

NHS Southend Clinical Commissioning Group Governing Body
Public Part I
27th March 2019

Agenda item 20

Chief Nurse Report

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Status: For Noting

Appendices to this report – none	
Associated Papers	
Papers previously considered by this CCG	n/a
CCG Policy Documents	n/a
External Documents	n/a

Full Report

Introduction

This report provides an overview of key priority areas regarding quality, safety, effectiveness and patient experience. It seeks to highlight key issues, themes and areas for development, relevant to professional practice, nursing leadership, and quality improvements the work streams and services the CCGs commission.

Key Quality Headlines

1. Southend University Hospital Foundation Trust – Accident and Emergency Department

The Trust continues to experience high volumes of patients attending the Accident and Emergency Department resulting in a continued dip in performance during January 2019.

The CCG Quality Team has been supporting daily surge calls to ensure quality and risk is considered as part of the multiagency discussion and has also mobilised clinical staff into the hospital to assess complex patients, to facilitate discharge, at the request of the Hospital. The Trust has reported that this has not affected planned admissions or patients requiring treatment for cancer.

Provider Updates

2. Southend University Hospital Foundation Trust

2.1 Cancer Waits

Castle Point and Rochford CCG

For the month of December 2018 there were 10 cases highlighted as 62 day waits admitted.

- 4 of these cases were urology.
- 2 cases were upper Gastrointestinal,
- 2 cases were lower Gastrointestinal,
- 1 case Gynaecological
- 1 case Skin.
- The longest wait is 158 days. A request has been made for the Trust to provide an update on this case.

CWT Ref	Tumour Type	Treatment	First Seen	First Treatment	Wait Days	Breach Report
62 DAY STANDARD - Admitted						
100685474	Gynaecological	Surgery	RAJ	RAJ	82	Other reason (not listed)
100685998	Upper Gastrointestinal	Teletherapy (Beam Radiation excluding Proton Therapy)	RAJ	RAJ	85	Complex diagnostic pathway (many, or complex, diagnostic tests required)
100558013	Urological (Excluding Testicular)	Surgery	RAJ	RAJ	111	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
12593036	Lower Gastrointestinal	Surgery	RAJ	RAJ	63	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
1990707	Lower Gastrointestinal	Chemoradiotherapy	RAJ	RAJ	66	Other reason (not listed)
100511968	Urological (Excluding Testicular)	Surgery	RDD	RWH	107	PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given
8019322	Upper Gastrointestinal	Anti-Cancer Drug Regimen (Cytotoxic Chemotherapy)	RAJ	RAJ	158	Complex diagnostic pathway (many, or complex, diagnostic tests required)
13950773	Urological (Excluding Testicular)	Surgery	RAJ	RAJ	114	Complex diagnostic pathway (many, or complex, diagnostic tests required)
100825319	Urological (Excluding Testicular)	Surgery	RAJ	RAJ	76	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
9481801	Skin	Surgery	RDD	RQ8	87	Other reason (not listed)
62 DAY STANDARD - Non-admitted						
4039597	Urological (Excluding Testicular)	Active Monitoring (excluding Non-Specialist Palliative Care)	RAJ	RAJ	176	Other reason (not listed)
100686000	Upper Gastrointestinal	Non-Specialist Palliative Care (excluding Active Monitoring)	RAJ	RAJ	98	Complex diagnostic pathway (many, or complex, diagnostic tests required)
7848811	Lower Gastrointestinal	Active Monitoring (excluding Non-Specialist Palliative Care)	RAJ	RAJ	151	Complex diagnostic pathway (many, or complex, diagnostic tests required)
100825012	Urological (Excluding Testicular)	Anti-Cancer Drug Regimen (Hormone Therapy)	RAJ	RAJ	70	Other reason (not listed)
13043574	Urological (Excluding Testicular)	Anti-Cancer Drug Regimen (Hormone Therapy)	RAJ	RAJ	70	Other reason (not listed)
100558453	Head and Neck	Teletherapy (Beam Radiation excluding Proton Therapy)	RAJ	RAJ	121	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
100685802	Lower Gastrointestinal	Specialist Palliative Care	RAJ	RAJ	83	Other reason (not listed)

Southend CCG

For the month of December 2018 there were 7 cases highlighted as 62 day waits admitted.

- 2 cases were Breast,
- 2 cases were Lung,
- 2 cases Skin.
- 1 case Upper Gastrointestinal
- The longest wait is 76 days. A request has been made for the Trust to provide an update on this case.

CWT Ref	Tumour Type	Treatment	First Seen	First Treatment	Wait Days	Breach Report
62 DAY STANDARD - Admitted						
3329451	Breast	Anti-Cancer Drug Regimen (Cytotoxic Chemotherapy)	RAJ	RAJ	63	Other reason (not listed)
100686354	Upper Gastrointestinal	Chemoradiotherapy	RAJ	RAJ	73	Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
13628716	Lung	Chemoradiotherapy	RAJ	RAJ	63	Other reason (not listed)
11945825	Skin	Surgery	RDD	RQ8	69	Other reason (not listed)
13713174	Lung	Chemoradiotherapy	RAJ	RAJ	76	Complex diagnostic pathway (many, or complex, diagnostic tests required)
5521613	Breast	Anti-Cancer Drug Regimen (Cytotoxic Chemotherapy)	RAJ	RAJ	71	Other reason (not listed)
4853684	Skin	Surgery	RDD	RQ8	75	Other reason (not listed)
62 DAY STANDARD - Non-admitted						
7590337	Urological (Excluding Testicular)	Anti-Cancer Drug Regimen (Hormone Therapy)	RAJ	RAJ	78	Other reason (not listed)
12773366	Haematological (Excluding Acute Leukaemia)	Active Monitoring (excluding Non-Specialist Palliative Care)	RAJ	RAJ	76	Other reason (not listed)
2989450	Upper Gastrointestinal	Teletherapy (Beam Radiation excluding Proton Therapy)	RAJ	RAJ	77	Complex diagnostic pathway (many, or complex, diagnostic tests required)
100812284	Upper Gastrointestinal	Teletherapy (Beam Radiation excluding Proton Therapy)	RAJ	RAJ	102	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
62 DAY SCREENING STANDARD - Admitted						
1510943	Breast	Surgery	RAJ	RQ8	96	Other reason (not listed)

2.2 Clinical Quality Risk Group

As reported at QFP last month, the MSB CQRG meeting is scheduled to commence from 8th February 2019.

3. EPUT – Community Services

3.1 Hotspots Report

For December there are 52 monthly KPI's and 0 quarterly KPI's performing at or above target, and 4 monthly KPI's below target (including one long standing hotspot), and 5 quarterly KPI's below target:

- **ESD:** % of patients receiving face to face contact at their place of residence within 24 hours of hospital discharge.
- **ESD:** % of stroke patients; newly discharged from hospital, who receive ESD in the community.
- **Crisis Intervention:** % of appropriate referrals for crisis intervention or admission avoidance seen within 2 hours of referral.

It should be noted that the above services are referral-based interventions, thus whilst the number of cases seen is below the contractual assumptions, this 'under-performance' does not represent any unmet need and so does not indicate any patient harm or risk.

- **Safeguarding** x 5 KPI's below target (reported quarterly).

This is a long-standing and regularly interrogated KPI. The level of expected attainment is 100% of staff who have face-to-face contact with patients should have received Safeguarding awareness training within the previous 12 months. Problems occur when factoring in Annual Leave, staff sickness or maternity leave.

- **Continence:** % of people that have been prescribed continence products for 12 months or more that have had an annual review.

This is reflective of the anticipated transfer of SWE service provision to the SWE Provider services and commissioners and does not represent an issue of patient risk or harm.

4. EPUT – Mental Health Services – (Contract is hosted by Thurrock CCG)

4.1 Inspection

All identified in-patient units, were scheduled for a PLACE Assessment to be undertaken to evaluate the current care environment provision in line with recommendations provided by NHS England. Each PLACE team included volunteers, Trust governors or patient representatives to ensure that the outcomes reflected the view of service users, staff and the Estates and Facilities function of the Trust.

Each assessment was completed with the PLACE team discussing and agreeing the results for each area visited. Acknowledged actions, and areas not meeting the current standards were amalgamated into a single action plan that was circulated to all EPUT in-patient clinical unit managers for action where appropriate or information. Actions associated with the Estates and Facilities function, of the unit, were uploaded to the Estates and Facilities department task monitoring system, 3i to be addressed and follow up with deadline identified.

Communication with in-patient unit managers, Estates and Facilities and contractors regarding follow-up actions are addressed through various meetings, emails and site visits. It is essential to ensure a combined approach, as actions may impact service provision and associated funding. This should ensure that enhancements to the patient environment can be undertaken without compromising existing service standards.

The key areas assessed are highlighted below:

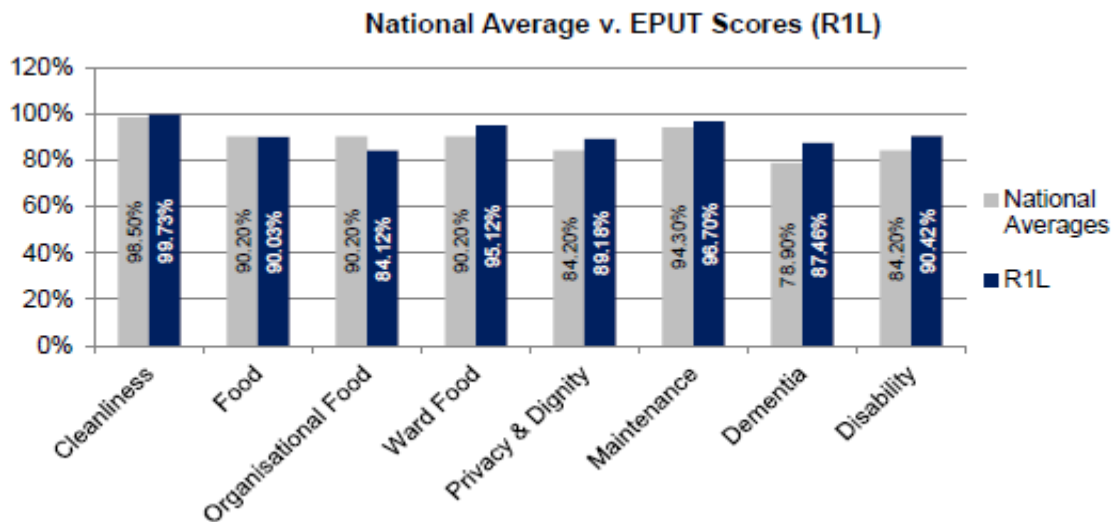
Condition, Appearance & Maintenance			
Common identified areas of improvement	Action	Indicative Timescales	Ownership
Environmental aspects around refurbishment, flooring and redecoration	Any areas/tasks not covered by the existing backlog maintenance will need to be quoted for and submitted for approval through the Estates Expert Group	March 2019	Anthony Flaherty
Quality of sanitary ware	Any areas/tasks not covered by the existing backlog maintenance will need to be quoted for and submitted for approval through the Estates Expert Group	June 2019	Anthony Flaherty
Temperature control	This work has been or will be reviewed and remedial action undertaken by the relevant Estates and Facilities Team. If this cannot be remedied using planned preventative maintenance then new bids will need to be submitted to Estates Expert Group	December 2018	Estates and Facilities Managers
External areas, including entrances and car parking.	Quotes to be received for Trust owned areas and requests to NHS Property Services to be made	June 2019	NHS Property Services or Estates and Facilities
Cigarette ends	Review communication with Patients and Staff. Encouraging patients to use Vapes	April 2018	Clinical staff in liaison with Estates and Facilities
Mix sex wards, such as Peter Bruff and Hennege – not meeting the requirements of Privacy and Dignity.	The work required needs to be reviewed to establish what is possible and bids needs to be submitted to the Estates Expert Group.	December 2019	Ian Crockett

Disability			
Common identified areas of improvement	Action	Indicative Timescales	Ownership
Hi / Low chairs	Costs or replacement chairs to be sought by Estates and Facilities Officers	June 2019	Clinical Staff
Improved signage	Work being undertaken by the relevant Estates and Facilities Team	March 2019	Estates and Facilities
Hearing loops / audio visual systems	Quotes to be sought	June 2019	Project Management
Dropped curbs for disability access	Quotes to be sought and presented to the Estates Expert Group	April 2019	Project Management
No bariatric chairs available	Costs to be sought to Estates and Facilities and forwarded to clinical staff.	December 2018	Clinical Staff
Handrails not available in corridors	Quotes for the areas to be sought and sent to the Estates Expert Group	April 2019	Project Management

Dementia			
Common identified areas of improvement	Action	Indicative Timescales	Ownership
WC doors to be painted in a signal distinctive colour, distinguishing them from other doors.	Any areas/tasks not covered by the existing backlog maintenance will need to be quoted for and submitted for approval through the Estates Expert Group	April 2019	Project Management
Doors to staff areas only are to be disguised by painting the doors and handles as the same colours as the walls.	Any areas/tasks not covered by the existing backlog maintenance will need to be quoted for and submitted for approval through the Estates Expert Group	April 2019	Project Management
Clock faces not large enough	New clocks to be purchased	December 2018	Clinical Staff
Dementia friendly signs	Unit staff to purchase	December 2018	Clinical Staff

Food			
Common identified areas of improvement	Action	Indicative Timescales	Ownership
Two hot meals were removed from the properties in the North.	Menu reviewed	October 2018	Estates and Facilities Officer
Additional food to be offered as alternatives to the light meal.	A variety of alternative foods have been tried	Ongoing	Estates and Facilities Officer
Some suggestion of more patient staff involvement in food preparation.	Discussion with clinical and Estates and Facilities staff in various areas	March 2019	Estates and Facilities

Overall the PLACE Assessments were better relating to the 2017 submission, the only areas that show lesser scores are around organisational food which is due to the removal of the second hot meal. The Trust has met the national average in all areas, apart from organisational food, it should be noted that the Trust has succeeded in improving scores although further improvements are required. It is intended that this will be addressed over the coming months to ensure the Trust exceeds the national average.



4.2 Key Performance Indicators

The EPUT MH First response service has seen a dip for the last two months of 2018 resulting in only achieving around 50%, or below for the number of people seen within 28 days of referral. This compares to the previous service level of around 70-80% for the preceding 4 month period.

Since September, there has been a gradual month on month increase for cancelled appointments from 2% to 11%.

These will be discussed as part of the wider MH QPRG 13th Feb 2019.

5. Primary Care

5.1 CQC status

Both CCG's have delegated authority in the management of Primary Care contracts and as such are responsible for the assurance of Primary Care services.

The table below outlines the CQC status of practices within the Castle Point and Rochford Locality.

Practice	F- code	List size open/close	CQC Outcome	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
BENFLEET								
Dr Khan- Rushbottom Lane	81001		16/10/2017					
PA Patel	81032		23/10/2018					
The Hollies	81075		15/06/2017					
Essex Way	81101		15/10/2015					
Dr Baker- Rushbottom Lane	81142		23/06/2017					
High Road Family Doctors	81618		21/10/2016					
Benfleet Surgery	81713		01/09/2016					
CANVEY ISLAND								
Oaklands	81096		23/11/2016					
The Island	81739		23/01/2018					
Dr Chaudhary	81740		27/09/2017					
Grafton Surgery	81070	inc. in Ashingdon	09/11/2016					
Third Avenue	81051		08/08/2017					
Hawkesbury Road	81205		07/01/2016					
Canvey Village	81700		21/03/2016					
RAYLEIGH								
Audley Mills	81123		03/03/2016					
Downhall Park Road	81704		04/04/2016					
Churchview	81125		27/09/2017					
William Harvey	81065		27/02/2018					
ROCHFORD								
Puzey Family Practice	81007		25/05/2016					
Greensward	81066		22/03/2016		outstanding			
Leecon Way	81675		13/02/2017					
Ashingdon medical centre	81690		09/11/2016					
Great Wakering Medical Centre	81089		14/06/2017					
Riverside Medical Centre	81061		30/05/2017					

The Hollies patient registration list is currently closed and is due to open in February 2019.

Southend CCG practice CQC status is outlined below:

SOUTHEND PRACTICES	F-code	List size open/close	CQC outcome	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED
WEST								
Dr Krishnan- Kent Elms	F81046		06/07/2017					
Highlands Surgery	F81112		11/02/2016					
Dr Zaidi, Eastwood Group Practice	F81128		05/11/2015					
Dr Sathanandan	F81200		20/08/2015					
Pall Mall Surgery	F81144		11/02/2016					
Dr Malik- Kent Elms	F81223		17/11/2018					
Dr Jayatilaka	F81696		17/09/2015					
WEST-CENTRAL								
Prince Avenue Surgery (sooriakumaran)	F81092		01/10/2015					
The Valkyrie Surgery	F81097		23/04/2018					
Southend Medical Centre	F81159		19/02/2015					
Dr Bekas	F81207		07/06/2017					
Scott Park Surgery	F81744		05/12/2018					
EAST-CENTRAL								
Canarvon Medical Centre	F81003		08/01/2019					
Queensway	F81081		10/01/2019					
Central Surgery	F81147		06/03/2018					
West Road Surgery	F81164		26/07/2016					
North Avenue Surgery- Dr NK Shah	F81176		19/02/2015					
Dr Vashisht (Warrior Sq)	F81656		22/12/2017					
St Lukes Health Centre	Y02707		18/09/2018					
The Practice, Northumberland Avenue	Y02177		06/03/2015					
EAST								
Dr Irlam (Central surgery)	F81086		11/02/2016					
Thorpe Bay Surgery	F81121		29/10/2018					
Shaftsbury Avenue Surgery	F81209		15/04/2016					
Dr Kumar, Shoebury Health Centre	F81613		06/07/2016					
Dr Marasco- west road	F81622		05/03/2015					
Dr Palacin, Shoebury Health Centre	F81649		Archived 03/12/2018					
North Shoebury Surgery	F81684		14/05/2018					
Dr Dhillon's surgery	F81688		01/06/2018					

5.2 Serious Incidents

Castle Point and Rochford CCG

For the month of January there has not been any new SI's raised to the CCG.

Southend CCG

For the months of January there has not been any new SI's raised to the CCG.

5.3 Friends and Family Test

The data for October has been published on the NHSE website. November's data is not due for publication until the 10th February and therefore wasn't available at the time of writing this paper.

Thus there is no reported difference from the January QFP Chief Nurse Paper.

5.4 Primary Care Quality Visits

During January 2019, Quality Visits were undertaken jointly by the Quality and Primary Care Teams in 3 GP practices; all within the Southend CCG area.

5.5 Influenza Vaccine Uptake

Flu immunisation is one of the most effective interventions that can be provided to reduce harm from Flu and pressures on the Health and Social Care services during the winter period.

To date the data published by Public Health England has been at CCG level reporting, with the provisional data available from 1st September 2018 up until the 31st December 2018 currently outlined as below.

	Eligible Groups				
	65+ WHO* aspiration - 75%	under 65's WHO aspiration - 55%	Pregnant WHO aspiration - 55%	All 2 year olds WHO aspiration - 48%	All 3 year olds WHO aspiration - 48%
CP&R CCG	67.1%↑	43.4%↑	47.6%↑	46.7%↑	48.6%↑
S CCG	62.4%↑	38.2%↑	39.2%↑	41.6%↑	42.6%↑

*(WHO= World Health Organisation)

The data above indicates the CCG position as at the 31st December in regards to uptake. The figure highlighted in green indicates that the WHO aspiration has been achieved. However, it must be noted that data across all groups have increased from the last month's reporting. The Data relating to Health and Social Care workers has not been published.

The practices continue to recall patients that have not yet received the Flu vaccination.

The CCG's are also liaising with the care homes within the area to ensure that staff are aware of where they can attend for vaccination.

The Quality team continues to review the uptake figures and liaise with the 4 lowest performing practice in regards to uptake. The practices provide an explanation in regards to current position and provide evidence of planned actions to improve the uptake.

6. Primary Care Workforce

6.1 The MSE STP Workforce Trajectories are still as set out at the last update as new figures are not due to be released until the end of February 2019 at the earliest and will therefore be included in the report for March 2019.

6.2 GP Retention Intensive Support Site

The Mid and South Essex STP has 'Intensive Support Site' status for a local GP Retention funding allocated by NHS England. The STP has been allocated £400,000 and is required to design and implement a local programme from September 2018 and completion by March 2019.

To support the retention initiatives, the CCGs are working with the LMC to promote The Maslach Burnout Survey which will be circulated by the LMC together with a link to the offer of 1-1 coaching sessions for GPs.

The practice in Benfleet is scheduled to go live on 11 February 2019 and has identified an ANP to support the delivery of this work for a three month period. Rapid evaluation of this pilot is planned for end February followed by spread, subject to success of pilot and resources. The pilot was promoted by Dr Brian Balmer on BBC Radio Essex on 18 January 2019

The Workforce Team has received Expression of Interest from 8 GP Trainees who are interested in pursuing this career option once qualified; areas of interest include ENT, MSK, AF, Gynaecology and Dermatology. The workforce team will work with partners to create and offer these roles before the GP Trainees qualify to encourage them to stay in Essex.

The STP has received a total of 17 applications for the 77 individual coaching sessions set aside for this STP. This is disappointing as it is widely agreed by GPs who have accessed this service that these coaching sessions are very worthwhile. The national team will further promote this opportunity.

As part of promoting Essex as a good place to work there are Job Fair events being held at Basildon on 6 March, at Southend on 20 March and Chelmsford 22 May. The MSE STP Workforce will attending and promoting primary care careers in Mid and South Essex.

7. Complaints

7.1 Now being reported quarterly for Castle Point and Rochford CCG and Southend CCG, next report will be due to QFP April 2019 for Q4.

8. Care Homes

Care home update appears in Part 2

9. Conclusion and recommendation

9.1 The Quality, Finance and Performance Committee is asked to note the contents of this paper, which demonstrates assurance measures in place within the relevant areas. Should the committee wish for the information to be delivered in a different format, or outlining different areas, feedback will be appreciated.

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
Internal governance	
Discussions at QPRG meetings and JCT	
Stakeholder and community engagement	
Relevant providers attend the QPRG or delivery board discussions; EPUT CHS/MHS, SUHFT	