



QUALITY & NURSING REPORT

May 2015

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Nursing, Quality and Safety Team
Coventry and Rugby Clinical Commissioning Group

1. Quality of Commissioned Services

Appended are dashboards for each of our main providers.

University Hospitals Coventry and Warwickshire (UHCW)

Patient Experience

As part of a range of methods to get patient feedback the Trust undertakes a local 'Impressions' survey which asks patients to tell them about what went well and what things require improvement. The most recent survey showed that patients reported the top 3 most positive areas as staff showing patients dignity, treating them with compassion and the cleanliness of the hospital. Areas that were rated as requiring improvement were car parking, food and drink and discharge. The CCG has used quality payments to support the Trust to reduce waits for discharge medications and to increase early access to therapy in order to ensure that patients who are well enough to go home are discharged in a timely way.

The Trust is keen to ensure patients are involved in shaping improvements to their services and have established a Patient Experience and Engagement Committee which includes public and patients, this group are helping the Trust to develop an action plan to implement changes.

Stroke

The Trust have undertaken a full review of their pathway for patients at high risk of a transient ischemic attack (TIA) and have developed a plan to secure improvements which will ensure that patients are seen within 24 hours. Work is being done to improve referral information by introducing a standard form which will clinicians to ensure that patients are directed to the most appropriate clinic to meet their needs.

Visits and Inspections

CQC undertook a scheduled inspection of UHCW during early March 2015 in addition to three unannounced visits. No immediate concerns have been reported to the CCG following the review and the Trust awaits the initial draft report which is due early May.

A&E

Although there was a slight improvement in A&E four hour waits this remains a challenge, however, there have been no 12 hour breaches 2014/15 to date. The CCG has worked with the Trust to introduce a new GP Assessment Unit at UHCW which will improve access to assessment for people who do not require immediate acute care and investigations. This helps to reduce the pressure on the Emergency department.

The CCG has also worked with the ambulance service and CWPT to ensure that those patients who do not need to go to hospital following a fall are followed up by specialists to reduce the risk of further falls.

Coventry & Warwickshire Partnership Trust (CWPT)

Parity of Esteem - Access to Services for Veterans

Delivering the right care at the right time to ex-armed forces personnel and their families is a key national priority. The CCG funded CWPT through a quality payment to improve timely access to mental health services for veterans. As part of this CWPT hosted a local engagement event in March that brought together local and national leads, charities and local health and local authorities with veterans and their families which shared local work and research into this area. The workshop was very positively received and significantly contributed to the partnership working in this important area of work.

Adult Speech and Language

Using Lean methodology the speech and language service has made significant improvements to its processes which, has resulted in a reduction in waiting times by 50% to a current wait of 6 weeks.

Compassion in Care

CWPT have won a national award for their work in embedding the 6C's (Care, Compassion, Commitment, Courage, Communication and Competence) into practice. The work was initiated through a 2014/15 CQUIN scheme which implemented a programme of peer reviews to assess and share best practice in relation to the 6C's and drive up the quality of care. The scheme proved both successful and popular with staff.

Falls

Falls remains one of the most common harms to patients in the community, especially those being cared for in their own homes. In order to reduce the risk of falls the Trust has recently undertaken a snap-shot audit of patients who reported having had a fall but with no significant harm. The results of the audit will be used to inform the wider programme of joint work to reduce falls in older people which has included the development of a 'trigger' tool that will be introduced to identify patients at high risk.

Children's Services

Looked after Children

The health of our looked after children remain a priority, therefore, it is extremely positive that all referrals for initial or review health assessments are being completed within the target of 28 days.

Special Education Need and or Disability (SEND)

The transfer for children with a Statement of Educational Need to an Education and Health Care plan (EHC) is progressing in line with the Local Authority's transfer timetable. All health assessments are required to be completed within 6 weeks of the request and this is being achieved. However, some children on the therapy waiting lists are having to wait longer to accommodate this statutory requirement. Evidence is being collected to fully understand the capacity gap to deliver this service going forward.

CAMHS

The waiting times for children accessing the CAMHS service remains an issue despite investment. This is due to recruitment difficulties that CWPT are experiencing. We are benchmarking the access criteria and referral routes to understand if we are applying best practice to manage demand on the current service.

Asthma

Practice Guidance for the management of Asthma and Multi Trigger Induced Wheeze, is being developed to support a single management plan across primary and secondary care for both conditions. It is anticipated that this will be in place by the end of September 2015.

Patients in Rugby Nursing Homes

Nursing Homes in Rugby will be using the CWPT specialist tissue viability service from the 1st May this service provides specialist assessment and advice on all wounds and pressure ulcers. The service will also undertake a training needs assessment across the homes to inform the delivery of a tailored education programme for staff

2. NHS Continuing Healthcare (NHS CHC)

NHS Continuing Healthcare (“NHS CHC”) is a generic term for long-term health and social care for adults aged 18 or over with a variety of diagnoses, including end of life. Patients must meet the NHS CHC eligibility criteria as outlined in the *National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care* (“the National Framework”) in order for health needs to be met.

The framework indicates that all new referrals should be completed within 28 days of the referral. This function is provided by NHS Arden and Greater East Midlands Commissioning Support Unit (AGCSU) on behalf of the CCG. In response to a number of complaints about delays in the assessment process and an escalation meeting AGCSU completed a data cleanse during December 2014.

As highlighted in the previous Governing Body CNO report there were 197 backlog of community CHC eligibility decisions and 230 3 & 12 month reviews that needed completely. The new referral backlog will be completed by 15th May 2015 and the reviews are still on track to be completed by end June 2015.

To ensure that the CCG delivers in line with the NHS Continuing Health Care National Framework they are working closely with AGCSU to revise and improves assessment processes and also increase staff productivity.

3. Care Homes

3.1 Integrated Quality Monitoring

On April 1st the quality monitoring teams in Coventry and Rugby CCG and Coventry City Council merged to form a single Integrated Quality Monitoring Team. The team is based in the local authority and works across Coventry and Rugby nursing homes and Coventry residential homes. The CCG is working with Warwickshire local authority to develop a similar service to Rugby residential homes.

In addition to assuring the safety and quality of care the team also supports the homes to make continuous improvements. Most recent improvement work has focused on improving skills and knowledge in pressure ulcer prevention as part of a Coventry wide React to Red campaign.

3.2 Current Performance

There are 3 nursing homes and 3 residential homes on enhanced monitoring against improvement plans.

3.3 React to Red – integrated campaign to prevent pressure ulcers

Pressure ulcers remain the most common harm particularly in the frail elderly. They not only cause considerable suffering but are also costly in terms of resources to treat, with estimates of circa £40,000 to treat a grade 3 and yet there is strong evidence to indicate that many pressure ulcers can be avoided. Although both the local hospital and community nursing service had successfully implemented a range of evidenced based measures to prevent the development of pressure ulcers, the prevalence remained high across Coventry. Working with the Clinical Commissioning Group the local trusts undertook an analysis of patients with pressure ulcers which revealed that:

- the majority of in-patients with pressure ulcers developed them prior to admission
- Many of those with pressure ulcers were not known to health services at the time the pressure ulcer developed
- Of those known to community nursing at the time the ulcer developed a significant number resided in care homes or were in receipt of domiciliary care

It became apparent that although pressure ulcer prevention was a high priority within health there was little awareness and understanding both within the general public and more specifically in formal carers working in residential and domiciliary care. As a consequence an extensive programme of work was developed in collaboration between University Hospitals Coventry and Warwickshire, Coventry Partnership Trust, Coventry City Council and the Your Turn Charity supported and co-ordinated by the local CCG. The programme was based on the successful 'React to Red' campaign that the local trust had developed but expanded to include a range of materials and resources that were rolled out across primary care, care homes and the wider general public. As Coventry has a very diverse population the information is also available as a talking leaflet in 10 languages. In addition to the public awareness campaign the programme provided training to over 2/3 of staff in local care homes, practice nurses and across a number of local voluntary sector organisations. Of particular interest was the simple trigger tool developed for carers that enabled

early identification of people at risk. This was linked to a central telephone number enabling access to district nurses who respond within 24 hours to all 'react to red' calls.

Engagement with care homes initially was varied so the programme initially targeted homes which were under enhanced monitoring against an improvement plan, and participation in the programme was mandated as part of the plan. This has now evolved into an accreditation framework that recognises homes which achieve key elements of good practice in pressure ulcer prevention (such as 75% staff trained, use of the trigger tool, clear policies, PU champions). This accreditation model now forms part of the revised care home specification that is being developed and will be linked to quality payments in the contract 2016 onwards. It is anticipated that this model will support the drive to improve quality across a number of dimensions in care homes.

As part of the programme a React to Red website has been developed. This currently contains;

- Materials, resources and general information
- pledges from local organisations and individuals
- list of all individuals who have been through the training

It is intended to also publish homes that have achieved and maintained accreditation for the general public

3.3.1 Progress and impact

To date 35 local care homes are participating in the scheme. The training, which was free to homes as part of the initial launch, ran from July to October and was extended to December due to demand. Over 750 staff have attended the training and in addition several organisations (such as Crossroads) have requested and received 'train the trainer packs' and instruction to enable roll out themselves. The training has been very positively evaluated and now has been incorporated into the local authority carer training plan available to homes at a small fee which enables sustainability.

Ten local homes are a significant way toward accreditation and it is anticipated that this will be achieved by spring 2015. Three homes in a neighbouring locality have requested to participate and so plans are being developed to roll this approach out across Rugby and North Warwickshire.

Whilst early to fully evaluate the impact on prevalence, particularly as pressure ulcers can take some months to heal, the point prevalence on the national safety thermometer for the community trust has shown a fall in point prevalence for the past 6 months all below the median. In addition there has been a fall in serious incident reports for pressure ulcers across the community.

A particular, but unplanned, benefit of this programme has been the significant improvement in integrated working. The programme group has met monthly since the start and have gained a better understanding of the issues and challenges different stakeholders resulting in greater partnership working. The acute trust is developing a discharge form for nursing homes containing information about the dressings patients have been prescribed to improve information sharing and consistency of treatments, in response to an issue raised at a meeting. The same patient information is now being used across the whole health and social care economy to provide consistent messages to patients and carers.

Coventry University have incorporated the programme into the pre-registration curriculum and are currently developing an app based on the trigger tool to make it more easily accessible.

programme of work. In addition collaborative arrangements with provider Patient and Public Involvement (PPI) teams has been strengthened to pool knowledge and align engagement plans to improve effectiveness and avoid duplication.

It is estimated that there are approximately 3,500 people are registered with sight and/or hearing loss in Coventry and Rugby. Of those registered blind or with sight loss, 85% are over 65. These disabilities can create difficulties in accessing health services as well as contributing to increased risks such as the risk of falling or the risk of social isolation. Work is being undertaken to understand the experiences of patients who have sensory impairments involving a range of groups such as the Coventry City Council Physical and Sensory Impairment team and third sector organisations. Individuals and groups wishing to get involved in this should contact the PPI team at Coventry and Rugby CCG.

The CCG is working with Public Health to understand the experiences of people from the Lesbian, Gay, Bi-sexual, Transgender and Men to have sex with Men communities (LGBT & MSM) when accessing healthcare, particularly in primary care. This was triggered following feedback from a local organisation representing the views of people from the LGBT community which highlighted concerns that transgender individuals were facing barriers when attending their GP practice.

A full report of the findings and recommendations will be available July 2015

6. Equality and Diversity System plan

The Equality and Diversity System plan has been refreshed and includes the new Workforce Race Equality Standard (WRES). This is the first of a number of standards that will be introduced to ensure progress is made in ensuring equality. The plan will be published on the CCG website in May 2015

7. HCAI/Infection Control

7.1 'Say no to Infection'

As previously reported the Nursing Quality and Safety Team are working collaboratively with Coventry City Council on a project to develop an Infection Prevention and Control training and accreditation package for Care Homes. The project consists of three inter linked components which include a 'SAY NO TO INFECTION' web site accessible to the public and Care Homes, a training and resource package and an accreditation opportunity.

Firstly, the website is designed to give Care Home managers and staff access to user friendly information about the various different infections that occur in the community, guidance on how to prevent the spread of infection and how to spot the early warning signs of someone being at an increased risk of getting an infection.

Secondly, the training package provides a suite of practical infection prevention and control resources for care home managers and staff to care for service users in a clean and safe environment.

Thirdly, it provides Care Homes with a means of achieving accreditation for Infection Prevention and Control as a marker of quality. The details of those Care Homes that successfully gain accreditation will be displayed on the City Council web site in order to support the public's decision making when selecting a care home. It is anticipated that this will (over time) incentivise all Care Homes to participate. The rationale being that it may put those Care Homes who achieve accreditation at a competitive advantage as it will provide the public with a means of identifying those who are accredited and those that are not.

The final preparations for completion of the project are underway and it is anticipated that the launch will take place in May 2015.

In November last year the CCG commissioned a short term project to outbreak management and training to Care Homes in Rugby over the winter months (November 2014 to March 2015). Historically, outbreaks in the community have been managed by our local Health Protection Unit (HPU) through the provision of telephone advice. However, there are a number of recognised limitations associated with managing outbreaks in this way.

The effectiveness of any advice given over the telephone is very much dependant on the knowledge and skills of the care home staff to be able to practically implement it. Where the (HPU) have any doubt in a Care Homes ability to manage an outbreak they will have no option but to advise that the care home to close and allow it to run its course.

The purpose of commissioning an Infection Prevention and Control Nurse to provide outbreak management and training was to provide expertise on the ground. Through on site visits the Nurse was able to proactively manage the outbreak. The provision of this support has resulted in three key outcomes;

No admission from a Care Home in Rugby to an acute hospital without prior communication and planning to allow the trust to manage the resident and prevent onward spread of infection.
No residents admitted to an acute hospital for symptomatic treatment of Norovirus.
No outbreaks reported in acute hospitals as a result of a resident being admitted from a Care Home in Rugby.

7.2 Quality Premium

Quality Premiums are a way of rewarding Clinical Commissioning Groups for making improvements in quality. A new Quality Premium has been developed to reduce the prescribing of antibiotics. This is part of a national strategy aimed at improving antibiotic prescribing in primary and secondary care and reflects best practice highlighted in 'The Five year Antimicrobial Strategy. Evidence suggests that antibiotic resistance is on the increase and is made worse by the over-use of antibiotics and inappropriate prescribing.

Key actions will include:

- Keeping antibiotic prescribing levels low
- Issuing antibiotics only when appropriate to do so

- Only using broad spectrum antibiotics to treat resistant disease

8. Transforming Care

The CCG continues to support the national Transforming Care agenda to ensure that people with learning disabilities and/or autism receive high quality care in the setting most appropriate to meet their needs.

The CCG is maintaining its register and completing regular weekly updates to NHS England regarding the timely discharge of patients from hospital settings which includes clinical updates to demonstrate progress being made towards discharge.

Care and Treatment Reviews (CTRs) are undertaken at three monthly intervals to monitor changes in patients' needs and update plans towards being discharged to a community setting. The Commissioning Support Unit (CSU) will be undertaking reviews scheduled for May on behalf of the CCG.

NHS England will be publishing a Next Steps report in the next month which will capture and share the learning from the Transforming Care programme to date. It is anticipated that an updated CTR protocol will be issued as part of this guidance

9. Safeguarding Vulnerable Adults, Children and Young People

Safeguarding Children

Named GP

The Named GP for Safeguarding Vulnerable Children and Adults will join the CCG on 7th May 2015, this will strengthen safeguarding expertise across Coventry and Rugby.

Serious Case Review (SCR) Publication

The SCR has been published into the sudden unexpected death in infancy of a 3 week old child. The report is available on the Coventry LSCB website. The report commended the efforts of health visiting and midwifery services in maintaining contact with the family and offering support and the GP was commended for good liaison with health visiting services to ensure needs were met. The overall findings from the SCR was that the child death could not have been predicted or prevented. There were no concerns about identified about the child's care and the mother sought help and advice appropriately.

Two areas of service development were identified for the Clinical Commissioning Group:

- The GP was unaware when a Common Assessment Framework (CAF) was open on the family, and therefore was unaware that there were safeguarding needs. From June 2015 GPs will be notified by the CAF Lead of families when there is a CAF in progress. The process in primary care for receiving, monitoring and acting on this information is being developed as part of the information sharing work plan being led by the GP Lead for Safeguarding.
- The second recommendation is that midwifery and health visiting services will inspect the place where the baby sleeps during visits to the house. This is now within the midwifery contracts commissioned by the CCG and within the health visiting contract commissioned by NHS England.

Looked after Children (LAC)

Some children have been placed by the Local Authority in areas where the local services are unable to undertake health assessments and the CCG has put in mechanisms to ensure that the health needs of children placed out of city are being met. The CCGs Designated Nurse for Looked after Children has been appointed as the Chair of the regional LAC forum which will help to drive this agenda.

Safeguarding Adults

The Care Act and Safeguarding

This new Act came into effect on 1st April 2015, and builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. The Act aims to ensure that care and support:

- is **clearer** and **fairer**
- promotes people's **wellbeing**
- enables people to **prevent and delay** the need for care and support, and carers to maintain their caring role
- puts **people in control** of their lives so they can pursue opportunities to realise their potential

Part one of the Act consolidates and modernises the framework of care and support law; it sets out new duties for local authorities and partners, and new rights for service users and carers. The Care Act also introduces a clear legal framework for safeguarding adults and how local authorities and their partner organisations must protect adults at risk of abuse or neglect.

Within Coventry, existing adult safeguarding arrangements are broadly in line with the Care Act and have already been in place for a number of years. A review has been undertaken and a plan implemented to ensure they fully meet all the requirements in the Care Act.

SCR

In Coventry there are two adult Serious Case Reviews (SCR's) which are all progressing in line with Coventry Safeguarding Adults Board (CSAB) requirements. These two cases are due for completion in coming months, and the Executive Summaries will then be published.

Safeguarding Training

Adult and Child Protection Training

Ensuring that all staff are up to date with their training in safeguarding is a key requirement. The CCG takes this responsibility very seriously and regularly monitors compliance against this target and is able to report that in 2014/15:

- 95% of CCG staff have completed level 1 Child Protection training.
- 95% of CCG staff have completed Safeguarding Adults training

A tailored training programme specifically for Board Members was delivered in April about the CCG's legal statutory duties and assurance processes.

Safeguarding Training for Primary Care

A PLT for GPs and primary care will be delivered on 22nd April with a theme of child sexual exploitation (CSE), this multi-agency event ensured that GPs are aware of their roles and responsibilities around the identification, assessment and reporting of young people under 18 who are at risk of, or are being sexually exploited.

In addition level 2 safeguarding training has been delivered for GPs and practice nurses as a refresher and a programme of dates for 3 further sessions have been circulated to GP practices.

Prevent

Prevent is part of the UK Counter Terrorism Strategy to prevent people from becoming involved in terrorism or supporting terrorism. There is a requirement that all NHS staff receive training to raise awareness about this topic. It is expected that staff will be able to recognise signs of radicalisation and be confident in referring individuals for support to the appropriate authority.

90% of CCG staff attended the Prevent awareness training during the autumn. An e-learning package is now also available so that remaining staff can access the training and a report on the number trained will be reissued in June 2015

10. Themes and lessons learnt from NHS Investigation into matters relating to Jimmy Savile - Kate Lampard report February 2015

In October 2012 following the broadcast of the ITV 'Exposure' programme that aired allegations made by five women that Savile had sexually abused them and the subsequent commencement of Operation Yewtree by the Metropolitan Police Service, the Secretary of State for Health asked former barrister Kate Lampard to produce a lessons learnt report.

On 26th February 2015 Lampard published her second report following investigations into the abuse of individuals by Savile on NHS premises. Lampard's report provides an overview of lessons learned, drawing on findings from all the published individual investigations and emerging themes. It looks at Savile's role as both volunteer and fundraiser in the NHS and his abuse of his celebrity status to gain access, influence and control in a number of NHS settings over a 50 year period. In addition to Lampard's overarching report, a further 16 NHS investigations were also published on 26th February 2015. A total of 44 NHS investigation reports into Savile have now been published.

The report identifies that the findings of the individual NHS investigations are consistent and provide common themes. The NHS investigations all reviewed the cultures, behaviours and governance arrangements that allowed Savile to gain access to NHS hospitals and provided him with the opportunity to carry out abuses on NHS premises over many years.

Common themes that have emerged from the investigations are:

- Security and access arrangements, including celebrity and VIP access
- The role and management of volunteers
- Safeguarding
- Raising complaints and concerns (by staff and service users)
- Fundraising and charity governance
- Observation of due process and good governance

Lampard makes 14 recommendations within the report of which the Secretary of State for Health has accepted 13 in principle, including recommendations on access, volunteering, safeguarding, complaints and governance. Ten of these recommendations are for all NHS Trusts.

Whilst the Secretary of State for Health did not accept recommendation 6 (an action for the Home Office in relation to Disclosure and Barring Service), he has said that Trusts should take a considered approach to DBS checks on all volunteers, particularly using the DBS service if there is a possibility volunteers will be asked at a future date to work closely with patients.

Following the Secretary's of State for Health's verbal statement the NHS Trust Development Authority (NHS TDA) has written to all Trusts requesting that they:

- Review the recommendations
- Develop an action plan to identify where additional action is needed
- Provide assurance to the NHS TDA that the necessary action has been taken, or where this is still in progress, the date by which it will be completed

Trusts are required to provide evidence of this action plan, to the NHS TDA, by the 31 May 2015.

The CCG has requested that commissioned NHS Trusts share the submission & action plan to the NHS TDA with the CCG by the 31st May 2015. The CCG will monitor the action plan through trust safeguarding committees and the CQR meetings. The action plan has also been included on both providers SDIP's. The CQRG will be kept updated of the progress against the recommendations and action plans in future reporting.

Whilst the CCG has not been formally asked to ensure that the recommendations are implemented a review has occurred and actions to ensure that good practice is implemented have been identified. Compliance with the recommendations has been included in Safeguarding Governance Assurance Tool that is currently being completed and any actions will form part of the Safeguarding Governance Assurance action plan.