

SHIP PCT Cluster Board

Date of meeting		19 December 2012	
Agenda Item	12	Paper No	CB12/125

Quality Report (December 2012)

Purpose of paper	This report provides a summary of the key quality issues and developments which will be of interest to the SHIP Cluster Board as well as actions agreed in order to provide further assurance for the Board. The report includes a quality dashboard and commentary on items of exception within the report.
Aims/objectives supported by this paper	The report supports delivery of a range of strategies and in particular High Quality Care for All which provides a framework for addressing patient safety, improving patient experience and improving clinical effectiveness.
Principal risk(s) relating to this paper	The paper seeks to address risk by proactively analysing the quality of commissioned services in order to take early remedial action where necessary.
Confirmation that any financial implications have been considered by the Cluster Director of Finance	There are no direct financial implications arising from this paper.
Confirmation that any legal implications have been considered by the Cluster Director of Corporate Affairs	There are no legal implications arising from this paper.
Public involvement – activity taken or planned	Some items referred to in the report result from feedback from patients and the public.
Equality and Diversity	The Quality Teams across the SHIP Cluster regularly analyse data and patient feedback to identify any potential issues impacting on equality and diversity such as access to services.
Report Author	Sarah Elliott, Director of Nursing
Sponsoring Director	Sarah Elliott, Director of Nursing

Date of paper	11 December 2012
Actions requested/ Recommendation	The Board is requested to accept the Quality Report (December 2012).

Board Quality Report (December 2012)

1. Quality Dashboard

1.1 In order to provide the Board with a summary of quality within the main Acute, Mental Health, Community and ambulance service providers, a Quality Dashboard has been developed (Appendix 1). The Dashboard and more detailed quality information for each provider are reviewed by the SHIP PCT Cluster Clinical Governance Committee and at regular Contract Quality Review meetings.

1.2 The Dashboard is structured within the three domains of quality including effectiveness, patient experience and safety. There are a great many metrics which could be included within the dashboard, but this has been restricted to those where there is a measurable outcome and where possible a national benchmark.

1.3 The main findings and actions are as follows:

University Hospital Southampton NHS Foundation Trust (UHSFT)

1.4 The Trust continues to perform very well with preventing Health Care Acquired Infections for MRSA and C Difficile. Further work on a whole health and social care system basis continues to minimise the impact for patients of Norovirus outbreaks.

1.5 It is pleasing to note that following the difficulties earlier in the year, there have been no mixed sex accommodation breaches in the past three months.

1.6 Following work with the Emergency Intensive Support Team to review working arrangements within the A and E Department at the hospital, a detailed action plan is being implemented and it is hoped this will ensure that key quality measures such as A and E waiting times, ambulance handover and reducing unnecessary re-attendance will be improved on a sustainable basis.

1.7 A recent “walk around” at the hospital identified some concerns in respect of medicines storage and the Trust is working on actions to further improve practice in this area.

Portsmouth Hospital NHS Trust (PHT)

1.8 The Trust has maintained a satisfactory position on reducing Health Care Acquired Infections and is now within acceptable levels to achieve the year end position for MRSA and C Difficile.

1.9 The trust continues to experience challenges with recruitment of nursing staff including areas such as medicine for older people and has had a successful recruitment campaign within Europe.

1.10 In August the Trust reported an internal patient satisfaction score of 84.6%, which is a slight improvement on Month 4 (83.71%) and Month 3 (84.31%).

- 1.11 A “walk around” the Oncology Day Unit took place in October 2012 to review progress with improving the patient experience. Some good progress was noted including extended staffing hours to meet patient needs.

Hampshire Hospitals NHS Foundation Trust (HHFT)

- 1.12 There has been one case of MRSA to date at Hampshire Hospitals NHS Foundation Trust, which means the Trust has breached its target in this area. The Root Cause Analysis on this incident has been forwarded to the PCT/CCG for review.
- 1.13 HHFT has undertaken a patient survey in their paediatric outpatient department using IPADs. This identified that 100% of children and parents reported their experience as good or excellent. There were some areas for improvement, such as ensuring nursing staff provide information to overcome worries and concerns.
- 1.14 HHFT reported zero mixed sex accommodation breaches in August and September and appears to have overcome the difficulties of previous months. The latest Summary Hospital Mortality Indicator (SHMI) findings indicate a significant improvement in the mortality rate at the hospital to 1.05 (previously 1.14). The SHMI is defined as the ratio between the actual number of patients who die following a treatment, and the number who would be expected to die on the basis of England average figures.

Isle of Wight NHS Trust

- 1.15 The Trust performance on infection control has deteriorated and there have now been two cases of MRSA and ten cases of C Difficile year to date. The PCT Cluster Infection Control Nurse is working with the Trust to ensure all preventative measures to reduce healthcare acquired infections are being followed.
- 1.16 The latest Standardised Hospital Mortality Indicator findings indicate a slight improvement in the mortality rate at the hospital to 1.07 (previously 1.12).
- 1.17 Patient experience at the Trust continues to be a concern and although the sample size is small, it is concerning that only 40% of patients report that they would recommend the hospital services to a friend. The PCT Cluster Medical and Nursing Director are meeting with the Trust Chief Executive on 18th December to discuss plans to further improve quality within the Trust services.
- 1.18 It is pleasing to note the improvement in the performance of IoW stroke services and the National Stroke Improvement team has endorsed the trust plans in this area.

Frimley Park NHS Foundation Trust

- 1.19 The Trust is within maximum levels for healthcare acquired infections for MRSA and C Difficile.
- 1.20 The PCT Cluster continues to work closely with the Trust on management of Serious Incidents Requiring Investigation (SIRIs) and is reviewing the 24 SIRIs which have occurred since April 2012, including one Never Event. The main theme from the SIRIs is falls resulting in harm and the Trust continues to implement best practice to reduce harm to patients in this area.

Southern Health NHS Foundation Trust (SHFT)

- 1.21 Work continues to address the backlog of open SIRIs at the Trust (164) and the PCT Cluster is holding regular panels to review the quality of the SRI investigations prior to closure and holding monthly joint meetings with the Trust.
- 1.22 Concern continues about the number of pressure ulcers being reported by the Trust and the PCT Cluster is in discussion with the Trust about gaining an independent analysis to ensure best practice is being followed.
- 1.23 The PCT Cluster has been reviewing medicines reconciliation by pharmacists/pharmacy technicians within the first 24 hours of admission. At present this stands at only 31-37% across smaller community hospitals. Three pharmacy technicians have been recruited recently giving more workforce capacity.

Solent NHS Trust

- 1.24 One patient receiving services from the Trust acquired an MRSA bacteraemia in October and a root cause analysis of how this occurred is awaited.
- 1.25 Following a recent CQC visit to Adult Mental Health services, the Trust was found to be non-compliant relating to outcome 4 and a follow up visit by the CQC is expected in December 2012. A report is also awaited from the CQC following a visit to HMP Winchester prison to which Solent NHS Trust provides health services.

South Central Ambulance Service NHS Foundation Trust

- 1.26 A commissioner led review continues to address some performance concerns within the trust including poor response times in Berkshire and parts of Hampshire and high rates of call abandonment at peak periods. The SHIP PCT Cluster and CCGs is undertaking observational visits, reviews of clinical audits and key clinical governance processes to gain further assurance in these areas. The Trust has a large recruitment programme in hand for call handlers and clinical staff, which came on stream in November and a number of additional actions have been agreed to address the poor performance before this time.

2. NHS 111 and new Out of Hours Service in Southern Hampshire

- 2.1 The first phase of the new NHS 111 service and Out of Hours service in Southern Hampshire commenced on 2nd October 2012. The call handling element of the service is provided by South Central Ambulance Service (SCAS) and the medical Out of Hours service is provided by Care UK on behalf of Portsmouth Health Limited.
- 2.2 Within the first month of the service 18,500 calls were taken, with nearly 12,000 calls receiving advice or contact from local GPs working in the Out of Hours service. The service has seen particularly high levels of demand on Saturdays and Sundays and at times this has led to patients needing to call back. Extra phone lines and staffing have been introduced and all national quality standards for response times are now being met.
- 2.3 There were some initial IT interoperability problems which have now been overcome and improvements have been made to the Directory of Service to ensure all patient needs can be met in a timely way by the right service.

- 2.4 In addition to patient feedback, health professionals are encouraged to feedback on their experience of the service. Helpful comments have been received including the need to further improve discharge summaries to GP practices.
- 2.5 The next stage of the roll out of NHS 111 will be to link the call handling service provided by SCAS to the North Hampshire Urgent Care service and this is scheduled to take place on 22nd January 2012.

3. Annex to Annual Accountability Agreement

- 3.1 In order to ensure CCGs are ready to meet their new clinical governance responsibilities for commissioned services from April 2013, the Clinical Governance Committee has agreed a plan for delegation of specific responsibilities between January to March 2013 including leading the development of quality schedules for 2013/14 contracts and chairing Clinical Quality Review meetings with providers. This has been formalised within an annex to the Annual Accountability Agreement between the PCT Cluster and CCGs to ensure there is a clear audit trail for CCGs taking on this work.

4. Vascular Surgical Services

- 4.1 The SHIP PCT Cluster, CCGs and Specialised Commissioning colleagues continue to monitor local vascular surgical services via a clinical governance framework and it is pleasing to see that clinical outcomes for patients continue to be good.
- 4.2 Within the past two months there has been some good progress in discussions between Portsmouth Hospitals NHS Trust (PHT) and University Hospital Southampton NHS Foundation Trust (UHSFT) leading to agreement to a number of principles for a clinical network for vascular services.
- 4.3 This has included agreement to a joint on call rota (initially at weekends) and that all emergency aortic work could transfer to UHSFT. In addition there are clear agreements on joint training and research plans and a commitment to develop a multi disciplinary team with sub specialisation of Consultants to further improve outcomes for patients across southern Hampshire.
- 4.4 The progress was reported to the Portsmouth and Southampton Health Overview Scrutiny Committee/Panel meetings on 29th November 2012 when the Trust's Medical Directors provided a joint presentation.
- 4.5 Details of the proposed network will be further discussed at the first meeting of the Vascular Strategic Planning Group, which is due to take place on 12th December 2012.

5. Friends and Family Test

- 5.1 Local Trusts are continuing to prepare for the introduction of the Friends and Family Test with continuous surveying to be in place by April 2013.

- 5.2 The Friends and Family Test aims to provide a simple, headline measure to drive cultural change and continuous improvements in the quality of the care received by NHS patients. It will provide organisations, employees and the public with a simple, easily understandable measure based on near real-time experience, which is comparable from a patient's point of view and benchmarkable from an organisation's perspective.
- 5.3 There is one standard question to be used:
- 'How likely are you to recommend our ward / A&E department to friends and family if they needed similar care or treatment?'*
- 5.4 Trusts can use follow up questions such as:
- "Please can you tell us the main reason for the score you have given?"*
- "Please can you tell us why you would/would not recommend us to your Friends and Family?"*
- 5.5 The questions must be asked at or within 48 hours after discharge to:
- Adult acute inpatients (who have stayed at least one night in hospital)
 - Adult patients who have attended A and E and left without being admitted to hospital or who are transferred to a Medical Assessment Unit and then discharged.
- 5.6 Maternity service users and patients under 16 years old are currently not included in the Friends and Family Test questions but might be included at a later stage.
- 5.7 The question can be asked via a range of media including:
- Online feedback; SMS/Text Message; Smartphone apps
 - 'Voting booth' kiosks; telephone interviews
 - Postcard solutions; to be either completed on site or mailed back
- 5.8 Trusts will be required to report on total numbers of patients within the target group, numbers given the opportunity to respond, numbers of responses and the breakdown of the response categories, at organisational level. The intention is to report at site level nationally and to apportion results at CCG level but this will be clarified in the reporting guidance to be published later this year.

6. Winterbourne View

- 6.1 The November meeting of the SHIP Cluster Clinical Governance Committee received a detailed report on work being undertaken following the various reviews of Winterbourne View.
- 6.2 There are 115 recommendations in the reports with ownership of these by a range of different bodies including; Clinical Commissioning Groups, National Quality Board, Department of Health, Care Quality Commission, Commissioning Boards and Local Authorities. The majority of the 115 recommendations require joint working across agencies, those requiring action by NHS (45) include;

- 2 for Commissioners of Winterbourne View
 - 2 for the NHS
 - 26 for the NHS and the Local Authority
 - 5 for the NHS, Local Authority and NHS Commissioning Boards
 - 1 for the NHS and Department of Health
 - 8 for the NHS and NHS Commissioning Board
 - 1 for the NHS, Local Authority and Care Quality Commission to lead on
- 6.3 Some of the recommendations will require changes in policy and guidance whilst others require changes in commissioning services for people with Learning Disabilities at a local commissioning level.
- 6.4 The Clinical Governance Committee received assurance about 24 work streams which have commenced in relation to some of the recommendations including:
- Detailed analysis of all commissioned placements with conversion of all SLAs onto the DoH national contract template and use of a framework contract for all new packages of care which will enable commissioners to have a consistent approach to procurement.
 - In partnership with the Local authority overarching safeguarding vulnerable adults meetings have been held when there has been evidence of institutional concerns. Practice development has resulted in the preparation of a draft early warning dash board for LD services, in partnership with NHS South England.
 - SHIP Task & Finish Group established to review commissioned packages of care for vulnerable people including reviewing quality elements within contracts together with contract levers to drive up quality and reporting by providers

Sarah Elliott
Director of Nursing
11th December 2012

APPENDIX 1

For all tables below, months of reporting are as indicated, unless otherwise stated, for example, annual reports or most recent months data.

ACUTE HOSPITALS			UHS FT	Ports	Hamp Hosps	Frimley	IOW	Salisbury	Royal BCH
Clinical Effectiveness	National Audits 2011 Report	Hip # Database - surgery within 48 hours (ranking out of 176 hospitals)	126/176	50/176	Participating*	13/176	80/176	88/176	N/A
	PROMS June 11- Dec 11 Published Aug 12	Average gain on Oxford Hip Scale (England Av = 0.40)	0.37	0.42	0.44	0.37	0.39	0.39	0.44
		Average gain on Oxford Knee Scale (England Av = 0.29)	0.31	0.32	0.24	0.30	0.34	0.27	0.33
	Readmissions	% Emergency Readmissions within 30 days	7.7%	7.4%	6.42%	9.44%	6%	7.61%	
	Stroke	90% of time in Stroke Unit (Target 80%) Aug	79%	86.5.7%	100%	92.1%	92.3%	90.9%	65% (Mar)
		High risk TIA cases investigated and treated within 24 hours (National target 60%)	100%	47.5%	100%	78.6%	76.9%	75%	73% (Mar)
	A&E	Left dept without being seen (Eng Ave 2.6%) Aug	3.9%	2.7%	2%	1.7%	0.9%	2.3%	2.9%
		Re-attendance within 7 days (Eng Ave 7.5%) Aug	10.7%	6.8%	7.3%	6.1%	3%	1.8%	4.1%
Patient Experience	NHS Choices	% who recommend hospital to a friend (Aug)	63%	61.1%	77%	83%	40%	85%	88%
	National Surveys number of indicators in 2011 survey - National Comparison	Staff survey in Negative/Worst 20%	2	2	2 W 2B	1	12	1	0
		Staff survey in Positive/Best 20%	7	10	12 W 13B	16	10	18	17
		Inpatient survey indicators in Worst performing trust section	3	2	0	1	0	2	0
		Inpatient survey indicators in Best performing trust section	0	2	2	1	1	0	0
	Annual Pt Environment Action Team Score (2012)	Environment	Good	Good	Good	Good	Excellent	Excellent	Good
		Food	Good	Excellent	Excellent	Excellent	Good	Excellent	Excellent
		Privacy and Dignity	Good	Good	Good	Good	Excellent	Excellent	Good
	Mixed Sex Accommodation	No. of non-justified MSA Breaches reported on UNIFY	0	0	0	0	0	0	0
Patient Safety	SIRIs	Never Events per 100,000 bed Days (YTD)	0	0	0	0	0	0	0
		No of never events YTD	1 (Aug)	1 (Aug)	3	2	0	1	
		No SIRIs	5 (Aug)	10 (Aug)	21 (YTD)	21 (YTD)	75(YTD)	9(YTD)	
	Harm Free Care Oct 12	% of patients with Harm Free Care (Pressure Ulcer, Falls, Urinary Infection with a catheter, VTE) Eng Ave 91.24	92.0	91.49	90.0	94.0	92.2	89.6	97.7
	VTE	% of admissions receiving VTE Risk Assessment (Target 90%)	92.5%	94.3%	92%	92%	90.8%	97.2%	92.7%
	Mortality Oct 2012	Summary Hospital-Level Mortality Indicator (SHMI)	0.92	0.98	1.02	0.87	1.07	1.04	1.00
	HCAI	Clostridium difficile (YTD)	24	24	16	6	10	14	11
		MRSA (YTD)	1	3	1	1	2	1	0

* Participating - not enough data for information.

For all tables below, months of reporting are as indicated, unless otherwise stated, for example, annual reports or more recent month.

COMMUNITY PROVIDERS - APRIL			Solent	IOW	SHFT: ICS	SHFT:MH
Patient Experience	Annual Pt Environment Action Team Score (2012)	Environment	Good	Excellent	Good	Good
		Food	Good	Excellent	Good	Good
		Privacy and Dignity	Good	Excellent	Good	Good
	Mixed Sex Accommodation	No. of non-justified MSA Breaches reported on UNIFY	0	0	0	0
	SIRIs	No of never events YTD	0	0	0	0
		No SIRIs	11		29	17
	National Surveys number of indicators in 2011 survey (National Comparison)	Staff survey in Negative/Worst 20%		12	5	5
		Staff survey in Positive/Best 20%		10	10	10
Safety	Harm Free Care	% of patients with harm free Care (Pressure Ulcer, Falls, Urinary infection with a Catheter, VTE) Eng Ave 91.24	91.0	91.46	87.0	86.61
	Infection Control	Clostridium difficile (YTD)	2	0	2	0
		MRSA (YTD)	1	0	2	0

For all tables below, months of reporting are as indicated, unless otherwise stated, for example, annual reports or more recent month.

AMBULANCE PROVIDERS - APRIL			SCAS	IOW
Effectiveness	Stroke	% patients Primary PCI to treatment within 150 minutes (target 85%)	89% June 12	
	Cardiac arrest	% of patients with return of circulation by hospital Arrival-witnessed cardiac arrest	53.8% June	
Patient	Patient Experience	% Calls Abandoned	3.3 (Sept)	1.39%
Patient Safety	Patient Safety Incidents	Incidents Reported to NRLS Oct 2011 - March 2012	0	
		Never Events (YTD)	0	
		SIRIs (YTD)	5	