

Governing Body Public Meeting

DATE: 26 September 2013

Title	Quality & Safety Report Quarter 2
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>Note The contents of the Quality & Safety quarter 2 2013 report for NHS Bexley CCG</p>
Executive Summary	<p>This report examines the key quality domains (Patient Safety; Clinical Effectiveness; and Patient Experience) relating to services commissioned by Bexley Clinical Commissioning Group (CCG) and identifies the quality assurance process that has been developed for monitoring these services. The report also contains assurances relating to specific Bexley.</p> <p>The report covers Quarter 2, 2013/14. The main issues raised are:</p> <p><u>Oxleas NHS Foundation Trust</u></p> <ul style="list-style-type: none"> • Joint CQRG meeting to be held on 19th September 2013 with NHS Greenwich CCG • Oxleas CQUIN Q1 have been met • No key risk factors have been identified to date. <p><u>Darent Valley Hospital (DVH) – Dartford and Gravesham NHS Trust</u></p> <ul style="list-style-type: none"> • Serious Incidents - D&G has reported no serious incidents for the month of June. • 1 Surgical Never Event 25/05/201 Patient admitted for left total knee replacement. On completion of operation it was noted that wrong size spacer had been used. • During Q1 the Trust also report an additional Never event during the month of May despite following NICE protocol, NG tube was misplaced in lung. • No MRSA reported in Q1 • There have been 3 reported cases of post 72 hr. c diff • Mixed Sex Accommodation Breaches - A contract notice letter was sent to the Trust on 10 July in relation to the reporting and compliance of Mixed Sex Accommodation guidance, in particular relating to Clinical Decision Units. • Workforce - Reduction in clinical staff for Q1 months April to June. On-going monitoring of data by KMCS (Kent CSU) • Francis Recommendation – The Trust have developed a

Clinical Commissioning Group

	<p>detailed action plan which outlines the 290 recommendations.</p> <ul style="list-style-type: none"> The Friends and Family Test - This data has been collected since April 2013, and the first quarter's data was officially published nationally on 30 July 2013. <p><u>South London Healthcare Trust (SLHT)</u></p> <ul style="list-style-type: none"> Discharge Summaries Issues remain unresolved Pathology Reports still unresolved Two Serious Incidents under investigation One incident in the local media regarding Clinical care <p><u>NHS Bexley CCG</u></p> <ul style="list-style-type: none"> 23 GP Quality Alerts have been received by the CCG for Quarter 2 2013/14 Serious Incident None reported for Quarter 2 1 Incident regarding Information Governance reported on 'Safeguard' System during Quarter 2
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Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make BCCG 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	✓

Organisational implications	Key Risks (corporate and/or clinical)	This report highlights Key Risks associated with In particular SLHT, Serious Incident Management Discharge Summaries resolved Pathology Test Results unresolved SLHT transition
	Equality and Diversity	No Equality and Diversity issues identified.
	Patient impact	This paper sets out quality & patient safety indicators for Bexley patients and patients of provider services.
	Financial	Quality of services is contractually linked through CQUINs Targets

Clinical Commissioning Group

	Legal Issues	N/A
	NHS constitution	Aspires to highest standards of excellence and professionalism
Consultation (Public, member or other)		
Audit (Considered / Approved by Other Committees / Groups)		
Communications Plan	N/A	
Author	Parvin Ahmed-Hasib Clinical Governance & Quality Lead	
	Clinical Lead	Executive Sponsor
	Dr Sarah Chase	Simon Evans-Evans
Date	19 September 2013	

Quality & Safety Report Quarter 2 September 2013

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Excellent healthcare – locally delivered

Chair: Dr Howard Stoate | Chief Officer: Sarah Blow

1.Introduction

This report examines the key quality domains (Patient Safety; Clinical Effectiveness; and Patient Experience) relating to services commissioned by Bexley Clinical Commissioning Group (CCG) and identifies the quality assurance process that has been developed for monitoring these services. This report is an outcome of this assurance process and is based on reports that have been approved at various external and internal committees. The report is designed as a quarterly review and is not designed to represent a real time snapshot of the quality of provider services. Where necessary, when there are urgent concerns around the safety or quality of provider services, these will be raised directly with NHS Bexley CCG Head of Quality or the Director for Governance & Quality and escalated where urgency is indicated.

The report examines the above quality themes for the following providers of care:

- Oxleas Mental Health (separate report is provided by MH Commissioners)
- South London Healthcare NHS Trust (SLHT)
- Darent Valley Hospital (DVH)
- Oxleas (Bexley) Community Health Services

The report aims to inform NHS Bexley CCG about the quality and safety of services commissioned by them and in doing so provide assurance that the Bexley CCG is upholding its responsibility and commitment to commission safe, high quality and value for money health services for the population of Bexley.

To enable the provision of robust assurances of quality and to enable monitoring of commissioned services the following Quality Groups have been established:

- Bexley CCG /Oxleas (Bexley) Community Health Services Quality Group;
- Bexley, Bromley & Greenwich CCGs & SLHT Clinical Quality Review Meetings
- Bexley, Bromley & Greenwich CCG Mental Health Contract Monitoring Group.

Quality & Safety reports have been provided by the relevant providers for the above meetings. These reports are reviewed in detail by the commissioning representatives at these meetings. Further assurance is requested when commissioners are not satisfied with the controls or outcomes or further information is needed. These reports have been used to inform this Quality Report.

For this latest version of the Quality Report, information has been received from NHS North Kent CCGs (incorporating NHS Swale, NHS Dartford, Gravesham and Swanley and NHS Medway Clinical Commissioning Groups) regarding services at Darent Valley Hospital (part of Dartford & Gravesham NHS Trust).

In addition the report covers Bexley GP quality concerns and patient safety data for NHS Bexley CCG, including serious incident management

2. Oxleas NHS Foundation Trust

2.1 Introduction

NHS Bexley CCG and NHS Greenwich CCG will be holding joint Oxleas Clinical Quality Review meetings from September 2013. The first joint meeting will be held on 19th September 2013. Both CCG's have agreed a Terms of Reference. This joint approach is aligned to the current quality meetings we have with other commissioned services.

The quarter 1 quality report from Oxleas NHS Foundation Trust highlights progress made in the months of April to June 2013 against the indicators set for the agreed CQUIN goals. Information is provided on the three quality domains of patient experience, patient safety and clinical effectiveness.

2.2 CQUIN Progress Update – Quarter 1

CQUIN 1 – NHS Safety Thermometer (Greenwich and Bexley)

Description: To improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE in appropriate settings, which include, District Nursing, Virtual Wards and Intermediate Care

Quarter 1 CQUIN Milestone: Monthly survey of all appropriate patients (as defined in the NHS Safety Thermometer guidance) to collect data on four outcomes (pressure ulcers, falls, urinary tract infection in patients with catheters and VTE).

Q1 Status: Oxleas has complied with the NHS safety thermometer (ST) submissions to the National information centre. An overview of the submissions to date is detailed below

The percentage of Oxleas patients who are harm free is at 93%, which is the highest harm free figure we've achieved. Following a spike last month the number of new harms has dropped back to its regular level.

Overview: This is the number of patients who have experienced a harm

	Patients	Harm Free	One Harm	Two Harms	Three Harms	Four Harms	New Harms
June 13	606	561 (93%)	43 (7%)	2 (0.3%)	0	0	17
May 13	553	498 (90%)	52 (9%)	2 (0.3%)	1 (0.2%)	0	26
April 13	611	563 (92%)	48 (8%)	0	0	0	16
March 13	624	575 (92%)	47 (8%)	2 (0.3%)	0	0	19
February 13	641	594 (93%)	45 (7%)	2 (0.3%)	0	0	13
January 13	335	305 (91%)	30 (9%)	0	0	0	8

CQUIN 2 – Cognitive Impairment (Greenwich and Bexley)

Description: Cognitive impairment screening of all patients aged 75 and over using the AMTS screening tool. Identified staff in SUSD and Bevan to be trained on the use of the AMTS screening tool

Quarter 1 CQUIN Milestone: No set target for Quarter 1

Q1 progress: Even though there is no specific target for quarter 1, Oxleas have begun implementation processes for this indicator which cover the following:

- The AMTS screening tool has been uploaded to RiO as an editable template for ease of use for clinicians
- Discussions have taken place with Oxleas Older People Mental Health Service to provide training to SUSD and Bevan staff
- Implementation guidance has been provided and circulated to all staff

CQUIN 3 – Improving and embedding learning culture (Greenwich and Bexley)

Description: To ensure that Oxleas improve and embed a learning culture within the organisation in line with the Francis Report recommendations. This covers incidents, serious incidents, complaints and PALS reports as areas of focus.

Quarter 1 CQUIN Milestone:

- Submission of patient safety and complaints report providing description of Oxleas processes to meet the Francis recommendations to include examples of changes that have been made to service provision based on learning from SIs, complaints and PALS.
- Quality highlight report to include trends/themes analysis of SIs, incidents, complaints and PALS for the reporting period
- Summary of all RCAs and action plans completed in the reporting period

Q1 Status:

- A patient safety and complaints report has been received, providing further detail on Oxleas processes to meet Francis recommendations.
- In terms of quantitative assurances: an incident analysis of all Oxleas (mental health and community health) incidents has been completed. This includes reporting trends and most frequently reported categories.
- An Oxleas Complaints report has been completed; however a summary of complaints and PALs contacts pertaining to Community Health Services is highlighted below under the patient experience domain.

CQUIN 4 – Smoking Cessation (Greenwich and Bexley)

Description: CQUIN 4.1 75% of Staff to complete training in Brief Advice on Smoking Cessation

(Applicable to Bexley Adult Community Services Only)

Description: CQUIN 4.2 To reduce the prevalence of smoking by referring 95% of smokers who have agreed to be referred into the Bexley stop smoking service in a timely manner.

(Applicable to Greenwich and Bexley Adult Community Services Only)

Quarter 1 Milestone for CQUIN 4.1: Baseline of applicable staff to be provided to Bexley CCG

Q1 Status: This CQUIN is applicable to Bexley Adult services only; the baseline of applicable staff is 163.

Quarter 1 Milestone for CQUIN 4.2: No set target for Quarter 1, however CQUIN implementation guidance has been circulated to all teams providing clarity to the process of recording smoking status and referring on to the NHS Stop smoking services.

CQUIN 5a - End of Life: Advanced Care Planning (Greenwich only)

Description: To increase the number of district nurses and specialist nurses employed by Oxleas who are trained and can increase the number of Advanced Care Plans (ACP) for those patients on an End of Life Care Pathway.

CQUIN 5b: Antenatal HV Pilot – Supporting first time mums (Bexley only)

Description: To ensure 30% of first time mothers have a 28-34 weeks assessment as part of the health visiting programme.

Quarter 1 Milestone: Oxleas to develop a process for the HV pilot

Q1 Status:

A process to undertake the pilot has been developed; evidence of this includes

- Liaison with midwifery (collaborative working) regarding notification, monitoring of notifications received and how the notification process can be improved.
- Liaison has begun with GP's
- Further collaborative working has been put in place with HVs and midwives in holding an early pregnancy evening
- Bexley Health visitors are to be trained in the Solihull Approach.
- Workforce engagement has been put in place with presentations to Oxleas Health visitors of the new model to encourage buy-in.
- A resource pack has been developed for the pilot has been distributed to the pilot site, however further packs have been distributed to other Bexley Health visiting bases. The aim is to ensure that a singular model for antenatal visits is maintained.
- Support has also been given to individual health visitors at the pilot site

The chosen HV pilot site is the Wrotham Road Clinic; staffs are now engaged and are individually liaising with their attached GP's to improve the notification process.

2.3 Patient Experience Quality Domain

Complaints Report – Quarter 1 2013/14

A highlight of the complaints reported and investigated in Quarter 1 for Community Health Services is detailed below.

- Number of complaints received Quarter 1 = 15
- Number of Complaints investigated in Quarter 1 = 12

Of the 15 complaints received:-

- 14(93%) relate to Adult Community Services (7 Greenwich, 7 Bexley)
- 1 (7%) relates to Children's and Young People's Directorate

Issues Raised and Upheld – Quarter 1

23 issues were raised with 13 (57%) upheld.

- The 3 identified themes with the highest number of issues are:
 - Attitude and behaviour of staff
 - Clinical Care

- o Communication

PALS and Compliments – 2013/14 Quarter 1

There were 59 contacts made to the PALS department in Quarter 1, and 63 issues were raised. The 3 main themes raised via PALS contact are care planning, clinical care and information.

Compliments – Quarter 1

45 compliments were received for Adult Community Health Services and 6 for the Children's and Young People's directorate.

2.4 Update NHS Friends and Family Test

The implementation of the NHS Friends and Family Test within the NHS was announced by the Prime Minister in May 2012; however this was specific to acute hospitals inpatient services and A&E from April 2013. There is a plan to roll this out to other NHS services.

Oxleas has been nominated as one of the early adopter sites for piloting the NHS Friends and Family test (FFT) for mental health and community healthcare services and are one of two London pilot sites (the other Trust is North East London NHS Foundation Trust).

The aim is for us to test the implementation of FFT across our services, feedback to the National programme and influence the content of the NHS FFT Mental Health and Community Healthcare Guidance.

Next Steps:

As an early adopter site, the next steps are to produce a project plan with clear trajectory on rolling out patient experience feedback (inclusive of FFT) to all our mental health and community health services. Progress on this will be fed back to commissioners on a quarterly basis

Patient Safety Quality Domain - Pressure Ulcer Update – Quarter 1

Bexley

Level	April	May	June	Q3 Total
Grade 3	3	3	2	8
Grade 4	2	1	1	4

3 more grade 3 PUs have been reported for June 2013;

Oxleas Community Acquired Pressure Ulcers Total for Quarter 1:

Grade 3 = 21

Grade 4 = 4

- 16 RCAs have been presented to panel in quarter 1, 14 have been signed off and 2 require further investigation.
- Themes and lessons learned from the RCAs will be tabled at the Quarter 1 Quality Monitoring Review Meeting on 19th September 2013.

2.5 Serious Incidents – Quarter 1

One serious incident has been reported for Quarter 1

Medication incident

Within the Children & Young People's Directorate, two serious incidents have occurred in rapid succession resulting in eight babies (under one) and twelve school aged children receiving incorrect immunisations.

These incidents have required the Directorate to examine current practices including a review of all policies and training related to immunisation to enable assurances to be given to the Directorate and Trust Board that similar incidents will not occur in the future.

The Directorate has taken immediate action to mitigate immediate risks; this included the suspension of clinics in Greenwich and the Bexley clinic being operated with a senior nurse present and all vaccine being checked by two members of staff.

3.Darent Valley Hospital (DVH) – Dartford and Gravesham NHS Trust

Update for this report has been provided by NHS North Kent CCG. No key risks have been highlighted to date:

The Darent Valley Hospital report includes:

- Serious Incidents - D&G has reported no serious incidents for the month of June.1 Surgical Never Event 25/05/2013 Patient admitted for left total knee replacement. On completion of operation it was noted that wrong size spacer had been used. Patient returned to theatre and correct size spacer inserted. Theatre staff were aware of incident. Different size components of prosthesis were stored in same cupboard. Components now separated and stored in different locations. This Never Event was not in relation to a Bexley Patient.
- During Q1 the Trust also report an additional Never Event during the month of May despite following NICE protocol, NG tube was misplaced in lung. However the Trust have responded "This Root Cause Analysis (RCA) has been back to the Patient Safety Committee and been closed. The committee has asked for a response from Radiology regarding those cases which are subject to X-ray confirmation and this is due back to the Patient Safety Committee next Monday" Having reviewed the documentation for the RCA, the Patient Safety Committee is clear that this case does not fit the criteria described in the Department of Health Never Events policy framework, Where appropriate checks are conducted and documented and demonstrate that the tube is in the correct place, but the tube is subsequently found to have become misplaced" The Whole Systems Quality Lead is liaising with the Area Team for further advice and clarification. The Trust is being requested to send the CCG evidence of why the Never Event should be downgraded to an SI. This SI is not in relation to a Bexley patient.
- No MRSA reported in Q1

- There have been 3 reported cases of post 72 hr. c diff on Spruce ward at Darent Valley hospital between May and June 2013. The first case was reported on the 24th May, second case 6th June 2013, and the 3rd case 29th June. The most recent RCA into the 3rd case was held on July 19th. Post 72 hr. RCA's are led by the directorate responsible and are attended by Annette Schreiner the Medical Director and Infection Control Team. In all 3 cases the patients were elderly with complex health needs receiving Naso-Gastric (NG) feeds. The gastro enterologist is actively involved in all RCAs and is actively supporting a drive in improvement and adherence to enhanced measure to mitigate further cases. On identification of the first case on the 24th May Spruce ward was put into enhanced measures. This is normal practice on identifying a post 72 hr. case of c diff. On commencement of these measures Spruce ward were 75% compliant with enhanced measures. Currently, as of the 29th July they are 97% compliant and no further cases for 32 days. The Infection Control Team are visiting weekly as per protocol and in addition daily as Spruce requires additional support due to changes in workforce and new Sister with competing work challenges. Actions have been taken to address this with the Whole Systems Quality Lead liaising with Infection Control Team on a minimum weekly basis and awaiting the actions and themes from the 3rd RCA on Spruce ward for further scrutiny. In addition there has been a further case reported on Palm ward who have now had enhanced measures put into place.

There is a need to improve working with D&G to ensure a more seamless process of receiving and reviewing post 72 hr. c diff cases to ensure there are no themes and trends and that risks are being mitigated to ensure trajectory is not breached. The Whole Systems Quality Lead met with Director of Infection, Prevention and Control (DIPC) and a template was agreed for receiving post 72 hr. C-Diff cases to ensure risks are mitigated and to identify on-going actions. The Health Protection Unit (HPU) undertook a review of the 24 c diff cases reported for year 2012/2013. They did not identify any actions or themes which were not already addressed within D&G's C-Diff recovery action plan. Kent Area Team have been advised of the C-Diff recovery plan and measures that D&G have put into place and we await a response as to whether there is a requirement to undertake Deep Dive into the 24 C-Diff cases.

- Mixed Sex Accommodation Breaches - A contract notice letter was sent to the Trust on 10 July 2013 in relation to the reporting and compliance of Mixed Sex Accommodation guidance, in particular relating to Clinical Decision Units. The Trust has responded to the Month 1 performance letter stating that there is a Privacy and Dignity and Single Sex Accommodation Policy which had been agreed with West Kent PCT previously. Kent and Medway Commissioning Support (KMCS) has reviewed the approval record and it does not appear there is evidence to support this policy being signed. The CCG is also not satisfied that the exclusion of patients who have been admitted for less than 24 hours in mixed sex bays within Clinical Decision Units is in line with the DH policy. As a result of this, a number of actions have been outlined within the contract notice letter, those being, for the Trust's Chief Nurse to meet with the North Kent (NK) CCG's Chief Nurse, to consider at that meeting whether an Investigation or walk through audit is required and for a remedial action plan to be agreed and put into place by mid-August.

- Workforce - Reduction in clinical staff for Q1 months April to June. Ongoing monitoring of data by KMCS (Kent CSU) workforce lead to meet with the Director Of Nursing and HR lead to discuss what actions are being taken and to follow up on clinical staff numbers and safety.
- Safeguarding - The safeguarding team received an update from Dartford and Gravesham NHS Trust to evidence actions they had taken in response to the recommendations made in the Mental Capacity Act (MCA) Compliance Audit Report July 2012. The agreed recommendation in the report was for the section on mental capacity in the Fractured Neck of Femur Care Pathway form to be amended to make signposting easier. This form does not comply with the Department of Health consent guidance for Examination and Treatment and the Mental Capacity Act for patients on this care pathway.
- Francis Recommendation – The Trust have developed a detailed action plan which outlines the 290 recommendations. The detailed action was presented to Dartford and Gravesham NHS Trust Clinical Quality and Contract Performance Meeting held on 20th August. No issues of concerns were raised and the group were pleased with progress.
- The Friends and Family Test is based on one simple question, 'How likely are you to recommend our ward/A&E department to your friends and family if they needed similar care or treatment?' Patients are presented with six responses ranging from 'extremely likely' through to 'extremely unlikely'. This data has been collected since April 2013, and the first quarter's data was officially published nationally on 30 July 2013. The results for Dartford and Gravesham NHS Trust are shown below.

Key to FFT Score:

Equal to or Above National Score
Equal to or Above Kent & Medway Area Team Score
Below National and Kent & Medway Area Team Score

Inpatient Results								
	Dartford and Gravesham NHS Trust				Kent and Medway		England	
	Total Responses	Total Eligible	Response Rate	FFT Score	Response Rate	FFT Score	Response Rate	FFT Score
April	555	1,646	33.7%	70	12.7%	66	21.5%	70
May	589	1,669	35.3%	70	12.3%	67	24%	70
June	400	1,351	29.6%	69	13%	66	27%	71
A&E								
	Dartford and Gravesham NHS Trust				Kent and Medway		England	
	Total Responses	Total Eligible	Response Rate	FFT Score	Response Rate	FFT Score	Response Rate	FFT Score
April	398	3,855	10.3%	66	4.7%	55	5.6%	49
May	384	3,852	10.0%	73	4.3%	61	7.5%	55
June	243	3,776	6.4%	74	3.5%	58	10.3%	54

Through the 2013/14 National Commissioning for Quality and Innovations (CQUINS), all Acute Trust have been set a response rate target (combined for

inpatients and A&E) of 15% for the first quarter. D&Gs combined response rates were as follows:

April – 17.32%

May – 17.62%

June – 12.54%

DGS CCG is proposing to extend the response rate target to achieve a 20% response rate by March 2014, in line with national guidelines. It should be noted that the Trust has been approached by the Area Team to share its processes for obtaining the responses as it is considered as one of the best across the Kent and Medway organisations.

4. South London Healthcare Trust (SLHT)

Contracting of acute services, including SLHT, is undertaken by the South London Commissioning Support Unit. Quality assurance is provided through the Joint Bexley, Bromley & Greenwich CCG/ SLHT Quality monitoring group. Bexley representatives on this group are Dr Sarah Chase GP Clinical Quality Lead, Simon Evans-Evans Director of Quality & Governance, David Parkins Head of Quality and Parvin Ahmed-Hasib, Interim Clinical Governance & Quality Lead.

4.1 Update Quality concerns SLHT

Initial concerns over services at Queen Elizabeth Hospital (QEH) were raised at the Quality and Safety Working Group (Q&SWG) at the start of the year in February 2013 and also at the South London Healthcare NHS Trust (SLHT) Clinical Quality Review Group (CQRG) in March 2013. Since then there have been Clinician to Clinician meetings in April 2013 areas amongst others were raised included discharge summaries and pathology issues. Both issues are still unresolved. A recent audit of discharge summaries showed improvement in the quality and timeliness of the summaries. However, the Quality Alerts received by the CCG from our member practices, despite the recent audit which NHS Bexley CCG undertook still show no sign of improvement. Again this had been raised with Jenny Hall at the CQRG in August. In addition concerns regarding the handover assurance process were raised and the concern that the receiving organisation may not be sighted on all operational risks e.g. backlog of pathology results, overdue serious incidents.

4.2 Serious Incidents and Incidents

Recently, the London Metro newspaper had printed an article regarding a patient who had surgery at Queen Mary Hospital Sidcup. The Trust is currently looking into the matter and will update the CCG in due course.

A serious Incident has been reported on 15 August 2013 by SLHT where Consultant inaction on correspondence. There has been a discovery of correspondence in a Consultant's office within South London Healthcare Trust which does not appear to have been dealt with. The Trust is currently investigating this matter

In addition, SLHT have reported an additional Serious Incident regarding endoscopy results. The Trust is currently investigating this matter.

4.3 SLHT Highlight Report

The highlight report below is the most recent report issued by SLHT. The Report covers Quarter 1 2013/14.

Category	Indicator	Target	Reporting Period	Apr	May	Jun	Jul	Aug	Sep
Safety	Mortality: SHMI	<1	1st October 2011 – 30th September 2012	1.0334	10334	No Data			
	SIs: Number of SIs		Monthly	25	7	9			
	Number of Never Events	0	Monthly	1	0	0			
	Maternity: % women booked before 12 weeks 6 days,	90	Monthly	76.4%	79.8%	81.2			
	Maternity: % Caesarean Section Rate (Elective)	26	Monthly	26.3%	26.2%	26.4%			
	Maternity: Midwife/birth ratio	1:32	Monthly	1:31	No data	No data			
	CAS Alerts Outstanding	0	Completion deadline up to 22nd May 2013	0	0	No data			
	Adult Safeguarding: % of staff compliant with training level – 2	80	Monthly	See Commentary Section					
	Adult Safeguarding: % of staff compliant with training level – 3	80	Monthly	See Commentary Section					
	Child Safeguarding: %of staff compliant with training level – 2	80	Monthly	See Commentary Section					
	Child Safeguarding: %of staff compliant with training level – 3	80	Monthly	See Commentary Section					
	Falls: Moderate Harm		Monthly	2	6	1			
	Falls: Major Harm		Monthly	0	0	0			
	Falls: Death		Monthly	0	0	0			
	Pressure Ulcers, Grade 2	17	Monthly	45	32	40			
	Pressure Ulcers, Grade 3	0	Monthly	1	1	0			
	Pressure Ulcers, Grade 4	0	Monthly	0	2	0			
	VTE Risk Assessments Completed on Admission	95	Monthly	95.5%	96.0	No data			
Experience	Complaints: Number of complaints		Monthly	93	87	84			
	Complaints: % replied to within agreed timeframe	75	Monthly	65.6	54.2	No data			
	Friends and Family Test: Net promoter score		Monthly	34	46	38			

Serious Incidents and Never Events

- ▶ 9 Serious Incidents and 0 Never Event were reported by SLHT in June.

Maternity

- ▶ The Trust narrowly missed the elective caesarean target of < 26% with an outcome of 26.4% in June. The C-section rate is the lowest for the month among Trusts in South East London.

Safeguarding

- ▶ Level 1 Adult safeguarding target of 80% has been achieved on all SLHT sites in June, with 100% compliance at QMS since April 13. Level 2 Compliance has not been achieved in QEH and PRUH in the period April to June. QMS achieved target in May with 81% and narrowly missed target in April and June with outcomes of 79% in each month. This issue has been escalated to site clinical governance meetings. Data for Level 3 is not available.
- ▶ There is a target of 80% for each level of child safeguarding training (Levels 1-3). PRUH and QMS have achieved levels 2&3 every month in Q1. Level 1 has not been achieved in any SLHT site in Q1 and QEH has not achieved any of the indicators in Q1. This has been raised at CQRG in August and the trust highlighted actions in place to improve compliance levels.

Falls and pressure ulcers

- ▶ There was one fall reported at the PRUH in June which comes under the category Moderate Harm. This is an improvement from the 6 reported by the Trust in May.
- ▶ The overall number of Grade 2 cases remains above the agreed monthly standard. While not achieving target, the performance has deteriorated between May and June 2013. The QMS site maintained zero position in May and June 2013. However the Trust assured CQRG that it had appointed a specialist nurse in PRU and had put a specific action plan in place for ward. HIAN and matrons had been undertaking education on recognition, validation, interventions and escalation including RCA case review of HAPU by ward. Pressure Ulcers, Grade 3 – the Trust has met the agreed monthly standard in June 2013 as SLHT reported none in June 2013. No Grade 4 pressure ulcers were reported in June 2013. The performance in Grade 3 and 4 has been good in June 2013.

Complaints

- ▶ SLHT performance on handling of complaints remains a cause for concern for both Commissioners and the Trust itself. May performance on simple complaints was 54.2% which has declined from 65.6% in April. The overall target is 75% responded to within 25 days. At August CQRG the trust stated that renewed focus will be placed on improved response times for the coming months.

VTE Assessments

- ▶ The Trust has achieved this target in every month and in all sites since April 13.

Friends and Family Test (FFT)

- ▶ As with many trusts, SLHT has struggled to consistently meet the 15% response rate target set by NHS England, particularly for A&E. The breakdown of net promoter scores for June was 16 for A&E and 65 for inpatients and an overall score of 38.
- ▶ It should be noted that only 7 patients out of 629 surveyed reported that they were unlikely or very unlikely to recommend A&E. The figures for IP were 16 patients out of 499 surveyed reporting that they were unlikely or very unlikely to recommend Inpatients services.
- ▶ NHSE visited the Trust on 15.07.13 and met with Trust Staff, Quality leads from CCGs and CSU to discuss the roll out of the test within the Trust.

5. Quality Alerts July 2013 – September 2013

The table below shows the number of Quality Alerts for Q2. The current Quality Alert system is currently under review and a proposal for an electronic system is being discussed.

Date Received	Alert Ref:	Hospital Site (Department)	Incident Date	Details
10/07/2013	AMB25	QEH	01/07/2013 - 08/07/2013	Resident went to QEH on 01/07/2013 when returned to care home on 08/07/13. Residents have been returning back from hospital without instructions or information on the medication provided.
10/07/2013	AMB26	QMH	19/06/2013	10 year old Patient sent to the PAU by GP. Doctor at PAU told GP they only provide a 'GP-type service' with no senior cover, and no admission facilities.
12/07/2013	AMB27	QEH	02/07/2013	Poor discharge form received from Queen Elizabeth Hospital
15/07/2013	AMB28	QMH	04/07/2013	Delayed Radiology Report
20/07/2013	AMB29	QEH	02/05/2013	Delayed discharge Summary
20/07/2013	AMB30	QEH	06/06/2013	This patient was admitted to the above ward on 5th June and discharged the next day. We received the discharge form on 15th July
22/07/2013	AMB31	QMH	14/06/2013	Service issues
22/07/2013	AMB32	PRUH	22/07/2013	Medication Error
29/07/2013	AMB33	PRUH	26/07/2013	No blood test results received by GP
02/08/2013	AMB 34	PRUH	01/08/2013	Delay in Treatment due to late receipt of outpatient medication form.
02/08/2013	AMB 35	QEH	01/07/2013	Discharge summary – delay patient unsafe
05/08/2013	AMB 36	QEH	02/05/2013	Discharge summary delay – lack of communication re End of Life Care required.
07/08/2013	AMB 37	QMS	27/07/2013	Medication incorrect instructions – dispensing error
08/08/2013	AMB 38	QEH	16/07/2013	Discharge summary - illegible
08/08/2013	AMB 39	QEH	04/07/2013	Discharge summary incomplete lack of information
07/08/2013	AMB 40	QEH	21/07/2013	Poor practice – re ambulance booking and prescription

12/08/2013	AMB 41	PRUH	04/08/2013	Discharge summary – lack of information
13/08/2013	AMB 42	QMS	14/08/2013	Delay in submitting x-ray reports
15/08/2013	AMB 43	QEH	06/08/2013	Discharge summary incomplete - lack of information
18/08/2013	AMB 44	QMS	11/08/2013	Discharge summary incomplete
22/08/2013	AMB 45	QEH	15/08/2013	Delay in forwarding results
30/08/2013	AMB 46	QEH	13/08/2013	Head of Radiology at QEH sent identical report to GP practice for two separate patients.
30/08/2013	AMB 47	QEH	13/08/2013	Head of Radiology at QEH sent identical report to GP practice for two separate patients.

The above Quality alerts have been forwarded to the providers for response. All alerts regarding discharge summaries have been raised with the relevant provider. SLHT have responded that they are current putting measures in place to address the quality of discharge summaries, particularly from A&E.

The concerns regarding non discharge summary issues have been sent to leads within the provider organisations for a response. The Quality & Safety Sub-committee will be updated at the next meeting regarding responses received from providers on the above.

6. Bexley CCG Patient Safety Report

6.1 Introduction

This report relates to patient safety aspects of activity undertaken at NHS Bexley CCG. This patient safety report consists of the following elements:

- Serious Incidents reported to NHS London by BCCG;
- Incidents reported at Bexley CCG;

6.2 Serious Incidents

NHS Bexley CCG has reported no further Serious Incidents during Q2.

As of 1 April 2013 NHS England Regional Team London has devolved all serious incident management locally to Clinical Commissioning Groups to manage.

NHS Bexley CCG is performance managing providers' responses to SIs; the commissioning mechanism is the route through which providers are held to account for SI management.

NHS London has handed over responsibility to Bexley CCG as of 1st April 2013. To ensure robust monitoring of providers SI processes, Bexley CCG have developed serious incidents and complaints CQUIN which is now a part of CQUIN indicators 2013/14 for both acute and community providers. NHS Bexley CCG has an approved SI policy in place as of 1st April 2013, in line with Francis recommendations. NHS Bexley CCG have received final formal sign off from NHS England on 2nd August for the management of serious incidents

6.3 Commissioner Serious Incidents

Currently NHS Bexley CCG has 2 serious Incidents, both relate to child serious case reviews, both from April 2012- March 2013

No serious incidents have been reported for NHS Bexley CCG since 1st April 2013

Oxleas Foundation Trust (Community & Mental Health) Serious Incidents Quarter 2

- 4 pressure ulcer related – Community Health Services
- 1 attempted suicide – Mental Health
- 1 actual suicide – Mental Health
- 1 drugs mis-use
- 1 poor management of insulin

Acute Provider Serious Incidents SLHT Quarter 2

- 1 Endoscopy results delayed
- 1 Hospital Transfer Issue
- 1 Cardiology – Patient Care Plans

Primary Care Contractor Serious Incidents – Quarter 2

- 1 General Practice - Vaccine fridges temperatures beyond the acceptable / safe range

6.4 NHS Bexley CCG Incidents

During Q2 one incident has been reported on NHS Bexley safeguard incident reporting system. This is an information governance breach, where confidential details were left in an open office. The incident has been investigated and action taken to mitigate any risk.