

South Tees Hospitals

NHS Foundation Trust

Meeting / Committee:	Board of Directors	Meeting Date:	26 th November 2013
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This paper is for:	Action/Decision	Assurance	Information x
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Title:	Update on external scrutiny of the Trust.
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Purpose:	To update the Board on recent scrutiny of the Trust by external agencies.
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Summary:	<p>The local Clinical Commissioning Groups undertook an assurance visit on the 15th of October 2013. This involved an executive to executive discussion on a range of key lines of enquiry and focus groups with staff. The commissioners are also conducting a programme of announced and unannounced visits to wards and departments across the Trust.</p> <p>The Care Quality Commission recently published its new Intelligent Monitoring Report which assesses the risk to quality in NHS provider services and, as part of the CQC routine programme of inspections, the James Cook site was inspected on the 7th and 14th of November.</p> <p>Monitor has informed the trust that they have opened a formal investigation into compliance with the Trust's licence. This has been triggered by concerns arising out of the failure to meet the 18 week referral to treatment target, never events and C.difficile. To support the Trust's response to Monitor an independent review of the 18 week RTT processes within the trust and the learning from surgical never events has been commissioned</p> <p>The purpose of this report is to inform the Board on the outcome of these visits and provide an update on the Monitor investigation.</p>
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Prepared By:	Ruth James Deputy Director of Quality Assurance	Presented By:	Ruth Holt, Director of Nursing and Quality Assurance. Professor Rob Wilson, Medical Director.
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Recommendation:	The Board of Directors is asked to receive the report.
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Implications (mark with x in appropriate column(s))	Legal	Financial	Clinical x	Strategic x	Risk & Assurance x
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1. Introduction

The local Clinical Commissioning Groups undertook an assurance visit on the 15th of October 2013. This involved an executive to executive discussion across a broad range of quality and safety topics and focus groups with staff.

The commissioners are also conducting a programme of announced and unannounced visits to wards and departments across the Trust.

The Care Quality Commission recently published its new Intelligent Monitoring Report which assesses the risk to quality in NHS provider services and, as part of the CQC routine programme of inspections, the James Cook site was inspected on the 7th and 14th of November.

Monitor has informed the trust that they have opened a formal investigation into compliance with the Trust's licence. This has been triggered by concerns arising out of the failure to meet the 18 week referral to treatment target, never events and C.difficile. To support the Trust's response to Monitor independent reviews of the 18 week RTT processes within the Trust and the learning from surgical never events were commissioned.

The purpose of this report is to inform the Board on the outcome of these visits and provide an update on the Monitor investigation.

2. CCG Assurance Visits

Tees CCG made an announced visit to the A&E Department at JCUH on the 11th of October. There has been no formal report but the informal feedback was positive.

A combined CCG assurance visit took place on the 15th of October, this involved NHS South Tees CCG, NHS Hambleton, Richmondshire and Whitby CCG, Durham, Darlington and Tees Area Team and Cumbria, Northumberland, Tyne & Wear Area Team.

The key lines of enquiry for the visit were identified from a data pack which the commissioning support unit had put together using quality and safety data from a number of sources and benchmarked the trust against the peer group of Northern Region Large Acute Trusts. The report was structured using the same framework used by the Keogh reviews focussing on; safety and clinical effectiveness; workforce; operational effectiveness; patient experience and mortality.

The structure of the visit was an executive to executive discussion to explore the key lines of enquiry followed by three focus groups in which front line staff were asked about the effectiveness of the trusts governance processes. The staff groups for the focus groups were:

- Community services
- Theatres
- A&E and assessment units

The CCG have shared the report of the outcome of the visit. The table below lists the key lines of enquiry and the CCG's response on the level of assurance given:

KEY LINES OF ENQUIRY	CCG ASSURANCE LEVEL
SAFETY AND CLINICAL EFFECTIVENESS – INCIDENT AND NEVER EVENT REPORTING AND EMBEDDING LESSONS LEARNED	Incident reporting strong (as evidenced by NRLS data); open culture in place, triangulated by feedback from staff focus group undertaken by commissioners. No significant governance concerns identified
PRESSURE ULCERS	Level of reporting good. Significant actions underway. Ongoing feedback and assurance via CQRG
NEVER EVENTS – THEATRES	Open culture evidenced and triangulated via staff focus groups. Further assurance to be provided following external review.
CDIFF	Significant actions taken and historic performance recognised. Assurance provided re: actions being taken and willingness to consider any other possible improvements.
WORKFORCE – WARD STAFFING RATIOS	Good position overall; further assurance to be provided following ward level analysis against agreed standards. Stressed the importance of triangulation with sickness/absence data.
WORKFORCE – SICKNESS LEVELS	Good position overall – further assurance once analysis is provided at more granular level.
EMBEDDING 6 CS ACROSS THE TRUST	Strong examples of good practice – one of first Trust's to introduce 'Schwartz Round' approach
MANDATORY TRAINING AND APPRAISALS	On-going monitoring via CQRG
STAFF SURVEY – STAFF RECOMMEND AS PLACE TO WORK	Staff focus group demonstrated high degree of motivation and commitment no major issues/concerns.
TRIANGULATION OF INFORMATION – QUALITY/WORKFORCE/PERFORMANCE	Special measures process excellent practice, with demonstrable improvements at a ward/dept level.
CLINICAL EFFECTIVENESS <ul style="list-style-type: none"> ○ REFERRAL TO TREATMENT – 18 WEEKS ○ A&E 4 HOUR WAITS ○ DISCHARGES 	RTT - Assurance to be revisited following feedback from IST visit. Winter - Good system wide engagement and planning Excellent level of engagement and coverage in service improvement approach and methodology.
RESILIENCE OF QUALITY IN LIGHT OF CIP/PERFORMANCE PRESSURES/ RESTRUCTURING	Ongoing assurance and monitoring through monthly CMB and CIP star chamber process
PATIENT EXPERIENCE PRIVACY AND DIGNITY –PLACE S SURVEY (PREVIOUSLY PEAT)	Good overall performance around patient experience. Ongoing assurance via announced and unannounced visits. Recognition of actions being taken to address

	PLACE survey scores constrained by estate issues
STILLBIRTH RATE	Good actions to date – further assurance expected following LSA visit .
MORTALITY	Good level of focus on mortality at Trust Board and through Governance structures. Only 1 of 2 trusts nationally undertaking weekly review of deaths. Monthly Mortality data within expected norms.

The high level feedback on the day of the visit from both the executive discussion and the focus groups was:

- There were no areas of significant concern for the CCG.
- The CCG were assured that governance processes were robust.
- The feedback from Focus Groups provided front-line assurance of information shared by the Trust's Executive Team and data.
- Key messages from the Focus Groups included:
 - Strong and open reporting culture;
 - Staff felt it was easy to challenge;
 - Staff were encouraged to report incidents;
 - Staff were very patient focussed, committed, hardworking and innovative;

South Tees CCG visited the Paediatric Day Unit at JCUH on the 28th of October 2013, there has been no formal report to date but informal feedback was positive.

On Monday 4th November NHS Hambleton, Richmondshire and Whitby CCG conducted an unannounced visit to the A&E and front-of-house services at the Friarage Hospital, Northallerton. The key lines of enquiry used to shape the CCG discussions with staff and patients were:

- Patient flow
- Care of the deteriorating patient
- Escalation/ access to senior medical opinion
- Discharge planning
- Patient experience
- Readiness for Winter surge
- Clinical incident reporting/ Complaints

Themes and comments fed back by the CCG were:

- There was evidence of patients choosing A&E as first point of contact with clear primary care presentations due to convenience and confidence in the service.
- There was a clear culture of openness and transparency verbalised by the staff with an example given by the medical team of how the CEO has responded swiftly to a concern raised.

- A&E staff were familiar with the recent serious incidents and aware how to report incidents in a timely way. However, some radiology staff were not clear of the definitions of a SI or the process for reporting. A staff nurse was observed completing a Datix for a patient with a pressure sore on admission. Radiology staff said they had sight of compliments and complaints relating to their department in the staff room.
- The Clinical Decisions Unit had a new white board with clear planned discharge dates and reported enthusiastically re recent RPIW work on discharge planning. The Bed manager was visible in managing patient flow effectively and the Community Manager was on the ward.
- The Senior Nurse on CDU described new centralised arrangements for discharge which are coordinated by the case managers.
- All patients the CCG spoke to were extremely satisfied with the care they had received, not just on this occasion but when accessing the hospital previously as part of other pathways.

3. The CQC

3.1 CQC - Intelligent Monitoring Report

The CQC have launched a new set of surveillance monitoring metrics which are published as the “Intelligent Monitoring Report”. The 86 indicators included cover quality outcomes, never events and patient and staff feedback

The indicators are analysed to assign one of the following levels of risk to each trust:

- No evidence of risk
- Risk
- Elevated risk

An overall summary band is then applied based on the proportion of indicators that have been identified as risk or elevated risk out of all the applicable indicators.

There are 6 bands with band 1 representing the highest risk and band 6 being the lowest. These bands are used by the CQC to priorities inspections.

South Tees is one of only two in the North East to have been banded in the lowest risk band.

3.2 CQC Inspections

As part of their routine inspection regime the CQC visited the Resolution Health Centre on the 13th of June and Langbargh House on the 15th of October, there were no concerns identified and the services were found to be compliant with the essential standards of quality and safety.

The CQC visited the James Cook site on the 7th and 14th of November, the focus of the inspection was on care of the elderly and they followed the pathways of care for elderly patients from A&E, through the assessment unit to the elderly care wards and through the discharge lounge. They also visited trauma and cardiology outpatients and Radiology services. The formal report is expected at the end of November. Informal feedback following

the visit was very positive and the inspectors commented that the staff they spoke to were enthusiastic, compassionate, competent and well trained. The inspectors particularly commented on the focus of continuous improvement and innovation which is driven by the staff and not from 'the top'.

4. Monitor - Formal Investigation

On the 14th of October Monitor wrote to the Chair of the Trust to advise that Monitor has decided to open a formal investigation into the Trust's compliance with its licence. This investigation was triggered by governance concerns arising primarily out of the Trust's failure to meet the Referral to Treatment Target (RTT) for the last three quarters and Monitor also has concerns about 'never events' and the Trust's performance against the C.Difficile target. Monitor is concerned that these issues could be indicative of governance failings at the Trust and a breach of the Trust's licence conditions.

The Trust sent an initial response to Monitor on the 1st of November. In addition the following actions have been taken:

In order to review and validate the actions already taken by the trust and individual specialities in relation to the 18 week RTT target, the trust requested support from the national intensive support team (IST). The Director for Elective Care, Intensive Support Team, Nigel Coomber spent 3 days in October reviewing capacity and demand and meeting the teams from the 4 specialties still continuing to fail the 18 week admitted target. The Trust is currently awaiting formal report from Nigel Coomber to share with Monitor and local CCG's

To provide further assurance of the work to reduce the potential for further never events the Trust commissioned an external review of the actions arising from surgical never events. The review took place over the week of the 8th to the 21st of November, informal feedback was given at the end of the review process and a written report will be produced by the 6th of December. The review was carried out by Mr Patrick Mitchell who is a Neurosurgeon and Elaine Maxwell a senior nurse and former associate director with the Health Foundation. The review included semi-structured interviews with a range of staff and those involved in the surgical never events and observation of practice in a variety of theatres.

Prof Mark Wilcox will conduct an independent review of C.difficile reduction activities and processes within the trust from a microbiologist's perspective by end of November 2013.

The Chief Executive and other members of the executive team had a telephone conference with Monitor on the 12th of November and are awaiting further clarity from Monitor on their next steps.

5. Conclusion

The changing regulatory and commissioning structures and the concerns arising from reports of failing NHS organisations is generating unprecedented levels of scrutiny in relation to governance and quality. To date the visits by the CCG and the CQC have provided positive assurance and no significant concerns have been identified.

**Ruth James,
Deputy Director Quality Assurance
November 2013**