

ENCLOSURE: D
AGENDA ITEM: 5

Bexley Borough Based Board
Thursday 24th June 2021

Title:	NHS South East London Clinical Commissioning Group Quality Report: Bexley: Updated
This report is for information .	
Executive Summary	<p>The paper is an update version of the Quality Report for Bexley published on 16th June 2021. The original Quality Report stated that the CCG was not assured that Lewisham and Greenwich NHS Trust had addressed the potential risks to patients due to the low numbers of midwives and reports of a dysfunctional culture in the Obstetrics and Gynaecology Department.</p> <p>Since the Quality Report was written the CCG’s Chief Nurse has held meetings with the Trust and the Care Quality Commission and been assured that the maternity services at Lewisham and Greenwich Trust are safe and that the issues identified within the Obstetrics and Gynaecology Department are being addressed and do not currently present a risk to patients over and above the normal.</p> <p>The slide about maternity services at Lewisham and Greenwich NHS Trust has therefore been removed from the Quality Report and the slide regarding the Obstetrics and Gynaecology Department has been updated. Otherwise, the report is unchanged and presents a summary of the Quality Reports presented at the Quality and Safety Sub-committee on 17th June 2021. Points of interest for Bexley commissioners have been highlighted.</p> <p>The report presents quality exception reports and quality indicators for acute trusts and mental health providers. There is a report of the learning from Quality Alerts most relevant to Bexley.</p> <p>Key headlines for acute trusts</p> <ul style="list-style-type: none"> • Referral to treatment (incomplete pathways) presents a challenge for maintaining safe services. South east London is not an outlier compared with the national picture. • Lewisham and Greenwich NHS Trust has advised the CCG of issues in its Obstetrics and Gynaecology Department about its ability to work effectively but provided assurance that the issues are being resolved and that there is no increased risk to patients. <p>Key headlines for mental health</p> <ul style="list-style-type: none"> • CQC update – Oxleas NHS Foundation Trust improved from Inadequate to good for Older Adults Wards. • 72 hr follow up <ul style="list-style-type: none"> ○ National target being met by Oxleas NHS Foundation Trust but their internal 100% target for suicide risk patients is not.

	<ul style="list-style-type: none"> Violence and aggression, rapid tranquilisation and prone restraint – the Trusts are seeing slight reductions but not at their own internal targeted pace. 	
Recommended action for the Committee	<ul style="list-style-type: none"> The Bexley Borough Based Board is asked to note the report. 	
Potential Conflicts of Interest	None identified.	
Impacts of this proposal	Key risks & mitigations	None identified.
	Equality impact	N/A
	Financial impact	N/A
Wider support for this proposal	Public Engagement	N/A
	Other Committee Discussion/ Internal Engagement	The Quality Team has discussed the issues in the report with appropriate providers.
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South East London CCG Quality Report: Bexley Update

A summary of Quality Reports to Quality and Safety Sub
Committee 17th June 2021

Version: 2.0

Acute Services

	Slide
Quality Indicators	3
Provision of Obstetric & Gynaecology Services at LGT	5

Quality indicators q4 2020/21

CQC

Overall CQC ratings remain unchanged.

Never Events (NEs) and Serious Incidents (Sis)

Three never events were reported in March 2021:

- GSTT – Surgical Incident
- L>- Medication Incident
- KCH- Surgical Incident

Summary Hospital Mortality Indicator (SHMI) (Expected versus actual deaths – excluding COVID)

The Trusts are sustaining lower than the expected SHMI scores. Less than 1.0 is good.

RTT 52-week incomplete pathways

There has been an increase in the number of incomplete pathways over the reporting period for all three Trusts. The Quality Team continues to work with the CCG Performance Team to support any quality related issues that are identified. The risk to patients caused by the delays to treatment is included in the Board Assurance Framework. This is a recognised national issue and south east London is not an outlier.

Staff vacancy rate

Recruitment and retention of staff remains a challenge across south east London. Appropriate arrangements in the main ensure safe staffing ratios, however, staff shortages and associated pressures are reported as contributory factors in Serious Incidents and impact on the quality and safety of services. Staff sickness levels are returning to normal.

Mandatory training

Mandatory training was in part stood down for the pandemic and should now start to return to normal.

Quality indicators

Indicator	Trust name	Jan	Feb	Mar	Indicator	Trust name	Jan	Feb	Mar
CQC Rating	GSTT	GOOD	GOOD	GOOD	Staff Vacancy rate overall	GSTT	12.10%	12.50%	To follow
	KCH	Requires Impro	Requires Impro	Requires Impro		KCH	10.28%	10.32%	9.88%
	LGT	Requires Impro	Requires Impro	Requires Impro		LGT	8.50%	8.30%	8.10%
Total Number of Serious Incidents	GSTT	10	9	6	Staff total sickness rate	GSTT	4.01%	4.20%	To follow
	KCH	18	21	18		KCH	7.14%	4.99%	3.51%
	LGT	11	6	13		LGT	8.70%	5.90%	4.70%
Never Events declared	GSTT	0	0	1	Mandatory training compliance	GSTT	89.40%	88.90%	To follow
	KCH	0	0	1		KCH	85.92%	83.85%	85.01%
	LGT	0	0	1		LGT	90.90%	91.10%	91.10%
Summary Hospital -level Mortality Indicator (SHMI)	GSTT	0.72	0.72	0.72					
	KCH	0.98	0.98	0.98					
	LGT	0.94	0.94	0.94					
RTT 52 week incomplete pathways	GSTT	3384	3960	4096					
	KCH	5212	6813	6788					
	LGT	2506	2940	3,034					

Provision of Obstetric & Gynaecology Services at LGT

Quality Team Lead	Quality issue No:
Fiona Leacock	2021
Date 1 st Identified	Planned close date
June 2021	April 2022
Impact Rating	Forecast
Major	Possible
Impact on Patients	
Potential harm due to delayed treatment	

Brief Summary of the Issue

The Trust has advised the CCG of concerns raised by the Obstetrics and Gynaecology Team about the ability of the team to work effectively.

Mitigation/Assurance

- The CCG has met with the Trust and received a comprehensive and is assured that there are currently no risks to patients over and above the normal. The CCG is supporting the Trust by working with Care Quality Commission, Health Education England and NHS England / Improvement in a system wide approach.

Mental Health Services

	Slide
CQC Update	9
72 hour follow up post discharge	10
Violence & Aggression in Mental Health Services	11
Prone Restraints	12
Rapid Tranquillisation	13

CQC update

Oxleas NHS Foundation Trust

Following an inspection in October 2020, the following ratings were applied to wards for older people with mental health problems:

Specialist services	Overall Ratings	Domain	Rating
Wards for older people with mental health problems	Inadequate	Safe	Inadequate
		Well-led	Inadequate

A re-inspection was conducted in April 2021 and the CQC reported to the CCG that they had seen considerable improvement and changed the rating of the wards for older people with mental health problems to 'good' overall:

Specialist services	Overall Ratings	Domain	Rating
Wards for older people with mental health problems	Good	Safe	Good
		Well-led	Good

The Trust was left with three should do actions which were all addressed during the inspection and will be audited on an ongoing basis to ensure local adherence.

72 Hour follow up post discharge



South East London
Clinical Commissioning Group

Quality Team Lead	Quality issue No:
Lisa Clarkson	2021
Date 1 st Identified	Planned close date
May 2021	On-going
Impact Rating	Forecast
Moderate	Possible
Impact on Patients	
Potential Psychological & Physical harm	

Brief Summary of the Issue

The Trusts are not meeting internal and national targets for patients followed up within 72 Hours of Discharge. The National target is 80%. Evidence suggests that people with mental health problems, especially those with severe and enduring mental illness, are at particular risk of suicide and that people are particularly vulnerable in the period immediately after they have been discharged.

- Oxleas: Although the Trust had a reported rate of 81% of patients followed up within 72 hours in April 2021, it has a target of 100% follow up for those patients who are at risk of suicide which they are not meeting. This currently stands at 77% with Bexley being the worst performing borough.
- SLaM: None of the boroughs have met the target in 2021. In April 2021, achievement was as follows:
 - Lambeth – 58%
 - Lewisham - 67%
 - Southwark – 60%

Mitigation/Assurance

The CCG has limited assurance that actions being taken by the Trusts to meet the national and internal targets.

Oxleas - The Trust are meeting with the operational leads of each borough to review processes and understand what barriers they are experiencing to meeting their target. The Trust has assured that all patient do receive a follow up usually a further 24 hours later. The Trust are to provide a further update at the next Performance, Quality and Assurance Committee.

SLaM - The Trust has launched a Suicide Prevention, Learning and Support strategy to improve patient safety by learning from incidents, reduce suicide and improve the experience of patients, carers and staff. The CCG's quality team will continue to work closely with the Trust to understand poor performance against this target.

Violence & Aggression in Mental Health Services

Quality Team Lead	Quality issue No:
Lisa Clarkson	2021
Date 1 st Identified	Planned close date
Feb 2021	On-going
Impact Rating	Forecast
Moderate	Possible
Impact on Patients	
Potential Psychological & Physical harm	

Brief Summary of the Issue

Acts of violence and aggression in the inpatient environment have an adverse impact on the delivery of safe and effective care.

- Oxleas – V&A incidents towards staff from patients has reduced from 1082 in 2019/20 to 914 in 2020/21. Indicating a 6% decrease over the course of the year. 2020/21 staff survey data shows a continued need to focus on the various initiatives to reduce incidents of violence and aggression towards staff.
- SLaM - One of the Trust's Quality Priorities is reducing all types of restrictive practice by 50% over 2018-2021. There were 372 incidents of V&A in January and there has been a decrease in incidents to 198 incidents in March 2021. Although there is a downwards shift in incidents of violence; more recently the Trust has had a period of increased rate of violence which is related to the reduced access to PSTS training. The Trust has identified the performance of this indicator as not improving.

Mitigation/Assurance

The CCG has limited assurance that actions being taken by the Trusts are reducing or mitigating the levels of violence in inpatient settings at the pace expected.

Oxleas - QI reducing violence and aggression - including preventive strategies, including de-escalation, 'positive behaviour support', Broset Tool.

SLaM - Currently working to address this deficit with additional courses being arranged to address the non-compliance and additional focus on measures and support to reduce non-attendance and cancellations of booked training. A review of the implementation of the violence reduction plan is currently underway to both speed up implementation and to review the clarity of delivery of the violence reduction programme. Initiatives being tested include ward level safety huddles, environmental improvements and the Safewards interventions

Rapid Tranquilisation

Quality Team Lead	Quality issue No:
Lisa Clarkson	2021
Date 1 st Identified	Planned close date
Feb 2021	On-going
Impact Rating	Forecast
Moderate	Possible
Impact on Patients	
Deteriorating health	

Brief Summary of the Issue

There is a risk that patients health can deteriorate following the administering of Rapid Tranquilisation.

- Oxleas compliance in March was recorded as 100% for physical health monitoring following RT. Although performance is good, not all physical health checks (78%) were completed within the timeframes set in the policy (four checks within one hour).
- SLaM reported 104 incidents in March and this is above the target of 80 incidents per month. Southwark Directorate reported the highest number of incidents representing 53% of all incidents. The Trust has identified the performance of this indicator as not improving.

Mitigation/Assurance

The CCG has limited assurance that actions being taken by the Trusts are reducing or mitigating the risks associated with rapid tranquilisation within the expected targets.

There is a variance in how this indicator is reported by each Trust: SLaM reports RT incidents and Oxleas reports physical health monitoring following RT. For both Trust RT remains a patient safety priority with SLaM setting a target of 25% reduction over 2018-2021.

Oxleas - Heads of Nursing continue to monitor physical health checks timeframes. Weekly ad hoc reports of physical health monitoring after RT sent to executive team. Since August 2020, the use of rapid tranquilisation is being recorded by patient ethnicity. The Trust will be working to triangulate this data with the overall patient caseload in order understand whether restraint is disproportionately used for any particular ethnic group.

SLaM - on-going work to reduce the number of incidents include Quality Centre safety workstream focussing on the implementation of safety huddles across inpatient services. In addition, training as Promoting Safer and Therapeutic Services Training (PSTS) compliance which have been impacted by Covid pandemic now include recovery plans aimed at improving compliance levels. The PSTS training redesign is on-going with a planned launch of level one training in July 2021.

Use of prone restraints

Quality Team Lead	Quality issue No:
Lisa Clarkson	2021
Date 1 st Identified	Planned close date
Feb 2021	On-going
Impact Rating	Forecast
High	Possible
Impact on Patients	
Risk of positional asphyxia.	

Brief Summary of the Issue

There is an increased risk of positional asphyxia associated with prone restraint. Mental Health Services in southeast London and nationally are committed to reducing the use of prone restraint to zero.

- Oxleas - Patient Safety Priority No.1:10% Reduction target for the use of restraint and prone restraint – 6 prone restraints were reported for March 2021, with a noted correlation to an increase in V&A incident on the psychiatric intensive care unit (PICU) in Greenwich
- SLaM- recorded 65 prone restraints in March 2021. Southwark has the highest number of prone restraint incidents (28), followed by CAMHS (16). The Trust has identified the performance of this indicator as not improving.

Mitigation/Assurance

The CCG has limited assurance that actions being taken by the Trusts are reducing or mitigating the use of prone restraint.

Neither Trust has been successful in eliminating the use of restraint across the board; however, continue to progress with initiatives to reduce restrictive practice.

Oxleas - Service Directors receive a weekly restraint incident report every Friday for review and follow up action. All prone restraints are subject to desk top reviews and must be signed off by the service director to examine for learning. Service Directors will assess and support enablers for individual teams eg up-skilling in de-escalation techniques, positive behaviour plans, pre-admission planning and daily planning, culture and leadership and softer skills to create therapeutic environments. Ongoing review of Trust wide Reducing Restrictive Practice Group and workplan including Safe Wards and plans to pilot safety pods on Goddington Ward

SLaM - these include continued targeted training on use of Safety pods. Training compliance for subjects such as PSTS, has been impacted by the Covid pandemic. Training recovery plans are in the process of being implemented to improve compliance which it is envisaged will support reductions in use of restraint and prone restraint. Prone restrain incidents performance monitored at monthly directorate Performance and Quality meetings.

Learning from Quality Alerts

- Quality Alerts are an informal way of notifying the CCG about concerns and issues in the system.
- Quality Alerts are raised by professionals, mostly but not only GPs, when they notice that systems and processes of care are not quite as they should be.
- The top reported themes in Quarter Four were:
 - Referrals
 - Discharge
 - Communication
 - Results
 - Medication

Learning from Quality Alerts Q4 Report

LEWISHAM AND GREENWICH HOSPITAL TRUST

- Patients diverted from Eltham Hospital to Queen Elizabeth Hospital: Patients who tested Covid-19 positive but tested negative at their appointment booking time were being turned away from the X-ray department at Eltham Community and redirected to the main hospital X-ray department. The main hospital X-ray department was treating Covid-19 positive patients therefore creating a greater risk of transmission of the virus to the redirected patients. **Learning and outcomes:** The lead radiographer of the service apologised and acknowledged the impact with the existing pathway and communication. The Covid-19 guidance and restriction policy was reviewed to ensure that only newly diagnosed patients attended the main hospital site for their tests. This led to a smoother diagnostic pathway for non-Covid patients leading to timelier treatment.
- Investigation requests rejected: Alerts highlighted that several requests for imaging were being rejected without any information or reasons being fed back to the referring clinician at the practices. Examples include patients who required Ultrasound scans for Abdominal and Gynealogical investigations. **Learning and outcomes:** The Clinical Governance Manager advised that a software fault on the T-Quest system resulted in rejected requests being returned without any reason to the referring GP in the message section. This fault with T-Quest was highlighted to the radiology department, steps were taken to rectify the fault and as of February 2021, the reason for rejection of any request made via T-Quest will now be included when the request is returned.

Learning from Quality Alerts Q4 Report

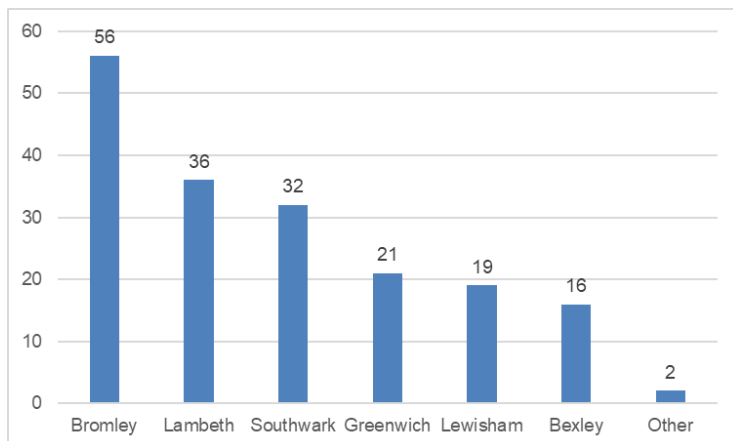
LEWISHAM AND GREENWICH HOSPITAL TRUST

Inappropriate discharge of patients either to home or care homes from a range of departments: there are examples of patients who were discharged by the Hospital without having the appropriate care needs in place, these include limited paperwork, lack of discharge summaries; lack of risk assessments and no post procedure medications. In some cases, patients were discharged to poor living conditions. **Learning and outcomes:** The Clinical Governance Team for Acute Medicine and the complex discharge team have investigated some of the alert concerns stating all doctors have been prompted to recognise and consider vulnerable persons and the home environments prior to discharge.

The department will also be encouraged to consider, and share risks identified to other persons in the home and ensure that are clearly explored with the patient and next of kin prior to discharge. Alerts and incidents are discussed in daily huddles and sharing the learning bulletins. This theme is being monitored and some responses are still being awaited. This theme is undergoing regular monitoring with commissioners in SEL.

Quality Alerts by Borough Q4 Report

- Number of alerts by Borough Q4



- Quality Alerts by provider at Borough level

