NHS South Warwickshire Clinical Commissioning Group

Report To:	Governing Body	**For decision**	
Report Title:	Nursing, Quality and Governance Report	**For discussion**	√
Report From:	Alison Walshe Chief Nurse	**For information**	
Date:	20 November 2019	**Confidential**	

Purpose of the Report:
To update Governing Body members regarding nursing, quality and governance matters.
Key Points:
This report provides an overview of current nursing, quality and governance matters, as discussed in detail at Clinical Quality and Governance Committee and Performance Committee.
Recommendation (s):
That Governing Body members note the content of this report.

Previously Considered By:	**Date:**
-	-

CCG Strategic Objective(s) this report relates to:	
Out of Hospital	
Personalisation	√
Specialist Provision	
Delivering Today	√

Management of Conflicts of Interest:	Not applicable.
Financial Implications:	Not applicable
Performance Implications:	The CCG is performance managed on its CHC and Transforming Care targets.
Quality Implications:	Report focused on nursing, quality and governance.
Equality and Diversity Considerations:	Not applicable.
Patient, Public and Stakeholder Engagement:	Not applicable.
Risk Assessment:	Quality and Governance are areas of high priority for the CCG.

NHS South Warwickshire Clinical Commissioning Group

Introduction

1.1   This report provides an update to Governing Body on nursing, quality and governance matters.

Nursing and Quality

Contractual Quality - SWFT

2.1   The latest unannounced CQC inspection of SWFT commenced on 20 August 2019 with visits to A&E and the Medical wards at Warwick Hospital. Shortly after, a different inspection team visited the Trust's community Children's and Adults' services in a number of locations across Warwickshire, Coventry and Solihull. This completed the main patient-facing element of the process. A 'Well Led' component followed these visits, including a 'Use of Resources' review. Formal letters from the Inspection Team are attached in Appendices 1 and 2. These letters reference many positive findings, particularly relating to staff and culture and demonstrate progress made since the last inspection in January 2018. The final report is awaited.

2.2   From the perspective of contractual quality indicators (KPIs) I am pleased to report that SWFT is giving consideration to alternative methods of achieving improved response rates for the Friends and Family test. Whilst satisfaction with services is generally very good, the CCG has been concerned for a significant period of time regarding the statistical validity of the results because response rates in some areas, particularly A&E, are poor and well below the national average. Other KPIs that are below threshold include:

- Stroke service KPIs remain below the threshold however the CCG are currently out to consultation on a revised service model across Coventry and Warwickshire.
- Caesarean section rates have exceeded the threshold of 28% and have been on an increasing trend over the past few months with July at 35.14%. This has been noted nationally and the Trust hopes that the national programme 'Saving Babies Two' (an updated care bundle) may result in a reduction in C-section rates.
- Dementia and Delirium screening and investigation remains below thresholds of 90%. The compliance for screening has improved and is now slightly below threshold (86.9%). The two new Care of the Elderly consultants and a new Admiral Nurse will help drive this work to support compliance with this indicator.
- The percentage of patients seen in the Chest Pain clinic (2 week wait for rapid access) continues to be below the required threshold. With the cessation of a national requirement for a 2-week rapid access chest pain clinic, we have agreed with the trust to undertake a joint deep dive service review to identify areas for change in outpatient scheduling that will ensure priority cases (which previously would have met 2-week wait criteria) are seen and treated in a timely manner.

Patient Safety

2.3   SWFT have reported a fourth 'Never Event' during 2018/19; this time in gynaecology theatres. A Duty of Candour letter has been sent by the Trust and a further procedure under local anaesthetic has been scheduled. This run of never events this year is, however, of significant concern. The CCG has agreed to undertake joint visits with the Trust to review the embedding of Trust pre-op/pre-procedure policies across directorates and departments.

Infection Prevention and Control

2.4   The CCG continues to perform strongly on infection prevention and control. To date this year, there have been zero MRSA bacteraemias at SWFT and, in relation to C difficile, the CCG has acquired 36 infections against the target of 33 for the first 2 quarters. We expected higher

numbers during the summer months and are still working to achieve the overall annual target of 68 infections.

2.5 Significant work has been undertaken across Coventry and Warwickshire during the past year to progress the development of an Anti-microbial Resistance (AMR) Policy. This is a separate item on the agend for formal approval.

Mortality

2.6 Please see below the table below that demonstrates mortality figures (SHMI) at the CCG's major acute providers.

TRUST	SHMI Value published 18/07/19 (Mar 18 - Feb 19)	SHMI Value published 22/08/19 (Apr 18 - Mar 19)	SHMI Value published 19/09/19 (May 18 - Apr 19)	SHMI Value published 10/10/19 (June 18 - May 19)
OUH (Oxford University Hospitals NHS Foundation Trust)	0.9203	0.9153	0.9216	0.9220
SWFT (South Warwickshire NHS Foundation Trust)	1.0024	0.9878	0.9978	0.9741
UHCW (University Hospital Coventry and Warwickshire NHS Trust)	1.0863	1.0973	1.1384	1.0998
WHAT (Worcestershire Acute Hospitals NHS Trust)	1.1152	1.1440	1.1384	1.1414

2.7 As can be seen, SHMI rates at OUH and SWFT are stable and within the anticipated range with SWFT demonstrating a further reduction. Rates at UHCW have been fluctauating slightly but the latest report for May 2019 shows a slight decrease. Rates at WHAT have increased marginally since April 2019. Host commissioners (Coventry and Rugby CCG and Worcestershire CCGs) take a lead in working with the Trusts to address mortality rates, as required. There is a system wide Coventry and Warwickshire Mortality meeting that takes place with all providers to look at mortality trends and share good practice. Feedback is also given to the NHSE Mortality Meeting that take place quarterly.

2.8 LeDeR steering group meetings continue on a regular basis in 2019/20. At the last meeting the steering group agreed proposals to re-structure the steering group and associated meetings to ensure efficiency and effectiveness in delivering the objectives of the programme. To date, there have been 107 notifications across the Arden Transforming Care Partnership (TCP) footprint since the LeDeR programme commenced on 1 October 2017. South Warwickshire CCG have had 36 notifications of deaths of people with a learning disability and out of the 36 reviews: 28 (78%) have been completed and signed off by Bristol University, 4 reviews (11%) are with allocated reviewers but remain incomplete, four (12%) LeDeR notifications werer noted as child deaths and will be managed by the child death process and there are no cases unassigned. Through the LeDeR steering group, numbers will continue to be monitored against the trajectory submitted to NHSE.

2.9 The first LeDeR annual report has been produced and is included as a separate item on the agenda. Learning from LeDeR reviews has been incorporated into the Health Inequalities Priorities for Action for people with a Learning Disability as an appendix to the LeDeR annual report.

Safeguarding

2.10 The first formal meeting of the Warwickshire Safeguarding Executive Board took place on 1 October 2019. In line with a revised approach for the safeguarding of adults and children in Warwickshire, the first quality assurance audit cycle has commenced, focused on the topic of 'Exploitation'. Supported by the new Quality Assurance leads for Safeguarding, these regular audits aim to assess the effectiveness of partner organisations in their day to day safeguarding practice, as well as understanding the extent to which learning from serious case reviews is being and has been embedded in practice.

Continuing Healthcare

3.1 The CCG has recently received feedback from NHS West Midlands regarding its most recent review of eligibility per 50,000 population. The review concluded the CCG has robust processes for implementing the national framework fairly and consistently and the higher rate of eligibility is most likely a result of demographics and the volume of nursing homes in the locality. NHS West Midlands commended the CCG on its analytical work to understand the issue and on its action plan to address areas for improvement. NHS West Midlands considers the CCG implements 'best practice' in a number of areas and is an exemplar organisation that other CCGs could learn from.

3.2 The integrated management structure for CHC is embedding well but the CHC team continues to struggle with high sickness rates. Agency staff have been appointed to fill critical gaps whilst recruitment continues however, on a positive note, we have had the highest application rates for new posts since the CCG created an embedded service two years ago.

3.3 The development of an action plan to progress appeals' and retrospectives' work is well advanced with the plan due to be presented to Performance Committee in December.

Personal Health Budgets

4.1 As at the end of September, the CCG had a cumulative position of 110 Personal Health Budgets (PHB) meeting the Quarter 2 trajectory of 110. The current PHBs are held by 109 adults who are eligible for Continuing Healthcare and 1 child within the Transforming Care programme, 92 of whom have a notional budget and 18 a direct payment/third party budget. Work is progressing alongside CR/WNCCG to implement Personal Wheelchair Budgets and PHBs for individuals entitled to S117 aftercare.

Transforming Care

5.1 The Transforming Care programme includes individuals who have a Learning Disability and/or Autism with behaviour that challenges who are at risk of admission or are admitted to learning disability/mental health inpatient beds.

5.2 As at the end of October the CCG had 10 adults in hospital in CCG commissioned beds. There were also 4 south Warwickshire residents meeting Transforming Care criteria in beds within services commissioned by NHS England, including 2 individuals who were admitted recently through the justice system. With the implementation of the Children's Intensive Support Team the sustained improvement in the number of children and young people in the Transforming Care cohort in CAMHS tier 4 beds continues.

	Low secure	Medium secure	High secure	CAMHS Tier 4
Adult	2	1	0	0
Child	0	0	0	1

5.3 The table below details performance against the CCG trajectory for adult inpatient admissions by March 2020 and against the TCP trajectory for children's admissions, which has been set regionally and is considered too small to split by CCG.

People in SWCCG beds as at 31/10/19	Target March 2020	SWCCG Adults in NHSE beds as at 31/10/19	Target March 2020	Children in NHSE beds as at 31/10/19	TCP Target March 2020
10	4	3	3	1	6

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Governance

6.1   EU Exit preparations had been undertaken, in earnest, during October in readiness for a potential 'no-deal' scenario. This included establishing additional rotas of support staff to manage information cascades, sitrep reporting and issues' resolution on a 7 day per week basis, if required.

6.2   Work has been done to update the CCG's Conflicts of Interest records, prepare its mid-year Data Security and Protection Toolkit baseline submission, and temperature check the organisation against Thrive at Work measures.

Recommendation

7.1   That Governing Body members note the content of this report.

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Contractual Quality Dashboard, SWFT – Q2 2019/20

Appendix 1

						Trend / Graph / Comments
Data as of 29.10.19	**Organisation**	**Data Source**	**Jul-19**	**Aug-19**	**Sep-19**	Trend from Aug 2018 - Aug 2019 position
Patient Safety						
Serious Incidents at local providers relating to SWCCG patients:	**SWFT**	*SWCCG Patient Safety Team*	4	4	3	
	UHCW		2	2	1	
	CWPT		0	1	0	
Serious Incidents- overall number per month at **local providers** relating to SWCCG patients	**SWCCG Total**		6	7	4	
Serious Incidents other contracted services relating to SWCCG patients:	**NHS111**		0	0	0	
	BPAS		0	0	0	
Serious Incidents- overall number per month at **other contracted providers** relating to SWCCG patients	**SWCCG Total**		0	0	0	
Serious Incidents at out of area providers relating to SWCCG patients:			0	2	0	
Never Events	**SWFT**		0	0	0	
Infection Control			**Jul-19**	**Aug-19**	**Sep-19**	
C Difficile - Total monthly number reported by SWFT	**SWFT**		2	1	2	
C Difficile - Total number reported by SWFT YTD 2019/20 (Nb: tolerance = total of 24 lapses of cases for the year)		*Rolling number YTD*	4	5	7	
MRSA	**SWFT**		0	0	0	
Patient Experience			**Jun-19**	**Jul-19**	**Aug-19**	
Friends & Family Test (FFT) at SWFT						
Inpatient Areas Threshold =>25%						
SWFT Response Rates			25.5%	22.6%	29.1%	
NHSE Average Response Rates	NHSE	*NHSE*	24.6%	25.4%	24.9%	
SWFT % patients recommending the service	SWFT	*NHSE*	95.0%	95.0%	94.0%	
NHSE Average % patients recommending the service	NHSE	NHSE	96.0%	96.0%	96.0%	
A&E Department Response Rate Threshold =>12.8%						
SWFT Response Rates	SWFT	*NHSE*	14.7%	7.7%	5.9%	
NHSE Average Response Rates	NHSE	*NHSE*	12.4%	12.4%	13.2%	
SWFT % patients recommending the service	SWFT	*NHSE*	95.0%	96.0%	94.0%	
NHSE Average % patients recommending the service	NHSE	*NHSE*	86.0%	85.0%	86.0%	
Maternity Services (Response Rate Trajectory Threshold =>23.3%)						
Birth Question 2 SWFT Response Rate %			28.0%	30.0%	24.0%	
Birth Question 2 NHSE Average Response Rate %	NHSE	*NHSE*	20.5%	21.3%	21.1%	
SWFT % patients recommending the service	SWFT	*NHSE*	93.0%	93.0%	97.0%	
NHSE Average % patients recommending the service	NHSE	*NHSE*	97.0%	97.0%	96.0%	
All Community Health Areas (Threshold =>97 %)						
SWFT % patients recommending the service	SWFT	*NHSE*	97%	91%	97%	
NHSE Average % patients recommending the service	NHSE	*NHSE*	96%	96%	96%	
All Outpatient Areas (Threshold => 95%)						
SWFT % patients recommending the service	SWFT	*NHSE*	95%	93%	93%	
NHSE Average % patients recommending the service	NHSE	*NHSE*	93%	94%	94%	
Complaints	SWFT		13	TBC	TBC	
Clinical Outcomes at SWFT			**Jun-19**	**Jul-19**	**Aug-19**	
SHMI (rolling 12 months Apr 18 to Mar 19)	SWFT	*SWFT*	0.99	0.99	0.99	
RAMI (rolling 12 months Aug 18 to July 19)	SWFT	*SWFT*	98.6	75.6	76.3	