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To: Health and Wellbeing Board, 17 September 2014

Subject: **Quality and the Health and Wellbeing Board**

Classification: Unrestricted

Summary:

Although quality has always been a major area of interest for the health and care system, the publication of the Francis report, the Berwick report into patient safety the Keogh mortality review and others have ensured that it has remained a high priority for health and care organisations.

The Health and Wellbeing Board has a responsibility to ensure that the commissioning plans of its constituent organisations reflect the needs of the population it serves. Service quality and patient/public experience should be part of this overview. This report is designed to provide an opportunity for the Board to discuss how it can best discharge this responsibility.

Recommendation(s):

The Board is asked to agree:

- (a) That the Board request Healthwatch Kent (HWK) to coordinate a quality overview report at least twice a year to coincide with the annual commissioning cycle pulling together the key themes from its own work alongside that of the Quality Surveillance Group and other key sources; and
- (b) That a small officers' group is formed to work with Healthwatch Kent to collectively bring together the information required to produce the above mentioned report to be co-ordinated by HWK.
- (c) That once the first report has been produced and reported, the Board will discuss how the findings can be best used to inform commissioning decisions.

1. Introduction

(a) Quality of care is a major concern for patients and the public as well as for those responsible for the health and social care system. The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Report) was a salutary reminder that the quality is not always at the heart of the health and care system.

(b) As the forum where leaders and commissioners of that system come together, the Kent Health and Wellbeing Board has a major interest in the quality of the services offered to the people of Kent. This is especially true at a time of financial stringency that has a potential to impact negatively on issues that can directly affect the quality of care that patients receive.

(c) Subsequent to the publication of the Francis report, the Berwick report into patient safety and the Keogh mortality review along with other related reports, have explored different aspects of quality and together ensured that it has remained as a high priority for health and care organisations.

(d) Some of these reports have been detailed and lengthy, with the Francis report alone containing 290 recommendations. In one form or another, and to different extents, health and care organisations will have considered the implications of these reports for their own way of operating. It would be time consuming to review the responses of the different organisations to all the recommendations contained within all these reports and would not be a profitable enterprise to which to devote finite time and resources. The Health and Wellbeing Board is not a performance management forum and while it need not seek assurances that all individual relevant recommendations are being progressed, quality issues can and do have a direct impact on the broader strategic interests of the Board and its constituent membership.

(e) To this end, this report is intended to support a discussion at the Board as to how it can collectively remain best apprised of these strategic quality issues.

2. Sources of Quality Intelligence

(a) Each commissioning organisation represented on the HWB has access to its own sources of information on quality. While members of the Board are able to draw on these while participating in Board discussions, it may also be useful to be able to draw on 'third party' sources of information on quality in order to provide triangulation and to more fully perceive what common themes are emerging across a health economy or the whole Kent system.

(b) Some of the main sources which could be drawn on are as follows:

i. **Care Quality Commission (CQC)** – The CQC is the national regulator for health and adult social care. In April 2013, the CQC published their strategy for 2013-16, Raising Standards, Putting People First. The strategy proposed changes to the way the CQC regulates health and

social care services, and acted on the recommendations of the Francis report, including the establishment of a Chief Inspector of Hospitals post. Two further Chief Inspector posts, for Adult Social Care and for General Practice, have been introduced (Care Quality Commission 2014). The last year has seen inspection reports published on a number of Trusts and care providers across Kent and Medway.

A summary report of CQC findings on Trusts across Kent and Medway is included as an appendix to this report.

Information provided by other regulators such as Monitor and the Trust Development Authority would also be of value.

- ii. **Health Overview and Scrutiny Committee (HOSC)** – The Kent HOSC has a wide remit to review and scrutinise matters relating to health and care across the County. A number of the items considered by the HOSC touch upon, or even concentrate solely upon, quality issues. For example, an item on the Agenda for 18 July 2014 was *CQC Inspection Report and Royal College of Surgeons Report: Maidstone Hospital*.
- iii. **Quality Surveillance Group (QSG)** – QSGs came out of the work of the National Quality Board and were given a higher profile as a result of the Francis report and the Government’s response to it:

“The Quality Surveillance Groups will focus on the following questions:

- What does the data and the soft intelligence tell us about where there might be concerns about the quality of care?
- Where are we most worried about the quality of services?
- Do we need to do more to address concerns or gather intelligence?
- Once concerns are identified, action can be taken swiftly by the relevant organisation.”¹

While there is an overlap between the membership of the Kent Health and Wellbeing Board and Kent and Medway QSG, there is a need to consider the formal relationship between the QSG and HWB. This was set out in guidance produced by the NQB in March 2014:

“Other than providing assurance on the quality of services, identifying risks and any action required to address these, QSGs also have a role in coordinating actions to drive improvement. Health and Wellbeing Boards – which provide a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of Healthwatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area -

¹ Department of Health, *Hard Truths. The Journey to Putting the Patient First*, 19 November 2013, Volume 1, p.67, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

are a key vehicle for driving health improvement in local areas and promoting integration and therefore need to be fully involved in discussions on quality of local health and care services. Moreover, the priorities in the joint health and wellbeing strategy will inform local commissioning plans for all health and care services, including concerns on quality.”²

The guidance also discusses the relationship between the QSG and local Health Overview and Scrutiny Committee (HOSC). The Kent HOSC received a presentation on the QSG on 29 November 2013³.

Earlier this year, the Chairman of the HWB met with the Chairman of HOSC and representatives of NHS England to discuss how the HWB and HOSC could link effectively with the QSG. With regards actions for the HWB, it was agreed that NHS England would build in, via the HWB, an explicit request to commissioners at the start of the planning process to ensure that issues raised via the QSG (or other quality feedback loops) are reflected in future commissioning plans.

The QSG can often give the commissioner information that can either complement or add to quality concerns. Moreover, it provides reassurance to others that commissioners are taking action as required.

The following are two examples of commissioning concerns which have been raised at the QSG:

- *Patient Transport Services*. Concerns were first raised to QSG in September of 2013 regarding Patient Transport provider NSL. The provider was experiencing problems in meeting Key Performance Indicators for the timeliness of their journeys. A very significant number of journeys were late, resulting in disruption to the operation of hospitals and other providers. West Kent CCG as the lead commissioner for this contract has consistently worked with NSL to improve performance. Quality risks and concerns were shared by members to support the commissioner’s approach. In July 2014 CQC published a report following their inspection which outlined a number of concerns. Contractual performance is still under review for this provider, as are future commissioning options.
- *CAMHS*. The commissioning accountability for CAMHS service provision from Tier 1-4 is KCC, West Kent CCG and NHS England. There have been concerns raised within the QSG and wider about the quality of service provision. The commissioners are collaborating to develop a co-commissioning model between partners. This would be a good example of how quality risks raised at the QSG can help to inform commissioning decisions.

² <http://www.england.nhs.uk/wp-content/uploads/2014/03/quality-surv-grp-effective.pdf>

³ <https://democracy.kent.gov.uk/mgAi.aspx?ID=26456>

- iv. **Healthwatch Kent (HWK)** – Healthwatch Kent is an independent organisation set up to champion the views of patients and social care users across Kent as well as raising the public's voice to improve the quality of local health and social care services in Kent.

Healthwatch Kent is in a good position to bring together the different sources of information set out above along with the fruits of its own work and investigations. As well as being a member of the Board and the QSG, Healthwatch Kent has also been involved in the new style 'quality summits' which form part of the CQC inspection process. While not part of the membership of HOSC, representatives of Healthwatch Kent attend as guests and are able to suggest items for discussion and contribute to debate.

HWK also attends board meetings of a number of providers and CCGs, and contribute to quarterly Patient Experience Committees in all the acute and community trusts which evaluate feedback from comments, complaints and serious incidents.

In order to ensure this adds value to the work of the Board, it will also be necessary to consider how this would fit with the work around the assurance framework. Healthwatch Kent has a role in the assurance framework, contributing to themed areas.

3. The Assurance Framework

(a) The Kent Health and Wellbeing Board has already developed an Assurance Framework designed to demonstrate progress against the priorities in the Joint Health and Wellbeing Strategy. The intention is to give an indication of where unsustainable demand within the overall system is manifesting itself in order to alert the Board to the potential need for action to be taken to alleviate this pressure.

(b) Some of the indicators i.e. bed occupancy rates in acute hospitals, waiting times for services, delayed transfers of care, may also be useful indicators of how service equality is progressing but there may be others that the Health and Wellbeing Board could consider on a less frequent basis that would be useful. These may include:

1. Friends and Family Test
2. Staffing ratios
 - a. Nurse : patient ratio
 - b. Midwife : birth ratio
 - c. Care staff : patient ratio
3. CQC findings & implementation of recommendations
4. Patient safety incidents (e.g. number of never events occurred)
5. Waiting times
6. Healthwatch feedback

7. Re-admission rates
8. Mortality indicators (SHMI)
9. Patient and public feedback (including complaints)

(c) The recent consultation on revision of the NHS Outcomes Framework has also invited proposals for how to assess patient experience, quality of care and patient safety.

4. Conclusion

(a) As the Nuffield Trust report “The Francis Report: one year on” concluded:

“Taking safe and high quality care for this group of vulnerable patients (*older people*) to its logical conclusion.....will require political bravery and strong leadership at the level of health economies. The new bodies set up to enable better planning and implementation of service change at the local level – CCGs and health and wellbeing boards, with the input of NHS England’s local area teams – are still evolving, and it is too soon to assess whether they will be more effective than the strategic health authorities that came before them in bringing about these changes.”

(b) It goes on to say:

“It is unclear how the requirements of the CQC, Monitor, NHS England, The TDA and clinical commissioners are interacting at a local level, and it is equally unclear how the functioning, culture and behaviour of these bodies will be measured.”

(c) Bringing together information and analysis from different bodies such as the Quality Surveillance Group, Health Overview and Scrutiny Committee, Healthwatch, CQC, Monitor, TDA and others can allow the Health and Wellbeing Board to take a strategic overview of the quality of care offered to people in Kent. Issues that could impact negatively at a system level and common issues and themes that emerge across different parts of the system can be identified and addressed. Hopefully, this will go some way in Kent to address the challenges issued by the Nuffield Trust report.

(d) The health and social care economy in Kent is complex and complicated. As a pan county and public facing strategic body the Health and Wellbeing Board is uniquely positioned to be able to understand the experience of Kent residents, and its connections with Healthwatch give it a clear mandate to pursue this issue. A twice yearly report, in early autumn and late spring, would enable the Board to relate information concerning service quality to the commissioning plans it considers.

(e) Maintaining a focus on achieving and maintaining quality is something which health and care organisation will justly want to focus on, but it will also be important to be seen to be doing so. Gathering together quality information

would be an academic exercise were it not then used for some practical purpose. The Board may wish to discuss the form that this should take.

Recommendation(s)

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Background Documents

The Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, <http://www.midstaffspublicinquiry.com/report>

A Promise to Learn – A Commitment to Act. Improving the Safety of Patients in England, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf

The Keogh Mortality Review, <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/Overview.aspx>

The Francis Report: One Year On, Nuffield Trust, <http://www.nuffieldtrust.org.uk/publications/francis-inquiry-one-year-on>

Refreshing the NHS Outcomes Framework 2015-16 Stakeholder Engagement, [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/341391/14-07-](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/341391/14-07-30_NHS_Outcomes_Framework_Stakeholder_Engagement_Document.pdf)

[30 NHS Outcomes Framework Stakeholder Engagement Document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/341391/14-07-30_NHS_Outcomes_Framework_Stakeholder_Engagement_Document.pdf)

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Appendix – Care Quality Commission: Local Findings

Medway NHS Foundation Trust

Inspection of Medway Maritime Hospital – rating inadequate (Trust remains in special measures)

Inspected 23 – 25 April and 1 May 2014 (report published 10 July 2014)

- Rated as good for being caring but improvement required in providing effective care and being well led.
- The safety of the hospital and being responsive to patients needs were rated inadequate
- Critical care and services for children and young people were deemed as good
- End of life care, out patients, medical and maternity services all required improvement
- Accident and Emergency and surgery were rated as inadequate overall

Summary

- A & E and Surgery – inadequate
- Medical Care, maternity and family planning, end of life and outpatients – requires improvement

Actions to be delivered by overarching improvement plan include:

- Action plans developed and being shared locally with divisions and directorates
- Five priorities – basic standards, flow, recruitment, control and leadership
- Revisiting Transforming Medway to simplify, streamline and focus
- Leadership team more settled
- Benefits of partnership working – not least around IT
- Recruitment underway for registered Doctors and nurses
- Emergency Village plans approved – first phase re-design and refurbish for Emergency department
- Build on strengths

Dartford and Gravesham NHS Trust

Inspection of Darent Valley Hospital – rating requires improvement

- Accident and Emergency – not managing beds / capacity and inappropriate attendance at A & E
- Being responsive to people's needs requires improvement
- Surgery – there are too few staff

- Patients dignity and privacy nota always maintained
- Maternity, outpatients, children's services and end of life care all deemed good

Summary

- A & E, Surgery and Acute services at the Trust – requires improvement

Actions

The Dartford, Gravesham and Swanley CCG published a Francis action plan in May 2014 – listing all points from the enquiry noting how they were performing against each action by way of a RAG system.

This system noted that as a CCG NHS organisation it had an overall of 27 targets of these 14 were outstanding (amber) and 13 completed (green).

For the CCG as commissioner of service there were 22 targets of these were 13 as outstanding (amber) and 9 completed (green)

East Kent Hospital University NHS Foundation Trust

Inspection of William Harvey Hospital, Ashford, Kent and Canterbury and Queen Elizabeth the Queen Mother Hospital, Margate – rating requires improvement (recommendation to be placed in special measures)

Intelligence Monitoring Report – 13 March 2014 – rating Elevated Risks

- Risks to patients were not always identified, and where they were, were not always acted on by the trust.
- A number of clinical services across the trust were poorly led
- Concerns about staffing levels in a number of areas, especially in A&E, in children's care, and at night.
- Poorly maintained buildings and equipment were identified in a number of areas.
- A worrying disconnect between those running the trust and frontline staff
- Long standing cultural issues, such as bullying and harassment
- Caring was rated as good

William Harvey Hospital, Ashford summary of findings

- Accident and Emergency, surgery and Childrens care –Inadequate
- Medical care, maternity and family planning, end of life care and outpatients – Requires Improvement
- Intensive and critical care – Good

Overall rating – Inadequate

QEQM, Margate summary of findings

- Accident and Emergency – Inadequate
- Medical Care, surgery, maternity and family planning, Childrens care, end of life and outpatients - Requires Improvement
- Critical care - Good

Overall rating – Requires Improvement

Kent and Canterbury summary of findings

- Surgery – Inadequate
- Emergency Care, medical care, Childrens care, end of life car and outpatients – Requires improvement

Overall rating - Inadequate

The Care Quality Commission has requested the following actions must be taken:

William Harvey Hospital, Ashford

- There is always enough suitably skilled staff on duty to meet people's care needs in a timely way, including appropriately trained paediatric staff in all areas of the hospital where children are treated.
- The patient environment is clean, well maintained and fit for purpose and equipment is well maintained and available when needed
- Staff are better informed of end of life care arrangements and provision of this area is reviewed.

Kent and Canterbury Hospital

- There is an identified lead at board level who takes responsibility for services for children and young people
- Adequate administrative support is made available in outpatient services, and the risks to patients using these services due to delays and cancellations is properly assessed
- Arrangements for end of life care are clarified to staff to ensure that the patient is protected against the risk of receiving inappropriate care.

QEQM, Margate

- Safety is made a priority in A&E
- Discharge planning and flow through the hospital is responsive to people's needs.
- Patients are not subject to unnecessary delays for outpatient appointments, either to get an appointment or when waiting in the department.

Actions

East Kent University Hospital Trust published its action plan in response to the Francis enquiry in February 2014.

Updated in June 2014 it noted under the specific headings:

- Business as usual – of the 48 actions – 5 were outstanding
- Francis specific – of the 70 actions – 8 were outstanding and
- We care and staff survey – of the 51 actions all had been completed.

South East Coast Ambulance Service NHS Foundation Trust

Inspected 2 – 8 December 2013 (report published 21 January 2014)

Summary

- Care & welfare of people who use the services – met the standard
- Cleanliness & infection control – met the standard good
- Management of medicines – met the standard good
- Supporting workers – met the standard
- Assessing and monitoring the quality of service provision – requires improvement
- Complaints - met the standard

Actions to be delivered include: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people receiving care.

The action plan should have been with the CQC by 13 February 2014. I have looked on both SECAMbs website and CQC and cannot find the action plan referred to

Kent and Medway NHS and Social Care Partnership Trust

There are no reports specifically about the Trust on the CQC website.

There are a number of the Trust's services that have been inspected and reports made, a sample is given below:

St Martins Hospital, Canterbury

Inspected 14 and 15 February 2014 (report published 26 June 2013)

Met all the following standards

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets peoples needs

- Caring for people safely and protecting them from harm
- Staffing and
- Quality and suitability of management

The following services provided by Kent and Medway NHS and Social Care Partnership Trust also met the standards above on inspection by the CQC

Littlebrook Hospital, Dartford

Inspected 9 October 2013 (published 16 November 2013)

Priority House, Maidstone

Inspected 16 October 2012 (published 27 November 2013)

Trust Headquarters, Maidstone

Inspected 2 November 2010 (published 8 March 2011)

The Red House, Maidstone

Inspected 12 June 2013 (published 10 July 2013)

Trevor Gibbens Unit, Maidstone

Inspected 30 August 2010

Littlestone Lodge, Dartford

Inspected 7 August 2013

Jasmine Unit, Dartford

Inspected 11 September 2013

Maidstone and Tunbridge Wells NHS Trust

The CQC carried out three inspections within the Trust in 2013/14: Maidstone Hospital in March 2013, Tunbridge Wells Hospital in November 2013 (as part of an 'out of hours' review) and Maidstone Hospital in February 2014.

Maidstone Hospital - inspected by the CQC on the 12 February 2014.

The following standards were inspected and rated:

- Consent to care and treatment – standard met
- Care and welfare of people who use services – standard not met.
Action needed
- Staffing – standard not met. Action needed

- Assessing and monitoring the quality of service provision – standard not met. Action needed

Actions to be delivered:

The report for the February visit was as a result of the concerns relating to upper GI surgery following a review by the Royal College of Surgeons.

The findings from the CQC report relate to staffing, medical staff job planning and governance. An action plan to address these concerns has been developed and the CQC have reported that the key issues relating to job planning are already being addressed. Challenges to the frequency of meetings of the Quality and Safety Committee have also been addressed. The committee now meets monthly with a focused topic for 'deep dive' on alternate months. All actions are being monitored by the relevant governance committees.

The Tunbridge Wells Hospital at Pembury – inspected by CQC on 23 November 2013

The following standards were inspected and rated:

- Care of people who use the service – standard met
- Management of medicines – standard not met. Action required
- Staffing – standard not met. Action required
- Supporting workers – standard met
- Assessing and monitoring the quality of provision – standard met

Actions to be delivered:

- Paediatric staffing in A&E
- Safe storage of medicines

The CQC requested that the Trust produces a report by 13 February 2014, setting out the actions they will take to meet the required standards. The CQC has reported that a full action plan is now in place for the safe storage of medicines and the Trust is now compliant.

Paediatric staffing in A&E is subject to a wider review and this is detailed in the Trust's Quality Accounts for 2013/14.

Overall rating – low risk

The CQC developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals in 2013. These indicators relate to the five key questions asked of all services – are they safe, effective, caring, responsive and well led? Trusts are given a risk rating of between 1 and 6, with band 1 being the greatest risk and 6 the lowest. The rating is revised

every quarter and for the last two quarters the Trust has achieved and maintained a score of 5 (low risk).

Kent Community Health NHS Trust

The CQC has recently inspected the Trust and a Quality Summit took place on the 14 August 2014. The outcome of the report has yet to be published.

However, the following services have already been inspected and assessed against the following criteria:

- Treating people with respect and involving them in their care
- Providing care, treatment and support that meets people's needs
- Caring for people safely and protecting them from harm
- Staffing
- Quality and suitability of management

Dental Department HMP Swaleside. Inspected on 28 and 29 April. All standards met except for "People should get safe and appropriate care that meets their needs and supports their rights". This is being appropriately addressed.

Edenbridge and District War Memorial Hospital and Minor Injuries Unit. Inspected on 22 April 2013. All standards met

Hawkhurst Community Hospital. Inspected 7 June 2013. All standards were met.

Sevenoaks Hospital and Minor Injuries Unit. Inspected on 12 January 2012. All standards were met.

Whitstable and Tankerton Hospital. Inspected on 13 September 2012. All standards were met.