

## **Quality Report January 2019**

### **1.0 Introduction**

This report presents the key quality issues and exceptions identified by the Operational Leadership Team (OLT) since the last report in December 2018.

1.1 The QCGC receives the exceptions and report from the quality dashboard providing assurance that provider compliance to contractual quality requirements is monitored and actions are taken where appropriate. National and local initiatives that impact on quality are also circulated to assess the potential impact on services. The OLT receive exceptions every two weeks and are updated on the management of these.

1.2 The Quality report to the QCGC reflects compliance against the contractual requirements for 2018/19 reflecting quality data from the provider based on the NHS contract. Information is also included from provider Clinical Governance Committees and other Quality networks within the system. The dimensions of patient safety, patient experience, clinical effectiveness and prevention are explored, with triangulation of the data available from the regulators of the service. Where possible, the report benchmarks data from similar providers across Berkshire, Hampshire and Surrey. This further enables analysis and assurance and provides an insight into the collaborative working across the Clinical Commissioning Groups (CCGs).

1.3 The Quality dashboard is shared with the Audit Committee for assurance on process and review following the QCGC.

1.4 The dashboard presents the quality data against indicators in the 5 domains of the NHS Outcomes Framework. These are

- Domain 1 - Preventing people from dying prematurely
- Domain 2 - Enhancing quality of life for people with long-term conditions
- Domain 3 - Helping people to recover from episodes of ill health or following injury
- Domain 4 - Ensuring that people have a positive experience of care
- Domain 5 - Treating and caring for people in a safe environment; and protecting them from avoidable harm.

### **2.0 Key highlights**

The key highlights to report are:

#### **2.1 Safeguarding**

The Quality Leads from the Surrey CCGs continue to work collaboratively to further strengthen safeguarding arrangements for children and adults. The integrated Surrey Wide Safeguarding Team for Children, Young People and Adults is hosted by Guildford and



Waverley CCG. The integration has enabled a “Life Course” approach to safeguarding, ensuring a focus on all stages of a person’s life (pre-birth to end of life).

2.1.1 The Looked After Children Annual Report for 2017 2018 was received by the CCG Quality and Clinical Governance Committee. The Designated Nurse for Safeguarding provided assurance of the improvements with both quality and timeliness of Initial Health Assessments, although there is room for further improvement across the Surrey CCGs and plans are in place to support this. The report noted the integration and partnership operational working between Health and Social Care teams, and that all posts within the Looked After Team now recruited to. This has assisted in improved communication with the CCGs and has developed the services for Looked After Children. Level 3 Safeguarding training for GPs has commenced and there is a set programme of supervision to support all named and specialist safeguarding nurses across the providers.

## 2.2 Infection Prevention and Control

The Surrey Infection Prevention and Control Committee continue to work on the strategic plan to reduce rates of infection across the Surrey system. Surrey Heath CCG is also involved in the work across the Frimley Health and Care Integrated Care System (Frimley ICS).

From a Surrey Heath CCG perspective:

### 2.2.1 *Methicillin Resistant Staphylococcus Aureus Bacteraemia (MRSAb)*

There were no cases of MRSAb attributed to the CCG during December, reflecting three in total in Quarter 3 2018/19, and a year to date total of 7 cases.

### 2.2.2 *Clostridium Difficile (CDiff)*

During December there was one case of CDiff identified and reported to the CCG which brings the total to nine cases against a threshold of 19 for 2018/19.

### 2.2.3 *Escherichia Coli (E.coli)*

There is a national ambition to reduce healthcare associated Gram Negative blood stream infections by 50% by March 2020. During December Surrey Heath had four cases of E.Coli, this is a reduction from the previous consecutive months in Quarter 3 2018/19.

## 2.3 Acute Services

### 2.3.1 *Frimley Health NHS Foundation Trust (FHFT) Maternity Outliers:*

In November 2018 FHFT received correspondence from the Care Quality Commission (CQC) noting higher rates of neonatal non elective readmissions within 28 days of delivery, (where there was an overnight stay). The CQC requested a case review from July 2017 to February 2018 to identify the evidence for the increase in neonatal non elective readmissions within 28 days of delivery, with the focus on babies readmitted with a diagnosis of neonatal jaundice from other unspecified causes. FHFT completed a ‘notes



and coding' review which identified that the data had incorrectly recorded the readmission of the mothers and their neonate as two separate admissions. The mother and neonate should have been recorded as one admission, and not separate episodes of care. The review also noted that there was variance between the Frimley Park and Wexham Park hospital sites in relation to paediatric coding, which has now been addressed.

All actions in response to the review are in place as of January 2019. All maternity readmissions within 28 days, across FHFT, now record the mother and their neonate jointly as one episode of care. The coding discrepancies between the Frimley Park and Wexham Park sites have been addressed so that practice is consistent. FHFT have also reviewed the screening process for hyperbilirubinaemia and jaundice in neonates. The impact of these measures will be monitored by commissioners via Clinical Quality Review Meetings.

#### *2.3.2 Frimley Health NHS Foundation Trust (FHFT) Stroke Unit:*

Achievement of the Stroke Unit 4 hour direct admission target remains challenging due to delays in referrals to the stroke team, delayed discharges or repatriations, bed availability and gaps in stroke coordinator rota. FHFT have identified additional actions to seek to address the issues, including increasing the timeliness of reviews of any breaches to identify learning and shared, and enable action to be taken quickly to address issues. FHFT have also agreed a networked service with Royal Surrey County Hospital NHS Foundation Trust that will support bed availability for repatriation where it is appropriate.

#### *2.3.3 Frimley Health NHS Foundation Trust (FHFT) Sepsis:*

Inpatient screening and the commencement of antibiotics for both inpatients and patients attending the Emergency Department (ED) continues to be challenging. In addition to actions taken to date, FHFT have established focus groups to support implementation and awareness of sepsis treatment priorities, appointed a cross-site sepsis lead, have asked the Matrons to embed Sepsis audits, have implemented a Sepsis Committee, and are planning a Sepsis Summit in 2019 to share best practice. Progress and the audit results will be monitored at Clinical Quality Review Meetings.

#### *2.3.4 Royal Surrey County Hospital (RSCH) Cardiology services:*

The RSCH continue to seek to improve the availability of senior cardiology staff to support on-call cover and continuity of care for patients. The Trust has commenced recruitment to additional registrar and consultant posts, and is developing plans to invest in specialist nursing resource. The Trust has also implemented a quarterly Consultant-led governance workshop which commenced in December 2018 to support the identification of learning and opportunities for improvement.

#### *2.3.5 St George's University Hospitals NHS Foundation Trust (SGH) Cardiac Services:*

As previously reported, in 2018 Surrey Downs CCG commissioned an external, independent review of cardiac surgery at St George's Hospital in Tooting. This followed a National Institute for Cardiovascular Outcomes (NICOR) alert about lower than expected survival rates. No Surrey Heath patients were affected. The external review was led by Professor Mike Berwick, an independent expert and former NHS England deputy medical



director and made a series of recommendations to further improve the service. Following receipt of the report SGH made immediate changes.

In January 2019 it was reported that NHS Improvement has now commissioned a review of cardiac services at SGH. An expert panel will review between 200 and 250 cases in order to ensure the service is safe for its patients in the long term. The review is expected to take between six months and a year to complete. More information will be reported to the Governing Body when it is available.

## 2.4 Mental Health and Learning Disabilities

### 2.4.1 *Child and Adolescent Mental Health Services (CAMHS)*

Work continues within CAMHS to deliver the improvement plan developed to address long wait times for the service. Waiting lists for assessment have been successfully reduced and Surrey and Borders Partnership NHS Foundation Trust (SABP) are working with commissioners to support smooth transition from the improvement plan to business as usual.

An outcome of this improvement plan has presented an increase in referral rates and individuals requiring treatment following assessment. It was acknowledged that children who have been assessed are now in need of services, and this will impact further on teams as they try to manage the demand & capacity related to the increase in referrals. SABP continue to work with commissioners to manage demand and capacity and explored creative approaches to recruitment. As a result they have appointed a consultant for 5 sessions a week to the forensic CAMH service dedicated to the complex Behaviour and Neurodevelopment pathway. In addition, they have recruited 1 Non-Medical Prescriber to support medication reviews and have advertised for 3 psychiatrists to assist in caseload management. Progress will be monitored through the Clinical Quality and Contract Review (CQRM) meetings.

### 2.4.2 *Surrey and Borders NHS Foundation Trust (SABP) Care Quality Commission:*

SABP received a Care Quality Commission (CQC) inspection in January 2019. It is too early to know the outcome of the inspection but this will be reported to the Governing Body once the CQC has published their inspection report. SABP was previously inspected in October 2017 with an overall rating of 'Good'.

### 2.4.3 *Serious Incident (SI) classification of 'apparent / actual / suspected self-inflicted harm':*

Serious Incidents with the classification of 'apparent / actual / suspected self-inflicted harm' continue month on month to be high, although this has fluctuated throughout the ten month period of the year to date. Following the CCG Quality and Clinical Governance Committee the quality team will undertake a 'deep dive' analysis of the data, including a review of the national and local agenda for suicide prevention. This will be presented at the next Quality and Clinical Governance Committee in April 2019.



## 2.5 Ambulance Services

As associate commissioners, Surrey Heath CCG continues to be actively involved in supporting and informing the work required to improve the performance of South East Coast Ambulance Service NHS Foundation Trust (SECAMB)

### 2.5.1 *South East Coast Ambulance Service NHS Foundation Trust (SECAMB) Demand and Capacity Review:*

The Demand and Capacity review has concluded which supported the need for uplift in resources in both staff and fleet. The recruitment process for frontline and call centre staff has commenced and a number of vehicles have been purchased adding to the available vehicle fleet. The additional recruitment appears to be having a positive impact with early data reflecting a reduction in sickness rates. Commissioners will continue to work with SECAMB to monitor improvement and against the Ambulance Response Programme (ARP) standards.

Details of performance can be found within the Performance Report.

## 2.7 The Gosport War Memorial Hospital – Self Assurance for Frimley Integrated Care System (ICS)

Following publication of the report of the Gosport Independent Panel the CCG and other CCGs and provider organisations within the Frimley Health and Care ICS undertook self-assessment reviews. However, in January representatives from CCGs and providers across the Frimley Health and Care ICS came together to review the learning from the report from a system perspective. Partners are working together to identify what assurance the ICS can provide with regards to what is good practice and areas of innovation and quality improvement. This work will continue to be developed, and initial output is agreement that 'Freedom to Speak Up' guardians are to be promoted throughout the ICS and partners will work together to consider additional ways to create awareness for all staff, patients and carers to raise and share concerns.

## 2.8 Community Services

Virgin Care Limited (VCL) continue to work to develop a community nursing service that takes account of local need and meets the requirement to optimise patient safety and care. There are currently no quality issues in relation to community services.

## 3.0 **Care Homes**

The CCG Quality Team continues to work jointly with Adult Social Care on the quality of care provided within Care Homes. This includes exploring the provision of services, responding to safeguarding alerts and identifying the themes arising. Action plans that arise are monitored jointly across Adult Social Care and the CCG.

3.2 Surrey Heath Clinical Commissioning Group has been advised that Anchor Care will hand back their contract for homes in Surrey to Surrey County Council in 2019. There is



one Anchor Care Home in Surrey Heath and Surrey County Council has been working for some time to ensure a smooth transition, and no disruption to care is anticipated.

#### **4.0 Primary Care Commissioning**

There are currently no quality issues identified with General Practices in Surrey Heath.

##### *4.1 Care Quality Commission (CQC) Inspection – Lightwater Surgery:*

Lightwater Surgery received a CQC inspection in December 2018 and their report has now been published. Lightwater Surgery achieved an overall rating of 'Good', with ratings of 'Good' in each of the five core inspection areas; Safe, Effective, Caring, Responsive, and Well-led.

#### **5.0 Recommendations**

The Governing Body is requested to accept and note the report.

