

## Agenda Item 11

### Governing Body

<b>Meeting Date</b>	<b>Thursday 26<sup>th</sup> July 2018</b>
<b>Report Title</b>	<b>Quality Report</b>
<b>Executive Summary</b>	This report provides assurance to the Governing Body that quality and patient safety issues are given the appropriate priority.
<b>Key Issues</b>	The Quality Report provides an overview of activity undertaken within the CCG to monitor and improve quality of commissioned services. . The report highlights areas of strong performance and areas which may require increased surveillance.
<b>Risk Issues:</b> <b>Original Risk (CxL)</b> <b>Residual Risk (CxL)</b>	Failure to secure quality, safe services for the population of Gloucestershire
<b>Management of Conflicts of Interest</b>	Not applicable
<b>Financial Impact</b>	There is no financial impact
<b>Legal Issues (including NHS Constitution)</b>	Compliance with the NHS Constitution, NHS Outcomes Framework and recommendations from NICE and CQC.
<b>Impact on Health Inequalities</b>	A focus on the delivery of equitable services for the residents of Gloucestershire and which will reflect the diversity of the population served.
<b>Impact on Equality and Diversity</b>	There are no direct health and equality implications contained within this report.
<b>Impact on Sustainable Development</b>	There are no direct sustainability implications contained within this report.
<b>Patient and Public Involvement</b>	There is no impact
<b>Recommendation</b>	The Governing Body is asked to note the contents of this report.
<b>Author</b>	Marion Andrews-Evans
<b>Designation</b>	Executive Nurse and Quality Lead
<b>Sponsoring Director (if not author)</b>	Not applicable

## **Quality Report**

**26<sup>th</sup> July 2018**

### **1 Introduction**

The Governing Body Quality Report is produced to provide assurance of the quality monitoring and support work being undertaken by GCCG with providers in county.

Formal assurance of the quality of NHS services is by way of the Governance and Quality Committee, minutes of which are received by the Governing Body. This report provides succinct detail on activity undertaken and areas of strong performance or concern.

### **2 Summary Serious Incidents & Never Events**

- 2.1 A 'Serious Incident' is defined by the National Patient Safety Agency (NPSA) as an incident that occurred in relation to NHS-funded services and care. These are often referred to as STEIS incidents after the reporting system. The Strategic Executive Information System (STEIS) allows us to break down the numbers being reported into categories/
- 2.2 Each reported incident is reviewed by the Quality Lead for that specific provider. This allows for identification of any potential themes or trends and can inform more in-depth discussions at the relevant Clinical Quality Review Group (CQRG). Full details, split by category, are provided to Quality and Governance Committee.

2.3

Gloucestershire Hospitals NHF FT	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 (April & May)	2017/18 (Full Year)	2018/19 (to date)
Never Event	3	1	2	1	1	7	1
Serious Incidents	10	5	3	16	6	34	6
	13	6	5	17	7	41	7

2.4

Gloucestershire Care Service NHS Trust	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 (April & May)	2017/18 (Full Year)	2018/19 (to date)
Never Event	0	0	1	0	0	1	0
Serious Incidents	2	10	5	9	1	26	1
	2	10	6	9	1	27	1

2.5

<sup>2</sup> gether NHS FT	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 (April & May)	2017/18 (Full Year)	2018/19 (to date)
Never Event	0	0	0	0	0	0	0
Serious Incidents	9	7	10	6	6	32	6
	9	7	10	6	6	32	6

### 3 Patient Advice and Liaison Service (PALS) Activity

3.1

Type	Quarter 3 16/17	Quarter 4 16/17	Quarter 1 17/18	Quarter 2 17/18	Quarter 3 17/18	Quarter 4 17/18	Quarter 1 18/19 April/May
Advice or Information	48	58	48 (16 PC) <sup>1</sup>	45 (15PC)	58 (PC16)	63 ( PC20)	73 (PC 17)
Comment	7	7	2 (1 PC)	2	7	0	3
Compliment	0	4	4	3	3	2 (PC1)**	1
Concern	20	41	52 (17 PC)	47 (17PC)	41 (PC15)	55 (PC 19)	71 (PC 15)
Complaint about GCCG	11	9	11 (1 PC)	10 (2 PC)	5	2	1
Complaint about provider	22	18	22 (7 PC)	18 (3 PC)	21 (PC4)	9 (PC2)	12
NHSE complaint responses copied to GCCG PALS			2	2	1	0	1
Other	3	10	14 (4 PC)	15 (1 PC)	8	68	27 (PC 4)
Clinical Variation (Gluten Free)	49	11	2	0	0	3	0
<b>Total contacts</b>	<b>130</b>	<b>158</b>	<b>155</b>	<b>140</b>	<b>144</b>	<b>202</b>	<b>189</b>

From 1<sup>st</sup> November 2017 Freestyle Libre flash glucose monitoring

<sup>1</sup> GP medical service complaints in brackets smitten

3.2 system was made available via NHS prescribing across the UK; the device was still subject to local GCCG Guidance. The Gloucestershire Prescribing Guidance recommends that adult patients are only initiated on Freestyle Libre by a Hospital Specialist and that they meet the clinical criteria set. PALS have received 52 enquiries to date, relating to the prescribing policy for this product. Each contact received an acknowledgement and a formal response along with the GCCG Prescribing Guidance.

3.3 Only three Gluten Free enquiries have been received in the last quarter, one where the GCCG Dietician was able to speak directly to the patient, and two satisfied with explanation of the GCCG guidance.

3.4 PALS received a total of 10 concerns from patients relating to the withdrawal of Ear Irrigation Service from Primary Care.

3.5 There have been no specific ongoing themes identified from a total of 47 enquiries received in Q4 relating to GP/Practice. Enquiries received related to;

- Waiting times for an appointment
- Patient's wanting to register outside their catchment area due to ease for work based access
- Accessing medical records and change of patient details
- Medication changes via CCG guidance

## 4 Infection Control

4.1 **Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections**  
**The target  $\leq 6$  cases.**

MRSA BACTERAEMIA 2018/19 01 April 2018 – 30 April 2018		
Category	Total number	Comments
Pre	2	1 case reported by Royal Worcester Hospital
Post (April)	1	IVDU. Chronic leg ulcers.

Since April 2018 no deaths have been reported in Gloucestershire due to MRSA Bacteraemia.

4.2 **Learning from MRSA PIR Reviews undertaken in 2018/19**

A Post Infection Review is mandatory. Key learning actions from the reviews were:

- Areas for practice improvement include use of IV Cannula care

plans, MRSA screening on admission, documenting when blood cultures taken, correct prescribing of suppression therapy, hand hygiene and environmental cleaning.

### 4.3 MSSA Bacteraemia Infections

During the period 1 April 2018 – 30 April 2018 10 cases reported divided between 4 (40%) community acquired and 6 (60%) hospital acquired infections.

### 4.4 Escherichia coli (E.coli) Infections

The Quality Premium for 17/19 aims to reduce E.coli Gram Negative Bloodstream Infections (GNBSIs) by 10% and reduce inappropriate antibiotic prescribing for Urinary Tract Infections as well as sustaining the decrease.

4.5 The target for the year is 257 (or less) cases. In April 2018 there were 18 cases divided into 5 (28%) hospital acquired and 13 (72%) community acquired cases.

<b>E.COLI BLOODSTREAM INFECTIONS (E.COLI BSI)</b>						
<b>TOTAL NUMBER OF CASES ACROSS CCG</b>						
<b>15/16</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>Threshold</b>
<b>E.COLI BSI</b>	81	77	70	68	285	No threshold
<b>16/17</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>Threshold</b>
<b>E.COLI BSI</b>	82	84	48	30	256	No threshold
<b>17/18</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>257</b>
<b>E.COLI BSI</b>	67	62	83	64	276	Limit exceeded By 19 cases (7%)
<b>17/18</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>257</b>
<b>E.COLI BSI</b> (Figures to the end of April 2018)	18 (to date)					

### 4.6 Quality improvement initiatives to reduce the rate of E.coli

E.coli bacteraemia is linked frequently (approximately 40%) to a UTI. Under the leadership of Dr Philippa Moore the Countywide UTI Group is working to prevent UTI's through improving hydration particularly to elderly people. At the same time there is a work programme targeting nurses to improve health advice to patients on hydration and self-care

as well as improving the diagnosis and treatment for patients with a UTI. To support this work a training day for nurses working in GP practice was held on 21 June 2018 and engagement events are being held in 7 locations over July and August to reach nurses working in hospitals and care homes.

#### 4.7 C. Difficile Infections (CDI)

Our 2018/19 CCG threshold is 156 cases (1 case lower than 2017/18). Between 1 April 2017 and 30 April 2018 there were 19 cases of CDI divided between 10 (53%) community acquired cases and 9 (47%) hospital acquired cases.

#### 4.8

<b>CLOSTRIDIUM DIFICILE INFECTIONS (CDI)</b>							
<b>TOTAL NUMBER OF CASES</b>							
<b>15/16</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>Threshold</b>
<b>CDI cases</b>	<b>Comm</b>	37	26	18	30	<b>111</b>	<b>157</b>
	<b>Hospital</b>	8	10	13	15	<b>46</b>	
	<b>Sub total</b>	45	36	31	45	<b>157</b>	
<b>16/17</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>Threshold</b>
<b>CDI cases</b>	<b>Comm</b>	8	10	13	15	<b>46</b>	<b>157</b> (20 cases over threshold)
	<b>Hospital</b>	37	26	18	30	<b>111</b>	
	<b>Sub total</b>	45	36	31	45	<b>177</b>	
<b>17/18</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>Threshold</b>
<b>CDI cases</b>	<b>Comm</b>	34	45	25	23	127	<b>157</b> 47 cases (29% over threshold)
	<b>Hospital</b>	14	18	23	22	77	
	<b>Sub total</b>	48	63	48	45	204	
<b>18/19</b>		<b>April</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>	<b>Threshold</b>
<b>CDI cases</b> (to end of April 2018)	<b>Comm</b>	10					<b>≤ 156 cases</b>
	<b>Hospital</b>	9					
	<b>Sub total</b>	19					

#### 4.9

Countywide there is an upward trend in cases. A short life working group was established in October 2017. The group is refining an action plan focusing on environmental cleaning, implementing a MDT team to lead on managing patients with CDI, investigating faecal microbiotica transplant as well as improving the information given to patients on discharge from hospital.

#### 4.10

GHNHSFT is implementing a robust action plan. While maintaining previous work. During May an enhanced/in-depth Root Cause Analysis

with a multi-disciplinary team review was undertaken for all patients who developed CDI after 48 hours in hospital. Action plans have been developed in response to this. Actions cover diarrhoea management, promoting handwashing for patients, environmental cleaning, staff awareness and training and organisation factors such as staffing and improving handovers when a patient has diarrhoea. The CCG is carrying out a monthly Assurance Walk in the areas where CDI has occurred to monitor and assure action plans are being followed.

#### **4.11 Measles**

In April 2018 Measles was reported in Gloucestershire. The cases were linked to a school. At the same time cases have been reported in other areas in England and in Europe. Un-immunised children continue to be at an increased risk of contracting the infection. A plan is being developed to invite young adults between 16 and 25 years to attend their GP practice for MMR vaccination over a 6 month period.

#### **4.12 TARGET\* AMS Training Workshop 21<sup>st</sup> June 2018 for Practice Nurses and Nurse Prescribers**

The CCG and PHE jointly organised a training event which was attended by 17 Practice Nurses. The training had two sessions. The first session was focused on optimising prescribing, using TARGET resources for acute cough, sore throat and Urinary Tract Infections (UTI). The second session was a 'Train the Trainer' workshop. Participants were shown how to prepare and deliver a successful TARGET workshop as well as the use of TARGET resources available.

The course included UTI and covered prevention through promoting hydration, effectively diagnosing UTI and new treatment guidelines. Participants were referred to the resources available including the leaflets for older patients covering self-care, delayed scripts, an explanation on antimicrobial resistance and the use of delayed scripts and when to seek medical advice. The emphasis on promoting hydration, improved diagnosis and use of appropriate antibiotic guidance should result in a drop in the number of E-coli cases and lower antibiotic prescribing levels while continuing appropriate prescribing according to the guideline. The outcomes are being monitored through practice level audits by the participants as well as using data from the PHE database 'Fingertips' which collates reporting



for health indicators and the prescribing database PresQIPP.

The next stage will be to review the detailed feedback given by participants to understand the support that is required to implement the learning from the day within their individual practices.

***\* TARGET is a PHE initiative and stands for Treat Antibiotic Responsibly, Guidance, Education, Tools.***

## **5 Care Quality Commission (CQC)**

### **5.1 2g NHS Foundation Trust**

The CQC has published their 2gNHSFT inspection report on four core mental health services inspected between 12 February to 29 March 2018:-

- Community based mental health services for older people
- Wards for people with learning disabilities or autism
- Wards for older people with mental health problems
- Specialist community mental health services for children and young people.

5.2 The CQC did not inspect the Trust's other core services as their review of intelligence suggested there were no identified risks to patients.

5.3 The overall rating for the Trust is Good. However the CQC rated safe as requiring improvement as they found there were a number of issues with the wards for people with learning disabilities. The CCG were pleased to note that the CQC rating of caring improved for wards for older people with mental health problems and was rated as outstanding. 2g is currently in the process of developing the action plan to address identified actions. They have confirmed with the CQC that there is no deadline for this and 2g have a provider meeting with them on 10 July to discuss the action plan. The 2gNHSFT CQC Inspection Report is included as an agenda item for discussion at the 2g Governance Committee due to be held on 29 June 2018. The CCG will work with the Trust to monitor the implementation of their agreed action plan. The CQC action plan will be included for discussion and review on the 2g CQRG agenda, and the next meeting is scheduled for 6 Sept 2018. An update on the implementation of the action plan will also be provided to the IGQC meetings.

#### **5.4 Gloucestershire Care Services NHS Trust**

The CQC inspection took place on 16th, 17th and 18th January 2018 (End of Life and adult community services, Minor Injury and Illness Units and inpatients wards were covered) CQC undertook a mix of scheduled, unscheduled visits and scheduled interviews. Following the publication of the report in April GCSNHST have been awarded an overall rating of Good, this is an improved rating from their previous inspection.

5.5 The 'Responsive' KLOE remains rated as requires improvement. The three services inspected; Urgent Care, End of Life and Community Adult services all raised their rating from "Requires Improvement" to "Good".

5.6 The CQC report has highlighted 9 areas of outstanding practice, 5 findings under 'Must do', 25 findings as 'Should do' and 4 areas for improvement under Well-led. From the findings of the inspection GCSNHST have created a Quality Improvement Plan to ensure they address the 34 areas for improvements. This plan will be monitored in terms of progress via the CCG CQRG.

#### **5.7 Primary Care CQC Inspections**

CCG continues to meet regularly with the CQC local inspection team to gain a greater understand of what is required from practices during a CQC visit.

- 5.8
- 4 practices outstanding
  - 2 practices require improvement
  - All others current rated as good

5 practices are due for routine re-inspection in the next 2 months.

#### **5.9 Winfield Hospital, Gloucester**

The Winfield Hospital has now received its published CQC report, following inspection in February 2018.

5.10 While the CQC has kept the Hospital's rating the same as in the previous inspection, 'Requires Improvement', they noted the hard work undertaken to improve the quality and safety of services. Of particular

note:

- A good reporting culture
- Good Infection Prevention Control (IPC) procedures
- Safe use of medicines
- Effective Safeguarding processes
- Use of feedback from patients

5.11

The Winfield is now focused on improvement and are engaged with the CQC to improve their overall rating at their next full inspection. They will be focusing on:

- Duty of Candour
- Monitoring of service improvement
- Audit programme
- Mandatory training

The CCG will be working with the provider to help wherever we can, for the benefit of the patients.

## **6 Provider Updates**

### **6.1 Gloucestershire Hospitals NHS Foundation Trust**

The CCG continues to monitor the GHNHSFT CQC action plan at each bi-monthly Clinical Quality Review Group (CQRG) meetings. In March 2018 the status of all the “Must Do” actions were audited by PwC, the Trusts internal auditors. The findings were;

- 8 of the actions were passed their target date- The actions had passed their date but clear progress had been made
- New target dates have been set as delays have occurred
- 2 had insufficient evidence of progress- These were the mental health rooms GRH and CGH - the room at GRH has had the ceiling risk assessment and the room at CGH is being built. Secondly the purchase of tamper proof resuscitation trolleys had not been realised.
- 5 actions did not have a clear target written in the excel spreadsheet- The date for completion was in a separate plan and the action may not have been clear to the auditor.

6.2

In May 2018 the action plan was further updates and the current status

is;

- Of the 30 “must do” actions - Nine are now blue closed actions (30%), 11 green (36%) which are on track to be achieved before next update in August 2018.
- There remain 7 amber and 3 red actions.

The next updated plan will come to CQRG in July 2018.

## **7 Quality Team Activity**

### **7.1 Emergency Planning**

In early June 2018, the CCG in partnership with Gloucestershire County Council Public Health team, facilitated a Multi-Agency table top exercise to accredit the updated county wide Pandemic Influenza plan. With 68 delegates drawn from local and national bodies, we were able to provide a robust but successfully test and challenge to the plan. Evidence and feedback from Central Government attendees at the exercise showed that the Local Health Resilience Partnership in Gloucestershire are a leading light across the country in their planning and exercising for a Pandemic type incident.

### **7.2 Conditions for which over the counter items should not routinely be prescribed in primary care**

7.2.1 Following the local decision to implement the recommendations from the NHSE consultation Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs from 31<sup>st</sup> May 2018 a number of steps have been taken to support the implementation.

7.2.2 The NHS E recommendations include probiotics, vitamins and minerals and minor ailments covering 33 conditions which would fall into one of the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.

### 7.2.3 The CCG has undertaken:

- Communications to primary care, other partner organisations and the public
- Distribution of patient information leaflets and posters to GP surgeries and community pharmacies
- Resources developed and made accessible for prescribers, which include general exceptions and condition specific patient information leaflets
- Local recommendations with regard to vitamins and minerals

### 7.2.4 Work is ongoing with regard to the implications for residents of care or nursing homes and nursery or school settings

Full implementation will be gradual since the treatments for the listed “minor ailments” may also be used to treat patients with long term medical conditions.

## 7.3 **End of Life**

The aim of the End of Life Care Clinical Programme Group is to oversee the implementation of the Gloucestershire End of Life Care Strategy 2016-20 and ensure there is a clear evidence based approach to the commissioning and delivery of end of life care services in Gloucestershire. In the last quarter the CPG has overseen the following:

- Launch of the refreshed shared care plan for the last few weeks off life
- Diamorphine to Morphine in syringe pumps switch – change of prescribing practice
- Approved further roll out of Just in Case boxes across the county
- Gloucestershire approved to be an implementer site for ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) in partnership with the AHSN
- Facilitated the formation of a systemwide quality review group for incidents relating to End of Life
- Appointed a GP lead to work with the CPG and primary care to support the roll out of SPICT (prognostic indicator)

## 7.4 **Gosport Memorial Hospital deaths**

Following the publication of the report into the Gosport Memorial Hospital deaths, NHS Gloucestershire Clinical Commissioning Group has sought to reassure patients and their families here in the county by releasing approved communications. This has been supported by all partners within the End of Life CPG.

The CCG are working with providers to undertake a review of opioid prescribing practice across the county. This will form part of a wider report that the quality team will provide to IGQC providing assurances that as a CCG we have taken appropriate steps to ensure that poor practice as identified within the Gosport report is mitigated against here in Gloucestershire.

## **8 Engagement**

### **Health and Wellbeing for the future: Community Hospitals in the Forest of Dean: Next Steps**

- 8.1 Following the CCG Governing Body meeting and the Gloucestershire Care Services NHS Trust (GCS) Board Meeting on 25 January 2018, work has continued to support the development of a new, state of the art community hospital for the Forest of Dean. We have met with a number of community partners to provide updates on the decision to proceed with a new hospital and the commitments made by the Governing Body and the Board of GCS.
- 8.2 In partnership with GCS, a Citizens Jury has been appointed by Community Interest Company (CIC) to run an independent citizens' jury, to consider information and make a recommendation regarding the location of the new hospital for consideration by the CCG Governing Body and the Board of GCS at the end of August 2018.
- 8.3 Citizen's Juries CIC is a social enterprise dedicated to designing and running citizens' juries, supported by the University of Manchester. It works in partnership with the Jefferson Centre, the US-based charity which developed the citizens' jury method. The "jury" will be made up of 18 local residents. Citizens Juries CIC have invited applications from local residents to be involved in the jury, ensuring a balance in terms of age, gender and geography.
- 8.4 The CCG and GCS have carried out a further six weeks of public

engagement on the location of a new community hospital. The engagement activity started on 21 May, 2018 and concluded on 1 July 2018. The Outcome of Engagement Report will make it clear that the engagement responses received will not be counted as a vote as the purpose of the engagement has been to obtain public, staff and community partner views on the following statements:

- I think the new community hospital should be in or near Cinderford because...
- I think the new community hospital should be in or near Coleford because...
- I think the new community hospital should be in or near Lydney because...
- I don't have a preference for where the new community hospital is located in the Forest of Dean because...

8.5 The Outcome of Engagement Report will form part of the information presented to the Citizens' Jury.

8.6 Before making their decisions at the end of August 2018, the CCG Governing Body will consider the recommendation from the Citizens' Jury, together with feedback received during the public engagement, feedback from health and care staff, information about travel, access and equality issues and other local population data.

8.7 Information about this latest Forest of Dean Community Engagement activity is available at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

## 9 **Recommendation**

The Governing Body is asked to note the content of this Report.