

Report To:	Governing Body 9 April 2015
Title of Report:	Quality and Safety Report and Quality Dashboard
FOI Exemption Category:	Open
Responsible Officer:	Penny Woodhead - Head of Quality
CCG Lead:	Dr Majid Azeb
Report Author and Job Title:	Penny Woodhead – Head of Quality
Executive Summary:	<p>This report provides the Governing Body with progress against recent quality and patient safety activities including:</p> <ul style="list-style-type: none"> • Quality performance information • Update on Child and Adolescent Mental Health Services • Commissioning for Quality and Innovation Quarter 3 2014-15 update • Patient Experience Report • Safer Staffing Performance Indicator Development • CHFT Potential Clinical Risk • Report on Morecambe Bay Investigation • CQC inspections in General Practice
Finance/Resource Implications:	None included in the report.
Risk Assessment:	<p>Risk is managed in line with risk management policy and procedures, included in the corporate risk registers and Board Assurance Framework as relevant.</p> <p>There are a number of risks on the risk register relating to quality and safety including health care associated infections, patient experience, CQUINs, Safeguarding.</p>

Legal Implications:	None identified
Health Benefits:	The quality work positively affects the Outcomes Framework
Staffing/Workforce Implications:	None identified
Outcome of Equality Impact Assessment:	Not required
Sub Group/Committee:	NHS Calderdale CCG Quality Committee
Recommendations:	<p>The Governing Body is requested to receive and note information and actions taken on the following areas:</p> <ul style="list-style-type: none"> • Quality performance information • Update on Child and Adolescent Mental Health Services • Commissioning for Quality and Innovation Quarter 3 2014-15 update • Patient Experience Report • Safer Staffing Performance Indicator Development • CHFT Potential Clinical Risk • Report on Morecambe Bay Investigation • CQC inspections in General Practice

1.0 Purpose of the report

- 1.1 The purpose of this report is to update the Governing Body on various matters relating to the quality of the services commissioned by the CCG and activity relating to quality improvement.
- 1.2 The quality measures including healthcare associated infections, eliminating mixed sex accommodation, Venous Thromboembolism (VTE), National Patient Safety Alerts (NPSA), Safety Thermometer and Patient Reported Outcome Measures (PROMs) have been incorporated into a quality dashboard, together with an exception report.

Highlights to note include:

- CHFT – report on Hip Fractures received at Clinical Quality Board
- SWYPFT - staffing levels have improved
- CHFT – C Diff currently at 26 against an annual target of 18
- CHFT – FFT response in A&E has improved in month but is still below target.

Further information on these can be found in the Quality Dashboard Exception Report.

2.0 Update on Child and Adolescent Mental Health Services (CAMHS)

- 2.1 As a result of ongoing concerns regarding the Tier 3 CAMHS service a local CAMHS summit was held involving senior representatives from Greater Huddersfield CCG, Calderdale CCG, North Kirklees CCG, together with the Director of Children and Young People's Services for Kirklees Council and the Chief Executive, Director of Nursing and Interim Director of CAMHS from the South West Yorkshire Partnership Foundation Trust.
- 2.2 At the meeting the Trust re-affirmed its commitment to Tier 3 services and to working across the whole system to support the emotional health and wellbeing of children and young people in the area. It was acknowledged that progress was being made but significant challenges were highlighted, in particular:
 - The ability of the Tier 3 service to respond to children and younger people's needs, including associated safeguarding matters. SWYPFT committed to working with the Local Authority to understand the full nature of the concerns, and seek to find an appropriate solution.
 - The lack of robust data was of concern to all parties.
 - There was also recognition of the Trust's position that the service was unable to meet the demand for both planned and emergency care with commissioners agreeing to consider the need for further investment to rectify this situation.
- 2.3 Given the shared levels of concern, it was agreed that we should move to enhanced quality surveillance of the CAMHS service. This can take place when assurance on the routine monitoring is reducing, and risk is increasing.

2.4 CCGs will continue to monitor the quality in line with routine monitoring, but will supplement this with other surveillance / monitoring.
In doing so we will:

- 2.4.1. Review all quality and safety metrics together, i.e. commissioner and provider to ensure we have a complete and agreed picture, this may involve expanding the current data set
- 2.4.2. Establish a programme of 'go see' visits. This will include both clinical and managerial staff from the CCGs
- 2.4.3. Where compliance / audit work is taking place commissioners join this process

2.5 This process will begin in April 2015, with an updated being provided to the CCG's Quality Committee in April and a full report can be expected at Committee in May 2015

3.0 Commissioning for Quality and Innovation (CQUINS) Quarter 3 2014-15 update

3.1 The Commissioning for Quality and Innovation (CQUIN) payment framework was introduced in financial year 2009/10. It is a national framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on the achievement of ambitious quality improvement goals and innovations agreed between commissioner and provider.

3.2 The overview of the development of local CQUIN schemes, including the implementation, trajectories setting, improvement plans and recommendation of these to the relevant Contract Management Boards continues to be managed through the Clinical Quality Board arrangements.

3.3 An update on the Quarter 3 position for CQUINS for Calderdale CCG main providers was received at the February Quality Committee details of which can be seen below:

Provider	Q1	Q2	Q3	Q3 comments	Next Steps
CHFT	100%	100%	92%	Did not achieve: Respiratory disease, asthma care bundle	Discussed at Clinical Quality Board 3 March 2015 – action plan in place.
SWYPFT	84.05% 89% (C) 91.5% (K) 71.67% (W)	90.86% 92.5% (C) 95.03% (K) 85.07% (W)	95% 95% (C) 92.5% (K) 97.5% (W)	Did not achieve: Service User Experience (C,K,W)	Discussed at Clinical Quality Board on 23 February 2015. Being looked into by SWYPFT's Patient Experience Group.
Spire Elland Hospital	100%	100%	87.5%	Did not achieve: Friends and Family Test Response Rate	Being looked into by North Kirklees CCG, awaiting further information
BMI Huddersfield	80%	80%	100%	All indicators achieved	Continue to monitor

Provider	Q1	Q2	Q3	Q3 comments	Next Steps
YAS	57%	77%	To be confirmed	Not yet agreed with co-ordinating commissioners	To be received at Quality Committee, once internal governance processes have been satisfied.

4.0 Patient Experience Report

- 4.1 The Quality Committee received the Patient Experience Report for Quarter 3 at its meeting on 25th February 2015. The report has been in development over the past 6 months and provides an at a glance overview per provider with a recommendation tracker that seeks to assist us as a CCG in ensuring that we are using feedback from patient experience to provide focus to provider discussion and challenge. Patient experience is one of the pillars of Quality and Safety and this report provides an at a glance summary of patient experience feedback across our local health care services to be used in conjunction with our other dashboards. Appendix 1 shows the first page of the report which is an overview of Patient Experience for CCGG
- 4.2 The intention is that the report combines intelligence from a range of sources including providers, CCG, Healthwatch and national feedback, to provide alerts as to areas of care and services that may require further investigation. These alerts are then triangulated with other Quality and Safety measures such as the quality dashboard, serious incidents, staffing levels and clinical performance to understand the potential impact of the issues raised. These provide good evidence for discussions with providers who in turn can begin to address areas where changes are required or conversely learn from the areas of positive feedback. The committee has asked that the Governing Body receive an annual patient experience report in 2015/16.

5.0 Safer Staffing Performance Indicator Development

- 5.1 In Hard Truths, the Secretary of State outlined the requirement for NHS organisations to demonstrate they are delivery safe and effective care. A number of actions were put in place, including publishing actual versus planned staffing numbers on a monthly basis. An outstanding requirement is the publication of nursing safer staffing indicators, which will provide an overall RAG rating for Trusts.

These indicators will support the patient safety information already published on NHS Choices and provide comparable information for Trusts to use and for patients and service users to enable them to make an informed choice of care provider. It will also be used by the regulatory bodies as part of their Trust assurance process.

- 5.2 The indicators that make up the initial composite measure include:
- Staff sickness rate, taken from the ESR (published by HSCIC);

- The proportion of mandatory training completed, taken from the National staff survey measure;
- Completion of a Performance Development Review (PDR) in the last 12 months, taken from the National staff survey measure;
- Staff views on staffing, taken from the National staff survey measure; and
- Patient views on staffing, taken from the National patient survey measure.

5.3 This is due to be published in April 2015 and in future, this information will be discussed at Clinical Quality Board meetings and included in the Quality Dashboard.

6.0 CHFT Potential Clinical Risk

6.1 An extended Clinical Quality Board was held on 3rd March 2015, CHFT shared a number of areas of potential risk.

Areas highlighted include:

- Emergency Care
- Cross site paediatrics
- Extended day
- 7 day working
- Cross site transfers
- Medical out of hours cover
- Recruitment and retention of doctors
- Critical Care
- Mortality
- Patient Experience
- CQC Compliance

6.2 The Board discussed the nature of the risk, actions that have been taken to date in order to mitigate the risk, any residual risk and further actions that may be required.

6.3 In addition the Board discussed identifying the risks into categories of patient safety, patient experience, efficiency/patient flow.

6.4 A number of mitigations to the individual risks were discussed and further work will be undertaken in a number of areas.

7.0 Report on Morecambe Bay Investigation

7.1 A report has been published on the independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust.

7.2 The report identifies a number of recommendations, 18 relate directly to the Morecambe Bay Trust and a further 26 for the wider NHS.

7.3 CHFT have received a copy of the report and will present a local response to the recommendations at a future Clinical Quality Board.

7.4 The full report can be found at:
<https://www.gov.uk/government/.../morecambe-bay-investigation>

8.0 Care Quality Commission (CQC) Inspections in General Practice

8.1 The CQC are currently inspecting General Practices in Calderdale. Four visits took place in March and more will follow in April. We have not yet received any feedback from the March visits. The CQC met with the CCG officers to discuss the visits, and agreed how information is shared. Should serious concerns emerge through a practice inspection the CCG will be informed. All reports, once published will be included in the Quality and Safety report. When all visits have concluded and reports published the CCG will review for themes and consider any further support to practices. This will be presented to Quality Committee.

9.0 Recommendations

The Governing Body is requested to receive and note information and actions taken on the following areas and agree to receive the Patient Experience annual report at a future meeting:

- Quality performance information
- Update on Child and Adolescent Mental Health Services
- Commissioning for Quality and Innovation Quarter 3 2014-15 update
- Patient Experience Report
- Safer Staffing Performance Indicator Development
- CHFT Potential Clinical Risk
- Report on Morecambe Bay Investigation
- CQC inspections in General Practice

10.0 Appendices

Appendix 1 – Patient Experience Summary

Appendix 2 – Quality Dashboard