

# HARVEST REPORT

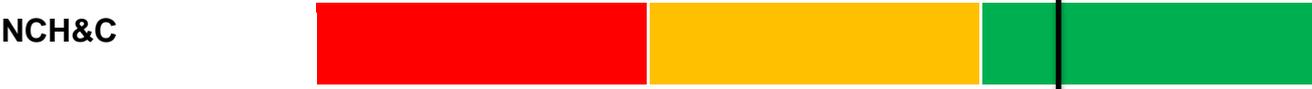
## November 2015

<b>Subject:</b>	Harvest Report - Provider Quality Assurance regarding NCH&C, OOH/111, NSFT, and NNUHFT
<b>Presented by:</b>	Sheila Glenn Director of Quality, Strategy and Innovation
<b>Submitted to:</b>	NHS Norwich CCG Governing Body Tuesday 24 November 2015
<b>Purpose of the paper:</b>	Information and Assurance
<b>Summary:</b>	<p>The Harvest Report contains exceptions of key indicators of the quality and safety of patient care of our providers.</p> <p>The Quality and Patient Safety Committee reviews a variety of information including; serious incidents, performance, CQC standards, complaints, litigation and soft intelligence to gain assurance of the services provided to our local population. The level of assurance is based on a framework through which NHS organisations are accountable with the ambition of continuously improving the quality of services and mitigating risk through actions to safeguard standards of care.</p> <p>For providers for which NHS Norwich CCG are not the coordinating commissioner, the assurance is based on the services for Norwich locality only with the exception NNUHFT which is viewed overall. This level of assurance may vary between the coordinating CCG.</p>
<b>Recommendation:</b>	The Governing Body is asked to consider the content of the report and levels of assurance assessed for each provider by the Quality and Patient Safety Committee.

# HARVEST REPORT

## November 2015

In summary these have been assessed by the NHS Norwich Quality Patient Safety Committee as:



The level of assurance remains unchanged. The Trust is undertaking a number of new and refreshed pressure ulcer reduction initiatives. There has been a sustained reduction in the number of moderate and severe harm falls reported. The Trust receives a proportionately low number of complaints.



Although IC24 has demonstrated an open and responsive culture, the level of assurance is not green as some KPIs are not being consistently achieved, there has been an increase in QIRs identifying delays in call backs for both services and workforce recruitment remains challenging, particularly in relation to GP vacancies. It is recognised that a number of issues are inherited and that this is a system issue and not for IC24 to solve alone.



The level of assurance has increased. Improvements have been made to the Quality Improvement Plan and risk register. The number of Out of Area placements has reduced, although Lorenzo reporting remains problematic.



The level of assurance remains the same. The Trust has now appointed a substantive Chief Executive and there appears to be an improvement in culture. However, the Trust are not meeting a number of key targets and have remedial action plans in place.

# NORFOLK COMMUNITY HEALTH & CARE (NCH&C) HARVEST REPORT

## Are Services Safe and Effective?

### 1.0 Pressure Ulcers, Serious Incidents and Never Events

55 Serious Incidents (SI) were reported in October 2015, compared to 53 in September 2015. This is an increase compared with preceding months. Of the 55 SI reported in October 2015, 44 relate to grade 3 Pressure Ulcers (PU), 8 relate to grade 4 PU and 3 relate to falls. September and October 2015 denotes an increase in reporting of grade 4 PUs and Norwich Clinical Commissioning Group (NCCG) will be undertaking a detailed review of a sample of these PUs Route Cause Analysis (RCA) to identify any common trends and themes. The majority of PUs continues to be acquired within patients' own homes and residential care settings.

The Trust continues to be proactive in the management and identification of PUs, holding fortnightly PU validation meetings to evaluate the care provided to patients and subsequent learning to improve future practice. There has been an increase in the number of grade 3 PUs classified as avoidable during the period of January to July 2015. This increase may be attributed to the increased scrutiny at PU validation meetings with attendance from the Tissue Viability Nurse and NCCG. The number of unavoidable PUs has also increased since January 2015, which may suggest a rise in the demand for community nursing and therapy services and an increasing frailty of patients being cared for within the community.

The Trust has proposed a revision of current SI reporting relating to PUs to meet the requirements detailed within the Serious Incidents Framework (2015). This will involve the Trust investigating the grade 3 and 4 PUs which are considered avoidable, allowing greater scrutiny and identification for areas of improvement in practice. A number of other Community NHS Trusts have already adopted a similar approach to reporting following agreement with local CCGs. The Trust's incident reporting system is being upgraded and there will be the development of a clinical decision tree pertaining to the classification of PUs to ensure this process is robust. A working group will be formed to identify appropriate revisions; this will include representation from NCCG so that there is assurance regarding any change in process. The Trust have proposed to undertake a quarterly audit of unavoidable PUs to monitor and ensure the classification was appropriate, NCCG will request to take part in this audit to provide ongoing assurance. NCCG will monitor the number of avoidable and unavoidable PUs reported by NCH&C to determine if there are any significant changes following this change in process. An update following the implementation of this new process will be requested at December 2015, Clinical Quality Review Meeting (CQRM).

Over the last several months, the learning emerging from PU RCAs has remained relatively consistent and relates to inaccurate Waterlow scoring, lack of Malnutrition Universal Screening Tool (MUST) assessment and equipment delays. The Trust is planning to investigate these key areas in more detail to explore how they can ensure any learning is embedded within clinical practice. NCCG will request a formal update and action plan for implementation to be presented at December 2015 CQRM.

The Trust's PU steering group has been reviewing feedback on the new RCA tool that has been piloted within one locality. The majority of feedback has been positive, however further revisions need to be considered before this can be implemented on a Trust wide basis.

NCCG has requested inclusion in this work so that the tool meets both the needs of the Trust and CCG colleagues.

### **1.1 Quality Issue Reports (QIR)**

NCH&C received 4 QIR in October 2015, two relating to communication and 2 relating to referral delays. The past 2 months has seen only 7 QIRs reported, which is a significant decline when compared with preceding months. INR issues which has been a common theme within QIR has not been reported this month.

### **1.2 Falls**

The number of falls reported in September 2015 has reduced following its peak last month. There were (62) inpatient falls reported in September 2015 compared to (80) in August 2015. There were no moderate or severe harm incidents reported in September 2015. There has been a reduction in the number of moderate and severe harm falls reported since May 2015.

The number of injurious falls per 1000 bed days has increased month on month since May 2015 (2.6) up to (4.4) in August 2015. September 2015 has seen a slight reduction at (4.2), however, this exceeds the Trust target of (4.0). This is the second consecutive month that the Trust has breached this target. The Trust has raised concerns via an Activity Query Notice (AQN) regarding high occupancy levels within inpatient units which may be contributing to an increase in falls. A meeting is to take place between the Trust and CCGs to review occupancy levels. The Trust has identified that cognitive impairment and end of life symptoms are the main causes relating to an increase in falls. During September 2015, 9 patients fell twice, 2 patients fell three times, 1 patient fell four times and 1 patient fell five times.

Falls data is reviewed on a monthly basis and a comparative analysis is undertaken to identify emerging trends and themes. A clinical representative from NCCG has requested to be invited to the ad-hoc falls prevention panels that are convened to discuss inpatient falls.

### **1.3 Medication Incidents**

There were 44 medication incidents reported in September 2015, this is equal to August 2015 and July 2015. The vast majority of incidents were no harm (37), along with (7) low harm. There were no moderate or severe harm incidents reported in September 2015. Over the last 5 months there has been a gradual increase in Controlled Drug (CD) incidents, (4) May 2015, (5) June 2015, (8) July 2015, (10) August 2015, (12) September 2015. 10 of the CD incidents in September 2015 resulted in no harm and 2 in low harm. The 2 low harm incidents relate to syringe drivers that were inappropriately set up.

The Trust have identified that the number of moderate harm incidents has slightly increased from a monthly average of 0.9 to 1.1. As a result of these findings, the Palliative Care Steering Group is to review staff training needs, which will include medication and prescribing issues. There are four active risks on the Trust risk register related to medicines management. The Trust's Medicines Management Group met in September 2015 and focused on syringe driver incidents. An improvement plan has been developed.

### **1.4 Infection Prevention and Control**

There has been one case of Clostridium Difficile (C-Diff) reported in September 2015. NCH&C has reported a total of 4 cases of C-Diff during the 2015/16 financial year (1 x June 2015, 2 x July 2015 and 1 x September 2015) against a trajectory of 7 cases. 2 cases have

now been appealed, with one case being successful. The failed case was due to the medical management of the patient and this has been escalated through the locality and executive team.

There have been no cases of norovirus reported in over the 4 months. To date, there have been no incidences of Methicillin Resistant Staphylococcus Aureus (MRSA) reported during the 2015/16 financial year.

### **1.5 Mortality**

The Trust's mortality data (September 2015) has been reviewed and no significant areas of concern have been identified. The Mortality Review Group met in October 2015 and the outcome of this meeting will be reported in the November 2015 Quality and Risk Report.

## **Are Services Caring?**

### **1.6 Friends and Family Test (FFT) Scores and Response Rate**

NCH&C has maintained a positive FFT score which peaked to 99 in May 2015. There has been a slight decrease in September 2015 with the both scores reducing by one point (97) with YTD (98). There was a peak in the number of FFT cards issued in June 2015, however, the numbers have slightly declined over the last 2 months. The figures for September 2015 have remained stable at (522) issued and (498) comments received. The vast majority of feedback remains positive, although there are some negative comments with areas for improvement identified. The number of categories has increased from 8 to 11 with time related and appointment/waiting time now split. During September 2015 the estates and facilities category received the most negative comments (15), with time related and appointment/waiting time categories receiving (14) combined comments. This is the first time for many months that time related issues have not received the most negative comments. The most common positive responses are seen in care/treatment, attitude and communication; this is consistent with previous months.

### **1.7 Complaints**

The number of complaints received by NCH&C over the last 3 months has been gradually declining (20) June 2015, (15) July 2015, (13) August 2015. However, there was a spike in complaints during September 2015, almost double those reported the previous month at (24). There were no trends or themes relating to Norwich Locality, however, 3 out of the 4 complaints relating to South Locality refer to poor staff attitude. The proportionality of complaints is relatively low for NCH&C when compared to the large geographical area they serve, the number of services they provide and the number of patients they treat.

## **Are Services Well Led?**

### **1.8 Sickness, Vacancies, Mandatory Training and Compliance**

The Trust produces a bi-monthly workforce report. The latest report contains data up to the end of August 2015. There has been a further improvement in sickness absence rates which have reduced from 4.5% in June 2015 to 4.3% in August 2015. This remains below the Community Foundation Trust (CFT) aspirant level of 5.2%, but below the Trust's own internal target of 4.0%. This is the 3<sup>rd</sup> consecutive period that sickness absence has continued to reduce.

The Trust is recruiting to 103 vacancy requests, totaling 147.7 Working Time Equivalent (WTE). 41 WTE are staff being recruited to the Trust's bank pool. Two recruitment events

have been organised for October and November 2015 which will be held at the University of East Anglia. Both events have a specific focus, with one event focusing on bank workers and non-clinical posts and the other advertising clinical opportunities.

There has been further improvement in mandatory training compliance which has increased from 87.8% in June 2015 to 89.2% in August 2015. This is the 3<sup>rd</sup> consecutive period that mandatory training has improved. This remains above the CFT aspirant level of 86.7%. Norwich locality has achieved 90% compliance with their mandatory training requirements in August 2015.

Appraisal compliance has continued to decline from 49.9% in April 2015 to 42.2% in August 2015. This remains significantly lower than the CFT aspirant level of 73.2%. This reduction is anticipated as the Trust is realigning staff appraisals to coincide with their date of employment. This is to ensure that appraisals are spread out across the financial year and are aligned to incremental dates, which will lead to an improvement in overall compliance in the longer term. It is anticipated that a consistent improvement in appraisal compliance should be seen after August 2015.

# IC24 OOH/111 HARVEST REPORT

## Are Services Safe and Effective?

### 2.0 Background

The OOH and 111 services have been re-procured as an integrated service with the new provider IC24. The new service commenced on 1st September 2015. Mobilisation and demobilisation of the new and old service has been project managed and co-ordinated by NCCG with the support of all CCGs.

### 2.1 Performance

There has been sustained focus upon service improvement by IC24 since launch and they demonstrate a very open and proactive culture.

Weekly meetings are held with IC24 to discuss progress and to review sample calls. Monthly meetings to scrutinise both Service Performance and Clinical Quality Patient Safety concerns are embedded.

### 2.2 QIR

There has been an increase in QIR and soft intelligence to support an emerging trend in relation to delays in call backs for both 111 and OOH services.

A meeting was held with IC24's Operational Manager on 30<sup>th</sup> September 2015 and NCCG Clinical Leads providing an opportunity to walk through their clinical pathways. The meeting identified some operational differences between the old provider and IC24 for giving advice and/or arrangement of base appointments.

IC24 has reviewed its operational processes and is undertaking a series of service changes to reduce the clinical and patient safety risk of patients experiencing long waits for call backs and base and home visits. QIR are reviewed on a daily basis and those calls are being reviewed by call audits.

## Are Services Well Led?

### 2.3 Serious Incidents (SI)

To date two SIs have been reported and are currently being investigated.

### 2.4 Workforce

IC24 is actively recruiting to all roles. Recruitment to GP roles has been challenging despite several initiatives attracting a limited resource of professionals. Workforce issues are anticipated to be impacting on the non-achievement on their KPIs. IC24 are working closely with NCCG to mitigate the risk where possible. It is actively reviewing its skill mix and is recruiting Advanced Practitioners and Paramedic Practitioners to support the GP workforce. Workforce and contingency plans are being monitored weekly with the provider.

# NORFOLK AND SUFFOLK FOUNDATION TRUST (NSFT) HARVEST REPORT

## Are Services Safe and Effective?

### 3.1 Serious Incidents (SI)

During October 2015 there was 1 SI reported by NSFT, this did not relate to NCCG. SIs are scrutinised by the coordinating commissioner and outcomes monitored through CQRM. The Trust has commissioned an internal review of unexpected deaths; this is being carried out by one of the Trust's Consultant's. While this work has now commenced, the Trust has not been able to give any estimated timescales for when this will be completed.

### 3.2 QIR:

QIR	April 2015/16	May 2015/16	June 2015/16	July 2015/16	August 2015/16	Sept 2015/16	Oct 2015/16	Total
NSFT Total	3	14	9	18	13	19	11	87
NHS NCCG	1	2	3	1	3	5	2	17

There has been a total of 87 QIRs reported during 2015/16 financial year, 17 of which relate to Norwich CCG patients. Referral issues continue to be the predominant trend followed by bed availability. Of the 11 QIR reported in October 2015, 5 relate to referral delays and 1 relates to bed availability.

### 3.3 Quality Improvement Plan

CCGs are not fully assured by the QIP for a number of reasons, these include:

- Concerns regarding the pace of improvement against the plan.
- Concern regarding recruitment of clinical staff and financial pressures.

Improvements have been made to the QIP tracker and items are now aligned to the CQC domains and RAG rated. Narrative is provided detailing progress against each item. There are currently 9 QIP projects rated amber which are slightly behind schedule and 1 rated red, related to physical health monitoring. The red status is due to ongoing issues with reporting on compliance and staff training. The QIP remains a standard agenda item for CQRM and is discussed on a monthly basis.

### 3.4 Performance and Delivery Issues

NSFT is not meeting a number of performance and delivery aspects. Key aspects relating to this are outlined below:

#### Access and Assessment Team (AAT)/Lorenzo

- AAT – Waiting Times: A CPN was issued to NSFT in December 2014, as the Trust was not meeting AAT waiting times for 28 day targets. The Trust has been informed that CCGs are considering further contractual levers due to the consistent non achievement of the 28 day target.
- A new service model was introduced on 1<sup>st</sup> June 2015, to triage patients directly into the appropriate service line to improve achievement of access times. The Trust has redeployed staff from other adult community services to meet the current staffing gap

within this service. A new approach to managing waiting lists is being considered to ensure that patients are regularly reviewed until they are taken on by the appropriate service line for active treatment. The Trust is planning to appoint a waiting list coordinator who will review and manage the waiting lists. This is currently being managed by a senior nurse, with patients being RAG rated according to the urgency of their needs and this will continue to be reviewed and updated accordingly. The Trust has been asked to write a formal proposal of these plans to be shared at the next Mental Health Network for further comment and consideration.

- The Trust has experienced problems with the Lorenzo IT system following implementation which is having a significant impact on service delivery with the potential to affect patient care. The Trust has been unable to supply validated performance information and is reporting verbally and manually extracting data. The Lorenzo Lead for the NSFT attended October 2015 CQRM to update on progress with the Lorenzo system. Some data is now being received; however, there are a number of data quality issues which the Trust is trying to resolve. The unreliability of robust data reporting processes remains of significant concern and continues to be a significant clinical risk. This risk is highlighted within NCCG Governing Body Assurance Framework. Lorenzo continues to be a standing agenda item at CQRM.

### **3.5 Out of Area placements**

There has been a sustained improvement and notable reduction in the number of patients placed Out of Area (OOA). At the beginning of November 2015 there were no adult patients placed OOA, although some patients are in Suffolk beds, but remain under the care of NFST. There have been no patients placed OOA from the adult service line for over 3 consecutive weeks. There is currently one patient from central Norfolk CCGs placed OOA from the older person's service line, although this is not a NCCG patient. NSFT have recognised the pressures on the older person's service line and are exploring alternative models of care nationally. A meeting is to take place between the Trust and Norfolk County Council to further explore these issues.

### **3.6 Quality Dashboard**

The quality dashboard is discussed regularly at CQRM and has been revised at the commissioner's request. Following a number of modifications, the content of the dashboard has now been agreed with Norfolk and Suffolk CCGs. The finished version was presented at September 2015 CQRM. The Trust has compared their dashboard with that of their buddy Trust and further improvements to the dashboard may be made as a result of this comparison.

### **3.7 Risk Register**

The Trust risk register has been revised to provide CCGs with the necessary level of assurance that risks are being appropriately mitigated to ensure patient safety. The Trust has updated their risk register to provide greater detail of the controls in place and mitigating actions. The Trust has been liaising with their buddy Trust and has identified that their risk register is clearer in presentation and will be making further revisions to the current format. In addition, the Trust has commissioned an external review to look at their internal processes relating to risks and their associated management.

### **3.8 Crisis Resolution and Home Treatment Team (CRHT)**

The caseload numbers for the service remains below the identified operating threshold of 45 patients. Concerns regarding the impact on patients who are not accepted into the service have been raised with the Trust. The Trust gave assurance that they have a formal pathway in place and an escalation process if there is a difference of opinion between CRHT and the referring clinician. CRHT and the MIND crisis line are now working more collaboratively which has been beneficial to patients. There have been no issues identified via QIRs or SIs to suggest there are any problems with this approach.

### **3.9 Section 136**

Due to difficulties in recruiting staff for the 136 suite, an agreement was reached allowing the Trust to review their skill mix. The Trust has appointed a band 7 team leader for the service who is now in post. 5.8 WTE band 4 staff will support the service, 4 of these 6 posts have been recruited to and staff are currently receiving induction training. The other 2 posts are currently out to advert. Bank/agency will be sourced to fill any staffing shortfalls in the short term.

### **3.10 Transport**

There are a number of ongoing issues regarding the transfer of patients suffering from acute episodes of mental health illnesses impacting on the quality and safety of patient care. The contracted transport provider will not transfer patients presenting with challenging behaviour as they have not been PMS trained. An alternative transport provider is being sourced who are PMS trained, but they require a financial cost code before agreeing to any transfer. This delay is having a negative impact on patients and the Approved Mental Health Practitioner (AMHP) service. The issue is being escalated at the contract and performance group and CQRM for the transport provider. There remains a significant concern that this issue is continuing to have a system wide impact on local health care services. The coordinating commissioner is continuing to escalate these concerns.

### **3.11 Norfolk Community Eating Disorders Service (NCEDS)**

Cambridge and Peterborough NHS Foundation Trust provide the NCEDS. There has been no SI received during September 2015, consistent with the previous month. The Trust has submitted an internal RCA following the expected death of a service user with a chronic eating disorder. The response has only recently been received by the coordinating commissioner and is currently being reviewed. There have been no breaches of KPIs reported.

### **3.12 CQUIN**

The Q2 local CQUIN submissions have been reviewed and NSFT have been awarded full achievement. The national schemes have yet to be evaluated at the time of writing this report.

## Are Services Well Led?

### 3.13 Workforce/Training

#### Workforce Performance Dashboard 2015/16

September 2015

KPI	Trend	Month Value	Change +/-	MonthTarget*	Tracking**	Mar-16 Target	Rating <sup>3</sup>
Mandatory training		72.72%	1.15%	79.58%		90%	☆
Sickness Absence (rolling 12 months)		4.90%	0.02%	4.78%		4.50%	☆
Vacancy Rate		12.98%	0.11%	9.31%		8.01%	☆
Voluntary Turnover		8.39%	-0.14%	12.41%		10.00%	☆
Net Clinical Recruitment (rolling 12 months)		224.55	-20.85	N/A	N/A	N/A	☆
Appraisal		85.50%	0.94%	100.00%		100.00%	☆
Time to Hire (advert to unconditional offer)		126.00	-4.20	62.00		56.00	☆
Temporary staff (WTE in month)		166.40	-14.30	TBC	N/A	TBC	☆
Percentage of bank to agency spend <sup>4</sup>		0.33	0.92%	TBC	N/A	TBC	☆

\*In month target, based on trajectory to March 2016

\*\* Plots against the trajectory each month = above the target line, = below target line). Tracking since September 2014

<sup>3</sup> Rates the top 3 KPI's that have seen the biggest in-month change, relative to the overall trend of each KPI

<sup>4</sup> Includes medical locum spend within agency spend

#### Workforce Performance Dashboard - Locality Breakdown

September 2015

Locality	Sickness Absence (12 months)		Voluntary Turnover Rate		Vacancy Rate		Time to hire (days)		Appraisal		Mandatory training	
	Target*	4.78%	Target*	12.41%	Target*	9.31%	Target*	62.00	Value	Change	Value	Change
	Monthly Value	Change	Monthly Value	Change	Monthly Value	Change	Monthly Value	Change				
Central Norfolk	5.05%	-0.12%	6.58%	-0.80%	11.07%	-0.81%	134.90	-23.70	79.22%	-1.26%	69.47%	0.77%
Great Yarmouth and Waveney	5.38%	-0.04%	5.68%	-0.27%	15.01%	1.95%	108.20	8.00	78.78%	0.11%	71.46%	0.82%
Norfolk West	4.79%	0.06%	9.90%	-3.31%	21.78%	3.22%	158.10	12.10	84.52%	-0.59%	73.33%	0.32%
Norfolk Wellbeing	3.99%	3.99%	14.29%	14.29%	11.75%	11.75%	0.00	0.00	100.00%	100.00%	79.38%	79.38%
Norfolk system	5.12%	-0.07%	7.20%	-0.40%	13.66%	0.51%	134.30	-9.00	81.30%	0.86%	71.08%	1.21%
East Suffolk	5.57%	0.31%	6.58%	0.12%	8.17%	0.00%	115.60	-27.90	99.41%	0.62%	78.6%	1.05%
West Suffolk	4.27%	-0.14%	10.48%	0.28%	14.45%	0.30%	112.70	-0.50	90.61%	3.22%	72.84%	3.54%
Suffolk Wellbeing	4.92%	-0.06%	4.67%	2.47%	6.41%	0.97%	125.00	125.00	100.00%	0.00%	82.45%	1.50%
Suffolk A&A	5.19%	-0.10%	7.46%	-0.04%	19.61%	-6.57%	84.00	-12.30	100.00%	0.00%	73.49%	3.27%
Suffolk System	5.06%	0.10%	7.73%	0.23%	10.82%	-0.28%	116.50	-8.00	99.79%	1.14%	76.87%	1.71%
Secure Services	7.19%	0.23%	6.35%	-0.03%	7.27%	-1.58%	205.30	76.80	90.72%	-0.52%	71.35%	0.17%
Substance Misuse	5.20%	0.25%	9.20%	-0.32%	16.07%	1.51%	92.00	-19.50	100.00%	0.00%	66.21%	0.48%
Specialist Services	6.80%	0.24%	6.88%	-0.72%	8.98%	-0.97%	192.70	67.00	95.47%	-0.83%	70.56%	0.27%
Corporate Services	2.71%	-0.02%	13.98%	0.28%	17.68%	0.27%	77.00	-21.10	80.59%	1.52%	78.96%	0.99%
Total Trust	4.90%	0.02%	8.39%	-0.14%	12.98%	0.11%	126.00	-4.20	85.50%	0.94%	72.72%	1.15%

\*In month target, based on trajectory to March 2016

NSFT's staff turnover rate has reduced from 7.38% for central Norfolk in August 2015, to 6.58% in September 2015; this is a continued improvement. Sickness absence has further improved at 5.05% for September 2015; this is still above the Trust target of 4.78%. The vacancy rate for Central Norfolk Localities continues to exceed the Trust target, although the central locality has the least number of vacancies when compared to the rest of the Norfolk system. There are ongoing concerns regarding the overall number of vacancies and negative impact this will be having on the quality and safety of patient care. Mandatory training compliance remains stable and has improved on last month at 69.47%. Following a consistent monthly improvement in appraisal rates, September 2015 saw a slight reduction at 79.22%.

Following the CQC inspection in October 2014, a series of reports were published on 3<sup>rd</sup> and 6<sup>th</sup> February 2015 detailing their findings. Recruitment was an area reviewed by the CQC during their inspections and concerns were raised regarding the provision of Disclosure and Barring Service (DBS) checks. There are a number of staff who have been working for the Trust for a significant length of time who have not been subject to a DBS check. The Trust has raised significant concerns over the cost of undertaking this work. The Trust are planning to identify their most vulnerable patient groups and will ensure that staff working with those patients all have an up to date DBS check. Assurance was provided that the Trust is 100% compliance with DBS checks for new staff; however, there is a lack of assurance regarding longer term staff.

The Trust has recently appointed a permanent Director of Finance/Deputy Chief Executive who will be commencing in post in December 2015. The existing interim Director of Finance will remain in post and there will be a hand over period to ensure continuity. Workforce will be discussed at November 2015 CQRM.

# NNUHFT HARVEST REPORT

## Are Services Safe and Effective?

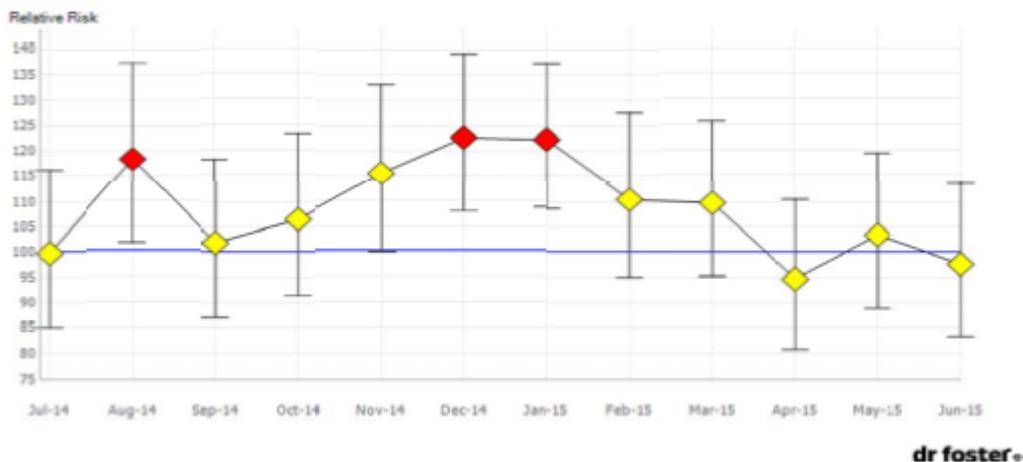
### 4.0 Mortality

The Trust's Hospital Standardised Mortality Ratio (HSMR) for June 2015 is 98.

HSMR allows us to see whether death rates in hospitals are changing. It is based on a subset of 56 diagnoses which contribute to 80% of in-hospital deaths in England. HSMRs should not be used in isolation, they provide an indicator of where a problem might exist and should be used as a trigger for investigation.

A Trust's HSMR is compared against a Relative Risk score of 100 which means that the number of deaths observed is as expected when compared with National data. Therefore, a score greater than 100 indicates there were more deaths than expected, a score below 100 indicates fewer deaths than expected.

◆ High relative risk  
 ◆ Low relative risk  
 ◆ Expected Range  
 ◊ Undefined  
 — National benchmark  
 I Confidence Intervals



## 4.1 Patient Safety

There were 15 Serious Incidents reported in August, the majority of which were falls or avoidable pressure ulcers.

There were 14 Serious Incidents reported in September, of which nine were pressure ulcers and one neonatal death, which occurred following home delivery.

The neonatal death, this has highlighted difficulties in how the Trust can conduct the RCA since they were only involved once the baby had been admitted 4 hours post delivery. The Coordinating Commissioner is liaising with NHS England regarding the process for investigating the RCA with regard to independent midwives.

## 4.2 Infection Control

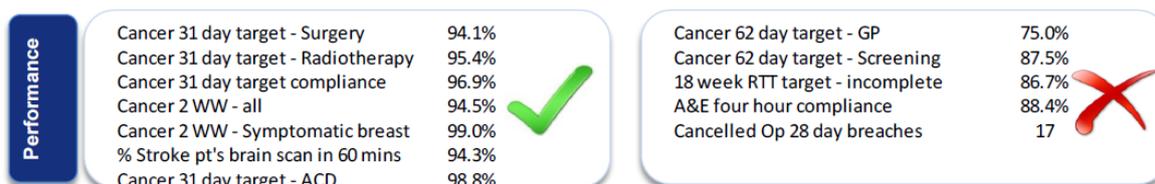
### Clostridium Difficile (C-Diff)

There have been 20 hospital acquired C Diff cases year to date against a ceiling of 49. Following appeal, 10 have been successful leaving 9 which are considered as Hospital Attributable (1 appeal is pending).

The Trust now provide Faecal Microbiota Transplantation (FMT) for refractory C Diff in accordance with NICE guidance. Molecular Testing for C Diff has been introduced. Increased specificity compared to enzyme immunoassays currently used.

## 4.3 Cancer Waits

Breaches in cancer standards continue to be monitored closely through SPRG, CQRM and Monitor.



### 4.3.1 Cancer Remedial Action Plan (RAP)

Remedial action plans have been shared with Monitor and CCGs with performance being managed through the recovery board. The Trust will be sending patient specific data to practices on the length and reason of breaches. The Trust are developing a board to review the 2 week wait NICE Guidance to ensure that they are meeting the target.

#### 4.4 Diagnostic Waits:

Performance is below the contractual target of 99% of patients waiting less than six weeks from referral to a diagnostic test. The Trust has highlighted waits for diagnostics for the following areas:

- Gastroenterology
- Urology
- Radiology
- Audiology

Remedial action and recovery plans were discussed at CQRM and will be monitored monthly.

#### 4.6 Cancelled Operations

Performance is below the contractual target of all patients who have operations cancelled on or after the day of admission for non-clinical reasons, being offered another binding date within 28 days. Currently 17 patients were not offered another binding date within the 28 day timeframe. The Trust reported this is partly a consequence of capacity being prioritized for clinical urgent and cancer patients.

The Trust continue to closely monitor the daily elective lists through the operations center and report twice weekly via the established action groups.

### Are Services Caring?

#### 4.7 Dementia

The Trust forget-me-not symbol and blue wristband scheme to identify patients who have a diagnosis of dementia was launched in February 2015. The symbol is also a PAS alert and is visible on electronic ward view. The personalized plans of care document has been amended to incorporate the forget-me-not symbol and to prompt the use of wristbands and 'This is me' for patients with a diagnosis of dementia. Use of the above bed and wristband identifiers has been audited during the 'This is me' re-audit in July demonstrating good uptake of the scheme. A small forget-me-note sticker is now being applied to A&E records when patients present with a PAS dementia alert, which helps convey the diagnosis to the team. The dementia strategy group has also agreed for consultation on extending the small sticker scheme to patient health records.

#### 4.8 Friends and Family Test and Patient Experience

The Trust continues to report low response rates for A&E at NNUHFT site.

Friends and Family Test Scores:

- In-patients 85
- Out-patients 77
- Day Patients 88
- Maternity 91
- A&E 74 (32 for NNUH; 87 for Cromer MIU)
- Urgent Care Centre 48

Comments for NNUHFT site were predominantly in relation to waits to be seen and insufficient information about wait times. Previous feedback has included the hardness of the seating. Reference to the time taken for staff to respond to call bells was also noted.

**Examples of outcomes and improvements made following patient feedback:**

The Trust is installing TVs to provide information to patients waiting and are investigating replacing the seating although it should be noted that seating in A&E must be immovable.

The Trust's Sub-Board review comments received and responses on line via the Patient Opinion website. The Sub-Board feels that the responses could be more fulsome and robust and have suggested that the relevant clinical or administrative leads should be contacted to assist with the responses posted.

## Are Services Well Led?

### **4.9 Delays in Discharge**

The number of medically fit patients for discharge remains higher than target. The patient flow project continues to address this.

### **4.10 Lampard Report**

The recommendations from the Lampard Report are being embedded within the Trust. The Trust will share the update given to Monitor and the Children's Board. The Trust report they are awaiting guidance from the DoH prior to finalising.

### **4.11 Domestic Violence Support Worker in A&E**

The Trust confirmed that the 2 year funding for this post by IDVA has now ceased. This service provided vital support to extremely vulnerable people. Further discussion regarding funding of this service going forward is to be escalated.

### **4.12 Compliance with Electronic Discharge Letters (EDL)**

Performance is below the target for all GP's and/or referrer's to receive a discharge summary within 24 hours of a service user's discharge. The current position reported is that 76.3% of EDLs were produced within 24 hours. An action plan has been agreed and is being monitored.

### **4.13 Leadership**

The Trust has now appointed Mark Davies as its substantive Chief Executive. Mark was previously acting as interim Chief Executive.

# EEAST Ambulance Trust CONSOLIDATED QUALITY REPORT

## Are Services Safe and Effective?

### 5.0 Ambulance Turnaround NNUHFT

The Trust reported 7 ambulance handovers over 30 minutes in August. There were no handovers over 60 minutes.

### 5.1 Serious Incidents

It was reported that there was an overall spike in SI's in August for the Trust as a whole. These are being investigated by the Coordinating Commissioner.

There was one SI raised for Norwich CCG relating to Sub-optimal care of a deteriorating patient.

A member of the Norwich CCG Quality Team now attends the locality meeting where quality and safety concerns will be addressed.

Trends and Themes identified by the Trust YTD include:

- Ambulance delay – four Serious Incidents
- Non-conveyance – four Serious Incidents
- Clinical treatment – three incidents
- Management of 999 call – one incident

### 5.2 Activity

The Trust reports increased activity in Norwich. Analysis is being conducted to understand what is driving this activity which is impacting other areas of Norfolk.

## Are Services Caring?

### 5.3 Complaints and Patient Feedback

Complaints regarding the delay in an emergency response attending have increased slightly again for the third month running, from 23 reported in June 2015, 34 in July 2015 and 27 in August 2015. Complaints relating to clinical assessment and attitude remain in the top three.

For August 2015

- 40% delays in ambulance attendance.
- 22% of complaints involved attitude of staff.
- 23% clinical assessment and treatment.

Clinical assessment and treatment include staff not recognizing sepsis. The Patient survey also identified patients not always feeling involved in pain relief.

## Are Services Well Led?

### 5.4 Workforce

The Trust has confirmed it is using fewer Rapid Response Vehicles (RRVs) since these are manned by the most experienced members of the team. The Trust is ensuring that experienced paramedics are teamed with newly qualified members of staff in 2 man vehicles.

### 5.5 CAD Update

The Trust has reported technical issues with the latest update to their Computer Aided Despatch (CAD) which has caused some issues with the interfaces not working efficiently with hospital systems. Technical support is being prioritized to find a solution.

### 5.6 Ambulance and Fire and Rescue Service

The Trust has outlined initial plans to train Fire and Rescue crews in using defibrillators in line with increased initiatives for closer working between the emergency organisations.

## Commissioning for Quality and Innovation CQUIN

### 6.0 CQUIN

NELCSU has arranged a system wide CQUIN (Commissioning for Quality Improvement) workshop to be held on 27<sup>th</sup> November 2015 to discuss local CQUIN ideas for the 2016/17 contract. The quality and commissioning teams at NCCG have been working closely and have identified a number of ideas for consideration and discussion at the meeting. All suggestions are supportive of admission avoidance strategies, which support the CCG commissioning intentions for 2016/17. It is anticipated that the national CQUINs will be published in December 2015. Meetings to discuss and revise the quality schedule and local CQUINs for 2016/17 contracts have been scheduled and commence in November 2015. A further update on progress will be provided within the December 2015 harvest report.