ENCLOSURE: L(i)

Agenda Item: 118/16

NHS Bexley Clinical Commissioning Group

Governing Body meeting (held in public)

DATE: 22 September 2016

Title	**Integrated Quality, Safety and Performance Report September 2016**
This paper is for **Information**	
Recommended action for the Governing Body	That the Governing Body: **Note**. 1. **Integrated Quality, Safety and Performance Report September 2016**.
Potential areas for Conflicts of interest	None.
Executive summary	The key issues identified in this report are: • RTT – all indicators for the CCG are reported below target for Q1 all breaches are raised and action plans in place and monitored at Contract Management Board (CMB) and Clinical Quality Review Meetings (CQRG) meetings. There is a referral to treatment clinical working group reviewing clinical pathways and backlog clearance group in place. • Diagnostics 6 weeks+ – fell below the target of 99% at 97.4% for Q1 all breaches are raised and action plans in place monitored at CMB and CQRG meetings. • Breast Cancer symptoms urgent referral 2WW fell just below target of 93% at 92.3% for Q1 all breaches are raised and action plans in place monitored at CMB and CQRG meetings. • 62 day standard is below target is at 79.6% against a target of 85% all breaches are raised and action plans in place monitored at CMB and CQRG meetings and at weekly Patient tracking List (PTL) meeting held by SE London CCG's. • Estimated diagnosis rates for people with dementia again fell slightly below target of 67.5% at 66.4%. Primary Care Infrastructure Fund (PCIF) incentivises GP's to identify and register undiagnosed patients. Regular communications out to GP's reminding actions to

	be taken. The CCG is also seeking best practice from statistical neighbours with better performance. • All 31 day cancer targets were met in Q1 except for 31 day subsequent drug treatment at 95.4% all breaches are monitored and challenged at CMB and monitored by the cancer network. • Of the 18 older peoples care homes in Bexley 8 are rated as good, 4 are compliant, 5 require improvement and one is rated as inadequate. The CQC has imposed special measures on the home with an inadequate rating. Of 14 Learning Disability Homes in Bexley 5 are rated as good, 3 are compliant and 6 require improvement. Greenwich and Bexley Local Authorities, the CQC and Greenwich and Bexley CCGs are working with the Management of the Homes under the provider concerns protocol. Local authorities and CCGs are gaining assurances of improvement through quality monitoring visits and through close monitoring of action plans and supporting home managers in improving quality of care, staff training and providing a support network in the providers forum lead by Bexley CCG and London Borough of Bexley (LBB) safeguarding leads. The key issues highlighted and any other areas of concern are under regularly reviewed by QSSC. Action plans and future works are subsequently reviewed in that committee meeting.

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
Bexley
Clinical Commissioning Group

	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	19th September 2016	

NHS
Bexley
Clinical Commissioning Group

Integrated Quality, Safety & Performance Report
September 2016

CONTENTS

KEY ISSUES – SUMMARY PAGE

- RTT – all indicators for the CCG are reported **below** target for Q1
- Diagnostics 6 weeks+ is below the target of 99% at 97.5% for Q1
- Breast Cancer symptoms urgent referral 2 week wait is below target of 93% at 92.7% for Q1
- 62 day standard is below target is at 76.2% against a target of 85% for Q1
- Estimated diagnosis rates for people with dementia again fell slightly below target of 67.5% at 66.4% for Q1
- All 31 day cancer targets were met in Q1 except for 31day subsequent drug treatment at 95.4% against a target of 98%
- 62 day screening achieved 100% in Q1
- Improving Access to Psychological Therapies (IAPT), proportion of patients moving to recovery - achieved 51.6% against a target of 50% for Q1
- Healthcare Acquired Infections – the CCG has not had any MRSA cases declared in April-July 2016 and are currently below trajectory for C-diff with 10 Cases against the NHS England trajectory of 18 for the same period.
- LGT have met the requirements for all CQUIN measures in Q1, awaiting confirmation on Oxleas and DVH position.

PATIENT STORIES

Patient X suffered a prolapsed disc after changing a car tyre. On Saturday afternoon the pain worsened so they visited the Urgent Care Centre (UCC) at Erith Hospital, where they were seen straight away, given pain killers and advised to see GP if the pain persisted.

On Monday the symptoms had not improved so patient X contacted the GP. Unfortunately, the patient was no longer registered with the surgery, due to being away at University and was not aware of the need to re-register when returning home. However, as the patient was clearly in great pain an emergency appointment was offered. Following a consultation the GP advised patient X to return if the pain persisted. A week later things had still not improved so patient X returned to the GP who then made a referral for an MRI scan and prescribed stronger analgesia to help control the pain.

Patient X was offered an appointment for an MRI scan at Queen Mary's Hospital within 3 weeks and was contacted by the GP the following week to discuss the results. At this point patient X was referred for physiotherapy and to Neurosurgeons at Kings College Hospital.

An appointment was received for a consultation with a Neurosurgeon on Saturday 13 August. The patient saw a doctor, who accessed the MRI scan and took the time to explain everything clearly. Patient X reported that they no longer require pain management and that the leg numbness has improved since commencing physiotherapy. The Consultant agreed no further action was required and discharged the patient back to the care of the GP.

Patient X reported an overall positive experience from the good care and treatment from the UCC and the GP to the impressive speed of the referral for physiotherapy, MRI scan and subsequent review by Neurosurgeon.

Consent has been given to share this patient story.

PATIENT EXPERIENCE & ENGAGEMENT ACTIVITY

During July 2016 the following insights and headlines have been recorded

Formal complaints	2	Correspondence	12	General enquiry	22	Informal concerns	6	Mystery Shopper	36	NHS Choices	36

Kings College Hospital NHS Trust

- NHS Choices – 9 positive comments noted across PRUH & Orpington sites, 5 for Trauma & Orthopaedics and Dermatology at Orpington Hospital
- Quality alerts – 5 recorded. 3 relate to discharge arrangements, 1 delay treatment and 1 inappropriate referral
- Mystery shopper – 4 negative, Ophthalmology (cancelled appointment), Complaints handling, Renal services,

Lewisham & Greenwich NHS Trust

- 1 formal complaint (multiagency) regarding ward 17 & community District Nursing–issues relate to standards of care (pressure sores), discharge planning
- NHS Choices – 10 negative comments noted. 5 regarding obstetric services at Lewisham site, 4 regarding services at QEH, 4 negative comments recorded for Accident & Emergency/ Urgent Care Centre (UCC) services at QEH – all relate to quality of clinical treatment
- Quality alerts – 12 recorded. Main themes are delay diagnostic reporting & delay discharge info
- Mystery shopper – 3 negative. Appointment delay (endoscopy), care and treatment (Obstetrics) and complaint handling

Hurley Group

- The CCG were copied into 3 complaints regarding UCC at QMH. All concerns highlight concerns regarding attitude of staff and quality of care and treatment/ delays
- NHS Choices - highlights concerns regarding UCC at Erith Hospital site in relation to access; patient arrived at 9pm and was turned away.
- Mystery shopper – illustrates 2 negative reports – again in relation to attitude of staff and quality of care and treatment

Oxleas NHS Foundation Trust

- NHS Choices – I negative comment noted regarding attitude of staff at Green Parks House
- Quality alert – 2 recorded, both relate to District Nursing services and delay in treatment

Darent Valley Hospital

- 1 informal complaint regarding community maternity services, specifically relates to poor communication following miscarriage
- NHS Choices – 2 negative reports noted, one regarding Accident & Emergency waiting times, the other relates to surgery cancelled on day (lack of beds)
- Quality alerts – one concern relating to Gynaecology services, discharge information and arrangements

NHS Bexley CCG

- One formal complaint regarding CCG arrangements to commission interpreter services – specifically linked to Accessible Information Standard
- Mystery Shopper – compliments noted regarding CCG mystery shopper initiative

Engagement activities included:

- Mystery Shopper Annual General Meeting & Awards
- Patient Council 6th July

**Please see Appendix 1 for full patient insight report*

CCG OUTCOMES DATA

Health Outcomes Framework / Every one Counts		Target	April	May	Jun	Q1	Breaches
Safe environment and protecting from avoidable harm	MRSA	0	0	0	0	0	0 (YTD)
	C. difficile - Incidence of HCAI YTD	4	2	0	4	6	0 (YTD)
RTT	RTT admitted	90%	78.4%	75.8%	76.0%	76.8%	308
	RTT non-admitted	95%	90.3%	92.9%	90.4%	91.3%	423
	RTT incomplete	92%	89.4%	90.3%	90.5%	90.0%	1830
	RTT 52+ week waiters	0	6	9	6	21	6
	RTT Admitted Backlog		798	767	803	803	
Diagnostics	Diagnostics - 6 weeks +	99%	97.4%	97.9%	97.1%	97.5%	86
Cancer - 2 weeks	2 week wait	93%	93.1%	92.2%	92.8%	92.7%	59
	Breast symptoms 2 week wait	93%	92.3%	84.2%	89.8%	89.7%	6
Cancer - 31 days	31 day first definitive treatment	96%	96.9%	97.8%	98.7%	97.8%	1
	31 day subsequent treatment surgery	94%	100.0%	95.0%	95.2%	96.3%	1
	31 day subsequent treatment drug	98%	98.0%	96.7%	89.7%	95.4%	3
	31 day subsequent treatment radiotherapy	94%	96.2%	100.0%	97.2%	97.9%	1
Cancer - 62 days	62 day standard	85%	82.6%	81.3%	74.0%	76.2%	13
	62 day screening	90%	100.0%	100.0%	100.0%	100.0%	0
	62 day upgrade		89.0%	87.2%	100.0%	100.0%	0
Mental Health & Learning Disabilities	IAPT - Patient numbers as % population with depression etc.	1.1%	1.25%	1.24%	1.25%	1.25	
	IAPT - Proportion in recovery	50%	51.6%	52%	51.6%	51.6%	75
	Estimated diagnosis rate for people with dementia	67.5%	66.7%	65.9%	66.3%	64.4%	926
	Transforming care – Bexley patients meeting the criteria		3	2	2	2	

**Please see appendix 2 for full scorecards*

CQUINS - Lewisham & Greenwich Trust

CQUIN	Indicator	Q1	Q2	Q3	Q4
1a Health & Well Being	Providers should have developed a plan to introduce and actively promote the three initiatives that is peer reviewed and signed off.				
1b Healthier Food	The collection of the 11 data points outlined in part b.) and the submission via unify				
2 Timely identification and treatment for sepsis	2a Timely Identification of Sepsis Emergency Department. (2 part indicators)				
	2b Timely Identification of Sepsis Inpatient (2 part indicators)				
4a Reduction in antibiotic consumption per 1,000 admissions	Agree with NHS England baseline data submission via national database				
4b Empiric review of antibiotic prescriptions	Perform an empirical review for at least 25% of cases in the sample				
5c Frailty Short Stay	Baseline Q4 15/16 for establishing scope of service with modelling to show how: 1. Overall conversion ratio will be maintained; 2. Model of streaming frail patients through ED to existing short stay medical and ED beds; 3. Model of safe discharge home from short stay medical and ED beds; 4. How the overall short-stay model fits into the ED Front Door Service specification.				
5d Frailty Integrated Management Plans	Trust to work with partners in ensuring access to Connect Care / Coordinate my Care for sharing of Individual management plans, work to be carried out through Frailty Working Group Greenwich CCG Bexley CCG unable to give access in Q1, Q2 and Q3				

CQUINS - Lewisham & Greenwich Trust (continued)

CQUIN	Indicator	Q1	Q2	Q3	Q4
5e Frailty Training Front End	Develop front end training programme to include: identification, screening and assessment tools. Confirm first cohort of staff to train and arrange dates. Training to be targeted at: UCC streamers, ED staff, Acute Medical Unit (AMU) and Medical Diagnostics Centre (MDC). Q1 Goal - Notify commissioners formally in writing of: 1. Screening Assessment Tools used 2. Identified staff cohorts in ED, UCC, AMU and Ambulatory Care at QEH 3. Notify of staff numbers in each cohort at QEH				
8 COPD	Trust to review performance against the current respiratory pathway (to include Chronic obstructive pulmonary Disease (COPD), Early Supported Discharge and oxygen) identifying areas for improvement and change - agreeing parameters with CCGs. Review ED attendance figures for COPD for 15/16 by quarter and agree baseline for avoidable admissions. Development of a revised pathway for respiratory conditions. Trust to commence recruitment to deliver Oxygen service and submit plan to complete reviews of patients receiving oxygen (that are not currently reviewed by the COPD team).				
9 Non-Elective Admissions	Trust work with named GP Clinical Commissioner to develop and agree audit criteria and tool. Trust to complete joint retrospective monthly audits on 25 randomised non-elective admissions with GP Commissioner. Audits will review: reasons to admit, patient demographics, barriers to discharge and consider Trust compliance against London Standards in Acute Medicine and Emergency Care, avoidable admissions and recommendations for improved processes or practice.				

Oxleas Community Contract CQUIN 2016/17

Local CQUIN	Indicator	Q1	Q2	Q3	Q4
Local Indicator 1	Identify and support for adult and young carers across Bexley and avoiding crisis	Awaiting data			
Local Indicator 3	Health Promotion and Prevention – Making every contact count	Awaiting data			

Oxleas Mental Health Community Contract CQUIN 2016/17

National CQUIN	Indicator	Q1	Q2	Q3	Q4
National Indicator 3	Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI)	Awaiting data			

Local CQUIN	Indicator	Q1	Q2	Q3	Q4
Local Indicator 1	Identify and support for adult and young carers across Bexley and avoiding crisis	Awaiting data			
Local Indicator 3	Health Promotion and Prevention – Making every contact count	Awaiting data			

CQUINS – Dartford & Gravesham Trust

National CQUIN	Indicator	Q1	Q2	Q3	Q4
1a Introduction of health and wellbeing initiatives	The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues.	Awaiting data			
1b NHS Staff and Wellbeing - - Healthy food for NHS staff, visitors and patients	Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17	Awaiting data			
1c NHS Staff and Wellbeing flu	Achieving an uptake of flu vaccinations by frontline clinical staff of 75%	Awaiting data			
2a Sepsis	Timely identification and treatment for sepsis in emergency departments	Awaiting data			
2b Sepsis	Timely identification and treatment for sepsis in acute inpatient settings	Awaiting data			
5a Antimicrobial Resistance - reduction	Reduction in antibiotic consumption per 1,000 admissions	Awaiting data			
5b Antimicrobial Resistance - review	Empiric review of antibiotic prescriptions	Awaiting data			

Local CQUIN	Indicator	Q1	Q2	Q3	Q4
4a Frailty	Promote a system of timely identification and proactive management of frailty in hospital	Awaiting data			

QUALITY PREMIUM 2016/17

2016/17 local measures			Current position
5	**Local Priorities 10% each**	1) Cancer – 62 days to first treatment 85% (in line with Constitutional standard)	Q1 75%
		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	Q1 66.4%
		3) IAPT - 89% (a 14% stretch on Constitutional standard). Referral to first course of treatment (less than 6 weeks)	Q1 97%

National measures will be reported when available from NHS England

SAFEGUARDING CHILDREN

1. Lewisham & Greenwich NHS Trust

The Healthy London Partnership's children and young people's (CYP) programme is carrying out a series of clinical peer reviews of acute care services for CYP across London. The review is designed to identify where services are meeting the London Acute Care Standards for Children and Young People and provide supportive feedback to enable standards to be met.

The Designated nurse joined the peer review of the acute care services provided by Lewisham and Greenwich NHS Trust for CYP on 28 July. The peer review panel was made up of clinicians and local commissioners. Lewisham and Greenwich CCG's were represented.
Lewisham hospital and Queen Elizabeth hospital, Woolwich (QEH) sites were visited. A report will be sent to the Trust and Lewisham, Greenwich and Bexley CCG's.

The review raised 2 significant quality concerns in relation to services for children in the Emergency department/Urgent Care Centre at QEH site:

- The child's pathway for UCC.
- The lack of CAMHS support out of hours.

The Healthy London Partnership report will be available at the end of August. In the meantime, both issues have been raised with commissioners and the Quality team.

2. Dartford & Gravesham NHS Trust

DVH has now begun reporting on an enhanced set of safeguarding metrics agreed between Kent and Bexley safeguarding leads. There are some gaps in data reporting. We have asked DVH to separate Kent and Bexley data with regard to self-harm attendances, case conference participation and referrals. A significant focus on safeguarding training has led to the hospital ensuring it receives a high priority. The hospital is now compliant with Safeguarding children training: Level 1 @ 90% Level 2 @ 75% Level 3 @ 86%

3. Princess Royal University Hospital/Kings College Hospital NHS foundation Trust

Bromley and Lambeth CCG safeguarding leads raised concerns about safeguarding arrangements across both sites at the CQRG meeting in May. As a result a sub group of the CQRG has been established to allow for a more in depth discussion and agreement of on-going processes which will report back to CQRG, the first meeting will take place on 6 September 2016. Issues highlighted:

- The capacity of the safeguarding advisors on the PRUH site who are not able to make decisions (controlled from KCH site). This is inappropriate for a District General Hospital the size of the PRUH which also hosts a UCC.
- There is a Named Doctor for safeguarding children on site, this should be replicated with a Named Nurse
- Longstanding non-compliance with safeguarding training - a variety of delivery methods should be utilised
- Prevent training compliance is poor. The hospital has a single person trained to deliver the training for the whole hospital
- SI reporting is not timely and the process lacks rigour.

SAFEGUARDING ADULTS ACUTE TRUSTS

Lewisham & Greenwich NHS Trust

- The end of June saw the introduction of routine enquiry of Domestic Abuse via the Triage and Assessment process in ED QEH. Triage staff now ask all patients whether they are experiencing or have experienced Domestic Abuse. The question is a mandatory field on the Triage and Assessment form on Icare. For those who answer yes, staff will offer the Independent Domestic Violence Advocate (IDVA) service at QEH. If this is accepted, a referral can be made through the Icare system.
- There are now two Domestic Abuse Link Nurses in QEH ED, who are going to be able to advise staff on queries regarding the question. We are also working together to look at ways to improve the experience of patients coming through ED who have disclosed Domestic Abuse.
- Training figures for MCA, Safeguarding and PREVENT are compliant with targets.
- There were 63 referrals to the LD Nurse and in the Autumn LD champions will be introduced across the trust.
- The safeguarding adults policy has been updated and is being presented to the Safeguarding Committee for ratification.

Dartford & Gravesham NHS Trust

- The safeguarding training is currently being reviewed. A training need analysis has been completed to identify the levels of training that Trust staff is required to complete. It is anticipated that this will be ready to deliver late autumn.
- Training is taking place on both Safeguarding and MCA. Targets in safeguarding are for the most part being met. The Trust is 3% below target in some areas. The MCA data remains outstanding. There is evidence that training is taking place.
- Bexley CCG have requested that the safeguarding lead sit in on the serious incident panels to ensure that safeguarding is considered when reviewing serious incidents, this is now happening.
- There were 23 safeguarding concerns raised in Quarter 1. Police are investigating a staff member at DVH in relation to one safeguarding concern.

Oxleas NHS Foundation Trust

- In quarter 1 there has been an increase in the numbers of safeguarding concerns being raised. This is thought to be as a result of the new Safeguarding Coordinator role which is enabling closer scrutiny of incidents. Less than 50% of the concerns raised are converting in to S42 enquiries.
- There are issues with full compliance with the Mental Capacity Act (MCA). This is now a priority area and modern matrons are now carrying out twice monthly audits. There is no data available in relation to MCA and best interest assessments – the dashboard will be reviewed in order to obtain meaningful data.
- 17 enquiries that were investigated have been substantiated.
- Level 3 safeguarding training is significantly below target. This figure may not be correct however as the new system for gathering data from the Local Authority has not yet been fully implemented.

Kings College NHS Foundation Trust

- Care Quality Commission Action plan is in place to improve compliance with the Mental Capacity Act. Lambeth CCG are leading on supporting the trust with achieving compliance.
- Kings is not compliant with safeguarding training. Lambeth and Bromley are leading on the improvement plan and are keeping Bexley CCG updated.

CONTINUING HEALTHCARE (CHC)

Continuing Healthcare is based on Department of Health documentation and has a national framework (which is currently being revised)

National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care *November 2012 (Revised)*

This incorporates: NHS Continuing Healthcare Practice Guidance, NHS Continuing Healthcare frequently asked questions, NHS Continuing Healthcare Refunds Guidance.

The Bexley CHC team consists of:

- Clinical Manager
- Business Manager
- Administrators
- Nurses

Those patients eligible for CHC include:

- Learning disability patients with complex needs
- End of life needs
- Complex physical needs
- Those with behaviours that challenge who often require 1:1 care even in nursing homes
- Those not eligible for CHC but with nursing needs over and above what social services / community services can provide

Activity:

In 2014/15, 521 patients were funded by the CHC team

- 359 fast track patients (district nurses do some of the personal care / symptom control under the Oxleas contract)
- 154 non fast track CHC patients
- 8 joint funded (with social services) patients

CHC has a clinical component and the CCG has a responsibility to meet those clinical needs. Whilst meeting those needs is a priority, the CHC team is mindful of budget pressures and keeps this in mind when arranging care packages / placements.

Please see Appendix 3 for full CHC report

MEDICINES MANAGEMENT

Medication reviews for Marlborough Court completed. In addition, the medicine management team has worked with London Borough of Bexley (LBB) colleagues and Safeguarding to highlight all areas requiring improvement in reference to medicines management. Next step is to discuss the recommendations with the nominated GP.

Medication reviews for St Margaret's and Adelaide Care Homes in progress. Intelligence to be shared with LBB/Safeguarding colleagues is to highlight any areas of concern or requiring improvement.

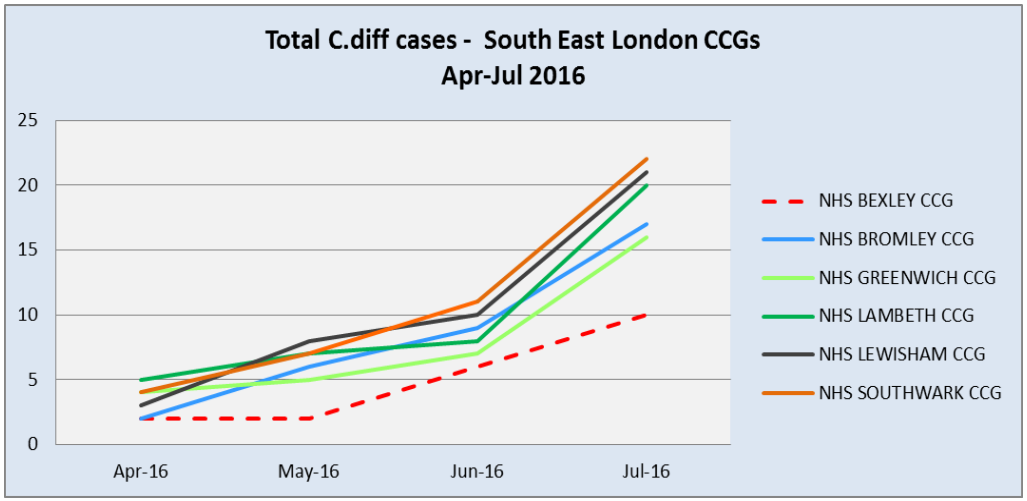
Joint working with the Contracts & Commissioning Team with respect to the Local Enhanced Service (LES) specification for GP services into care homes.

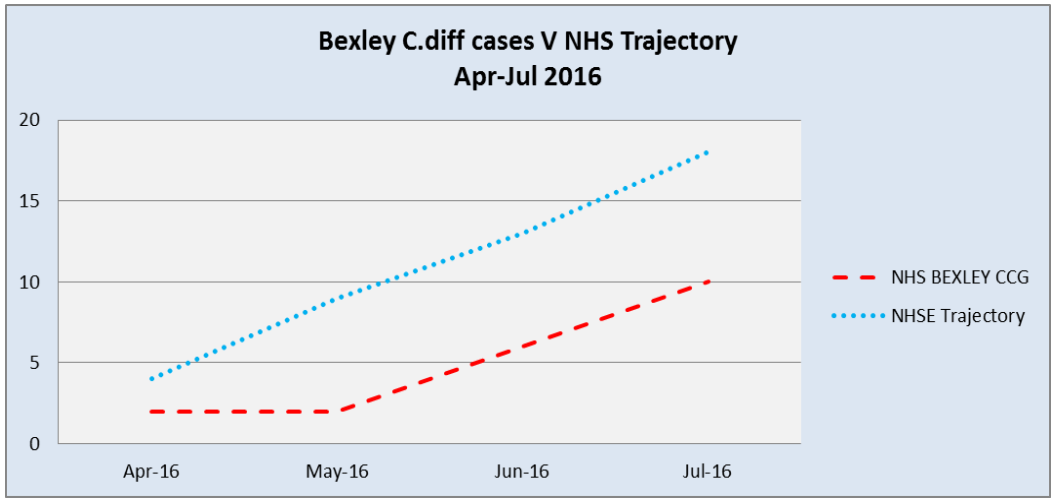
Work in progress – The medicine management team are currently working on Anticipatory Prescribing Guidelines (currently collating feedback from all stakeholders) and on the Care Pathways Directory for care homes.

INFECTION PREVENTION & CONTROL

C.Difficile

The CCG remains in a positive position with 10 cases C.diff against a trajectory of 18 for Apr-Jul16; this is a marked improvement on the previous year with 31 cases at this point. If this trend continues the CCG should meet the C-Diff target.





MRSA – no cases reported for Bexley patients for Apr-Jul16.

CQC NEWS

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

- Of the 18 older peoples care homes in Bexley 8 are rated as good, 4 are compliant (which indicates that an inspection will be undertaken in the next 12 months), 5 require improvement and one is rated as inadequate.

- The CQC has imposed special measures on the home with an inadequate rating. Greenwich and Bexley Local Authorities, the CQC and Greenwich and Bexley CCGs are working with the Management of the Home under the provider concerns protocol. Local authorities and CCGs are gaining assurances of improvement through quality monitoring visits and through close monitoring of action plan progress and rota management. The Manager was not confirmed in post and there are now indicators of improvement, in the quality of care, in staff morale and support and in documentation.

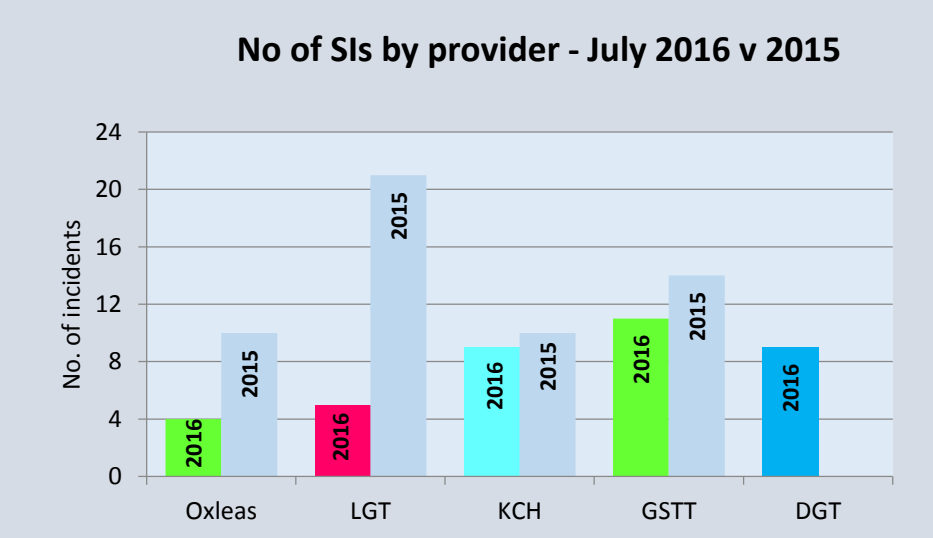
- Of 14 Learning Disability Homes in Bexley 5 are rated as good, 3 are compliant and 6 require improvement.

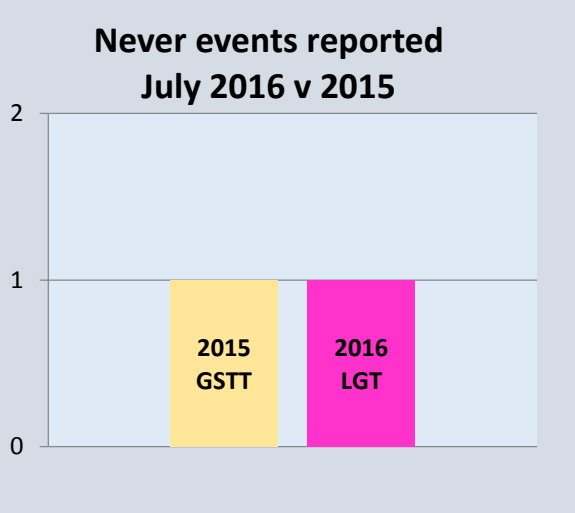
- There is one Mental Health Care home in Bexley and this has been rated as requiring improvement. Placements at this facility have been commissioned by Greenwich CCG.

- 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. The area of safety is where those requiring improvement are requiring support. Medicines management are providing support through workshops. The providers have actions plans in place to address the issues and one provider was asked to meet with LBB and Bexley CCG to provide assurance that they are safeguarding the residents. Bexley CCG does not have any residents placed in this home.

- There are Bexley residents living in 22 homes outside of Bexley. Of these homes 12 have been rated as good, 3 as compliant. 4 as requiring improvement, 1 is not compliant in one area, 1 home is rated as outstanding and one as inadequate. One of the Homes rated as requiring improvement have two domains which are inadequate and is being monitored under the Providers Concern Protocol – led by Royal Borough Greenwich. Bexley CCG has 3 Bexley people who are receiving a service. The Continuing Health Care Team is in close contact with the Home and has reviewed the care and action plans for those patients.

SERIOUS INCIDENTS





Serious incidents reported for Bexley patients in July – one Pressure ulcer and one diagnostic incident (IT system failure in sending results to GPs) relating to multiple patients/boroughs.
Across all providers there was one never event reported at LGT, it was a medication incident meeting SI criteria (not Bexley patient)

**Please see Appendix 4 for full Serious Incident report*

QUALITY ALERTS

21 Quality Alerts in July 2016

Organisation alert is related to:

57% Lewisham & Greenwich NHS Trust
24% Kings
9 % Oxleas
5 % Darent Valley & GSTT
5 % London Ambulance Service (LAS)

Source: Quality Alert Management System (QAMS) July 2016

Themes (Top 3):

29% Insufficient information/Poor discharge
29% Delay in receipt of diagnostic information
14% Delay in treatment

Risk Rating:

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

PROVIDER HIGHLIGHT REPORT

Lewisham & Greenwich Trust

Complaints – The performance overall in complaints continues to show an improving trend, although there has been a slight dip in May regarding complaints resolved within agreed timescales, compared with April 2016. This metric is being monitored closely to ensure that performance continues to rise overall. Complaints are monitored weekly through a scorecard so that issues that can be identified immediately and resolved. The Complaints Department is working closely with the divisions where areas for improvement have been identified.

Cancer – All Cancer Standards for June 2016 with the exception of the 2 week wait (2WW) GP referral to first seen. Patient initiated delays remain the dominating reason for delays experienced within the 2WW pathways. Although Inter Trust Transfers (ITT) also remain a challenge, there has been a marked improvement in performance.

- The largest proportion of breaches in the 2WW pathway seen were in suspected skin cancers, 44 were recorded as avoidable , with 25 recorded as unavoidable. Further investigation is being made by the Trust around the accuracy of recording.
- 64% of 2WW breaches were recorded as patient choice.

The Trust also reported that potential issue within Endoscopy, highlighting the issues with staffing had led to reduced capacity in the service. The Trust has secured additional capacity whilst this issue is resolved however this will have potential impact on the 62 day cancer pathway in July and August.

Maternity Scorecard – The Trust has increased admin support for the Lewisham community teams which has improved the position at QEW Early access for women to maternity services (12+6).

The births within the Greenwich Birth Centre are slowly rising with the aim to get to 20%. QEW has a high number of first time mums birthing in the birth Centre which does increase the transfer rate.

Caesarean section – The low spontaneous birth rate is due to the high caesarean section rate, this is being audited by the consultants on each site and will be presented at CQRG in September.

Freedom of Information – The Trust has not been compliant with this standard and is working to improve compliance. Freedom of Information is now included on divisional scorecards and is covered in monthly performance reviews. Trust has been working closely with Directorate Leads to help reduce the number of requests down and will continue to do so. This has resulted in a significant decrease of the total number of overdue FOIs for June which currently stands at 56."

Red Incidents – The Trust is working with the Divisions on actions to reduce the number of outstanding Red incident Investigation reports that are overdue. A 20% reduction in the number of outstanding RED incident investigations has been used to determine the July forecast figure.

Dartford & Gravesham Trust

Mixed Sex Accommodation (MSA) Breaches – 60 mixed sex accommodation breaches reported in June. Breaches were on AMU (42 on 7 occasions) and Medical Short Stay (18 on 6 occasions). New revised guidance and monitoring system agreed with the CCG is in 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. In addition there is now a weekly review of MSA performance conducted with the Director of Nursing, ward sisters and matrons. There were no safety concerns and no experience issues or complaints.

HCAI – MRSA Bacteraemia – The Trust reported that there was one MRSA bacteraemia case reported in June, an RCA has been completed and has been referred for third party allocation. A CQC and NHSI infection control inspection took place on 28 June and there was positive feedback on the day and commissioners are currently awaiting a follow-up written report. The MRSA action plan is receiving the highest level of focus in the Trust.

MRSA Acquisitions - 1 ward with 6 cases and 1 ward with 1 case reported, key actions in place - see HCAI MRSA bacteraemia
Infection Control Training all clinical staff (Level 2) - 84.2% of clinical staff received infection control training in June. Staff on external secondment and maternity leave has been excluded.

Mandatory training - The mandatory training rate remains unchanged in June at 84%. Assurance on directorate plans continues to be a focus in Performance Directorate meetings.

Pressure Ulcers (Grade 2, 3 & 4) - Hospital Acquired pressure sores have decreased in June to 20: zero grade 3 and grade 4 ulcers, no deep tissue injuries or unstageable pressure ulcers and is considerable improvement on previous months. Plans are in place for closer monitoring and reporting of grade 2 pressure ulcers. The RCA tool has been revised to reflect recent changes in the Duty of Candour.

C-Section (Elective) - An action plan is in place to reduce the C Section (CS) rate: a Multidisciplinary Caesarean Taskforce is targeting work on the CS. A daily review of all CS completed within 24 hour period has commenced and the Trust are reviewing CSs against the NICE Caesarean Section Guidance 132, C/Section- Debriefing Proforma. There was 100% agreement for no CS for non-clinical reasons. The decision was taken that every CS to be made at consultant level. There was 100% agreement that uncomplicated elective CS (with 1 previous CS) will be performed at 39 weeks or beyond.

Midwife to Birth Ratio – The Trust met the Midwife to Birth ratio at 1:34 in June

Appraisals - The appraisal rate has reduced from 78% in May to 75% in June. The Trust has communicated widely about focussing appraisals within the first 2 quarters of the financial year, and Director of HR has asked Executive Directors to address areas of low compliance.

King's College Hospital

Friends and Family Test (FFT) – The Trust continues to achieve internal targets in the % of patients recommending the Trust on FFT with monthly scores during Q1 at least 93% across both sites in Q1 16/17. The percentage of inpatients recommending FFT is in line with London average (95%) across both sites in June. Performance is in line with Q4 15/16 (DH 96% and PRUH 97%). The response rates are below the internal Trust targets each month in Q1, and the London average of 27% in June. In Q1 the Trust did not meet their internal target in the percentage of patients recommending A&E and also fell below the London average of 86% at both sites (74% DH and 80% PRUH) in June. The Trust % of patients recommending the A&E FFT is similar compared to Q4 15/16 (DH 74% and PRUH 81%). The Trust response rate to A&E FFT (DH 8% and PRUH 13%) is below the London average of 15% in June. The response rate in A&E FFT rate is lower in Q1 16/17 compared to the Q4 15/16 (DH 12% and PRUH 20%).

Never Events There have been 2 Never Events reported in Q1 16/17, both occurred at the PRUH, 1 related to a retained swab (in Maternity) and 1 related to misplaced NG tube (NG tube left in patient lung). A root case analysis is being conducted following due process. No Never Events have been reported at the DH site during Q1 16/17. Overall, there is an improvement on performance from Q4 15/16 when 3 Never Events were declared.

Falls – The number of falls resulting in moderate harm remains in line with internal targets across both sites. Trust wide there has been a decrease in the total number of moderate falls in Q1 16/17 (n=9) compared to 11 reported in the previous quarter. There have been 7 falls resulting in major harm in Q1 16/17, with 1 fall resulting in death at the PRUH in June. There were 9 falls resulting in major harm in Q4 15/16.

Pressure Ulcers – across the Trust the number of all hospital acquired pressure ulcers increased in Q1 16/17 (n=83) compared to the previous quarter (n=77). In Q1 there were 68 cases reported on the DH site, 4 at Grade 3. There were 15 cases at the PRUH site, 5 at Grade 3. There is a noticeable difference in performance across sites, where performance at DH is consistently above the internal target of 10 for all pressure ulcers. No Grade 4 pressure ulcers reported in Q1.

HCAI – There were 2 MRSA cases reported year to-date. No MRSA cases have been reported at PRUH. 14 cases of C-Difficile (CDI) were reported across both sites at the end of Q1 16/17. Four new CDI cases reported in June, 3 at DH and 1 at PRUH. The Trust is below the trajectory of 18 cases for June year to date (YTD) position an improvement on the same period last year (n=30).

Safeguarding – training levels remain below target. At DH the 80% target has not been met in any months during Q1 16/17 for Children and Adult training. At PRUH Level 3 for Children's training was achieved in Q1 16/17. The remaining targets have not been met.

Caesarean section – The Trust target of <27% for caesarean section rates was achieved at PRUH during Q1 16/17. PRUH is currently reporting performance of 20% in June 2016, which is an improvement compared to the same period last year (30%). DH performance is slightly above target at 28% although the target was achieved in April (n=24%) and May (n=25%). There has been an improvement in the percentage of women booked 12 weeks plus at PRUH in June (90.2%) compared to the previous quarter where the target was not met each month. At DH the number of women booked did not meet the target in any of the months in Q1 16/17 similar to Q4 15/16 performance.

Staffing – vacancy rates at both sites continues to remain above the 5-8% internal target with the highest vacancy rate at PRUH in June (14.6%) although this is an improved position since the start of the quarter (17.3%). The vacancy levels at DH remain similar in Q1 16/17 compared to the previous quarter (10%). Statutory and mandatory training continues to be above 80% since the beginning of the year at both sites.

Guy's & St Thomas' Trust

RTT – the Trust continues to experience significant increases in our GP referral volumes which is having a significant impact in the number of patients waiting to be seen. Work is on-going to review what steps can be taken internally and in partnership to address this growth and review how we can manage demand.

Mortality the Trust continues to perform well across mortality indicators when compared to the England average and our peers. The focus remains on achieving safe staffing standards to ensure that nursing hours are closely matched to each patient's dependency and care needs.

Never events – none were reported during June and the backlog of serious incidents has closed down, progress continues to be monitored. The Trust is revising their action plan and evidence collection process (for all serious incidents) with the aim of improving the timeliness of evidence submission to Commissioners.

FFT – Friends & Family Test feedback remains very positive with satisfactory response rates in many areas. In June "recommend" scores remain stable across all areas of care and although "not recommend" scores have increased slightly. Areas experiencing operational challenges in recent months are also improving –both scores and response rates for A&E continue to improve following the introduction of a dedicated role in the department to support patients to give feedback. Directorates and continue to encourage teams to review key themes emerging from free text comments and identify actions for improvement.

Accident & Emergency (A&E) – Trust performance against the 95% standard in emergency care continues to perform below the standard in June, however there was an improvement from May. Work is underway with CCG colleagues to see what further steps can be taken to reduce demand. The Trust is improving resilience within ED to manage the increased demand and focusing on how to increase physical capacity and continue with discharge focus work streams.

Cancer – the Trust is working hard to improve the timeliness of treatment for patients on a cancer pathway, however we have failed to achieve a number of key cancer targets. There is a 2 WW plan which is aimed at improving the available choice of dates, improving the pathway tracking for 31 day targets and have a renewed trajectory for 62 day performance.

Referral to Treatment (RTT) - the target 92% of patients treated within 18 weeks was achieved through a focused approach on reducing longer waits, increased activity as well as chronological booking and improved validation accuracy on our pathways. A 20% increase in demand from GPs has led to a significant increase in waiting list size. Diagnostic performance deteriorated in June. There are focused improvement plans across a small number of tests which once completed would support sustainable achievement of the target in 2016/17.

The Trust has recorded a loss of £7.7m to the end of June, £0.4m better than the planned position. Essentia Patient Services -who provide non-clinical support services across the Trust, have provided reports across its services. This enables a wider review of how it supports the Trust in its day to day activity.

Oxleas Foundation Trust

- There were no incidences of CDI or MRSA recorded in June.

- Serious Incidents – there are 16 overdue serious incident reports to be sent to CCG's. To address this, the monthly Patient Safety report to the Quality Committee will now monitor compliance with the 60 day deadline and implementation of actions.

- Duty of Candour - a total of 18 serious incidents in Q1 that were appropriate for a Duty of Candour notification, four of which were not completed within the 10 day notification period. A review of the clinical record by The Patient Safety Team saw evidence of timely and on-going family/patient contact within 48 hours of the incident.

- There have been no grade 4 pressure ulcers acquired in Oxleas care in Q1 and none since 17/3/14. There is a continued increase in the total number of grade 2 pressure ulcers reported this quarter compared to the previous 2 years which is encouraging as nurses are being open and honest in their reporting. There is a decrease in the number of grade 3 pressure ulcers as well as the number of deteriorations compared to previous years. This illustrates that Oxleas are increasingly effective in preventing the deeper pressure ulcers from developing.

- Safeguarding Children & Adults – Oxleas have exceeded all of the 80% targets for children's safeguarding training with 98% compliance at level 1, 97% in level 2 and 90% at level 3 (core). They have also exceeded the target for adults level 1 at 98%, no figures for level 2 & 3 in adult safeguarding have been reported.

- Clients with a history of self-harm who have been discharged receive a follow-up within 48 hours. For June 2016, 80 patients required a 48 hour follow up. There was one true breach on Goddington ward due to staff not following process. For one other patient from Millbrook 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 as a percentage of admitted patients. In June 2016, the overall Trust figure reported against the monitor target of <7.5% was 2.1%. This equates to 193 of 8978 days. The Bexley figure was higher than the target at 9.2% in June, from 10% in May 2016.

- Patients detained under the Mental Health Act, who are provided with information as per Explanation of Rights (s132) was recorded for 98.2% of patients, down from 100% since the beginning of the financial year.

- Consent to treatment was obtained for all (100%) of patients assessed and detained in June 2016, under the Mental Health Act.

- 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 June 2016.

APPENDICES

- Appendix 1 Patient Experience Report
- Appendix 2 Performance Scorecards
- Appendix 3 Continuing Healthcare Report
- Appendix 4 Serious Incident Report