

MEETING OF THE GOVERING BODY

Title	Quality and Safety Report		Public/ Closed:	Public
Date	17 th April 2013			
Paper Author and Job Title	Deborah Turner – Head of Quality	Director responsible	Deborah Turner Head of Quality and Safety	
Response required from the meeting	<p>It is recommended the Governing Body receives this update on the Quality and Safety information and activity and specifically:</p> <ul style="list-style-type: none"> • receives the report on quality performance information for Healthcare Associated Infections (HCAI), Eliminating Mixed Sex Accommodation (EMSA), Venous Thromboembolism (VTE) • receives this update on recent regulatory activity published by the Care Quality Commission (CQC), the actions being undertaken to address areas of concern • An update on CQUIN development • A summary of the Quality Account processes. 			
Summary	<p>This report provides the Quality and Safety group with progress against recent quality and patient safety activities including:</p> <ul style="list-style-type: none"> • Reports on quality performance information for Healthcare Associated Infections (HCAI), Eliminating Mixed Sex Accommodation (EMSA) and Venous Thromboembolism (VTE) • An update on CQUIN performance in Quarter 3 • An update on recent regulatory activity published by the Care Quality Commission (CQC) • An outline of actions that will be taken following the publication of the government's response to the Francis report. • An outline of the results from the SWYPFT Staff Survey. 			
Assessment of implications in respect of:				
Patient Safety	Included within the paper.			
Finance/Resource	CQUINs has a financial value attached to outturn			

	contract value
Risk Assessment	The risk that the anticipated quality improvement requirements set out in the 2012/13 CQuINS scheme may not be achieved, therefore patients may not receive best possible care will score 8 on the Corporate Risk Register.
PPI considerations	Included within the paper.
Equality and Diversity	Included within the paper.
Legal issues	Links to policy included within the documents
FOI Exemption category	Open
Previously considered by:	
Committee/Group	Quality, Performance and Finance Subgroup Governing Body

1.0 Purpose of the Report

1.1 To provide an update on current quality and safety information and activities.

1.2 The report is structured into:

- Performance against national quality indicators
- Regulatory activity

2.0 Elimination of Mixed Sex Accommodation (EMSA)

2.1 The NHS Operating Framework for 2011/12 required that each year, on or by 1 April, organisations must publish a declaration on their website of whether they are compliant or not with the national definition of same sex accommodation - to eliminate mixed sex accommodation (EMSA), except where it is in the overall best interest of the patient, or reflects their patient choice.

2.2 The performance report confirms that there have been zero EMSA breaches in Mid Yorkshire Health Trust during February 2013.

2.3 There have been zero EMSA breaches in Calderdale and Huddersfield NHS Foundation Trust during February 2013.

2.4 There have been zero EMSA breaches in South West Yorkshire NHS Mental Health Trust during February 2013.

2.5 There have been zero EMSA breaches in Locala during February 2013.

2.6 The data for March 2013 will be available on 15th April 2013. An update will be brought to the Q, P + F meeting to be held on 17th April 2013.

3.0 Healthcare Associated Infection (HCAI)

3.1 MYHT reported zero MRSA bacteraemia cases in February 2013, cumulative total to date eight cases.

3.2 The Chief Executive at MYHT has established an executive level control group that will meet weekly, and will link with the executive meeting. It will be a sub-committee of the Board. The group will incorporate the HCAI action plan task and finish group. This will strengthen the existing arrangements for the management of HCAI performance.

- 3.3 MYHT reported 3 post 72 hour cases of C. difficile infection in February therefore a cumulative total of 31 cases against a target of no more than 78 cases. (February 2013)
- 3.4 This year to date MYHT has demonstrated an overall in year improvement against Clostridium difficile trajectory, who have achieved a rate of less than 50% below target. This has been a result of many actions including the implementation of an antibiotic formulary designed to minimise risk, organisational prioritisation to identify cases early and isolate, and revised testing of the algorithm implemented in 2011. During the 2011-12 reporting period MYHT reported 101 post 72 hour cases of clostridium difficile infections from 1 April 2011 – 31 March 2012, demonstrating a continued year on year reduction in CDI.
- 3.5 MYHT - MSSA - two post 48 hour case reported, a cumulative total of 17 post 48 hour cases. (February 2013)
- 3.6 MYHT reported five post 48 hour E.coli - a cumulative total of 77 cases.
- 3.7 NHS Kirklees - One MRSA bacteraemia cases reported in February therefore a cumulative total of thirteen cases, against a trajectory of 10.
- 3.8 Six cases of C. difficile were attributable to NHS Kirklees (5 to NHS North Kirklees) a total of 108 cases against a trajectory of no more than 104 cases.
- 3.9 NHS Kirklees – MSSA attributable - 5 cases reported in December a cumulative total of 64 cases.
- 3.10 NHS Kirklees - E.coli – 21 cases, a total to date of 236 cases
- 3.11 The MRSA objective for 2013 / 2014 provides the challenge of demonstrating zero tolerance of MRSA bacteraemia infections. The C. difficile objective for North Kirklees CCG in 2013/2014 is no more than 57 cases (pre and post 72 hour). This is a 26% reduction on the baseline.
- 3.12 Negotiations are complete to agree a local objective for HCAs for Locala. Nationally the HCAI objective for MRSA bacteraemia cases is zero tolerance for all providers and CCGs, which would include Locala. The agreed Clostridium Difficile Infection objective for Locala is aimed at particularly to the HVMH on post 72 hour cases; therefore would be attributable to because they acquired whilst an inpatient is for no more than 4 cases.

4.0 Venous Thromboembolism (VTE)

4.1 VTE risk assessment measures were introduced as part of CQUIN schemes in 2010/11, and include as part of the mandatory CQUIN indicators for 2012/13. For 2013/14 this will be a mandatory CQUIN for acute trust providers with a minimum achievement rate set at 95%. The Department of Health provide a quarterly analysis of the national data.

Provider	Quarter 1 2012/13	Quarter 2 2012/13	Quarter 3 2012/13
MYHT	98.20%	98.40%	98.10%
CHFT	90.40%	90.30%	91.50%
National average	93.40%	93.80%	94.10%

4.2 At SHA level, performance varied from 93.0% in South Central to 97.1% in East of England during Quarter 3. All the SHAs achieved the 90% compliance for Q3.

5.0 Hospital Standardised Mortality Ratio (HSMR)

5.1 At the MYHT Executive Contract Board the Dr Foster Real Time Monitoring tool on HSMR data up to and including December 2012, was discussed. The HSMR for the first 9 months of 2012/13 was 90 in comparison to 108.4 for 2011/12. If the HSMR was rebased now, it would be 96. The actual mortality for the HSMR basket of diagnosis is 5.5% which compares with 6.1% for the Trust last year and 5.9% for the current period across the NHS.

5.2 There had been previous issues about palliative care coding but this was now improving and well within the tolerance range of the national average. However it was noted that there was under coding in some areas which would require further work. However Overall, MYHT were happy with the results as HSMR was at or better than national standard and there were actions in place to maintain improvement. Board Members agreed that the report should now be presented on a quarterly basis instead of monthly.

6.0 Francis Report Update

6.1 The official government response to the Francis Report, entitled 'Patient First and Foremost' was published on 26th March 2013. A number of key measures and assurances have been put forward including;

- A new regulatory model under a strong, independent Chief Inspector of Hospitals
- NHS-funded student nurses will spend up to a year working on the frontline as healthcare assistants, as a prerequisite for receiving funding for their degree.
- The Chief Inspector will introduce single aggregated ratings and develop ratings of hospital performance at department level.
- The CQC will move to a new specialist model based on rigorous and challenging peer-review.
- A new Chief Inspector of Social Care will ensure the same rigour is applied across the health and care system. The merits of having a Chief Inspector of Primary Care are also being explored.
- A review by the NHS Confederation of how to reduce the bureaucratic burden on frontline staff and NHS providers by a third.

6.2 Work is underway with partners and patients to develop a CCG development plan in response to the Francis report and subsequent action plan. This includes an initial scoping development session for the Governing Body and member practices and meetings with the public. The action plan will be presented to the Governing Body in June 2013, which will provide assurance to the Governing body and to the public that the CCG is fully aware of its responsibilities and any areas for improvement, and that we are making steps to rectify these.

6.3 A development session is scheduled for the 17th April 2013 where the implementation strategy will be discussed and agreed by the Governing Body and its member practices.

7.0 SWYPFT 2012 NHS National Staff Survey

7.1 Staff engagement – the overall indicator was calculated using the questions that make up Key Findings 22, 24 and 25. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged and 5 indicating that staff are highly engaged. SWYPFT's score of 3.72 was average when compared with trusts of a similar type.

7.2 Top Key Findings for SWYPFT 2012

The 5 Key Findings for which SWYPFT compared *most* favourably with other acute trusts in England were:

- **KF3 – Work pressure felt by staff** – 2.92% (national average 3.02%)
- **KF27 – Percentage of staff believing the trust provides equal opportunities for career progression or promotion** – 93% (national average 90%)
- **KF24 – Staff recommendation of the trust as a place to work or receive treatment** – 3.70% (national average 3.54%)
- **KF7 – Percentage of staff appraised in last 12 months** – 90% (national average 87%)
- **KF5 – Percentage of staff working extra hours** – 66% (national average 70%)

7.3 Bottom Key Findings for SWYPFT 2012

The 5 Key Findings for which SWYPFT compared *least* favourably with other acute trusts in England were:

- **KF25 – Staff motivation at work** – 3.72% (national average 3.84%)
- **KF26 – Percentage of staff having equality and diversity training in last 12 months** – 39% (national average 59%)
- **KF10 – Percentage of staff receiving health and safety training in last 12 months** – 59% (national average 73%)
- **KF13 – Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month** – 31% (national average 27%)
- **KF9 – Support from immediate managers** – 3.73% (national average 3.77%)

It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

7.5 Largest Local Changes for SWYPFT since 2011 survey

The 3 Key Findings where staff experiences have *improved* at SWYPFT since the 2011 survey are:

- **KF22 – Percentage of staff able to contribute towards improvements at work** – 72% (64% in 2011)
- **K7 – Percentage of staff appraised in the last 12 months** – 90% (80% in 2011)
- **KF15 – Fairness and effectiveness of incident reporting procedures** – 3.58% (3.49% in 2011)

7.6 The 5 Key Findings where staff experiences have *deteriorated* since the 2011 survey are:

- **KF10 – Percentage of staff receiving health and safety training in last 12 months** – 59% (91% in 2011)
- **KF5 – Percentage of staff working extra hours** – 66% (55% in 2011)
- **KF20 – Percentage of staff feeling pressure in last 3 months to attend work when feeling unwell** – 24% (17% in 2011)
- **KF11 – Percentage of staff suffering work-related stress in last 12 months** – 43% (35% in 2011)
- **KF13 – Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month** – 31% (23% in 2011)
- **The SWYPFT Quality Board received an update on the approach that the SWYPFT Board were taking to address the areas of deterioration.**

8.0 Care Quality Commission (CQC) Activity

8.1 There has been no new inspection reports published this month in relation to providers of services in North Kirklees.

8.2 The CQC have still not published the findings from their inspection findings of Locala Community Partnership in January 2012. This has been raised as a concern by North Kirklees CCG to the CQC who are exploring further.

8.3 In relation to the previous CQC inspections in 57 Dental Care *and* Empire House Dental Surgery.

Their remedial action plans were received for scrutiny by the Quality, Performance and Finance subgroup; and consideration of any further recommendation or escalate to the Area Team.

9.0 Quality Accounts: reporting arrangements for 2012/13

9.1 Amendments to the reporting of Quality Accounts have been made, which come into effect February 2013 and change the reporting requirements for Quality Accounts being published in June 2013. The regulations have been amended to:

- Take into account changes to the care system from April 2013, following the introduction of the Health and Social Care Act 2012
- Change what information trusts are required to report in future Quality Accounts,
- Including a proposed change to include mandatory reporting of a core set of quality indicators.

All trusts will be required to report against these indicators using a standardised statement set out in the amendment regulations. Trusts will only be required to include indicators in their Quality Accounts that are relevant to the services they provide.

10.0 Sharing Quality Accounts

10.1 Quality Accounts must be shared for comment with either:

- The appropriate NHS Commissioning Board area team where 50% of more of the provider's health services during the reporting period are provided under contracts, agreement or arrangements with the Board, or
- The clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period.

Further information, including the quality indicators that trusts are required to report into their Quality Accounts are detailed at the following link:

<http://www.dh.gov.uk/health/2013/01/changes-ga-reporting/>

11.0 Friends and Family Test

11.1 All local providers (CHFT, MYHT, Spire and BMI) have declared readiness to implement the Friends and Family test from 1 April 2013 in the mandate (Acute services and A&E). To declare readiness each provider has had evidence:

11.2 Date the Provider Implementation Plan is signed off by their Board as evidenced by board level minutes.

- Planned date that ALL wards by the provider for ALL sites will have at least 15% of eligible patients answering the FFT question
- Planned date that local reporting of FFT for ALL wards will start.
- Planned date for the first complete data submission (ALL wards, ALL sites at least 15% return rate)
- Actual date that the first ward is 15% of eligible patients answering the FFT question (i.e. 15% return rate)
- Actual date that ALL wards by the provider for ALL sites will have at least 15% of eligible patients answering the FFT question
- Actual date that local reporting of FFT for ALL wards will start.
- Actual date for the first complete data submission (ALL wards, ALL sites at least 15% return rate)

11.3 The FFT will be introduced into Maternity Services from October 2013.

12.0 CQUINs

12.1 The overview of the development of local CQUIN schemes including implementation, trajectories setting, improvement plans and recommending these to the relevant Contract Management Boards continues to be managed through the Clinical Quality Board arrangements. The 2013/14 CQUIN scheme has been agreed with Locala and attached as Appendix One.

13.0 Complaints and Serious Incident

13.1 NHS North Kirklees took over the management of complaints and serious incidents. To Date (16th April), the following has been reported:

	Number
Complaints	3
Serious Incidents	8

14.0 Recommendations

14.1 It is recommended the Governing Body receives this update on the Quality and Safety information and activity and specifically:

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- receives this update on recent regulatory activity published by the Care Quality Commission (CQC), the actions being undertaken to address areas of concern
- An update on CQUIN development
- A summary of the Quality Account processes.