

Subject:	Governing Body: Patient safety and clinical quality summary for July 2019
Presented by:	Sarah Jane Ward Director of Nursing and Quality Assurance
Produced by:	Andy Hudson Deputy Director of Nursing and Quality Assurance
Submitted to:	Governing Body August 1st 2019.
Purpose of Paper:	For Information
Executive Summary This paper provides a highlight report of the key information and key actions from Patient Safety and Clinical Quality Report for July 2019 which is based on data available for May 2019 and June 2019.	
KEY RISKS (in relation to CCG strategic objectives and statutory duties)	
Clinical & Quality: The Patient Safety and Clinical Quality Committee (PSCQ) reviews quality issues in detail and provides assurance to the Governing Body accordingly. This is a high-level summary of the issues by exception.	
Finance and Performance: Performance and Quality are closely linked. The Governing Body will require assurance the Quality Team are reviewing and acting upon quality issues accordingly.	
Reputation: The Governing Body will require assurance the Quality Team are reviewing and acting upon quality issues accordingly.	
Legal: Any risks not properly identified or mitigated could have legal consequences for WNCCG.	
Patient focus: The Governing Body will require assurance the Quality Team are reviewing and acting upon quality issues accordingly.	
Information Governance: None identified	
Conflicts of Interest: None identified	
Equality Impact Assessment: Not required at time of writing paper.	
Reference to relevant risk on the Governing Body Assurance Framework: Relates to risk 1.4 and 1.5 on the GBAF.	
RECOMMENDATION: The Governing Body is asked to: <ul style="list-style-type: none"> • Note the key quality and safety issues identified in the report • Be assured that all quality and safety issues are being regularly monitored at the CQRG meetings and through Contract meetings • Raise and discuss any issues that require further clarification by the PSCQ 	

Queen Elizabeth Hospital

Issues	Actions
<p>The Trust's amber rating for IP&C has been revised by NHSI and has been moved to a red rating.</p> <p>For Safety Thermometer Harm Free Care, the Trust ranked 1st out of 18 regional Trusts in May (in comparison to 7th in April) with a score of 99.54% (in relation to New Harm Free Care only).</p> <p>During May 2019, the Trust received 47 complaints and achieved a response rate of 21.28% against the Trust target of 90%. This is an improvement from April which was a 7% compliance. The CCG requested a trajectory of improvement which has been shared.</p> <p>Cancer 62-day referral to treatment performance was 70.9% in April, against the standard of 85%.</p> <p>The caesarean section rate has fallen to 27.56% after a suite of actions were undertaken in April.</p> <p>Ambulance handover within 15 minutes has improved from 55.77% in April to 59.73% in May and remains the strongest performance delivered in over 12 months</p>	<p>The current IP&C action plan has been revised and will be reported to the Hospital Infection Control Committee on a monthly basis. NHSI will be completing a planned visit on the 9th July which the CCG will attend.</p> <p>The Trust have developed a range of actions to address the compliance and quality of responses including a review of the Trust process, escalation processes and a new complaints manager</p> <p>A recovery action plan is in place, oversight of this is through the Cancer Board and a quarterly update will be provided to Trust Board of Directors from August 2019.</p> <p>QEH shared a Caesarean section report looking to identify any themes and trends but the report highlighted no commonalities for learning.</p> <p>WNCCG will be working with the QEH to further explore any associated harm with 3 hour plus ambulance delays.</p>

Norfolk Community Health and Care

Issues	Actions
<p>NCHC continue to predominantly report pressure ulcers as serious incidents.</p> <p>The Trust report that there have been no complaints for May</p> <p>The Trust's sickness absence rate is currently 4.83%.</p>	<p>WNCCG quality team now attend the Pressure Ulcer learning event on a monthly basis which has improved the assurance regarding the robustness of investigations and the learning from these incidents.</p> <p>WNCCG will continue to monitor this and escalate any concerns via the co-ordinating commissioner.</p> <p>The Trust has reviewed its sickness absence target based on analysis of performance across other Community Trusts and it was felt that 3.7% was an unrealistic target. Accordingly, this has been revised to 4.2% effective from April onwards.</p>

Norfolk and Suffolk Foundation Trust

Issues	Actions
<p>Staffing: Medical and registered nurse posts remain in high demand, with limited regional supply. The overall monthly vacancy rate continues to run below the target (5.7% against target of 7.3%), but medical vacancy remains high at 16.9% against the target of 12.4%.</p> <p>Access to services: The Trust continue to report a mixed picture of across a variety of pathways.</p> <p>Care and risk planning: The Trust have not met the Care Programme Approach (CPA) and non CPA performance standard consistently and audits of completed documentation, has flagged poor co-production and quality of assessment and planning. The rate of recovery of these actions against the target have remained below the current trajectory.</p> <p>Out of Area Placements: Increased numbers of service user's being placed out of county, with limited provision by NSFT for assurance of the efficacy of these placements.</p>	<p>The Trust are addressing recruitment challenges through a combination of approaches and reviewing how staff groups are utilised. Medical staffing review is also ongoing.</p> <p>SNCCG Independent Consultant has completed a review of the access and waiting time's processes. The draft report is being discussed with NSFT and recommendations for improvement are to be agreed as part of the final report.</p> <p>CCG and NSFT continue to work collaboratively to monitor to review current trajectories work with wider CCG partners to look at possible revision to accurately reflect recovery targets.</p> <p>An action plan has been developed with Commissioners to improve current patient pathways and to invest in alternatives to admission schemes. Contract negotiations have also led to the commissioning of a new fully funded 16 bed assessment ward (targeted for July 19) and the funding of a new Personality Disorder pathway pilot.</p>

End of report.