

Governing Body meeting (held in public)

DATE: 21 July 2016

Title	Integrated Quality, Safety and Performance Report July 2016
This paper is for Information	
Recommended action for the Governing Body	That the Governing Body: Note. 1. Integrated Quality, Safety and Performance Report July 2016.
Potential areas for Conflicts of interest	None.
Executive summary	<p>The integrated report has a new format. The key issues identified in this report are:</p> <ul style="list-style-type: none"> • RTT – all indicators for the CCG are reported below target for Apr-16 • Diagnostics 6 weeks+ – fell below the target of 99% at 97.4% for Apr-16 • Breast Cancer symptoms urgent referral 2WW fell just below target of 93% at 92.3% for Apr-16 • All 31 day cancer targets were met in Apr-16 with 31day surgery achieving 100% • 62 day standard is below target is at 79.6% against a target of 85%, 62 day screening achieved 100% • Improving Access to Psychological Therapies (IAPT), proportion of patients moving to recovery - achieved 51% against a target of 50% • Estimated diagnosis rates for people with dementia again fell slightly below target of 67.5% at 66.7% • Healthcare Acquired Infections – the CCG has not had any MRSA cases declared in Qtr 1 and are currently below trajectory for C-diff with 6 Cases against the NHS England trajectory of 14 • Enhanced partnership working with CQC, CCG and the local authority in respect of CQC inspections report outcomes for care homes • There were 19 serious incidents for Bexley patients reported across all providers in Qtr 1 and 48 quality alerts submitted across all providers • Delivery of community anticoagulation patient satisfaction survey –

Clinical Commissioning Group

excellent feedback demonstrating high patient satisfaction		
How does this paper support the CCGs objectives?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.	
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.	
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation.	
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.	
What are the Organisational implications	Key risks	N/A
	Equality	No Equality and Diversity issues identified.
	Financial	N/A
	Data	N/A
	Legal issues	N/A
	NHS constitution	Paper supports the NHS constitution.
Engagement		
Audit trail		
Comms plan	None	
Author: Zoe Hicks-John, AD of Nursing and Quality Sue Higgins, Quality & Performance Co-ordinator	Clinical lead: Dr Sonia Khanna-Deshmukh Frognal Locality Representative	Executive sponsor: Anne Douse Director of Governance, Performance and Business Services (Interim)
Date	11 July 2016	



Bexley

Clinical Commissioning Group



Excellent healthcare – locally delivered

**Integrated Quality, Safety &
Performance Report
July 2016**



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KEY ISSUES – SUMMARY PAGE

- RTT – all indicators for the CCG are reported **below** target for Apr-16
- Diagnostics 6 weeks+ – fell below the target of 99% at 97.4% for Apr-16
- Breast Cancer symptoms urgent referral 2 week wait fell just below target of 93% at 92.3% for Apr-16
- 62 day standard is below target is at 79.6% against a target of 85%
- Estimated diagnosis rates for people with dementia again fell slightly below target of 67.5% at 66.7%

- All 31 day cancer targets were met in Apr-16 with 31day surgery achieving 100%
- 62 day screening achieved 100%
- Improving Access to Psychological Therapies (IAPT), proportion of patients moving to recovery - achieved 51% against a target of 50%
- Healthcare Acquired Infections – the CCG has not had any MRSA cases declared in Qtr 1 and are currently below trajectory for C-diff with 6 Cases against the NHS England trajectory of 14
- Enhanced partnership working with CQC, CCG and the local authority in respect of CQC inspections report outcomes for care homes
- There were 19 serious incidents for Bexley patients reported across all providers in Qtr 1 and 48 quality alerts submitted across all providers
- Delivery of community anticoagulation patient satisfaction survey – excellent feedback demonstrating high patient satisfaction

PATIENT STORIES

Paediatric T&O at Kings (MYS/2519)

Patient X is a 17 month old child with bi-lateral dysplasia of the hips. The X was diagnosed at 9 weeks old and received treatment and had a harness.

Unfortunately the treatment wasn't successful and the Drs advised X would need a closed reduction operation. This was initially reviewed in January 2016 but it was decided that the X's bones were too immature. They saw the Consultant again on 1 April 2016 who said X needn't wait any longer and would have the operation within in 4-6 weeks.

At 5 weeks the family rang Kings Admission team. They were advised that some children had been on their waiting list for over a year. Their child's name had only just gone on the waiting list. The family were concerned as they had met a lady whose daughters operation under the same consultant was cancelled "on the day".

The family contacted the CCG and asked for help to expedite their child's procedure.

With consent the Patient Experience Team (PET) contacted the Patient Advise and Liaison Service (PALS) at Kings along with the consultant's secretary; to establish the situation with regards to the waiting list for Paediatric cases. This issue was also discussed in the bi-monthly "Quality Intelligence Meeting" at the CCG and with direction from the Director for Quality, Performance and Business Services (interim,) referred to the commissioning team to investigate in line with contract monitoring.

The PET received very little feedback from Kings but persisted in pursuing this matter.

On 1 July 2016 5 weeks after initially being aware of this matter the PET were extremely pleased to receive an email from the family;

Hi, I have had confirmation from Kings that the operation will happen on Thursday 7 July. They have both the consultant and the paediatric anaesthetist on that day, so it has all been booked now. Thank you again for all that you have done. If it were not for you, I can safely assume I would still be having a complete nightmare with the hospital. All the very best

Patient X had the operation on the 7 July and was doing very well. Mum and Dad thanked us once again for all our help and support.

Consent given to share this patient story

PATIENT EXPERIENCE & ENGAGEMENT ACTIVITY

During April and May 2016 the following insights and headlines have been recorded

Formal complaints	3	Correspondence	22	General enquiry	23	Informal concerns	6	Mystery Shopper	236	NHS Choices	49
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Kings College Hospital NHS Trust

- 1 formal complaint - Trauma/Orthopaedics (delays & no choice)
- NHS Choices - negative feedback regarding management of Norovirus outbreak at the PRUH and communication with family.
- Ophthalmology featured in quality alerts – provision of medications discharge.
- Mystery shopper –highlights MSK, delay physio appointment, incorrect appointment information and no access to provider of choice. Surgery- hernia operation delayed several times, then cancelled on day of procedure

Lewisham & Greenwich NHS Trust

- 1 formal complaint regarding cardiology – attitude staff
- NHS Choices –negative feedback/regarding stroke rehab services (poor hygiene) and medication problems within Gastro and Liver services
- Quality alerts - delay in diagnostic report, poor communication (microbiology) – green theme alerts regarding lack of discharge info continue
- Mystery shopper – Trauma & Orthopaedic, quality of care, attitude staff and poor communication with family

Hurley Group

- Most feedback highlights positive experiences – which are also reflected in mystery shopper reports.
- Healthwatch completed enter and view visits – awaiting recommendations from report

Oxleas NHS Foundation Trust

- Quality alert – District Nursing service – 2 alerts relating to home visits raised
- Mystery shopper reports highlights site access issues at Junction 8a

Darent Valley Hospital

- Mystery shopper feedback highlights delay in access to dermatology treatment – patient record (images) lost and hernia procedure cancelled 4 times

NHS Bexley CCG

- One formal complaint regarding CHC
- Mystery shopper – wait to access mental health rehab and funding. CHC – customer care and administration

Engagement activities included:

- Delivery of community anticoag patient satisfaction survey – excellent feedback demonstrating high patient satisfaction
- Attendance at Bexley Voluntary Service Council voluntary forum AGM – discussion with Chair to host joint meeting with Bexley Patient Council and BVSC forum members
- Patient Council 19th May – first meeting with new Chair – Katie Perrior

QUALITY STRATEGY – PRIORITIES FOR 2016/17

GENERAL

To embed learning from incidents, complaints and patient feedback, thereby reducing the potential for incidents

- Assurance provided via embedded learning events at LGT and Oxleas.
- Serious Incident Panels
- Patient opinion (Mystery shopper feedback, NHS Choices, Friends & Family data)

Supporting Quality improvement through greater collaboration between hospital and community services

- Pressure ulcer panels at Oxleas and LGT.
- Quality Alert System (QAMS) working well. There is evidence of increased use of the QAMS, the GPs are reporting any issues related to patient care and safety to gain feedback and ensure that providers are taking learning forward
- Provider CQRGs
- Mortality Review meetings

A better understanding around the prevention of inequality for the vulnerable groups and their access to treatment

- Learning Disability nurse in post at LGT and DVH
- Proposed MCA audit of care homes

Improvement in the quality of information between secondary, primary and community care

- Oxleas dashboard now finalised and in use. First full set of data available in May 2016
- Maternity pathway implementation

Safeguarding Children and Vulnerable Adults (see Safeguarding Strategy)

- **Training** - Gaps remain in provider compliance with safeguarding and Prevent training in some areas within acute services. The CCG is now 98% compliant. Refresher safeguarding training will be arranged for CCG workforce and the Board this year.
- **Looked after children initial health assessments** - Delays in receiving documentation from the local authority and consent for the medical to take place (provided by the parent or the local authority as the corporate parent) persist. Oxleas, the provider service, produce a weekly status report to the local authority. Improvement will continue to be addressed during 2016/17.
- **Improvement in GP information to Child protection conferences** - The named GP audited GP compliance on providing a report for all initial conferences. Twenty-seven per cent of GPs submitted information in the three months audited. Practices have been asked to review their internal administration arrangements to ensure they are received by the GP in a timely way. The focus of GP training in 2016 will be information sharing.

- Working with CCG colleagues, GPs, care homes and other health providers to gain assurance that they are compliant with mental capacity legislation to ensure that patients' human rights are being upheld
- In partnership with social care colleagues, implement a dynamic providers' forum to share information and improve practice in care homes – with particular attention to medicines management and patient safety
- Medicine management, prescribing and embedding the principles of the Mental Capacity Act through support to care homes by the care home pharmacist
- Working with commissioned health providers and care homes to support improvements in communication and access to treatment for their residents

SPECIFIC

Quality Improvement:

- Development of core and specific Quality KPIs
- PAMS Small Contracts Assurance Process
- Quality Improvement in:
 - Care Homes and LD homes
 - District Nursing
 - Cancer 2 weeks
 - Quality Premium
 - Infection control - MRSA and C.Diff performance
 - CQUINs - Frailty
 - Child and Adolescent Mental Health Services (CAMHS)
 - Safeguarding priorities
 - Performance:
 - Improving and sustaining Cancer services
 - Improving Mental Health services

CCG OUTCOMES DATA

Health Outcomes Framework / Every one Counts		Target	March	April	Breaches
Safe environment and protecting from avoidable harm	MRSA	0	0	0	
	C. difficile - Incidence of HCAI YTD	4	2	2	
RTT	RTT incomplete	92%	89.7%	89.4%	1980
	RTT 52+ week waiters	0	8	6	6
	RTT Admitted Backlog		743	798	
Diagnostics	Diagnostics - 6 weeks +	99%	98.3%	97.4%	77
Cancer - 2 weeks	2 week wait	93%	93.4%	93.1%	52
	Breast symptoms 2 week wait	93%	95.6%	92.3%	3
Cancer - 31 days	31 day first definitive treatment	96%	99.0%	96.9%	3
	31 day subsequent treatment surgery	94%	95.5%	100.0%	0
	31 day subsequent treatment drug	98%	100.0%	98.0%	1
	31 day subsequent treatment radiotherapy	94%	97.2%	96.2%	1
Cancer - 62 days	62 day standard	85%	78.4%	79.6%	11
	62 day screening	90%	100.0%	100.0%	0
	62 day upgrade		50.0%	100.0%	
Mental Health & Learning Disabilities	IAPT-Patient numbers as % population with depression etc.	1.1%		1.25%	
	IAPT - Proportion moving to recovery	50%		51%	
	Estimated diagnosis rate for people with dementia	67.5%		66.7%	
	Transforming care – Bexley has 3 patients meeting the criteria				

CQUINS

Lewisham & Greenwich Trust

Overall the Trust has achieved **84.73%** against the CQUIN targets. The table summarises the Trust's CQUIN achievement in 15/16 on a quarterly basis:

No	CQUIN Overview	Final RAG % weighting achieved (Q1)	Final RAG % weighting achieved (Q2)	Final RAG % weighting achieved (Q3)	Final RAG % weighting achieved (Q4)
1	Acute Kidney Injury	2.25%	3.50%	3.50%	0.00%
2a	Sepsis Screening	2.20%	2.20%	2.20%	4.40%
2b	Sepsis Antibiotic Administration	0.00%	2.20%	4.40%	0.00%
3a	Dementia - Find, Assess, Investigate, Refer & Inform	1.75%	1.75%	1.75%	1.75%
3b	Dementia - Staff training	0.50%	0.00%	0.00%	1.50%
3c	Dementia - Supporting Carers of people with dementia	0.75%	0.75%	0.75%	0.75%
4	Reducing the proportion of avoidable emergency admissions to hospital.	4.00%	1.00%	0.00%	15.00%
5a	Maternity - Development of a maternal obesity service	1.00%	1.00%	2.00%	3.00%
5b	Maternity - Joint Vulnerability Assessment	1.50%	1.00%	1.00%	3.38%
6	Supporting Integration	1.00%	0.00%	0.00%	2.50%
7a	Improving quality and effectiveness of care for children with complex needs through better identification and coordination	1.00%	1.00%	2.00%	1.00%
7b	Clinical Pathway Development – Community Children Nursing	0.50%	1.00%	0.00%	2.00%
	Total	16.45%	15.40%	17.60%	35.28%

A brief explanation of the indicators flagged Red or Amber is as follows:

Acute Kidney Injury – Trust evidence has not been submitted yet due to technical issues;

Sepsis Antibiotic Administration – The Trust achievement is 68.6% against a target of 75% eligible patients receive antibiotics within the CQUIN timescales.

Maternity Joint Vulnerability Assessment – The Trust was required to develop internet resources for women and conduct an audit on the intermediate pathway to demonstrate improvements in audit outcomes (from 14/15) for women considered vulnerable had access to additional support and onward referrals. The Trust failed to meet the audit targets in the poorest performing areas from 2014/15, however progressed with development of the dynamic resource. Commissioners have applied a 75% achievement.

Supporting Integration – The Trust was required to report on planning work completed on Trust wide shifts in care. After review of the submitted report, commissioners' assessment was that shifts in care were not demonstrated as Children and QEH pathways were not included. In addition, the Trust report is a re-representation of work jointly undertaken with Lewisham CCG on enhanced care and support. Commissioners have assessed 50% of the CQUIN should be awarded.

Awaiting Q4 final data from Oxleas & DVH

QUALITY PREMIUM

2015/16 measures		Latest actual	Target	Period	R/G
1	Reducing potential years of lives lost through causes considered amenable to healthcare (10%).	DSR 1785.0 2012 DSR 1812.5 2013 DSR 2008.3 2014	1.2% reduction	2012 -15	2015 data due soon
2	Urgent and Emergency Care (30%) Avoidable emergency admissions (30%). Either a) a reduction, or a 0% change, in the annualised trended change in the Indirectly Standardised Rate of emergency admissions for these conditions over the 4 years 2012/13 to 2015/16 ; or b) the Indirectly Standardised Rate of admissions in 2015/16 at less than 1,000 per 100,000 population				Outcome data for 2015/16 will be available soon
3	Mental Health 15% each Increase in the proportion of adults in contact with secondary mental health services who are in paid employment	29%	Increase	Q3	Increase from 24% in Q2
	Improvement in the health related quality of life for people with a long term mental health condition				Data not available
4	Improving antibiotic prescribing in primary & secondary care (10%) Reduction in the number of antibiotics prescribed in primary care (5%) antibacterial items per STAR PU	1.150	1.204	2015/16	Whilst we did not achieve this target we did see a 4% reduction
	Reduction in the proportion of broad spectrum antibiotics prescribed in primary care (3%)	11.3%	<13.3%		
	Secondary care providers validating their total antibiotic prescription data (2%)	All validated except KCH which is pending		2015/16	
5	Local Priorities 10% each a) Introduction of a safeguarding measure (10%). Target by end of Q4:80% of service users of Oxleas (Bexley) adult mental health services are asked whether they live with a child/young person under 18yrs. The merger of 3 Oxleas RiO systems during the year has caused unexpected major difficulties in how the recording of this information about children of service users is accessed. In Q3, new parameters were set up. Oxleas are now in a position to go on collecting the data, but cannot now access the old data required for this indicator.	289 users identified.		Q2 audit	Possible forecast as RED. Unable to get Q4 data from Oxleas, Mitigating report to be submitted.
	b) Increase in quality reporting from care homes (10%). Agreed: May 2015. First step: Design new process and start pilot in 2 care homes who are currently commissioned by Bexley CCG continuing care. Q2 QA System and IT developed for care home usage and instructions and leaflets prepared. 2 care homes set up. Q3/ Q4 Invitations made to another 8 homes (inc G&B Hospice) to participate in the online process. Q4 care home alerts now received and actioned. Staff turnover is causing lost log-ins. QAMS user group has met and is now with care home and hospice representation. Wider engagement took place at the May Provider Forum.	Visits and set up for 9 care homes and hospice have taken place		Q1 Completed Q2 Completed Q3 Completed Q4 Completed	9 homes and local Hospice visited / set up on QMAS. Engagement continues into 16/17

QUALITY PREMIUM

2016/17 measures			Current position
1	Cancer – diagnosed at an early stage - 20% of QP	The CCG will need to either: a) Demonstrate a 4 percentage point improvement in the proportion of cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 and 2 in the 2016 calendar year compared to the 2015 calendar year; or b) Achieve greater than 60% of all cancers (specific cancer sites, morphologies and behaviour*) diagnosed at stages 1 and 2 in the 2016 calendar year.	Awaiting Qtr1 Data
2	GP Patient Survey - 20% of quality premium	The CCG will need to demonstrate in the July 2017 publication, either: a) Achieve a level of 85% of respondents who said they had a good experience of making an appointment, or; b) A 3 percentage point increase from July 2016 publication on the percentage of respondents who said they had a good experience of making an appointment	Awaiting Qtr1 Data
	Increase in the proportion of GP referrals made by e-referrals	The CCGs will need to, either: a) Meet a level of 80% by March 2017 (March 2017 performance only) and demonstrate a year on year increase in the percentage of referrals made by e-referrals (or achieve 100% e-referrals), or; b) March 2017 performance to exceed March 2016 performance by 20 percentage points.	Awaiting Qtr1 Data
4	Antimicrobial resistance (AMR) - Improving antibiotic prescribing in primary care	This Quality Premium measure consists of two parts-each worth 50% of the Quality Premium payment available for this indicator (10% overall): Part a) reduction in the number of antibiotics prescribed in primary care Part b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care	Awaiting Qtr1 Data
5	Local Priorities 10% each	1) Cancer – 62 days to first treatment 85% (in line with Constitutional standard)	Awaiting Qtr1 Data
		2) Mental health: Dementia - 67.7% (a 1% stretch on Constitutional standard) number of patients with dementia on GP registers as a percentage of estimated prevalence	Awaiting Qtr1 Data
		3) IAPT - 89% (a 14% stretch on Constitutional standard) Referral to first course of treatment (less than 6 weeks)	Awaiting Qtr1 Data

SAFEGUARDING CHILDREN

The following is escalated from the Safeguarding Commissioning Standing Committee:

The committee is reviewing the terms of reference and membership of the group. The group is keen to facilitate the attendance of commissioning colleagues and will be exploring how this will be achieved.

1. Independent Inquiry into child sexual abuse: Justice Lowell Goddard - The Independent Inquiry into Child Sexual Abuse will investigate whether public bodies and other non-state institutions have taken seriously their duty of care to protect children from sexual abuse in England and Wales. Justice Lowell Goddard has written to NHS Trust chief executives to give notice of retention/non-destruction of documents. The terms of reference of the Inquiry are extremely broad. As such it is not yet clear what files, records and documents will be requested from organisations. Goddard has provided a list of categories of document which organisations should retain pending further requests from the inquiry. These include information in whatever form pertaining directly or indirectly to the sexual abuse of children or to child protection and care.

L&G NHS Trust and Oxleas NHS Trust have discussed the findings of the Verita inquiry into the abuse perpetrated by Myles Bradbury in 2013 at Cambridge University Hospitals at their safeguarding committees. Verita has produced a checklist that gives NHS organisations a head start in preparing to meet the expectations of the Goddard inquiry and will be benchmarking themselves against the checklist. Both organisations are reviewing their chaperone policy.

2. Implications for the role of designated professionals in non NHS commissioning - The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people 5-19yrs. Responsibility for children's public health commissioning for 0-5yrs, specifically health visiting, transferred from NHS England to local authorities in October 2015. Public Health England has published guidance to support the commissioning of the Healthy Child Programme 0-19yrs: health visiting and school nursing service. A review of both services has been on-going and the local authority is currently consulting on the content of the service specification.

The designated professionals undertake a whole health economy role regardless of the commissioning arrangements and have an integral role in all parts of the commissioning cycle, from procurement to quality assurance. Therefore the designated nurse continues to raise concerns that the safeguarding element of the service and the statutory responsibility of health services in relation to promoting the welfare of children should not be diluted.

SAFEGUARDING ADULTS

Lewisham & Greenwich NHS Trust

- The number of Deprivation of Liberty Safeguards applied for is low on the Queen Elizabeth Site compared with the Lewisham site. A new policy and procedure has been written and there is a programme in place to raise staff awareness.
- The Safeguarding Adults team in Lewisham and Greenwich has expanded to include an independent Domestic Violence Advocate and a lead for adults with learning disabilities. This was following 6 domestic homicide reviews which took place in 2015 /16.

Dartford & Gravesham NHS Trust

- In 2015/16 only the midwifery team received training in domestic violence and there were no domestic violence referrals made. There are plans in place to ensure that all staff will be expected to undertake this training 2016/17. In the interim period NHS England has provided support to the Emergency Department, providing training in reporting safeguarding concerns . NHS England have also given advice on training and safeguarding to this department.
- There has been an increase in staff taking the initiative to raise safeguarding concerns which demonstrates a greater awareness amongst front line staff. However there have been two instances where a safeguarding concern which should have been raised but has not. Meeting arranged with the safeguarding Lead at DVH to address this.
- There is no data for DBS compliance for existing staff. Compliance for new staff is 100%.

Oxleas

- A new procedure has been agreed and is being implemented for gathering data on safeguarding concerns and on training.
- There are issues with full compliance with the Mental Capacity Act. This is now a priority area and Modern Matrons are now carrying out twice monthly audits.
- There was only one domestic violence referral made by Oxleas in 2015 /2016. Oxleas Safeguarding Adults Committee has made recommendations from the Bromley Domestic Homicide review 'Susan' – these include following NICE guidelines to implement learning; training for all staff; appointing domestic abuse champions.
- The Care Quality Commission report is expected in September 2016.

Kings

- Care Quality Commission Action plan is in place to improve compliance with the Mental Capacity Act.
Source - CQC trust action plan.
- **Kings is not compliant with safeguarding training.** A multi borough meeting is to be convened in relation to this.
Source – Kings College Trust Training Data 2015 - 2016

MEDICINES MANAGEMENT

Medicines Management Support to MCCH Homes in Bexley CCG

MCCH are a registered charity supporting people with learning disabilities, autism and mental health needs. In Bexley, there are 10 Learning Disability Services (LDS) care homes supported by MCCH. Within the last 3-6 months a number of the MCCH homes have had CQC inspections, with medicines management identified as one of the areas of weakness.

The care homes pharmacist (Bexley CCG) and senior operations manager (MCCH), together with support from the London Borough of Bexley (LBB), discussed the best method of increasing the knowledge of MCCH senior staff and managers in medicines management within the care homes. As a result, a training day was organised by MCCH for their senior staff. The care homes pharmacist was given an outline of the CQC reported areas of weakness, including some of the most common medicines used within the MCCH care homes. A two-hour training session was delivered and feedback gathered from the attendees (comments shown below). The response rate was 92%.

Attendee Comments

“very useful”

“was very clear and explained things well, and was very open to questions”

“well presented and easy to understand”

“excellent content & delivery – re-affirmed areas of good practice, highlighted areas that are slightly ‘grey’ and ways to resolve this”

“Thank you – very useful”

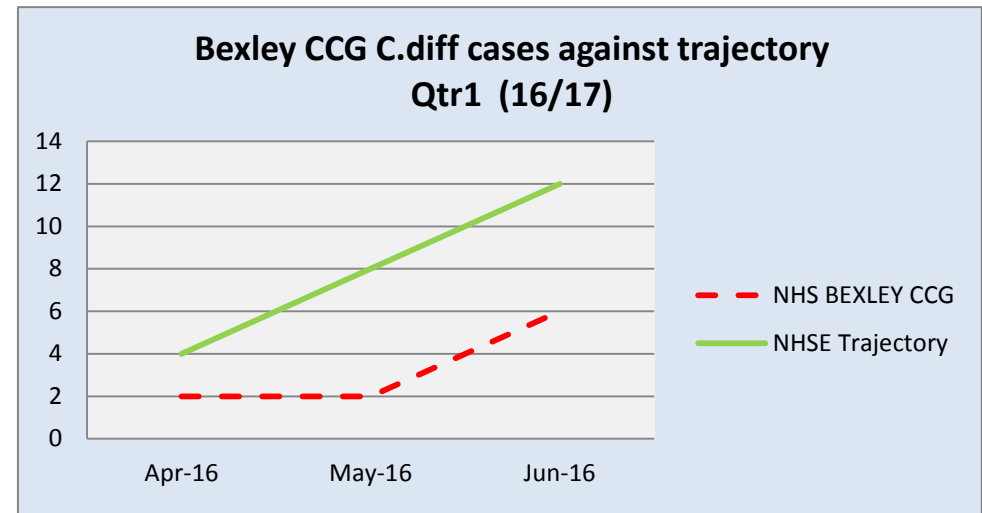
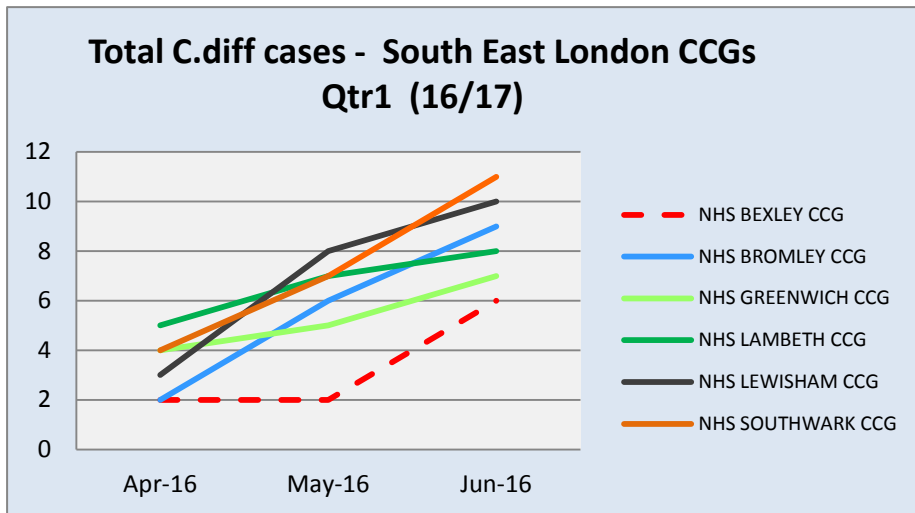
Further areas of support

- The training session is going to be delivered during one of the care homes forum in July/August 2016, in conjunction with LBB. This will allow all forum attendees to update their knowledge on medicines management within their care homes.
- One of the MCCH care homes has been identified as needing further support from a medicines management pharmacist. This is currently being co-ordinated between LBB and the Medicines Management Team.

INFECTION PREVENTION & CONTROL

C.Difficile

The CCG is currently in a positive position with 6 C.diff cases in Qtr 1 against a trajectory of 14; this is a marked improvement on Qtr 1 2015/16 with 26 cases at this point. If this trend continues the CCG should fall within NHSE trajectory.



MRSA

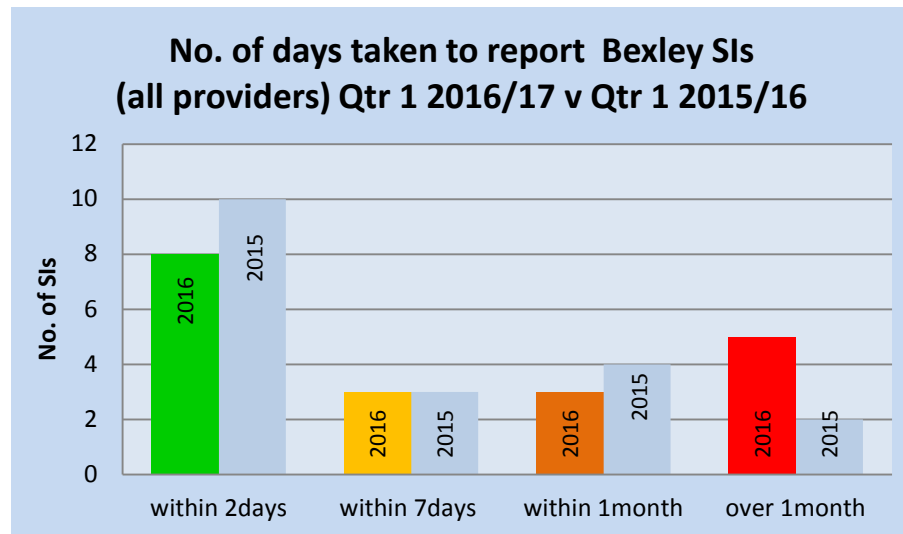
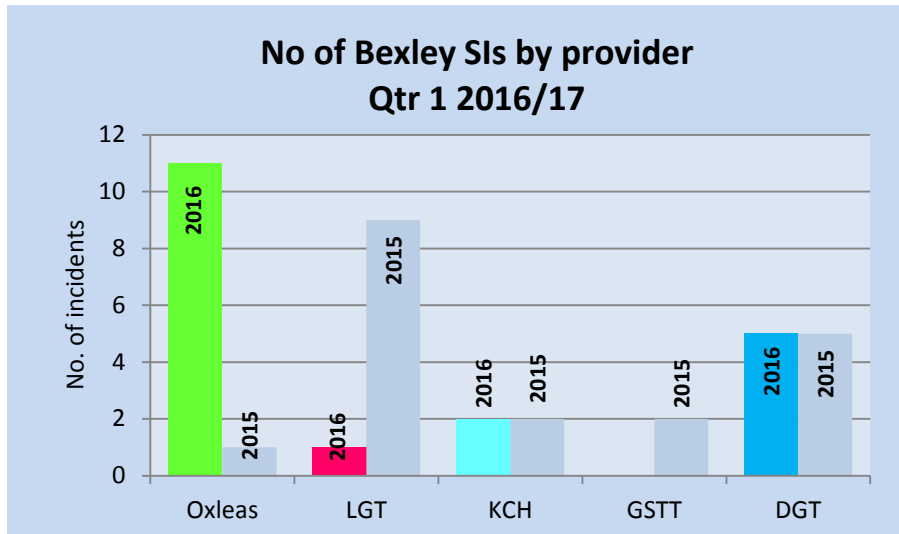
There have been no MRSA cases reported for Bexley patients in Qtr 1

CQC NEWS

Care Quality Commission and Greenwich and Bexley Clinical Commissioning Group and London Borough of Bexley Joint working

- Of 18 older peoples care homes in Bexley 9 are rated as good or compliant, 7 require improvement and one is rated as inadequate.
- There is placement embargo on the home with an inadequate rating; this has been imposed on the home by CQC. Greenwich and Bexley Local Authorities, The Care Quality Commission and Greenwich and Bexley Clinical Commissioning Groups are working with the Management of the Home under the provider concerns protocol. Local authority and Clinical Commissioning Group are gaining assurances of improvement through quality monitoring visits and through close monitoring of action plan progress and rota management.
- In Bexley there are 14 Care Homes for people with a Learning Disability. Of these 10 are rated as good or compliant and 4 require improvement.
- The London Borough of Bexley; Bexley CCG and CQC meet every month to discuss the care homes and identify areas for improvement across the borough. One such area is in medicines management and the BCCG medicines Management Team have put together a workshop to raise awareness and improve standards.
- There are Bexley residents living in 23 out of borough homes. 11 of these homes have been rated as good or compliant. 11 homes as requiring improvement and 1 home is rated as outstanding. One of the Homes rated as inadequate is being monitored under the Providers Concern Protocol – led by Royal Borough Greenwich.

SERIOUS INCIDENTS



Serious incidents reported for Bexley patients were – 10 Pressure ulcers, 3 suspected self-inflicted harms, 3 falls, 1 medical equipment incident, 1 surgical procedure and 1 diagnostic incident

QUALITY ALERTS

46 Quality Alerts in Q1 2016/17

Organisation alert is related to:

- 54% Lewisham & Greenwich NHS Trust
- 17% Kings
- 9 % Darent Valley & GSTT
- 7 % Oxleas
- 2 % Hurley & GP's

Source: Quality Alert Management System (QAMS) April – June 2016

Themes (Top 3):

- 33% Insufficient information/Poor discharge
- 22% Poor communication
- 17% Delay in treatment

Risk Rating:

- 37 Amber (response required from provider)
- 8 Green (provider informed for learning, no response required)
- 1 Alerts unrated – awaiting further information to risk rate
- 0 Contact not an alert and has been appropriately redirected

PROVIDER HIGHLIGHT REPORT

Lewisham & Greenwich Trust

- All Standards were met for April 2016 with the exception of the Breast Symptomatic 2WW standard and 62 Day GP Referral to Treatment. For 62 Day GP Referral - **79% (<6%)** Urology had the highest number of patients treated after day 62 in April. Challenges with TRUS biopsies were the root cause for the delays for patients on this pathway. The challenges experienced with TRUS biopsies have been resolved in April. For 2WW Breast Symptomatic- **89% (<6%)** Patient choice continues to be a challenge (patients choosing to decline appointments within 14 days or cancelling and rescheduling appointments after the 14 day period). The Trust continues to work with CCG and GP colleagues to tackle this.
- Cancer targets met were 2WW GP Referrals at **93%**, 62 Day screening at **100%**, 31 Day First Definitive treatment at **97.8%** and 31 Day Subsequent Drugs at **100%**.
- There was no MRSA bacteraemia cases reported in April across both hospitals, one case of C Diff reported in April at QEH and none reported at UHL
- There were no never events in April.
- The FFT response rate remains below the local standard of 20%.The service was extremely pressured in M1 with over 10% patients waiting longer than 4 hours for treatment and discharge. There were a high number of DTA's in the department on both sites - UHL >10 and QEH > 15 on average daily. Discharges before 1pm deteriorated on the QEH site and reflects the delays in flow which have negatively impacted the FFT response rate. Both ED's have an action plan to improve performance which is being tracked weekly.

Dartford & Gravesham Trust

- There were 76 Mixed Sex Accommodation (MSA) breaches reported in April. Breaches were on AMU (23 on 5 occasions) and MSS (53 on 18 occasions). New revised guidance and monitoring system agreed with CCG and is now in place. Critical care areas have been excluded as agreed with the CCG following further clarity of interpretation of National Guidance across Kent. A Remedial Action Plan has been agreed with commissioners; however occupancy remains the key issue affecting MSA performance. There were no safety concerns and no experience issues or complaints. Patient Experience: to monitor patient complaints /concerns reported in line with single sex accommodation. Weekly emails sent to Matrons to review breaches within their department/ area and to feed back any issues. Kent wide review and shared learning opportunities identified – NHS England (SE) undertaking a review across Kent and Medway. Incorporate MSA escalation at performance and capacity meeting (bed meeting). 92.5% of the A&E FFT respondents would recommend services to their family and friends however the response rate remains very low. Complaints per 1000 bed days remain elevated following last month's increase. The trust has reported that there have been no complaints raised in April regarding safety concerns and around staff experience.
- The appraisal rate has fallen for the fourth month in a row below the target of 85% to **77%** in April. HR are reviewing this. The sickness absence rate was 3.7% in April, slightly higher than the planned target of <3.5%. All ward matrons have been asked to speak to staff to check their staff wellbeing. The Midwife to Birth ratio remains at 1:35.
- The Hospitalised Standard Mortality Ratio (HSMR) was 91 to the end of January 2016. This is statistically significantly below average. Crude mortality remains low and there appears to be little difference between weekend and weekday mortality. A review of respiratory pathways has been conducted by the Academic health Science Network this month which will be shared in July CQRG meeting. 95% of adult inpatients were risk assessed for VTE meeting the required standard. No concerns expressed for VTE.
- 95% of adult inpatients were screened for dementia in April meeting the required standard.
- There was one MRSA bacteraemia cases in April. CSU to raise this at CMB. Since the reintroduction of universal MRSA screening for emergency patients, the proportion of screened patients has risen to 94%.
- There were no cases of C Diff reported in April.
- There were no never events in April.

King's College Hospital

- The national Summary Hospital Mortality Index (SHMI) is better than the expected index of 100 at 83 for the DH site and 89 for the PRUH site, based on the latest 12-months data available from the 'HED' benchmarking tool.
- The number of diagnostic 6-week waiting time breaches increased by 49 cases reported at the end of April to 681, which still represents 5.8% of the total number of patients waiting. This is therefore above the national target of 1% but achieves the performance trajectory of 6% for the month as agreed with commissioners. The increase was largely due to a further 162 breaches reported in non-obstetric ultrasound (non-US), across both the DH and PRUH sites. We are working with all BMI sites in South East London to secure additional capacity to help clear the non-US backlog by August. The number of MRI breaches reduced by 133 cases with 131 breaches remaining at the end of April. There was also an increase of 26 endoscopy breaches.
- Continuing to see a growth in 2WW referrals and are closely monitoring this by reviewing the position by tumour group in weekly performance meetings.
- There were no MRSA cases reported in April. There were 5 c-difficile cases reported in April, 4 cases reported at the DH site and 1 case at the PRUH.
- The number of hospital-acquired pressure ulcers increased from 21 cases in March to 23 cases in April on the DH site, of which 11 cases were on critical care units and 9 cases on liver wards. The number of pressure sores at the PRUH site reduced from 6 to 2 cases.
- The Inpatient (how are we doing) survey overall score remained at 91 for the DH site, but fell below the target of 89 to 87 at PRUH. The Friends and Family (FFT) scores for Inpatient/Day cases remained at 96 for both sites achieving the target of 93. However, the FFT scores for ED are below the 89 target at 81 for both sites.
- The number of inpatient cancellations on the day reduced by 34 cases to 70 in April – with 29 cancellations at the DH site and 41 cancellations at the PRUH. There were however 13 breaches of the 28-day cancellation standard
- The number of patient complaints increased from 64 in March to 78 in April, of which 8 were rated high/severe. The number of complaints still open or not responded to within 25 working days reduced by 10 to 33 cases.
- Vacancy rate remains stable at 10.6% for April on the DH site, but increased from 15.8% to and to 17.3% for the PRUH sites, so above the internal 5-8% target. Compliance against mandatory and statutory training and induction courses remains compliant at 80 for the DH site, consistent with the target. No data available for PRUH.

Guy's & St Thomas' Trust

- The Trust recently received two National awards –CHKS Top Hospital Award and the CHKS Quality of Care Award.
- Trust performance against the 95% standard in emergency care continued to perform below the standard in Apr-16 but has improved on previous month. There is a focus on improving patient experience across the emergency pathway with a range of actions and pilots aimed at addressing the increased demand for services and improving the flow through ED. The Trust is working to improve the timeliness of treatment for patients on a cancer pathway, however a number of key cancer targets have not been met. Plans are in place to improve performance in the identified areas.
- There was a considerable increase of 9 reported C-diff cases in April. These were in part associated with a cluster on one ward. The cluster included one confirmed transmission resulting in a declared 'Lapse in Care'. A range of control and remedial measures are in place we expect the number of incidences in May to reduce. There were no cases of MRSA in April and the confirmed total for the previous year 15/16 remained at 2cases (target 0).
- The screening target for VTE continues to be met across all directorates; the Trust is seeking to improve the % of inpatient and day case admissions screened in individual specialties. These include some surgical areas, particularly nurse-led day-case services.
- Dementia screening compliance has remained above the target of 90% for the last four months. A review is carried out for all the breaches and for those screened after 72hrs to ensure that there has not been more than one screen, as the later screen could invalidate the original screen. The team remind staff about screening at every opportunity and also provide training to wards and areas where compliance has been low.
- One never event of a wrong route administration of medication was reported in Apr-16.
- FFT feedback remains positive. The proportion of patients who say they would "not recommend" the Trust has increased slightly in almost all of the areas of care. Maternity has seen a substantial improvement in its response rate this month.
- The Qtr4 2015/16 Staff FFT results highlighted that of staff surveyed 94% would recommend the Trust as a place for treatment and 79% would recommend it as a place to work. Vacancy rates remained below target at 9.94% in Mar-16. The number of completed personal development reviews has decreased further in Mar-16.

Oxleas Foundation Trust

- There were no incidences of CDI or MRSA recorded in May.
- Serious Incidents - none of the overdue incidents have an agreed extension. Reasons vary and include investigations taking longer than 60 days due to availability of staff and also the quality of reports produced. The latter results in reports being sent back to investigators and directorate leads.
- Duty of Candour - In May 2016, duty of candour was applied to 4 out of 5 cases within 10 working days.
Bexley – 1 letter was overdue (STEIS 2016/12156), Bromley - 100% applied within deadline, Greenwich - 100% applied within deadline.
- 61 patients required a 48 Hour follow up. There was 1 true breach (Norman Ward) due to staff not following process. For 1 other patient from Avery ward, efforts made to contact were unsuccessful.
- The dashboard now shows timescales for formal and local complaints separately. Since the Trust started reporting on all complaints received in writing both formally and informally, this has had an impact on complaints investigation timescales. The Trust took a decision to maintain the 30 day target for investigating complaints.
- Delayed discharges - In May 2016, the overall Trust figure reported against the monitor target of <7.5% was 4.7%. The Bexley figure was higher than the target at 10% in May, from 7.6 in April 2016.
- Patients detained under the MHA, who are provided with information as per S132 - Explanation of Rights (s132) was recorded for 100% of patients.
- Patients who were assessed and detained under the MHA, consent to treatment was obtained as per s58. Consent to treatment was obtained for all (100%) of patients assessed and detained in May 2016, under the Mental Health Act.
- CPA clients with 6 months CPA review - This indicator was amber at 92.8% for May 2016. This equates to 3354 out of 3613.
- 50% of Early intervention in psychosis (EIP) referrals seen within 2 weeks - This is a newly requested addition to the dashboard. The target was met in all Boroughs in May.