

GOVERNING BODY MEETING PART I IN PUBLIC 26TH NOVEMBER 2015

QUALITY AND PATIENT SAFETY SUMMARY REPORT

Date of the meeting	26/11/2015
Author	Linda Dowse, Chief Nurse
Sponsoring Governing Body Member	Linda Dowse, Chief Nurse
Purpose of Report	To provide the Governing Body with a summary of the key issues within the CCG area of responsibility relating to quality, patient safety and safeguarding
Recommendation	The Governing Body is asked to note the report.
Reason for inclusion in Part II	N/A
Stakeholder Engagement	N/A
Previous GB/Committee Dates	None in this format, the report replaces the previous detailed Integrated Performance Report.

Monitoring and Assurance Summary

This report links to the following Assurance Domains	<ul style="list-style-type: none"> • Quality ✓ • Equality and Diversity • Engagement • Outcomes ✓ • Governance ✓ • Partnership-Working ✓ • Leadership 		
I confirm that I have considered the implications of this report on each of the matters below, as indicated:	Yes [e.g. ✓]	Any action required?	
		Yes (Detail in report)	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework / Risk Register	✓	✓	
Budgetary Impact	✓	✓	
Legal / Regulatory	✓	✓	
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

Initials: LD

1. Introduction

- 1.1 The summary Quality, Patient Safety and Safeguarding report is to provide assurance to the Governing Body that the CCG has robust processes in place to monitor the quality of service delivery and safety of patients within its commissioned services.
- 1.2 This summary report will be presented to the Governing Body at each meeting and replaces the detailed Integrated Performance Report that was previously presented to the Governing Body. A schedule of reports has been agreed to be presented each month to provide further detail and assurance to the Quality, Finance and Performance Committee (QFP).
- 1.3 The reports to support this month's Summary report to QFP are:

Complaints and Serious Incidents
Infection Prevention and Control
Transforming care for People with Learning Disabilities

Other reports to future Committees will be detailed reports on Safeguarding, Quality in Commissioned Services, Continuing Healthcare, Individual Funding Requests and Quality Accounts

2.0 Childrens Safeguarding Exception Report

- 2.1 There are no changes to the data reported last month for the number of children with a child protection plan and looked after children. There are no new Serious Case Reviews (SCR) related to services in Southend, however there has been two cases that do not meet the SCR criteria but have raised concerns. These incidents were discussed in detail at the QFP Committee.

2.2 Southend University Hospital NHS Foundation Trust

- 2.2.1 The CCG Chief Nurse and safeguarding children designate nurses met with the Trusts Chief Nurse at Southend University Hospital NHS Foundation Trust on the 12th October 2015 to discuss the structure and capacity of the safeguarding children team and its impact on the robustness of safeguarding children arrangements at the hospital. Issues have previously been raised at the Clinical Quality Review Group. The key issues were presented to the QFP Committee.
- 2.4.2 A briefing paper has been sent to the Trust Chief Nurse who has agreed to look into the concerns and responded to say that SUHFT will review the current staffing structure and the issues raised.
- 2.4.3 Southend CCG had already agreed with SUHFT that one of the quality visits undertaken in 2015/2016 would have a safeguarding theme. This unannounced visit was undertaken by Southend CCG Chief Nurse and safeguarding children/adult professionals in 23rd October 2015 focusing on:
 - Neptune Ward
 - Sexual Health Services
 - Accident & Emergency
 - Margaret Bloom 1&2
 - Paediatric Out Patients
 - Eastwood Ward
- 2.4.4 Assurance was gained that generally staff are well informed, understood what they personally would need to do to raise concerns and were aware of the safeguarding children and adult leads. There were some early points for areas requiring improvement and these have been fed back to the hospital.

A report will be returned to the Chief Nurse at SUHFT and followed up through the Clinical Quality Review Group and a full report will be in the Safeguarding report to the Committee in December 2015.

2.5 Integrated Care 24 (IC24) Limited

2.5.1 Safeguarding children arrangements within IC24 are monitored through a Clinical Quality Review Group chaired by CPR CCG. The CCG Designate Nurse for Safeguarding Children has raised issues related to current arrangements and has sought further information.

2.6 GP Modified Safeguarding Children s.11 Audit

2.6.1 The audit will not be undertaken in full this year as, following safeguarding incidents over the past year, a decision has been made to concentrate on improving primary recognition and response to neglect and abuse.

2.6.2 An audit form has been sent to the 4 GP Practices who did not complete the audit in 2014: There was a deadline for response of 6th November 2015, as yet no responses have been received and the CCG Chief Nurse will be writing to the practices to confirm when the audit will be undertaken.

2.7 GP reporting of FGM

The CCG safeguarding team have received application for registration to report from all but 7 practices within Southend. The Chief Nurse will be signing the applications as Caldicott Guardian for the CCG and the team will follow up with those practices who have not yet applied.

3.0 Adult Safeguarding Exception Report

3.1 Deprivation of Liberty – The CCG case being taken through the court is progressing again following the outcome of the Re X (Court of Protection Practice) (2015) case. It was decided that the person concerned need not always be a party to deprivation of liberty proceedings if his participation can reliably be secured by other means. Further information was requested by the judge with regard to the CCG case which is progressing through the court and it expected that this case should be concluded in the near future.

3.2 Prevent – The process for Channel Panels is being developed with the local authority and the police. Two preliminary panels have taken place where people suspected of being radicalised within the Southend area have been discussed and actions put in place.

3.3 Mental Capacity Act – Training is being arranged with the money provided by NHS England for hospital, CCG and CHC staff in the practicalities of carrying out a Mental Capacity assessment. It is hoped that this training can be provided can be put in place before the CQC visit to the hospital in January.

4.0 Continuing Healthcare (CHC) – Exception report

4.1 Work to manage the growth in CHC continues with closer scrutiny on eligibility decision making processes both in the community and hospital settings. The current spend is continuing to show an increase in spend.

4.2 A joint business case with CPR CCG has been submitted to NHS England on 13th November 2015 following the CCG decision to withdraw from ArdenGEM CSU. Weekly teleconferences are being held with ArdenGEM to ensure a smooth transition of service delivery.

4.3 The Uplands project for Discharge to Assess is progressing and hoped to be live by February 2016.

5.0 Quality in Commissioned Services – Exception report

5.1 Southend University Hospitals NHS Foundation Trust

- Infection Control - reported one MRSA bacteraemia in September. It was determined at the Post Infection Review that the sample was a contaminant.
- Clostridium difficile (CDI) - SUHFT has an overall ceiling of 30 for 2015/16 and there have been 15 cases to date. Following MDT review of these cases, no lapses in care or patient safety issues were identified.
- Serious incidents are presented in the detailed report for Complaints and Serious Incidents this month, there is particular concern over 8 serious incidents related to ophthalmology services.
- CQC internal inspection – the mock CQC inspection was very well attended with a variety of different organisations represented. Overall it was felt that the hospital was clean and that the staff were friendly, caring and welcoming. It was identified that work was required around communication pathways, the knowledge and use of the Mental Capacity Act and signage within the hospital.
- CQC have requested information from the CCG in preparation for formal inspection on 11th January 2016, clinical leads were contacted for their view and the Chief Nurse worked with the CPR Chief Nurse on preparing the information for sending to the CQC.

5.2 South Essex Partnership NHS Trust

- Infection Control - There have been two CDI cases in SEPT Community Health Services. Following MDT review of these cases, no lapses in care were identified and both cases were unavoidable.
- CQC Inspection - The CQC announced inspection of South Essex Partnership NHS Trust took place week commencing Monday 29 June 2015. This inspection formed part of the CQC new approach. The inspection was carried out by a mixture of inspectors, clinicians, and experts by experience. SEPT has advised that the draft CQC report which was expected to be published in autumn of 2015 will now be available Mid December.
- Mixed Sex Accommodation Breach - during the Care Quality Commission (CQC) comprehensive inspection, two breaches were identified and reported through the SEPT CQRG. Action was taken by SEPT to address the breaches and assurance provided that the breaches did not affect patient safety.
- Perinatal Mental Health service under review via SDIP.
- Pressure ulcers. High numbers being reported but not acquired in SEPT services – CQUIN in place and meeting with NHS England and NELFT to discuss consistency in reporting.
- IAPT. Still not meeting all trajectories. Face to face meeting between SEPT and commissioners to arrange service.
- Prone restraint numbers are reducing with targeted interventions.
- Continence service – numerous complaints have been received re the new supplies and service

5.3 SPIRE

There has been a Never Event reported - the three day report is awaited.

5.4 Care Homes

The home owner of a local care home has served a thirty day notice period announcing the closure of the home on 15th October. The CCG was advised letters had been sent informing residents and their relatives'. An urgent professionals meeting was held on 16th October to discuss future planning for the thirty two residents.

Clinical Commissioning Group

An agreement was reached to extend the closure period till 29th November. Southend CCG currently has one CHC funded resident at the home. The transfer of residents to new placements is currently underway. A professionals meeting will be held 23rd November alongside joint visits to the home, to ensure staff and residents are supported throughout the closure

5.5 Primary Care

The CQC has alerted the CCG to concerns following a visit to a GP practice within Southend. The CQC were concerned in their inspection visit re the safety of patients and as such have introduced a remedial plan for the GP to implement.

6.0 Recommendations

6.1 The Governing Body members are asked to note the report

Author's name and Title : Linda Dowse, Chief Nurse

Date : 26th November 2015

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