Inspection at D&WMHT

- 10.2 CQC inspected the Trust in February 2014, a Quality Summit was held following this attended by the CCG. As a result of this inspection, D&WMHT has completed an action plan to comply with identified actions. The action plan will be shared at the next CQRM in September 2014.

11. INDEPENDENT PROVIDERS UPDATE

- 11.1 Dudley CCG commissions services from Ramsay Healthcare at its West Midlands Hospital. There are no quality concerns to report.

12. QUALITY VISITS

- 12.1 A timetable of announced and unannounced visits is being formulated.

13. COMPLAINTS TO CCG

- 13.1 There are currently five active complaints at the time of this report which are reviewed each week at the CCG's Clinical Executive meeting. There are no common emergent themes.

14. RISK REGISTER

- 14.1 The Committee reviewed the CCG risk register, added new items during the meetings in July and August, and changes have been submitted to the Audit Committee.

15. CONCLUSION

- 15.1 The Quality & Safety Committee continues to provide forensic oversight of the quality agenda supported by the CCG Quality Team. Any matters of relevance are contained in this report to the Board. If there are material issues that arise after submission of this report, the Chair of the Quality & Safety Committee will provide an oral briefing to the Board.

16. RECOMMENDATIONS

- 16.1 The Board is asked to:

- 1) **accept** this report as a source of ongoing assurance that the CCG Quality & Safety Committee continues to maintain forensic oversight of all clinical quality standards in line with the CCG's statutory duties.

Dr Ruth Edwards, Clinical lead for Quality & Safety
Miss Rebecca Bartholomew, Chief Quality & Nursing Officer
September 2014