

Surveillance Report to Regional Quality Surveillance Group Meeting

Date: 31 July 2016

Title: NHS England North (Cheshire & Merseyside) Exception Report
01 June 2016 to 31 July 2016

Report of: Hazel Richards, Director of Nursing

Purpose	
The purpose of this paper is to provide the North Regional Quality Surveillance Group (RQSG) with information relating to the Cheshire and Merseyside QSGs held on 05 July 2016 and 28 July 2016:	
Section 1: Key areas for review and consideration for action by Regional QSG.	
Section 2: Information/updates on areas being managed locally within the Cheshire and Merseyside QSGs.	
Appendix 1: Cheshire and Merseyside Quality Surveillance Levels (July 2016)	
Appendix 2: Review of Trusts in Enhanced Surveillance for >3 Quarters	
<u>Section One: Key Areas for Review; Consideration and Action by Regional QSG</u>	
1	Areas arising from the Cheshire and Merseyside QSGs
1.1	No areas were considered to be required for review and action at the North Region QSG meeting. The QSG Development day held in Cheshire and Merseyside will be shared as a separate agenda item.
<u>Section Two: For Information</u>	
2	Quality Themes
2.1	Public Health England - Screening and Immunisation
	No emerging themes or serious incidents (SIs) have been reported during this period.

<p>2.2</p>	<p>NHS England</p> <p>Primary Care</p> <p>In Cheshire and Merseyside there are continued service delivery problems with Capita provided services, including payments and records management. Clinical risks to patients have been identified by stakeholders and this has been escalated to both Capita and the NHS England Service Management Team. Concerns within Cheshire and Merseyside and North Region were raised at the National Stakeholder Meeting 11 August 2016 and will be raised at the Capita Service Review Meeting on 16 August 2016 and to the Regional Management Team (RMT). Locally there has been some improvement in the provision of supplies to contractors. Daily update reports have been submitted to the Senior Responsible Officer (SRO) for NHS England, FLASH Reports have been submitted by Capita regarding medical records movement, supplies, screening, performer list and market entry.</p> <p>This remains on the Cheshire and Merseyside risk register.</p>
<p>2.3</p>	<p>NHS England</p> <p>Specialised Commissioning</p> <p>Fresenius E16 Renal Dialysis</p> <p>The Provider remains on enhanced surveillance. A rapid response visit was undertaken by the National Quality Surveillance Team in July 2016 regarding immediate risks and concerns. An action plan is in place and being monitored.</p> <p>St Marys ABI and Deaf Mental Health Service, Warrington</p> <p>The Provider is on enhanced surveillance, due to concerns raised regarding cleanliness/ward environment and patient management via care plans. The Specialised Commissioning Team were notified of concerns relating to ward environment, during placement of a patient on the unit. The team undertook a quality visit and have placed the unit on enhanced surveillance. Daily reporting via a recovery plan is in place, including a leadership review.</p> <p>Countess of Chester Hospitals NHS Foundation Trust</p> <p>The Trust alerted commissioners to concerns regarding deaths within the unit. Plan in place to downgrade three neonatal intensive care cots to Level 1, whilst a comprehensive investigation is carried out. Daily monitoring continues, with weekly executive reviews of any transfers out/capacity issues/incidents of Maternity and NNU. A Royal College of Paediatrics and Child Health (RCPCH) Review has been arranged for 01 - 02 September 2016.</p> <p>The Trust has been given notice for the cessation of Bariatric Services, due to capacity issues, commencing in Quarter 1 2016/17. Commissioners have worked with the Trust to ensure patients are managed appropriately elsewhere. Patients currently in the system and awaiting dates are being managed by Salford, with discussions taking place regarding new referrals.</p> <p>The Clinical Commissioning Group (CCGs) has raised concerns regarding the access to vascular opinion for patients on the diabetic foot pathway. The QST has scheduled a peer review of the service for later in the year and review concerns. Commissioners have met with the Trust to review the position and understand actions for improvement.</p>
<p>Updates on Provider Quality Themes and Surveillance</p>	
<p>2.4</p>	<p>Warrington and Halton Hospitals NHS Foundation Trust</p>

	<p>NHS Warrington CCG proposed that the level of surveillance for the Trust be amended from enhanced to routine as the Trust has continued to demonstrate improvements have been made. The QSG agreed to step down surveillance to routine.</p>
2.5	<p>5 Boroughs Partnership NHS Foundation Trust</p> <p>NHS Knowsley CCG proposed that the level of surveillance for the Trust be amended from enhanced to routine as the Trust has continued to make the required improvements. The five local CCGs (Knowsley, Halton, St Helens, Wigan Borough and Warrington) were in agreement that the Trust has continued to demonstrate improvements and supported the decision to step down the surveillance level to routine.</p>
2.6	<p>Wirral University Teaching Hospitals NHS Foundation Trust</p> <p>The Trust's level of surveillance was reviewed at the Cheshire QSG Meeting on 28 July 2016. NHS Wirral CCG have requested the Trust remain on enhanced surveillance, due to a reported never event (NE) and that there has recently been a transfer of CQC responsibilities from the Medical Director to the Director of Nursing which requires additional assurance. Level of surveillance will be reviewed at the Cheshire and Merseyside October 2016 QSG Meeting.</p>
2.7	<p>Bridgewater Community Health NHS Foundation Trust</p> <p>There are ongoing concerns in relation to quality and governance which are being reviewed by NHS Halton CCG and NHS St Helens CCG. In addition, a CQC inspection of the Trust (31 May 2016 - 03 June 2016), identified concerns with the home delivery component of the midwifery services; caseloads at St Helens Community Paediatrics services and the requirement to develop an End of Life Care Strategy.</p> <p>At the Merseyside QSG meeting it was agreed that a QRP would be completed to review all concerns and consider next steps as required. This is due for completion 31 August 2016.</p>
2.8	<p>Southport and Ormskirk Hospitals NHS Trust</p> <p>The Trust remains at risk summit level of surveillance. Monthly Executive Improvement Board meetings have been operating since May 2016. Urgent care remains a high risk for the Trust, along with instability in the Executive Team. Substantive appointments have now been made to the Chief Operating Officer, Director of Finance and Director of Nursing posts. The exclusions of members of the Executive Team are now moving into the next phase.</p>
2.9	<p>Liverpool Community Health NHS Trust</p> <p>The Trust has remained on enhanced surveillance since February 2014. NHSI continues to oversee the transaction of services with partners to a preferred provider, in order to meet the timescales of the dissolution of the Trust from March 2017. Provider expressions of interest have been submitted, evaluated and shortlisted and full bid submissions are underway. The NHS Improvement Board will approve the preferred provider (Gateway 4) at the end September/October 2016. The CQC inspection report from the re-inspection in February 2016 was published in July. Safe, Effective, Responsive and Well led areas all require improvement; Caring was rated as 'good'.</p>

<p>2.10</p>	<p>East Cheshire NHS Trust</p> <p>The Trust has remained under enhanced surveillance since July 2015. Oversight and monitoring through the CCG/Trust contract quality arrangements continues. The CQC reported at the July QSG that the Trust has requested a comprehensive CQC Inspection.</p> <p>Ongoing quality concerns include:-</p> <ul style="list-style-type: none"> • Three NEs last year around theatres. • Infection control around C-Difficile (seven cases over April/May 2016 against an annual objective of 14 for the year). • Capacity to cover nurse and consultant posts. • Increase in Delayed Transfers of Care (DToC). • Increased cancellations of elective care and outpatient follow up. • Withdrawal of the community contract by NHS South Cheshire CCG in September 2016 may impact on the residual service with NHS East Cheshire CCG e.g. access to services across borders and hydrotherapy services. • Rising mortality trend. • Financial position and the potential impact on service viability <p>East Cheshire, South Cheshire and Vale Royal CCGs will meet in August/September to discuss the ongoing level of surveillance for East Cheshire Trust and provide an update at October QSG</p>
<p>2.11</p>	<p>One to One (North West) Ltd</p> <p>The Provider remains at risk summit level due to financial risks following the recent court petition which is currently being resolved.</p> <p>Following 12 no/low harm incidents and a further SI linked to a home birth, NHS South Cheshire and Vale Royal CCGs suspended some maternity services offered by the Provider on 14 July 2016, relating to non-contacted activity. Currently, new referrals are not to be accepted and all women within six weeks of expected dates of delivery have been allocated to new providers. A review meeting is planned for August 2016.</p> <p>A Public Health England Antenatal and Newborn Screening External Quality Assurance Visit took place on 13 July 2016 and 14 July 2016. Feedback provided on the day was around one immediate concern relating to the Newborn Infant Physical Examination (NIPE), requiring action within seven days. One to One has actively responded and the Cheshire and Merseyside Screening and Immunisation Team are working closely with the organisation around meeting the recommendation requirements within required timeframes.</p> <p>The CQC Report published on 27 June 2016, from the unannounced inspection on 30 November 2015, includes six 'Must Do's'; relating to risk, record keeping, informed consent and safeguarding and seven 'Should Do's', in relation to: risk assessment, audit, benchmarking to drive improvement, competency assessment based learning and recording of concerns/complaints. The CQC also found incidents not being reported under statutory notifications regulations (Regulation 18, CQC Registration Regulations 2009). The CQC has no legal duty to rate services that provide solely/mainly community maternity services.</p>
<p>2.12</p>	<p>Prevention of Future Deaths Regulation 28 for Cheshire & Merseyside</p> <p>No prevention of Future Deaths Notices (Regulation 28s) were issued to NHS England Cheshire and Merseyside during this reporting period.</p>

2.13	<p>British Pregnancy Advisory Service</p> <p>A Thematic Review is being undertaken of the service, following five SIs, which occurred between October 2015 and March 2016 in Liverpool. NHS Halton CCG is leading the review which is near completion. Feedback will be provided at the October 2016 QSG.</p>
<p>Corporate Performance</p>	
2.14	<p>Maternity Serious Incident Task and Finish Group</p> <p>The group concluded in June 2016 and an outcome report will be reviewed at the October QSG meeting. Outcomes to date include: strengthened relationships across maternity providers, openness and transparency between group members, sharing of data for comparative analysis and sharing and learning from case studies.</p> <p>From 01 June 2016, it was agreed that the following additional categories would be reported on StEIS:</p> <ul style="list-style-type: none"> • Postpartum Haemorrhage, where the maternity provider's major haemorrhage policy has been initiated. • Unplanned maternal transfer to an intensive care unit. • Hysterectomy, not including for previously diagnosed cancer or placenta accreta. <p>From 01 August 2016, it was agreed to report the following category on to StEIS:</p> <ul style="list-style-type: none"> • Babies at or over 36 week's gestation, admitted to a neonatal intensive care unit for cooling. (Cooling is a process carried out for newborn babies that have suffered a lack of oxygen at birth and can significantly increase chance of survival and reduce brain damage) <p>SI data will be collected for the additional categories alongside existing categories for six months, with interim analysis/review after three months and final analysis/review to be completed in January 2017. The report will include comparative analyses from 2014/15 and 2015/16.</p>
<p>Sharing Good Practice</p>	
2.15	<p>Safeguarding</p> <p>Key points to note:</p> <ul style="list-style-type: none"> • CSE Handbook for staff published and distributed across NHS England, North, including Police and Local Authorities. • Launch of Seen and Heard Campaign with Department of Health regarding CSA/CSE shared widely http://www.seenandheard.org.uk/
2.16	<p>Cheshire and Merseyside QSG Development Day Update</p> <p>The QSG Development Day held on 20 June 2016 was well attended, with wide representation from stakeholders and NHS England. A key achievement from the day was that participants decided that the existing Cheshire and Merseyside QSGs would merge into one joint Cheshire and Merseyside QSG. The first meeting is scheduled for 04 October 2016. As the STP develops, quality and risk will be aligned and the QSG will remain responsible for escalating any risks to quality. There will be a focus on maternity and mental health, where particular issues remain.</p>

Appendix 1: Cheshire and Merseyside Quality Surveillance Levels - July 2016

Organisation	Previous Level of Surveillance	Current Level of Surveillance
Acute		
Aintree Hospital University Hospitals NHS Foundation Trust	Routine	Routine
Countess of Chester Hospitals NHS Foundation Trust	Routine	Routine
East Cheshire NHS Trust	Enhanced	Enhanced
Mid Cheshire Hospital NHS Foundation Trust	Routine	Routine
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Routine	Routine
Southport and Ormskirk Hospitals NHS Trust	Risk Summit	Risk Summit
St Helens and Knowsley Teaching Hospitals NHS Trust	Routine	Routine
Warrington and Halton Hospitals NHS Foundation Trust	Enhanced	Routine
Wirral University Hospitals NHS Foundation Trust	Enhanced	Enhanced
Alder Hey Children's Hospital NHS Foundation Trust	Routine	Routine
Liverpool Heart and Chest NHS Foundation Trust	Routine	Routine
Liverpool Women's NHS Foundation Trust	Routine	Routine
Mental Health and Community		
Bridgewater Community Health NHS Foundation Trust	Routine	Routine
Cheshire and Wirral Partnership NHS Foundation Trust	Routine	Routine
Liverpool Community Health NHS Trust	Enhanced	Enhanced
Mersey Care NHS Trust	Routine	Routine
Wirral Community NHS Trust	Routine	Routine
5 Boroughs Partnership NHS Foundation Trust	Enhanced	Routine)
Specialised Commissioning		
The Walton Centre NHS Foundation Trust	Routine	Routine
The Clatterbridge Cancer Centre NHS Foundation Trust	Routine	Routine
Fresenius E16 Renal Dialysis	Enhanced	Enhanced
Primary Care		
Frodsham Medical Centre	Enhanced	Routine
SSP Ltd Princes Park Surgery	Enhanced	Enhanced
SSP Ltd Hightown Practice	Enhanced	Enhanced
SSP Ltd Kensington Park Surgery	Enhanced	Enhanced
SSP Ltd Seaforth Village Surgery	Enhanced	Enhanced
Gladstone Medical Practice	Enhanced	Enhanced
Independent / Regional oversight		
One To One (North West) Ltd	Enhanced	Risk Summit

Appendix 2: Cheshire and Merseyside – Review of Trusts in Enhanced Surveillance for >3 Quarters

Organisation	Previous Level of Surveillance	Current Level of Surveillance	Rationale
East Cheshire NHS Trust	Enhanced (July 2015)	Enhanced	Remains on enhanced surveillance since July 2015. Oversight and monitoring through the CCG/Trust contract quality arrangements continues. East Cheshire, South Cheshire and Vale Royal CCGs will meet in August/September to discuss the ongoing level of surveillance for East Cheshire Trust and provide an update at October QSG
Southport and Ormskirk Hospitals NHS Trust	Risk Summit (May 2016)	Risk Summit	The Trust remains at risk summit level of surveillance. Monthly Executive Improvement Board meetings have been operating since May 2016. Urgent care remains a high risk for the Trust, along with instability in the Executive Team.
Warrington and Halton Hospitals NHS Foundation Trust	Enhanced (Dec 2014)	Routine (July 2016)	NHS Warrington CCG proposed that the level of surveillance for the Trust be amended from enhanced to routine as the Trust has continued to demonstrate improvements have been made.
Wirral University Hospitals NHS Foundation Trust	Enhanced (Aug 2015)	Enhanced	Level of surveillance was reviewed at the Cheshire QSG Meeting on 28 July 2016. NHS Wirral CCG have requested the Trust remain on enhanced surveillance, due to a reported never event (NE) and that there has recently been a transfer of CQC responsibilities from the Medical Director to the Director of Nursing which requires additional assurance. Level of surveillance will be reviewed at the Cheshire and Merseyside October 2016 QSG Meeting.
Liverpool Community Health NHS Trust	Enhanced (Feb 2014)	Enhanced	The Trust has remained on enhanced surveillance since February 2014. NHSI continues to oversee the transaction of services with partners to a preferred provider, in order to meet the timescales of the dissolution of the Trust from March 2017.
5 Boroughs Partnership NHS Foundation Trust	Enhanced (May 2014)	Routine (July 2016)	NHS Knowsley CCG proposed that the level of surveillance for the Trust be amended from enhanced to routine as the Trust has continued to make the required improvements. The five local CCGs (Knowsley, Halton, St Helens, Wigan Borough and Warrington) were in agreement that the Trust has continued to demonstrate improvements and supported the decision to step down the surveillance level to routine.
One To One (North West) Ltd	Enhanced (July 2015)	Risk Summit (July 2016)	The Provider remains at risk summit level due to financial risks following the recent court petition which is currently being resolved.

