# Quality and Safeguarding Report

This report provides an update to the Governing Board on the quality & safety exceptions relating to the services the CCG commissions.

It highlights the actions being taken to ensure services for the people of Portsmouth are safe, of high quality and that any quality concerns and risks are monitored and managed effectively.

It was reviewed in detail at QSEC of 19 June 2019.

## Recommendations/Actions requested

1. The Board is asked to note from this report:

   **SCAS 999:**
   Closed Concerns - Medicines Management and Safeguarding
   NEW Concern opened - Safeguarding Level 3 compliance

   **PHT:**
   Increase in risk score from 12 to 16 in relation to Patient Safety from Urgent Care Pressures

   **Restraint & Restrictive Interventions:** Julia Barton, Executive Director of Quality & Nursing for Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups has written to the Chief Executive of PHT regarding concerns about restrictive interventions practice in the Trust.

   **Maternity Services:** A concern regarding Maternity/Health Visiting communication has been escalated to PSCB and the CCG.

   **Solent NHS Trust:**
   NEW Risk - Opened with a score of 12: Patient Harm as a result of Coast and CCN Service withdrawal

   **Wheelchairs:** Early snapshot data from AJM to reduce long waits for wheelchairs

   **Adolescent Forensic Secure, Northampton**
   A CQC Inspection has rated an Adolescent Mental Health Ward as Inadequate. There is one Portsmouth Looked after Child admitted to the ward. This placement is funded by NHSE.
PSCB/PSCP/PSAB:
Resignations of Board chairs pose a significant risk for the system as there will be no independent oversight until a new chair is appointed.

2. The Board is asked to note material updates not included in this report:

**Solent NHS Trust:** Increase in risk score from 12 to 16 in relation to Capacity of LAC Team to meet increasing demand for initial health assessments for USAM's Engagement Activities – Clinical, Stakeholder and Public/Patient

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<thead>
<tr>
<th>Engagement Activities – Clinical, Stakeholder and Public/Patient</th>
<th>N/A</th>
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<tr>
<td>Item previously considered at</td>
<td>Quality &amp; Safeguarding Executive Committee 19/06/19</td>
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<tr>
<td>Potential Conflicts of Interests for Board Members</td>
<td>None</td>
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<tr>
<td>Author</td>
<td>Karen Atkinson</td>
</tr>
<tr>
<td>Sponsoring member</td>
<td>Innes Richens</td>
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<td>Date of Paper</td>
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This monthly report updates the Quality and Safeguarding Executive Committee (QSEC) on the work carried out by the Quality and Safeguarding Team. Through review and discussion at the QSEC meeting the report supports the Committee in meeting its terms of reference, primarily, to assure the Governing Board that the services the CCG commissions on behalf of the people of Portsmouth are safe, of high quality and that any quality concerns and risks are monitored and managed effectively.

The membership will review quality exceptions, risks relating to commissioned services (including GP Practices), directing and mandating the Quality and Safeguarding team to undertake further actions to ensure required improvements are made, risks are mitigated and progress is evidenced. The committee will ensure exceptions and risks are formally escalated to the Governing Board where it deems necessary.

Contents

1(a) Current Risks ......................................................................................................................... 2
1(b) Current Concerns .................................................................................................................. 2
2. Serious Incident Management ................................................................................................ 3
3. Healthcare Associated Infections ............................................................................................ 4
4. Safeguarding ............................................................................................................................ 4
4(a) Residential, Nursing and Domiciliary Care ........................................................................ 6
5. Providers: ................................................................................................................................ 8
5(a) Portsmouth Hospitals NHS Trust ........................................................................................ 8
5 (b) Solent NHS Trust .............................................................................................................. 18
5 (c) South Central Ambulance Service NHS Foundation Trust – 111 ..................................... 22
5 (ci) South Central Ambulance Service NHS Foundation Trust – ......................................... 25
5(cii) South Central Ambulance Service NHS Foundation Trust – .......................................... 32
Non-Emergency Patient Transport Service (NEPTS) ................................................................. 32
5(d) Portsmouth Primary Care Alliance (PPCA) ........................................................................ 38
5(e) Care UK St Mary’s Treatment Centre & Havant Diagnostics .............................................. 40
5(f) Millbrook Healthcare – Community Equipment Store ..................................................... 41
5(fi) Millbrook Healthcare – Wheelchair Service ...................................................................... 41
5(g) Rowans Hospice: End of Life Care Service ....................................................................... 44
5(h) Spire Healthcare Limited – Spire Portsmouth Hospital ...................................................... 45
1(a) Current Risks

1(b) Current Concerns

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<tr>
<th>Provider</th>
<th>HIGH</th>
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<tr>
<td></td>
<td>Enhanced monitoring over and above usual channels e.g. contract query notices; extraordinary meetings; data interrogation. Monthly updates to QSEG</td>
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| PHT            | • Stroke Services  
                 • Lack of follow up on test results  
                 • Quality of Maternity Services  
                 • Mortality Rates  
                 • Medication Management  
                 • UEC ECG interpretation/Review  
                 • Clinical Letters  
                 • Falls  
                 • PU’s  
                 • Workforce  
                 • Delayed/Missed Diagnosis & Treatment |
| SCAS 999       | • Workforce Clinical Advisor Vacancies  
                 • CQC Actions  
                 • Delays in 999 Response  
                 • Safeguarding L3 Compliance |
| SCAS NEPTS     | • Transport delays  
                 • Call management  
                 • Workforce |
| SCAS 111       | • Workforce Challenges leading to Service Delays.  
                 • NHS Pathways Audit Requirements. |
2. Serious Incident Management

Portsmouth Hospitals NHS Trust serious incidents involving Portsmouth patients April 2018 - April 2019

Solent NHS Trust serious incidents involving Portsmouth patients April 2018 - April 2019

Serious incidents involving Portsmouth patients by category April 2019

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>PHT</th>
<th>Solent</th>
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<tr>
<td>Diagnostic incident including delay meeting SI criteria (including failure to act on test results)</td>
<td>3</td>
<td>0</td>
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<tr>
<td>Disruptive/ aggressive/ violent behaviour meeting SI criteria</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Pending review (a category must be selected before incident is closed)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Slips/trips/falls meeting SI criteria</td>
<td>2</td>
<td>0</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>5</strong></td>
<td><strong>4</strong></td>
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3. Healthcare Associated Infections

No Report available this month.

4. Safeguarding

1. Overview
CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system. It should be recognised that the Designated Professionals and Adult Safeguarding Leads undertake a whole health economy role. It is crucial that Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance if appropriate services are to be commissioned that support adults at risk of abuse or neglect, and children, as well as effectively safeguard their well-being. CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding.

The role of CCGs is also fundamentally about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable. CCGs need to demonstrate that their Designated Clinical Experts (children and adults), are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

The CCG currently have all but one required designated and named professionals in place. The Designated Doctor for LAC post is currently vacant.

2. Risks & Concerns

**Risk:** R.Ports.QUA 17; Solent; Capacity of LAC Team to meet increasing demand from USAMs

*Opened: 25 February 2018*  
*Original Score: 9*  
*Current Score: 9*

**Description:** There has been a significant increase in the number of unaccompanied asylum seeking minors (UASM) coming into Portsmouth Port over the last two years. This has escalated in the last 6 months. There have also been concerns that a large number of the UASM are not registered with a GP.

**Current Position:** There has been a small drop in the number of LAC with 479 LAC reported at the end of May 2019 (compared to 485 as reported end February 19) with 97 (101 last report) of these being UASM. UASM numbers remain disproportionately high when compared to other LAs. LA has now funded placements in local residential young people (16-17 years of age) placements. There are now 28 beds across the city for UASM. Solent NHS Trust are currently struggling to provide initial health needs assessments as they have issues with long-term sickness and staff vacancies amongst their medical staff. With more UASM remaining in the city this could further escalate the problem of availability of initial health assessments being offered within 20 days.

**Mitigating Actions**
Monitor performance regarding number of IHA's and RHA's completed within timescales. An escalation process has been devised between Solent and CCG to raise delays in obtaining health assessments for children placed out of area and was rolled out from March 2019.

**Assurance Statement**
The IHA’s not completed in timescale for children placed in area all have appointments. Majority of LAC are now registered with a GP and can access health services as required.

**Recommendation for Quality & Safeguarding Executive Committee:**
Continue to monitor performance and maintain current risk score.
Description: The Designated Doctor for LAC post is currently vacant. Solent NHS Trust are no longer able to provide the role. Portsmouth Hospitals Trust are currently unable to release a paediatrician to undertake the role. The CCG will not be fulfilling its statutory responsibility to provide a Designated Doctor for LAC.

Current Position: The Designated Doctor post is now vacant. Solent NHS Trust has formally withdrawn from this role and have agreed to release money from the block contract, to enable the CCG to employ a Designated Doctor from another provider. Portsmouth Hospitals Trust are currently unable to release a paediatrician to undertake the role. PCCG have gone out to GP’s for expressions of interest and we have had one expression of interest. Interviews will be held on 02.07.19. There is a Designated Nurse in post.

Mitigating Actions
Deputy Director and the Designated Nurse are supporting the LAC Service at present. We are interviewing on 02.07.19 for the role.

Assurance Statement
There is a Designated Nurse for LAC in place. Solent NHS Trust has a Named Nurse and Doctor for LAC. Deputy Director and the Designated Nurse are supporting the LAC Service at present.

Recommendation for Quality & Safeguarding Executive Committee:
Risk remains present; however it is hoped that the role will be filled in the next month

3. Current and on-going work streams

- Child G Multi-Agency Review and Mr D Safeguarding Adult Review were published on 14 May 2019. There has been some minor media interest with contact from BBC South today and Portsmouth News. PCC Comms team have responded and no further queries have been received.
- Learning events for Mr D and Child G are currently taking place with CCG safeguarding facilitating some of the sessions. There has been good multi-agency attendance and more dates have been added to meet demand.
- SCR for Child H remains at first draft due to additional information being requested from providers.

Restraint and Restrictive Interventions at PHT
Julia Barton, Executive Director of Quality & Nursing for Hampshire and Isle of Wight Partnership of Clinical Commissioning Groups Has written to the Chief Executive of PHT regarding concerns about restrictive interventions practice in the Trust. The Trust has undertaken a review of restrictive practice and an internal audit was completed by TIAA in April 2019. A robust action plan has been developed and is being worked through. Both Portsmouth Safeguarding Adults Board and Safeguarding Children Board have been informed by the Trust. In addition CQC have been informed.

PHT Maternity Services
A concern regarding Maternity/Health Visiting communication has been escalated to PSCB and the CCG. Despite the agreed AN pathway being launched midwifery liaison and handover of care remains challenging and impacts the timeliness of referrals being received for both FNP and ECHO. Work is being done with both PHT and Solent to address this issue. It is a Portsmouth only issue with Hampshire Health Visiting reporting a very positive relationship with PHT and no concerns regarding liaison

Nursing Home A, Waterlooville
There have been no new concerns raised. The home is still under threat of closure if improvements are not sustained. PCCG continue to have two CHC funded residents at the home and risk assessments and care plans are being regularly reviewed by CHC Nurses. New placements continue to be explored
Private Hospital B, Wiltshire
The Hospital closed on 09 May 2019. The single PCCG client was moved without incident on 09.05.19 to a unit in Northampton. He has settled well into his new placement and the CHC team are regularly reviewing his care. There will be a full MDT in August at the end of his 3 month assessment period.

Adolescent Forensic Secure, Northampton
A CQC Inspection has rated an Adolescent Mental Health Wards as Inadequate. There is one Portsmouth Looked after Child funded by NHSE resident. There is one CCG CHC funded adult in another unit in the same location (see above).

Whorlton Hall Hospital /Cygnet Health Care Limited
Cynet group managed Whorlton Hall a 17 bed Unit in County Durham which was recently closed due to allegations of abuse exposed in a recent Panorama programme. Cygnet are a large company with a number of homes. Following issues raised regarding Whorlton Hall we have reviewed our placements and we have one AMH patient in a Cygnet Group rehab unit. His care plan is being regularly reviewed.

The Safeguarding Adult Board asked whether we have any other CCG funded individuals in any similar larger establishments across the country.

Number of PCCG funded patients with a primary diagnosis of LD in a specialist hospital environment = 1
Number of any PCCG funded patients in a Cygnet establishment = 1
Number of any PCCG funded patients in any specialist hospital = 10 (9 are AMH)

PSCB/PSCP
The final safeguarding Children arrangements have been agreed and are ready for sign off (on agenda). The current Board chair leaves in mid-August and the newly appointed chair starts in September so there will be a two week gap. The new chair is Derek Benson who will also be the chair of Hampshire, IOW and Southampton Safeguarding Partnerships going forward. The Board/Partnership manager is currently off sick and will be returning to work on 19 June for two weeks. She will then be off sick again following planned major surgery for up to 3-6 months. There is currently no interim appointed. If an interim is not identified this will be a significant risk for the Partnership and the CCG during this period of change. PCC host the partnership manager role and this has been raised to them.

PSAB
PSAB independent chair Robert Templeton has resigned and will be leaving imminently. This will mean that Hampshire, Portsmouth and Southampton Safeguarding Adult Boards will not have an independent chair. The IOW chair is also leaving. This is a significant risk for the system as there will be no independent oversight until a new chair is appointed. The role is hosted by PCC and recruitment has not yet started.

4(a) Residential, Nursing and Domiciliary Care

1. Overview
Portsmouth Clinical Commissioning and Portsmouth Adult Social Care rely on residential service providers to provide safe high quality care for vulnerable residents. Without sufficient capacity of good quality care the flow in and out of an urgent care system is severely compromised. The CCG fund a number of CHC places for local residents and are responsible for ensuring safety and quality of care for those residents.

2. Nursing/Residential/Dom Care Dashboard
A quality dashboard has been established which combines CQC ratings with other intelligence about providers. This is reviewed bi-monthly at the PCC / PCCG Quality Board and used to prioritise the work of the Quality Improvement Team and other services.
3. Risks & Concerns

Risk: R.Prts.QUA 16; Quality and Safety Concerns across Portsmouth City Residential Service Provision
Opened: 22 November 2017   Original Score: 16   Current Score: 12

Description:
Portsmouth Clinical Commissioning Portsmouth Adult Social Care relies on residential service providers to provide safe quality care for vulnerable residents. Without sufficient capacity of good quality care the flow in and out of an urgent care system is severely compromised. Concerns from key health and social care professionals across the care economy about the quality and safety of residential services and the absence of sustained improvement have been raised. This is reflected within Care Quality Commission inspection ratings across residential service provision.

Current Position:
Thirty three percent of social care providers are rated as Requires Improvement or Inadequate by the Care Quality Commission.

Between 1st May and 7th June, four CQC reports have been published. Regency nursing home increased its rating to Good, The Haven Rest Home increased its rating to Requires Improvement, Your Life domiciliary care was rated for the first time at Good and Universal Care Agency remained on a rating of Requires Improvement.

Mitigating Actions
There are a number of Initiatives to improve the landscape across Portsmouth City Residential Service Provision underway including the Enhanced Care Home Service, the Quality Improvement Team and the Independent Visitor Service. The Quality Improvement Team are prioritising homes with a Requires Improvement rating to support through their quality audit process.

Assurance Statement
A joint Quality Board involving Portsmouth Adult Social Care, Portsmouth Clinical Commissioning, Portsmouth Healthwatch and the Care Quality Commission meets bi-monthly to provide strategic oversight to quality issues across the sector.

Risk: R.Ports.QUA 19; Patient care & Patient Experience-Loss of Provision at Short Notice
Opened: 05 March 2018   Original score: 12   Current score: 12

Description:
There are concerns that homes may be closed by CQC at short notice. The mitigating actions below will be implemented and any potential for harm or negative clinical outcomes and experience caused will be controlled using the home closure framework.

Current Position:
There is currently two residential care homes assessed by CQC as inadequate – Beaconsfield and Kinross. CQC are in formal discussions with one home.

Mitigating actions:
One of the homes assessed by CQC as inadequate is currently participating in the Quality Improvement team’s audit process. All homes rated as Requires Improvement will be invited to get involved with the process by the end of 2019.

Assurance Statement:
The Quality Improvement Team has been established to provide support to homes. The Quality Improvement has developed an audit process and is working in partnership with care homes. Safeguarding leads working with CQC and PCC to reduce risks and identify learning.
5. Providers:

5(a) Portsmouth Hospitals NHS Trust

1. Overview
Portsmouth Hospitals Trust (PHT) is commissioned by Portsmouth, Fareham & Gosport and South Eastern Hants CCGs, Portsmouth CCG is the lead commissioner and the quality management of the contract is undertaken by South Eastern Hants CCG on behalf of the Compact.

It should be noted that CQRM’s are now quarterly with SAIP replacing them. The first such meeting was held in June although due to leave I was unable to attend. From next month’s attendance we should have a clearer picture of how they will work. The TOR’s are contained in section 4 following.

2. Quality Dashboard Exceptions
Due to the change from CQRM to SAIP there is no Quality Report from FGSEH. PHT still provide an IPR report and the Quality Element is below. As the SAIP moves forward the content and what is brought to QSEC will be clearer. The majority of this first meeting was, based from the agenda, looking at the Quasar report; Risk issues; and discussion around TOR’s /Timings of meeting/ Agenda and meeting content.

The key points noted were:

- Trend for reduction in HSMR (Hospital Standardised Mortality ratio) continues.
- There were a total of 5 Never Events in 2018/19, compared to 7 in the previous financial year.
- They are seeking to use national benchmarking data regarding serious incident rates in order to enable more meaningful comparison of trend.
- A consistent focus on pressure ulcers and falls prevention has led to the Trust maintaining the rate of these incidents despite operational reported pressures.
- Following a recent Coroner’s inquest the Trust has received a Regulation 28 report relating to communication between the ambulance service and the Emergency Department (As well as SHFT). A response is due by July.
- The quality of data in relation to deteriorating patient and sepsis continues to improve under the leadership of the deteriorating patient group.
- There are ongoing difficulties with obtaining Mental Health data from the Mental Health Liaison Team although they have been hampered by workforce issues.
## QUALITY SCORECARD

### Pressure damage
- **Category 4 - Confirmed hospital acquired (externally reported):** Monitor 0 0 0 1 0 0 0 0 1 0 0 0 0 1 0 0 2
- **Category 3 - Confirmed hospital acquired (externally reported):** Monitor 0 0 0 1 4 9 1 0 1 1 0 0 0 0 0 0 0 17
- **Category 3 & unstable - hospital acquired (excludes externally reported):** Monitor - - - - - - 6 5 5 10 3 3 4 4 4
- **Category 1 & 2 pressure damage (validated by Tissue Viability):** Monitor 3 10 6 4 8 6 10 8 6 10 7 6 4 4 4
- **Pressure ulcers per 1,000 occupied bed days (reported moderate and severe harm incidents):** Monitor 0.4 0.2 0.3 0.1 to be validated to be validated to be validated to be validated to be validated to be validated to be validated to be validated 0.0 0.0 0.0

### Falls
- **Total falls incidents reported:** Monitor 223 220 170 223 202 193 223 203 194 241 206 209 243 243 243
- **Falls confirmed resulting in severe harm or death:** Monitor 3 2 3 2 2 2 3 0 3 2 0 5 5 5
- **Falls confirmed resulting in moderate harm:** Monitor 1 1 0 0 3 1 4 2 2 4 2 0 3 2 2
- **Falls incidents per 1,000 occupied bed days:** Monitor 0.2 0.2 0.1 0.1 to be validated to be validated to be validated to be validated to be validated to be validated to be validated 0.2 0.2 0.2

### Medication
- **Total medication incidents reported:** Monitor 239 259 207 203 203 183 236 235 221 240 245 247 223 223
- **Medication confirmed incidents resulting in severe harm:** Monitor 1 1 1 1 0 0 0 0 0 0 0 0 0 0
- **Medication confirmed incidents resulting in moderate harm:** Monitor 2 1 1 0 1 1 0 2 0 0 0 0 4 2
- **Medication incidents per 1,000 occupied bed days:** Monitor 0.3 0.2 0.2 0.2 to be validated to be validated to be validated to be validated to be validated to be validated 0.0 0.0 0.0

### NHS Safety Thermometer
- **Total harm free care:** Monitor 97.20% 97.70% 97.60% 96.50% 96.00% 97.30% 97.30% 97.30% 97.00% 97.00% 97.00% 97.00% 97.00% 97.00%
- **Trust harm free care:** Monitor 98.90% 98.70% 99.20% 98.20% 97.30% 98.80% 98.20% 98.40% 98.40% 98.10% 98.00% 99.00% 98.00% 98.00%

### Healthcare Acquired Infection
- **MRSA - Avoidable:** Monitor 0 0 0 1 0 0 1 0 0 0 0 0 0 0 1 0 0 0
- **MRSA - Unavoidable:** Monitor 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
- **C-Difficile:** Monitor 63 cases 2 1 5 1 4 2 1 0 1 2 3 3 4 4 4

### Monitoring of Incidents
- **Unaccompanied Events:** Monitor 1 0 0 0 0 1 0 1 0 1 0 0 1 0 0 0 0 0
- **Serious Incidents Requiring Investigations (SIRIs) (Total reported in month):** Monitor 8 30 9 9 13 15 10 8 6 7 8 5 5 5 5
- **Serious Incidents Requiring Investigations (SIRIs) (Total reported to STEIS in month):** Monitor 10 8 12 9 30 10 13 18 11 4 9 4 5 5 5
- **SIRIs per 1,000 occupied bed days (Total reported in month):** Monitor 0.3 0.3 0.3 0.3 to be validated to be validated to be validated to be validated to be validated to be validated 0.3 0.3 0.3
- **SIRIs unsolved >60 days:** Monitor 24 18 10 12 30 13 19 18 21 25 22 24 23 23 23
- **Duty of Candour breaches:** Monitor 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
- **Patient safety incidents (excluding SIRIs):** Monitor 1500 1719 1544 1848 1674 1481 1853 1716 1915 2157 2074 1874 2153 2153 2153
- **CAS alerts over deadline:** Monitor 0 0 0 0 0 0 0 0 0 0 0 3 3 3 3
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<td><strong>Other safety metrics</strong></td>
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<td>Venous Thrombo-embolic (VTE) screening (confirmed data reported month behind)</td>
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<td>Trust Hospital Standardised Mortality Ratio (priority)</td>
<td>100.9 - 110.5</td>
<td>107.9</td>
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<td>105.9</td>
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<tr>
<td><strong>Summary Hospital-level Mortality Indicator (SHMI)</strong></td>
<td>102.1 - 111.7</td>
<td>107.19</td>
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<tr>
<td>Dementia - case finding question</td>
<td>≥ 90% each quarter</td>
<td>73.6%</td>
<td>68.7%</td>
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<td>79.9%</td>
<td>88.4%</td>
<td>81.1%</td>
<td>88.3%</td>
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<td>88.3%</td>
<td>88.3%</td>
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<tr>
<td>Dementia - Diagnostic Assessment</td>
<td>≥ 90% each quarter</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Dementia - Care plan on discharge</td>
<td>≥ 90% each quarter</td>
<td>100%</td>
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<td><strong>Mixed sex accommodation breaches</strong></td>
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<td>Non-clinically justified single sex accommodation breaches (number of patients affected)</td>
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<td>Single sex accommodation breaches relating to facilities (number of patients affected)</td>
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<td><strong>Complaints and PALS</strong></td>
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<td>Complaints acknowledged &lt; 3 working days</td>
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<td>100%</td>
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<td>Complaints per 1,000 contacts (all types) (reported 1 month in advance)</td>
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<td>0.64</td>
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<td>Non-clinical patient moves 2100 - 0000 (average per day)</td>
<td>&lt;3 after 2100</td>
<td>2.1</td>
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<td>3.3</td>
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<td>Non-clinical patient moves 0001 - 0700 (average per day)</td>
<td>&lt;3 after 2100</td>
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<td>1.9</td>
<td>1.4</td>
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<tr>
<td>Outliers</td>
<td>Monitor</td>
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<td>1320</td>
<td>2020</td>
<td>1244</td>
<td>1329</td>
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<td>Outliers (average per day)</td>
<td>Monitor</td>
<td>74</td>
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<td>65</td>
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<tr>
<td>In-patient and day case response rate</td>
<td>Similar or above national average</td>
<td>32.1%</td>
<td>32.4%</td>
<td>21.9%</td>
<td>32.5%</td>
<td>24.5%</td>
<td>27.6%</td>
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<td>41.6%</td>
<td>43.0%</td>
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<tr>
<td>Emergency Department response rate</td>
<td>Similar or above national average</td>
<td>11.5%</td>
<td>19.3%</td>
<td>27.5%</td>
<td>25.3%</td>
<td>26.7%</td>
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<tr>
<td>In-patient percentage recommend - positive</td>
<td>Similar or above national average</td>
<td>97.8%</td>
<td>97.1%</td>
<td>97.8%</td>
<td>98.3%</td>
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<td>In-patient percentage recommend - negative</td>
<td>Similar or above national average</td>
<td>0.6%</td>
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<tr>
<td>Emergency Department percentage recommend - positive</td>
<td>Similar or above national average</td>
<td>95.5%</td>
<td>95.2%</td>
<td>89.0%</td>
<td>95.0%</td>
<td>90.5%</td>
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<tr>
<td>Emergency Department percentage recommend - negative</td>
<td>Similar or above national average</td>
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<td>Maternity response rate question 2</td>
<td>Maximise responses</td>
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<td>27.7%</td>
<td>11.7%</td>
<td>31.3%</td>
<td>16.7%</td>
<td>22.4%</td>
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<td>Maternity percentage recommend - positive</td>
<td>Maximise responses</td>
<td>99.1%</td>
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<tr>
<td>Maternity percentage recommend - negative</td>
<td>Maximise responses</td>
<td>0.9%</td>
<td>0.9%</td>
<td>2.9%</td>
<td>2.5%</td>
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3. Risks and Concerns

**RISKS**

**Emergency Department & Urgent care Risk (16 Increase from 12)**

Risk rating increased to 16 in response to heightened concerns over increased operational pressures and a decrease in performance. Also ongoing concerns over issues relating to patient dignity, flow and leadership during times of increased pressure as highlighted by recent CQC visit report (see below). 4 hour performance has deteriorated to 136/137 trusts nationally.

**Restraint Practices (16)**

There is a lack of assurance around restraint practices at PHT. A recent incident and external TIAA audit highlighted concerns and also found concern with regard the culture within the security team. A Task and Finish group has been established and recently had their second meeting 28/5/19

- Agreement to implement internal audit (tiaa) recommendations
- Undertake a detailed risk comparator with other acute Trusts including looking at their security resources and contractual arrangements
- Aim to standardise incident/issues reporting between the security provider and rest of Trust
- PHT to inform CQC
- Learning & Development team to undertake TNA for training and development, being cognisant of current culture and stress impact on staff involved in any form of restraint practice. To explore new models/approach such as developing a bespoke specialised team to support staff
- Link in with Respect & Protect Campaign
- PHT Board updated by PHT DoG

A Letter of escalation of concern with suggested actions for assurance has been sent from CCG to Mark Cubbon at PHT seeking urgent an urgent response to concerns raised.

**Delays in assessment and treatment of patients for planned care (16)**

- Overall reduction in number of patients waiting over 35 weeks
- Reduction in diagnostic performance to 92% driven mainly by ultrasound performance.
- Integrated Care Partnership Elective Care Programme is developing a number of schemes to mitigate activity growth and support improvement; however any capacity gains will initially offset backlogs in waiting lists and OWL.
- The 92% RTT standard was not achieved. This standard will not be achieved in 2019/20, and has not been commissioned.
- There were no in month, or month end breaches of the 52-week standard.

Increasing waiting lists in the following specialties:
- ENT
- Ophthalmology
- Dermatology
- Gynaecology

Increasing 35 week waits:
- T&O
- ENT
- Ophthalmology
- Gastroenterology
- Gynaecology
Adults and children who require mental health care provision risk (12)

Although vacancies remain, a RMN 1.0 WTE has been recruited to ED with an honorary contract with Southern Health Foundation Trust which includes all governance arrangements.

Compliance with Dementia screening reduced in April to 88.3%, likely due to operational pressures, anticipated improvement in May. There is low adherence of staff (51%) reading rights prior to section 132. This has highlighted the need for training to staff undertaking this task as it contributes towards an illegal detention.

The Ligature Risk has been looked at from High Risk Areas only rather than the whole building which was deemed unnecessary. There is a ligature free assessment room in ED.

A system-wide meeting was planned for 10/06/19 to discuss high-level MH challenges at PHT.

Safeguarding (12)

There has been an increase in MCA/DoLS Level 2 training compliance above the recognised target level of 85% at 87%. The lapsed not granted data demonstrates a significant decrease.

The MH lead reviewed nine sets of notes to establish whether DoLS or MH Act had been appropriately documented; compliance was noted in all documentation reviewed. In April, there have been 2 simulation sessions and 1 bespoke training to Paediatrics on MCA in Paediatric context and decision making.

There has been an improved position on majority of safeguarding training compliance although Safeguarding Children Level 3 has declined, with the target of 85% not being achieved. Eight bespoke and standard training sessions have been arranged to address this. Medical and Dental Staff continue to be the lower staff group in training compliance.

The management of mechanical restraint was added to the PHT Corporate Risk Register.

Governance Risk (9)

The Chief Nurse and the Deputy Director of Nursing both recently left PHT and the New Chief Nurse commences in post 10/6/19. Two Deputy Chief Nurses have been appointed. There will be a period of settling in so there remains is a risk that the current new Governance processes may be affected.

It was planned that FGSEH CCG would be seeking assurance over ongoing governance of patient safety incidents at the recent SAIP meeting. Also, for a meeting to be coordinated between PHT and CCG to enable further clarification of current and planned processes.

CONCERNS

- Stroke services: Level B and trajectory were achieved in quarter Q2 (validated data) and provisional data for Q3 indicate Level B may be maintained. Achievement of Level A primarily reliant on access to Speech and Language Therapy (SLT), rapid identification of stroke patients and meeting scan (<1hr) / admission (<4 hrs) targets. Work is underway with Clinical Delivery Division to review SLT requirements and develop 19/20 business case/options paper to support sustainable improvements in patient care i.e. access to timely SLT assessments. Ongoing recruitment to F4 nursing and medical staffing; mitigated by secondment of experienced B7 pending substantive appointment. Meeting with all locums to consider Direct Engagement (1 already transferred to this arrangement). The stroke Leadership Posts have been redefined and an Interim Clinical Director secured, also SSN resource (4 WTE) core working hours adjusted to provide more consistent cover during period of peak activity (9am – 6pm).

- Medication management: Medicines reconciliation completed by pharmacy staff within 24hrs remains under 80% target at 75%. Oxygen events have been identified as a recurring theme from medication events reported over the last year. An Oxygen Subgroup of the Medication Safety Committee is reviewing potential improvements to the use of the oxygen section of the drug chart and a thematic review of oxygen safety learning events over the last year has been completed and will be reported through the Trust Quality and Performance committee. The pharmacy robot has failed on a couple of occasions recently and is becoming increasingly unreliable leading to significant delays in workflow. There is also human factors impact; recent robot failure led to five safety learning events. Funding for a replacement robot has been agreed and procurement is underway.
• Falls resulting in harm (year-to-date total of 45 moderate/severe harm falls reported (1 severe in March). 14% reduction in number of severe and moderate harm falls reported in 2018/19. 22% reduction in falls resulting in severe harm compared with 2017/18. Internal falls audit has commenced which includes data required for the national CQUIN. A review of falls assessments in the Emergency Department is being undertaken.

• Pressure ulcers: 15% decrease in overall incidence of hospital acquired pressure damage in 2018/19 versus 2017/18. Top 3 learning themes identified from pressure ulcer investigations are documentation, clinical assessment and education / knowledge / training. One Category four pressure ulcer has been reported externally; incident involves education around diabetic patients and neuropathy. Three unstageable pressure ulcers reported in March, one of which was from a medical device. An increasing number of referrals and therefore specialist nursing time spent on administration is resulting in less time being available for education and supporting clinical areas in patient safety. The impact of the additional capacity and the effect of this on overall nurse staffing numbers continue to be a risk. These issues are known and being addressed by the Lead Nurse for workforce, working with HR and the Divisional Nurse Directors.

• Workforce: registered workforce challenges remain; the funded establishment for Month 12 was 7,206 FTE with 6,590 FTE staff in post resulting in a vacancy figure of 555 FTE, of which 291 FTE are Registered Nurses. International recruitment has been successful with 108 international nurses recruited during 2018/19. Workforce capacity continues to be identified as a significant theme throughout the IPR, impacting on patient experience, patient safety, operational performance and training and appraisal rates. The area with the greatest challenge is Band 5 ward based nursing (14.4%). The in-month absence rate decreased to 3.7%, (3.9% Wessex average) and the overall staff turnover rate (12 month rolling average) decreased to 12.4%. The Month 12 Appraisal compliance rate increased to 82%, and the Essential Skills compliance rate remains above target at 91%. A targeted national recruitment programme is underway and new guidance on flexible working has been issued to ward managers.

• UEC ECG Interpretation/review: FGSEH CCG has become aware through attendance at the SI panel on 4th January that PHT have identified a concern in the ability of staff ensuring a timely and appropriate assessment of ECGs in ED/AMU. The trust is currently undertaking a review of the cluster of incidents that have been reported.

• Serious incidents (SI): Reduction in total number of patient safety events from numbers in January and February. Decrease in number of moderate harm events although remains higher than pre January numbers. The crude number of Serious Incidents Requiring Investigation (SIRI) has decreased further. In part due to no falls with harm in March. The number of SIRIs as a percentage of all incidents has reduced further to 0.26. The Trust reported a Never Event in March. The event was wrong site surgery and involved the removal of an incorrect bone due to surgical error related to the identification of the correct bone. The event occurred in MSK theatres. An external investigation has been commissioned. Delays continue with getting the required SI investigators both numerically and clinical experience wise.

• Clinical letters: the CCG became aware, through QUASAR surveillance, that there is an issue in ensuring that clinical letters are shared with the GPs within the contracted timeframe of 7 days which potentially can impact on patient care. PHT have identified that there is a delay with locally dictated letters and work is ongoing to explore the issue and come up with a long-term solution with a pilot project for an electronic system commencing last month.

Other concerns on enhanced monitoring:
• Delayed/Missed diagnosis and treatment.
• Follow up of test results.
4. Updates

**CQC visit to Emergency Department 25 Feb 19 Summary of Findings**

This was a focussed, unannounced inspection of the emergency care service at Queen Alexandra Hospital. They did not inspect all key lines of enquiry and so did not issue any revised ratings of the urgent and emergency care service.

The key findings were:

They found there to be very limited clinical leadership of the emergency department, and in particular, the pit-stop area and ambulance reception area until the departmental Clinical Lead assumed control at approximately 16:00.

At times, they observed patients being handed between five different nurses with no clinical interventions occurring. They identified these multiple handovers do introduce an element of risk for patients.

The nurse-in-charge was observed undertaking a range of task orientated activities including the physical movement of trolleys and patients; this distracted them from managing the emergency department and likely impacted on the poor flow across the emergency pathway.

Majors B lacked any noticeable senior clinical leadership; oversight of flow was by way of a band four associate practitioner (Nursing). Patients experienced delays in discharge because of a lack of suitably competent staff or the availability of equipment.

Flow through the pit-stop process was slow and at times became stagnated. There was confusion as to the purpose of the area with some patients receiving extended levels of care, again despite other patients waiting in the department for their treatment to commence. Again, there lacked any noticeable clinical leadership of the area which impacted on the smooth flow of patients through the emergency pathway.

The waiting room did not have sufficient seating to accommodate patients during peak times. Patients and visitors were observed standing for extended periods because of a lack of seats. We noted the streaming nurses to be competent at undertaking initial assessments. Patients did however experience delays in their care commencing, in part because of a congested emergency department. Patients also experienced delays in being initially assessed by the streaming nurse.

There was a lack of robust assurance to support the effectiveness of the streaming pathway.

Hand hygiene practices and compliance remained poor with very limited hand decontamination taking place during the inspection.

There were occasions when the privacy and dignity of patients was not protected. During feedback they provided examples of occasions when nursing staff had failed to cover patients up; instead opting to half close cubicle curtains.

Frail elderly patients were left for periods of time in Majors with no access to call bells, and left in unacceptable state of undress.

Patients were observed being moved through the department without being spoken to; staff routinely released the brakes on trolleys and started moving patients. Again, this was a common observation; it showed little in the way of positive communication between patients and staff.

It was noted that the new bereavement facilities were a significant improvement on the facilities which had been found to be lacking at previous inspections.

The improvement board, located in the department, was observed to be well used with encouraging signs the views and voices of staff were being considered and heard respectively. They found a sense from staff of improvements in relationships between the trust leadership team and staff working in the emergency department. Staff reported members of the executive team to be highly visible and supportive during times of surge.
The introduction of dedicated training time was welcomed by junior doctors across the department. The protected rostered non-clinical time for consultants to provide dedicated training on a weekly basis will be of great benefit to trainee doctors.

The use of the Hospital and Ambulance Liaison Officer (HALO) to oversee and co-ordinate the arrival of ambulances during times of surge, and the working relationships between the local NHS ambulance trust and Portsmouth Hospitals NHS Trust seemed robust. They observed good working relationships between ED staff and ambulance staff. There was clear prioritisation of patients who remained “On-board” ambulances due to limited capacity in the emergency department.

The service maintained a risk register which recorded known risks and rated them according to their potential impact. The risk register reflected the risks spoken about by staff in the department. The risk register further acknowledged the challenges inspectors identified during the inspection. There was a sense the leadership team were more aware of the challenges they faced than was the case in the previous inspection.

A range of staff including doctors, nurses, support workers, administrative staff and representatives from the local NHS ambulance trust reported they were able to raise concerns to local the management team without fear of retribution.

Staff told us they felt supported and were encouraged to be open and transparent. There was an appetite among staff to improve the quality of care provided in the department.

Health professionals reported good multi-disciplinary working with positive relationships existing between doctors and nurses for example.

Many staff described their work colleagues as their second family and said they would not want to work anywhere else. This continued to be the case at this inspection despite the department having experienced very busy periods over the preceding weeks.

**Terms of Reference for Shared assurance & Improvement Programme Group (SAIP)**

The change from CQRM to SAIP now has its Terms of Reference. Key parts are;

1. **Objectives**
   
   The Board of PHT and the Governing Body of the South Eastern Hampshire, Fareham & Gosport CCG acknowledge the need for effective oversight and management of the quality of services provided by PHT to patients and service users under the contract between PHT and the CCG. A Shared Assurance & Improvement Programme for the purpose of delivering such oversight by:
   
   i. Assessing the quality of services provided
   ii. Agreeing methods and approaches to be used to identify the causes of any deficiencies noted
   iii. Agreeing any necessary quality recovery activity, and
   iv. Identifying opportunities for further improvement
   v. Making recommendations to inform the reports of the Director of G&R to the PHT Q&P Committee about Care Group, Divisional and Trust-wide quality improvement activity, and, as necessary risk management activity is hereby established.

2. **Purpose**
   
   The purpose of the Shared Assurance & Improvement Programme is to:
   
   i. Review and monitor quality related intelligence available to PHT and the CCG
   ii. Identify shared areas of concern and commendation
   iii. Agree an appropriate approach to developing a deeper understanding of the areas of concern
   iv. Agree actions and plans for improvement in associated areas
3. **Authority**

The Programme Group is authorised by the Trust Board to investigate or approve any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

4. **Reporting**

4.1 The minutes of the Programme Group meetings shall be formally recorded. A summary of the Programme Group’s findings shall be presented to the Trust’s Quality & Performance Committee in the form of a Quality Assurance & Improvement Report. The Director of Governance & Risk shall draw to the attention of the Trust Board any issues that require disclosure to the full Trust Board, or require executive action.

4.2 The minutes of the programme group meetings shall inform the discussions at the CCG monthly joint quality operational group and will support the population of the CCG provider risk and concerns register where applicable. Any exceptions from the meeting will inform the exception report to the monthly CCG’s Clinical Delivery Group and the monthly Hampshire Partnership CCGs Quality, Performance and Finance committee.

5. **Membership and Attendees**

The Group shall consist of the following members:

- **CCG**
  - Deputy Director of Quality & Nursing
  - Senior Clinical Quality Officer
  - Quality Support Officer

- **PHT**
  - Director of Governance & Risk and/or Deputy
  - Chief Nurse and/or Deputy
  - Head of Governance

Other members may be co-opted on to the Group as required, either for additional work or for the purpose of communication or presentation.

A representative of NHSE/I will also be invited to attend, as will a representative of the local Healthwatch.

6. **Attendance**

Members of the Group should aim to attend all scheduled meetings. Members unable to attend should indicate in writing to the Administrator, ideally at least 7 days in advance of the meeting and nominate a deputy (except in extenuating circumstances of absence), who is appropriately briefed to enable participation in the meeting.

A register of attendance will be maintained and the Chair of the Group will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member weaken the functioning of the Group, the Chair will discuss the matter with the member and, if necessary, seek a substitute or replacement.

7. **Meetings**

The Group shall meet monthly. The Chair may request an extraordinary meeting if he/she considers one to be necessary.

Items for the agenda must be sent to the Administrator a minimum of 14 days prior to the meeting; urgent items may be raised under any other business.

An action schedule will be circulated to members 2 working days following each meeting and must be duly completed and returned to the Administrator for circulation with the agenda and associated papers.

The agenda will be sent out to the Programme Group’s members one week prior to the meeting date, together with the updated action schedule and other associated papers.
8. **Quorum**
A quorum is determined as being at two representatives of the CCG and the Trust.

9. **Administrative Support**
The Committee shall be supported by the Administrator, whose duties in this respect will include:

- Collation of papers and drafting of the agenda for agreement by the Chair of the Programme Group
- Taking the minutes and keeping a record of matters arising and issues to be carried forward
- Advising the group on scheduled agenda items
- Agreeing the action schedule with the Chair and ensuring circulation within 2 working days of each meeting
- Maintaining a record of attendance

10. **Monitoring Effectiveness**
In order that the Programme Group can be assured that it is operating at maximum effectiveness in discharging its responsibilities as set out in these Terms of Reference and, if necessary, to recommend any changes to the Quality & Performance Committee, the Chair will ensure that once a year a review of the following is undertaken and reported to the next meeting of the Programme Group:

- The objectives set out in section 1 were fulfilled;
- Members’ attendance was achieved 75% of the time;
- Agenda and associated papers were distributed 7 days prior to the meetings;
- The action schedule was circulated within 2 working days, on 80% of occasions

**Maternity Services**
Although Maternity Services are under enhanced monitoring, Solent NHS Trust raised a new concern with regard antenatal communication between PHT and Health Visitors. FGSEH were made aware in last month’s CQRM and have been updated on a recent meeting between Solent and PHT supported by PCCG and PCC. It is hoped that an agreed and ongoing action plan as well as recommenced monthly maternity review meetings will enable the issues to be worked through.

**Quasar Update**
This is now an agenda item in SAIP and will include a review of heat map, actions/concerns and commendations.
5 (b) Solent NHS Trust

1. Overview
Solent NHS Trust is a specialist provider of community and mental health services. The Trust formed in April 2011 a year after the merger of two PCTs. It serves a population of over a million people living in Southampton, Portsmouth, South East and South West Hampshire and provides community and mental health services from over 100 clinical sites. It has an annual income of £177 million and employs in excess of 3500 staff.

The trust provides a wide range of community health services, including community nursing, specialist community teams, specialist nurses and GPs, physiotherapy, speech and language, health visiting, school nursing and community paediatrics

The trust is the main provider of mental health and learning disability services to all ages in Portsmouth and to children and adolescents in Southampton. Adult Mental Health inpatient services are provided at St James' Hospital, Southsea and in community teams across Portsmouth. Older people's mental health services are provided out of St James' Hospital and across Portsmouth. Children and Adolescent Mental Health Services and specialist eating disorder services are based at St James' Hospital and in community settings across Portsmouth and Southampton.

2. Quality Dashboard (Scorecard)
This is month I April 19 of the new style quality dashboards. The layouts and content have altered and both Adults Portsmouth and Mental Health have been included for information. The two main exceptions in Mental Health were number of SI’s reported and FFT patients recommending care. The former showed no particular themes and the latter has proven a challenge in getting data given the type of presentation in patients. Comments such as I wouldn’t recommend getting mental ill is seemingly frequently reported.

From Adults Portsmouth the CCG exception was one case of CDI at Jubilee House was identified on 26th April. The patient transferred from PHT to Jubilee and had been on the unit for 11 days prior to this infection. Whilst at PHT the patient had multiple courses of antibiotics appropriately prescribed which was most likely the causative factor. All care received on Jubilee was found to be appropriate and timely, in-line with Trust policy; no learning was identified.
<table>
<thead>
<tr>
<th>Indicator Description</th>
<th>Reporting Link</th>
<th>Reporting Frequency</th>
<th>18-19 Threshold / Trust Target</th>
<th>Apr-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occurrence of a Never Event</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of National Patient Safety Alerts breaching deadlines</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Clostridium Difficile (CDiff) reported</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>MRSA Bacteraemia Cases</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Methicillin-Susceptible Staphylococcus aureus (MSSA) Bacteraemia</td>
<td>NHSI</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gastroenteritis (E.coli) bacteraemia bloodstream infection</td>
<td>NHSI</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of patient incidents (including near misses)</td>
<td>TRUST</td>
<td>Monthly</td>
<td>140</td>
<td>136</td>
</tr>
<tr>
<td>% Zero harm patient incidents</td>
<td>CGG</td>
<td>Monthly</td>
<td>34%</td>
<td>32%</td>
</tr>
<tr>
<td>Number of Serious Incidents (SI) Reported on STEIS</td>
<td>CGG</td>
<td>Monthly</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Number of Duty of Caution breaches</td>
<td>CGG</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of INPATIENT falls (moderate harm and above) reported</td>
<td>CGG</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of medication incidents (moderate harm and above) reported</td>
<td>CGG</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of patients receiving VTE risk assessment (community hospital wards)</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td>95%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% of patients receiving thromboprophylaxis (community hospital wards)</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td>95%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Admissions to adult mental health facilities of patients who are under 16 years old</td>
<td>CGG/NHSI</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health - Care Programme Approach (CPA) patients % receiving 7-day follow up</td>
<td>NHSI</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health - % of clients in settled accommodation</td>
<td>NHSI</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health - % of clients in employment</td>
<td>NHSI</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classic Patient Safety Thermometer - % harm free care</td>
<td>NHSI</td>
<td>Monthly</td>
<td>95%</td>
<td>91.5%</td>
</tr>
<tr>
<td>Mental Health Safety Thermometer - % harm free care - AMH</td>
<td>CGG</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Safety Thermometer - % harm free care - QPMH</td>
<td>CGG</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safer Staffing - actual Registered Nurse (RN) ratio</td>
<td>NHSI/CGG</td>
<td>Monthly</td>
<td>89%</td>
<td>Not Available</td>
</tr>
<tr>
<td>Safer Staffing - actual Health Care Assistant (HCA) ratio</td>
<td>CGG</td>
<td>Monthly</td>
<td>107%</td>
<td>Not Available</td>
</tr>
<tr>
<td>Total number of formal complaints received</td>
<td>CGG</td>
<td>Monthly</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>% of complaints acknowledged within 5 working days</td>
<td>CGG</td>
<td>Monthly</td>
<td>100%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% of complaints closed within agreed timelines</td>
<td>CGG</td>
<td>Monthly</td>
<td>100%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Total number of complaints received</td>
<td>TRUST</td>
<td>Monthly</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Mixed sex accommodation sleeping breaches (as reported on UNIFV)</td>
<td>NHSI/CGG</td>
<td>Monthly</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Friends &amp; Family test (FFT) % patients recommended care (COMMUNITY)</td>
<td>NHSI/CGG</td>
<td>Monthly</td>
<td>95%</td>
<td>96.2%</td>
</tr>
<tr>
<td>Friends &amp; Family test (FFT) % patients recommended care (MENTAL HEALTH)</td>
<td>NHSI/CGG</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff FFT test % likely/extremely likely to recommend care</td>
<td>NHSI/CGG</td>
<td>Q1, Q2, Q4</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>
3. Risks and Concerns

New Risk: Risk of harm from temporary withdrawal of Coast & CCN services
Opened: June 2019       Risk Score:  12 (L3 x I4)

Description: There is a risk of harm to children and young people as a result of the temporary withdrawal of the Coast and CCN services

Current Position: The COAST service has experienced ongoing difficulties in providing the service as per the specification hours of delivery due to staffing capacity issues and has been closed at weekends for several months. Despite Solent’s attempts to secure extra staffing resource through their internal bank and external agencies, the number of staff in post is not sufficient to provide a consistent ongoing service for children and therefore in the interest of safety for children who need the service, Solent NHS Trust made the decision to close the COAST service for new referrals from Thursday 16th May 2019. CCN are also experiencing staffing resource issues at present. The service continues to provide a service Monday – Friday 8am - 6pm; however the breadth of interventions available to be provided within the staffing allocation has been reduced.
Mitigating Actions:
- Active recruitment into vacant posts has been completed and has been successful. However, some staff are not able to join the team until September/October 2019 meaning that full service delivery (in terms of contracted activity and operational hours) of both COAST/CCN is not likely to be achieved until this time.
- Historically the summer months have a reduced demand on the services.
- PHT CAU and GP OOHs are alternative service provisions but compound demand on those services.

Assurance Statement:
The CCG is working with Solent on additional mitigations for this issue and how to minimise the impact on other stakeholders. The situation will need careful monitoring and is unlikely to be quickly resolved.

Recommendation for Quality & Safeguarding Executive Committee:
Agree new risk and score

Concerns
APMH and OPMH workforce

No changes to national issues although informal discussions are due internally after Pharmacy suggested they may be able to assist by looking at new ways of working involving pharmacy consultants and technician to reduce pharmaceutical time demands on medical and nursing staff.

4. Updates

We have received Quarter 4 Safety Report and the summary is repeated here.

OVERALL SUMMARY OF PATIENT SAFETY LEARNING 2018-2019

In 2018-19 the Trust have continued to develop and improve the involvement of patients, families and carers in the serious incident and learning from death (LfD) process and complaints management process. This work will continue and is included as one of the main considerations in the updated LfD policy and improved complaints management process.

In October 2018 the Trust appointed the Family Liaison Manager (FLM), this role is new to the trust and continues to develop and enhance the services provided to improve engagement and involvement of families and carers at a most sensitive and difficult time. The FLM provides support and guidance to staff in addition to supporting families and carers, acting as an independent advocate.

In January 2019, the Trust transferred the learning database onto the live VERTO database. This provides the Trust with a single system to monitor and track changes that result from incidents. The pilot phase has now ended and services Trust wide are encouraged to consider this system for other areas of learning and development identified.

The use of the Trust intranet (SolNet) has developed over the last year to enable greater access for staff. A learning zone is currently under construction which will provide staff with a single location to find about areas of learning that have been identified from a variety of sources. Professional leads continue to report through their service meeting and newsletters learning identified from incidents.

During the year there was a significant development in the Trust approach to learning from excellence (LfE) and a paper format has been piloted with success in some areas. The aim is to highlight good practice that is undertaken and share the learning from that with others. This work will continue into 2019-20 and will include the launch of a module to report LfE on the electronic reporting system.

In 2018-19, main themes relating to complaints included clinical care (including appointment access), communication and attitude of staff and have remained consistent across the year. The national data has yet to be published but on review of the previous national report, these themes are consistent with national reporting.
Finally, to gain further insight into how the Trust are performing relating to the parameters of quality-including incident reporting and SI’s the following percentages have been worked out which reflect the rate per number of patient contacts in 2018-19.

<table>
<thead>
<tr>
<th>The number of incidents raised</th>
<th>The number of incidents relating to patients</th>
<th>The number of SI’s raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.7 %</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

This highlights that on review of our care, we have a less than a 1% rate of problems highlighted, relating to the care or service provided/received.

This is a positive position to be in for the Trust and has contributed to the ‘good’ rating in the CQC inspection in Q3. It also reiterates the importance of reviewing good practice and using learning to further improve our quality of care across the Trust. The Trust continues to consider and explore ways to improve patient, family and carer involvement in both development of services but also in continued governance processes to ensure that we improve and deliver in a meaningful way.

**Wheelchairs**
A recent internal analysis of child waiting lists following referrals into Hampshire Wheelchair services revealed certain variances in the figures reported by the wheelchair service. This has been escalated to West Hampshire CCG as the co-ordinating commissioner. As a result a senior level meeting is planned to review.

**SIRIS**
Due to a recent capacity issues with the current bank investigators, it has been recognised that further bank SI investigators are required and these are being sought.

**Jubilee House**
Fire Risk – A fire risk assessment was conducted at Jubilee House in September 2018. 7 High level and 4 Medium level risks were identified. These were due to be actioned by January 2019 and had not been completed which have resulted in a breach in Health and Safety at Work Act and Fire Legislation. This had been placed on to the Risk Register (Score – 15).

Annual evacuation not complete, no fire warden, beds with patients cannot pass through bedroom doors, insufficient evacuation equipment & clutter). The Chief Nurse and Chief Medical Officer have taken a hands on approach and involved themselves in discussions with the Senior Nurse and fire safety officer to resolve this. I am awaiting written update from Chief Nurse although verbal reassurance from QIR is that the risk will shortly be closed.

**5 (c) South Central Ambulance Service NHS Foundation Trust – 111**

1. Overview
The NHS 111 contract is currently commissioned across 7 CCGs (usually referred to as mainland SHIP) with the quality element being managed by NHS Portsmouth CCG on behalf of the following;

- NHS Fareham and Gosport CCG
- NHS North East Hampshire and Farnham CCG
- NHS North Hampshire CCG
- NHS South Eastern Hampshire CCG
- NHS Southampton City CCG
- NHS West Hampshire CCG
Contract and Quality Review Meetings take place bi-monthly with deep dive quality reports taking place every quarter. The last meeting took place on 3 April 2019 and the next meeting will take place on 8 July (rescheduled from June). Unified CQRMs (111, 999, NEPTS) will begin in August 2019.

2. Quality Dashboard
The following dashboard highlights KPI/quality indicators of concern in the current and previous 2 months;

<table>
<thead>
<tr>
<th>Quality Dashboard</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Red indicators)</td>
</tr>
<tr>
<td><strong>Indicators</strong></td>
</tr>
<tr>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>NCI -4 Calls answered within 60 seconds</td>
</tr>
<tr>
<td>NCI-2 Calls abandoned after 30 seconds</td>
</tr>
<tr>
<td>NCI-13 (LQR7) Time taken for call back*</td>
</tr>
</tbody>
</table>

*Note: Time taken for call back (NCI-13) – this target will reduce to >50% when the new IUC KPIs are introduced.

3. Risks & Concerns

Concern: SCAS.111.C.05; Workforce challenges leading to service delays
Opened: 1 September 2016
SCAS has continually failed to meet a number of key performance targets, i.e. call answering and call backs. This impacts on patient experience and staff morale but more importantly has the potential to impact on patient safety and outcomes.

The main cause of delays is difficulties with recruitment and retention, chiefly call handlers. This is also a national and organisation-wide problem. SCAS have undertaken a number of initiatives to improve staffing levels and has modified processes to keep the service safe when pressured by low resources. This has included an ongoing recruitment process, a review of clinical priorities, the introduction of more roles (service advisors, health advisors, staff welfare officers, quality assurance coaches) and sub-contracting to other providers.

The issue is compounded by both local arrangements and NHSE driven developments. Since March 2018 the service has been under pressure to clinically review and re-validate all 111 calls with a category 3 or 4 ambulance disposition following a national mandate; these calls are increasing and the resource for this extra clinical work is expected to be found within the savings the service makes by revalidating. This is yet to be realised and ongoing discussions with Commissioners continue.

Additionally, the requirement to develop integrated urgent care services (IUC) across 111 and OOH providers and the differing models preferred by individual CCGs has complicated the plans for future provision.

This concern is likely to remain and will continue to require monitoring for the foreseeable future.

Current position
- Roster fill hours was short against the short term forecast for March but some improvement was seen for April
- On average the service is around 200 hours short every week; this is reducing as staffing levels improve
- Poor up take in bank and over-time hours for some weeks over the two month, especially weekends
- Sickness remains low March 6.11% and April 6.30%
- First seven days of April demand above modelling

23
Easter weekend call answer 90.59%
PHL telephony and Adastra in place, training and recruitment on going, will have staff in place by mid-summer 2019
Attrition for 18/19 63% verses 17/18 67% (5.98)
Recruitment planned 130wte actual 137wte (6.23)
Staff Welfare Officer in place to support staff

A new quality reporting schedule begun in April 2019 which gives more explicit monthly data concerning delays;

- The longest wait between calling 111 and patient abandoning the call was 7 mins 54 secs
- The average wait for a call back was 34 minutes, the longest was 14 hours and 25 minutes
- 13 incidents were reported in April, all were no harm or minor in severity with 1 relating to a service delay
- There were 2 complaints, 3 concerns and 4 items of healthcare professional feedback; 1 concern related to a delay

Mitigating Actions
A rectification action plan (RAP) is in place and is being monitored via contract review meetings.

CCG Assurance Statement
There is recognition that the service is currently under pressure, with recruitment challenges and a period of significant change on the horizon (IUC). SCAS’s response to these challenges is assuring. The visits to the service in December 2018 and recent CQC rating of “good” support SCAS’s narrative that they are focussed on maintaining a safe service. The provision of additional data concerning delays is useful in identifying any resultant patient harm, impact on outcomes and poor patient experience. The RAP describes actions and a timeline which sets out to achieve compliance against call answering times by June 2019 and performance is improving.

Recommendation for Quality & Safeguarding Executive Committee:
For noting

Concern: SCAS.111.C.07; NHS Pathways audit requirements
Opened: 3 May 2019
SCAS are not consistent in meeting NHS pathways random audit requirements (not undertaking sufficient number of audits). This could lead to poorer quality assessment and outcomes for patients.

Current position
While some dispensation has been given to numbers of audits carried out on clinical staff recently due to staffing pressures, Commissioners were concerned that SCAS has changed its approach to audit and is now reporting a drop in number of audits carried out on both clinical and non-clinical staff, citing that they carry out audit on complaints, incidents etc. which are not counted towards the random auditing required by NHS Pathways; SCAS feel that this satisfies their commitment to clinical assurance.

A meeting was held on 29 May between the SCAS Clinical Assurance & Training Manager, Regional IBC Pathways Lead from NHS Digital and the CCG Quality Lead to discuss and it has been agreed that SCAS are within license requirements if they include all of the audits mentioned above in their reporting. SCAS advised they should now be compliant going forward and April data supports this;
April data shows compliance and SCAS have advised that this compliance should continue going forward.

**Recommendation for Quality & Safeguarding Executive Committee:**
For noting and agreement for closure if compliance remains for May & June 2019

4. Updates

Negative press

On 1 June 2019, The Daily Mail published an article which claimed the quality of NHS 111 training delivered by Conduit to their staff in Milton Keynes was poor and inadequate (Conduit is a sub-contractor of SCAS). SCAS and Conduit are currently investigating and the CCG is awaiting SCAS’s initial response. [https://www.dailymail.co.uk/news/article-7011351/Inside-shocking-NHS-111-training-scheme-staff-eyebrows-THREADED-trainees-cheat.html](https://www.dailymail.co.uk/news/article-7011351/Inside-shocking-NHS-111-training-scheme-staff-eyebrows-THREADED-trainees-cheat.html)

5 (ci) South Central Ambulance Service NHS Foundation Trust – 999

1. Overview

Fareham and Gosport CCG is the Lead Commissioner for the South Central Ambulance Service NHS Foundation Trust (SCAS) contract on behalf of NHS North Hampshire CCG, NHS Portsmouth City CCG, NHS South Eastern Hampshire CCG, NHS Southampton City CCG, and NHS West Hampshire CCG.

During the year a bi-monthly combined Clinical Quality Review and Contract Review Meeting (CRM) is held to review service performance against the quality schedules which have been developed for the contractual year. The schedules identify priority areas following outcomes from national reporting mechanisms, patient and carer feedback forums, complaints and concerns, CQC outcomes, clinical visits, national priorities and best practice etc. In the intervening months SCAS and the quality lead for the contract will meet to review and discuss the current month’s data and intelligence and a report will be circulated to fellow commissioners.
The review of the provider quality report, together with the monthly meetings, and intelligence pulled from the various forums identified above is intended to provide assurance that the CCGs are on track to deliver their long term quality strategy.

2. Risks & Concerns

Concern: SCAS.999.01; Delays in 999 Response

Opened: May 2019

If patients experience delay in an ambulance arriving then there is a potential a risk of a patient’s condition deteriorating, resulting in poor patient experience or harm.

Expected reduction date

Following closure of the long delays risk in February 2019 (reviewing January 2019 data) there has been system pressure that has led to long delays. The April 2019 Joint Operational Group held by lead commissioners made the decision to open a concern, with enhanced monitoring, in recognition of the increased risk of delays occurring. Commissioners will continue to monitor the performance and quality of 999 service.

CURRENT POSITION

Information is based on April data in the IPR and reports submitted for review at the June full CRM and for the data CQRM.

Activity/Performance for in SHiP Locality

- Positive 999 frontline staffing continues.
- Daily incidents were 15% higher than last year and 12.7% above baseline plan.
- Increase in handover delays, with Queen Alexandra Hospital (QA) delays reported at the highest level for the last 13 months; 1,368 higher in April 2019 when comparing to April 2018 and continue to have significant impact.
- Deterioration in excess clear up times; QA showing highest levels for the 13 months reported. This is due to ambulances supporting patients who have arrived via other ambulances in the hospital setting (cohorting), thus permitting their colleagues to leave QA.
April Long Waits Report (reviewing March Data)
- 21 patients were audited for March – including 1 from each incident category.
- Of the 21 patients audited, SCAS identified that 5 patients experienced minor poor patient experience.
- Welfare calls should take place to monitor patients who are experiencing long waits; allowing the original disposition to be upgraded if a patient deteriorates.
- One MH patient experienced a delay whilst contact was attempted with the mental health (MH) team. The patient was then refused to be seen by the MH team as they were under the influence of alcohol. SCAS had no alternative but to convey the patient to hospital. Further investigation is ongoing into this incident by commissioners.
- 5 x category of call identified as a root cause, together with demand vs resources and hospital delays as themes.
- Front line crew requested by HCP to move patient from upstairs to downstairs – further information has been requested.

Quality
- Overall SCAS RAG rating on NHS Choices continues to be at 4.5 star rating out of 5, from 21 ratings.
- No complaints for delay received into the quality team for F&G/SEH CCG as lead commissioner.
- Increase in complaints received by SCAS. Delays within the 999 service have been a key theme.
- Increase in concerns and HCP feedback for April 2019.
- Increase in compliments received (n=66) to the highest level in the last 8 months reported.
- SCAS rate of complaints increased to 0.04% but remain within usual levels.

SCAS ACTIONS
- Review of policies and procedures, with a new roster envisaged as going live in spring 2019.
- Continuation of welfare calls to patients experiencing a delayed response – outcomes from deep dive awaited.
- Identification of alternative pathways for green demand management at a local level.
- Investigate individual incidents reported on Datix where harm may have been caused by delay of treatment.
- Specialist paramedic role on the urgent care desk in the EOC which will help with increasing clinician capacity.
- Further discussion is ongoing around the potential to combine the 999 and 111 clinician workforce. Visits to other ambulance trusts have shown such a move to be achievable and beneficial.
- Increase in the number of ambulances against the number predicted.
- Reduction in servicing of ambulances during the periods of highest demand.

COMMISSIONER ACTIONS
- Commissioners to continue to monitor SIs, incidents and feedback etc regarding delays.
- Review the long waits reports each month.
- Develop alternative pathways for green demand.
- Prompt responses from mental health teams.
- Reduced handover delays to free resource.
**CCG ASSURANCE STATEMENT**

Challenges have remained during April, with Queen Alexandra (QA) reporting the highest level of handover delays for the 13 month period reported. Only one category (Cat 1, 90th percentile at 15 minutes) achieved. There is risk to patients with cohorting activity at QA (one crew remains with a number of patients allowing the other crews to be released); however, no incidents have been reported to date. QA are carrying out a thematic analysis of all incidents. The number of Cat 1 and Cat 4 delays reduced, however Cat 2 and 3 increased. SCAS have reviewed whether their urgent care desk could be manned 24/7 but say this is not viable from an economic perspective. Positive collaborative working continues to address these challenges. Commissioners were assured by the deep dive into Cat 1 delays reported last month. Deep dive into Cat 2 long delays awaited. Monitoring will continue via the usual CRM and CQRM process and through a review of intelligence each month.

**Recommendation for Quality & Safeguarding Executive Group:**

To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.

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**Concern: SCAS.999.08; Workforce - Clinical Advisor vacancies**

**Opened: 1 April 2014 Original risk score: 16 Current: Concern**

If challenges recruiting clinical advisors continue then there is the potential for welfare calls to not take place; leading to deteriorating patients not receiving the appropriate level of response and intervention resulting in harm to the patient outcome.

**Expected Reduction Date**

From the January CRM/CQRM it was agreed that the area of focus regarding workforce would be training, appraisal rates and sickness issues that need to be improved upon. From June 2017 there has been enhanced monitoring regarding vacancy rate for clinical advisors.

**CURRENT POSITION – vacancy rates**

**Workforce – Clinical advisors in EOC**

- SCAS report there are 12 vacancies for clinical advisors across the SCAS footprint against a requirement of 45 (27%).
- Sickness levels reported at 6%, 0.5% above plan and 0.5% above last year.
- Clinical advisors receive warm transfer calls; revalidate Cat 3 and 4 activity and carry out welfare calls during long waits.
- SCAS have previously reported that they are working with NHSI as part of national improvement work for absence within their sector.

**ACTIONS – vacancy rate for clinical advisors**

- On-going monitoring of vacancy rate at CRMs.
- On-going discussions with alternative providers to support clinicians in the 999 EOC; as in 111 service.
- Investigating possibility of cross-organisational working across the 111 and 999 services.
- Continue to over recruit in strong localities to support challenges in other localities for CSD Clinicians.
- Development of rotational paramedic post.
- Implementation of specialist paramedic role with EOC.

**CCG ASSURANCE STATEMENT - vacancy rate for clinical advisors**

Commissioners remain concerned with the number of vacancies across the north and south emergency operations centre. This cohort of staff take calls from non-clinical call handlers, revalidate category 3 and 4 Pathways dispositions and carry out welfare calls for patients experiencing a long wait. SCAS advise that this is a priority area for recruitment and are identifying new ways of working including; increasing the number of call taking courses to increase rotational posts internally, placement area for students (with qualified support), and expansion in the use of their specialist paramedics supporting this role. Due to the current vacancies and challenges, the concern remains with an enhanced level of scrutiny. Clinical call handlers will be impacted further as various models of integrated urgent care are rolled out across the locality.
Recommendation for Quality & Safeguarding Executive Group:
To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.

Concern: SCAS.999; Medicines Management
Opened: August 2017 Now CLOSED
If actions and gaps identified within the medicines management annual report action plan are not dealt with in a timely way then there is a risk of patient harm occurring.

CURRENT POSITION
Following recent performance and the enhanced focus as a quality account priority the lead commissioner’s (F&G CCG) Joint Quality Operational Group have agreed to the close of this concern.

ACTIONS
On-going monitoring of medication incidents via the CQRM process.

CCG ASSURANCE STATEMENT
Commissioners welcome that for 2019/20 SCAS propose the ‘improvement and development of medicines management’ as a priority area to report in their quality account. The May 2019 public Board papers identify that medicine was not the top category for clinical incidents. Previous board papers reference that a business case to improve the environment for medicines packing has been developed. Commissioners look forward to seeing a reduction in medicines incidents as the actions that SCAS have identified become embedded in the organisation and as a reflection of recent improvements the lead commissioner’s Joint Quality Operational Group have agreed to the closure of this concern.

Recommendation for Quality & Safeguarding Executive Group:
To note closure

Concern: SCAS.999 Safeguarding
Opened: November 2017 Now CLOSED
If the safeguarding provision is not in line with best practice, national guidance and contractual requirements then there is the potential for negative outcomes for patients resulting in patients coming to harm.

Expected reduction date
The SCAS action plan for safeguarding is now closed with all actions being complete.

CURRENT POSITION
• SHIP commissioners have received a copy of the SCAS Liaison Network (SLN) Meeting ToR to review. The lead commissioner has proposed changes for consideration at the next SLN to be held on 14 May.
• Following publication of the children’s intercollegiate document all staff (4,500) will need training to level 3. SCAS will be unable to achieve this in 12 months. An action plan has been developed internally and this is currently with the SCAS Board for consideration.
• Statement received from SCAS regarding their approach to modern slavery and is being reviewed by the Head of Safeguarding and Vulnerable Adults for the lead commissioner.
• Outcomes received from Section 11 Audit and action plan developed in collaboration with SCAS and commissioners.
• SCAS are increasing the internal target from 85% to 95% for training compliance.

ACTIONS
• SCAS to share action plan by June 2019 regarding how they will achieve compliance with level 3 training.
• SCAS Safeguarding Liaison Network Meeting to consider revised Terms of Reference to ensure escalation routes are included.
CCG ASSURANCE STATEMENT
The lead commissioner is assured with the progress of the actions on the October 2017 safeguarding action plan. Discussions have taken place between CGGs to determine the most appropriate route for monitoring of safeguarding and in order to ensure compliance with the contractual requirements. The Terms of Reference for the SCAS Safeguarding Liaison Network (SLN) meeting between SCAS, Thames Valley and SHiP commissioners have been reviewed with proposed changes submitted for consideration at the 14 May SLN. New reporting will begin against level 3 training compliance.

Recommendation for Quality & Safeguarding Executive Group:
To note closure.

Concern: SCAS 999 Safeguarding – Level 3 Compliance
Opened June 2019 NEW
If the safeguarding training to level 3 is not achieved in a timely way (in line with the children’s intercollegiate document), then SCAS will not be compliant with contractual requirements and there is potential for negative outcomes for patients resulting in harm.

The SCAS action plan for safeguarding training to level 3 is due to be delivered in June 2019. Commissioners acknowledge that for all staff to be trained to level 3 will take more than 1 year to achieve.

CURRENT POSITION
- Following publication of the children’s intercollegiate document, all paramedics will need training to level 3. SCAS will be unable to achieve this in 12 months.
- An action plan has been developed internally and this is currently with the SCAS Board for consideration.
- SCAS are increasing the internal target from 85% to 95% for safeguarding training compliance in general.

ACTIONS
SCAS to share action plan by June 2019 regarding how they will achieve compliance with level 3 training for all staff. Plan should include trajectory.

CCG ASSURANCE STATEMENT
The lead commissioner has been advised that training will begin with more senior members of staff and team leaders. Once the action plan is received commissioners will monitor compliance with the trajectory that is included within their action plan.

Recommendation for Quality & Safeguarding Executive Group:
To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.

Concern: SCAS.999 CQC Actions
Opened: November 2018
Confidence in Capability to Support Patients Experiencing Mental Health Crisis
If SCAS does not address the concerns identified in the CQC report (November 2018) to ensure that staff are confident when dealing with patients in mental health crisis, then staff will not be confident in supporting patients in mental health crisis; resulting in patients in mental health crisis not receiving the health intervention they require.

Expected reduction date
In respect of the confidence in capability for front line staff to support patients experiencing a mental health crisis; the quality lead has requested feedback on how SCAS will measure an improvement for this area.

CURRENT POSITION
Following the publication of the CQC report in November 2018, in respect of the 999 commissioners will be monitoring the variation in confidence and capability for dealing with patients in mental health crisis.

Actions
- Monthly CRM/CQRM
Variation in confidence and capability for staff to deal with patients in mental health crisis to be discussed as part of focus for CQRM.

**CCG ASSURANCE STATEMENT**

Commissioners were concerned to note that 'staff reported there were still gaps in their training regarding patients living with mental health conditions, some expressed they did not feel adequately prepared to support patients experiencing mental ill health'. Whilst it is acknowledged that training may be provided, and compliance is at the required levels, there is a need to be assured that front line staff are confident in being able to support these patients. SCAS have advised commissioners that mental health specific training has been identified for the 19/20 contractual year and that staff will be surveyed following the training to determine how confident staff are. Commissioners believe that it would be beneficial to re-survey staff at some point in the future to determine if they are still confident and the training has been embedded and discussions are ongoing regarding this.

**Recommendation for Quality & Safeguarding Executive Group:**

To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.

### 3. SCAS 999 Dashboard

**SCAS DASHBOARD**

<table>
<thead>
<tr>
<th>Group</th>
<th>Quality Indicator</th>
<th>Threshold</th>
<th>Frequency</th>
<th>May 18</th>
<th>Jun 18</th>
<th>Jul 18</th>
<th>Aug 18</th>
<th>Sep 18</th>
<th>Oct 18</th>
<th>Nov 18</th>
<th>Dec 18</th>
<th>Jan 19</th>
<th>Feb 19</th>
<th>Mar 19</th>
<th>Apr 19</th>
<th>TID MOG Rating</th>
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<tbody>
<tr>
<td></td>
<td>NGI or NHS regulatory requirements in place</td>
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<td>Current</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
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<td>Green</td>
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<tr>
<td>Patient Safety</td>
<td>Near Events</td>
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<td>Monthly</td>
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<tr>
<td></td>
<td>Serious Problems</td>
<td>monitor</td>
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<tr>
<td></td>
<td>Number of DATW incidents - non-staff (this is the internal form to report incidents in SCAS - this covers all types of incident - accidents, injuries, missing equipment etc.)</td>
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<td>Monthly</td>
<td>357</td>
<td>354</td>
<td>411</td>
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<td>--</td>
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<td>1</td>
<td>1</td>
<td>1</td>
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<td>Similar or above national average</td>
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<td>55%</td>
<td>57%</td>
<td>56%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
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<td>90%</td>
</tr>
<tr>
<td></td>
<td>STEMI Care bundle compliance</td>
<td>Similar or above national average</td>
<td>Monthly</td>
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<td>0%</td>
<td>74%</td>
<td>0%</td>
<td>0%</td>
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<td>0%</td>
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<td>75%</td>
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<td>Red</td>
</tr>
<tr>
<td></td>
<td>MOSC (Return of Spontaneous Circulation post cardiac arrest)</td>
<td>Monthly</td>
<td>27%</td>
<td>22%</td>
<td>22%</td>
<td>21%</td>
<td>20%</td>
<td>21%</td>
<td>38%</td>
<td>26%</td>
<td>21%</td>
<td>20%</td>
<td>32%</td>
<td>84%</td>
<td>Red</td>
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### 2.1 South Central Ambulance Service (SCAS) quality dashboard exceptions

**FFT**

- **FFT:** NHSE Project team members are currently reviewing all the evidence gathered since work began in the summer – the literature review, views given through surveys and events, on-site testing of options, working groups discussions and the formal Ipsos MORI research – and putting together a range of options and recommendations for consideration by NHS England’s leadership. Revised guidance will be drafted. Part of the process for quality assurance of the draft content will be to test it with a small editorial review panel made up of users of the guidance, such as patient experience leads, with the aim of publishing it in April. The team has explored options for the start of implementation of any new guidance requirements. All providers will be asked to begin
implementation at the same time and this is likely to be six months after the publication of revised guidance, so probably from October. Further information will be given when the detail has been finalised. In the interim the lead commissioner has requested that SCAS consider how they can proactively seek FFT feedback for the 999 service.

- **STEMI Care Bundle**: STEMI is a focus area for improvement within the ACQI task and finish group. ACQI Diagnostic bundles are now only reported 1 month in 3 and any gaps will reflect that they were not due for reporting.

- **Stroke Care Bundle**: Enhanced focus by members of their clinical audit team. Full review of previous stroke audits to identify areas of improvement and action. Outcomes have identified that SCAS have been under reporting compliance and will be re-submitting to NHSE.

- **Return of spontaneous circulation (ROSC)**: In the March IPR SCAS advised they are performing above national average for ROSC Utstein and survival to discharge measures. Their ACQI group will be reviewing this metric to identify opportunities for improvement.

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### 5(cii) South Central Ambulance Service NHS Foundation Trust – Non-Emergency Patient Transport Service (NEPTS)

#### 1. Overview

**Lot 1, Call Handling, Co-ordination & Management Service (CHCMS) and Lot 2, Non-Emergency Patient Transport Services (NEPTS)**

These two contracts (together referred to as NEPTS) are commissioned and quality managed by Fareham & Gosport CCG on behalf of the following CCGs:

- NHS North Hampshire CCG
- NHS Portsmouth City CCG
- NHS South Eastern Hampshire CCG
- NHS Southampton City CCG and
- NHS West Hampshire CCG.

#### 2. Risks & Concerns

**Concern: SCAS.NEPTS.02 Delays in Non-emergency patient transport**

**Opened: April 2015**

There is ongoing concern regarding the number of delays in NEPTS. This impacts on patient appointments and care delivery and also adversely affects patient experience.

**Based on April 2019 Data – Performance**

- Activity was below indicative contracted.
- In total, 18,653 journeys took place (19,179 in March) journeys took place, relating to 5,070 patients.
  - 7,071 renal journeys took place (38%) relating to 339 renal patients.
    - There were 2,187 discharges (11.7%)
    - 15,945 (86%) outpatient journeys.
    - 389 transfers (2.1%)
- Ongoing issues with Totton Dialysis and QA dialysis water provision for dialysis. OTD amendment to bookings are then needed patients need to be driven to alternative sites. This also increases patients who may have been able to drive themselves a short distance after treatment are now not able to do so on the longer trip to an alternative site.
- Commissioners note that overall there was a 0.68% reduction in the % of planned discharges. OTD discharges impact on the performance for planned travel.

SCAS continue to engage in system calls

**Aborted Journeys – wrong mobility**
Lot 2 send a crew based on the parameters of the booking. It is the HCPs who determine the needs of the patients. SCAS advised they will always ensure that the patient is moved in a timely manner and by the most appropriate crew to ensure the safe transportation of the patient and the crew at all times.

The % of journeys that are cancelled for this reason has ranged from the lowest at 0.04% in January 2018 to the highest of 0.74% in December 2017.

Unable to meet demand

1.38% - the highest figure for the 12 month period reported. 187 of these were for journeys affecting c120 patients (inward and outward journeys affected) who were cancelled as their transport was too late for the clinic. Commissioners have requested further information why this has occurred and what changes have been identified to reduce this figure.

Commissioners have also requested identification of whether any patients have come to harm as a result of this cancelled journeys.

Complaints/Concerns and HCP Feedback

Lot 2 – 18,653 journeys took place in total

104 HCP feedbacks received (Lot 1 and 2 combined), the highest number for the 12 months being reported, with 95 relating to delay/non-attendance. Of the 24 currently reviewed 20 have been upheld.

16 concerns (Lot 1 and 2 combined), 9 relating to delay/non-attendance. Of the 3 investigated 0 have been upheld, 21 partially upheld and 2 not upheld.

3 complaints (Lot 2 only), 1 relating to delays/non-attendance.

18 incidents (Lot 2 only), 2 relating to delay. Although only 2 relate to delay this is the highest number of incidents reported during the last 12 months.

Q4 Patient Satisfaction Survey

80% of patients are either extremely likely or likely to recommend the NEPT service to friends and family. Both positive and negative comments noted; eg: staff on vehicle were excellent, long wait to return home, useful and excellent serviced, you didn't turn up.

85.11% felt the service was satisfactory, above satisfactory and very satisfactory.

The majority of bookings are made by hospital staff – 40%

17.78% reported that they arrived late for their appointment with 48.89% arriving early and 33.33% arriving on time.

40% reported being picked up late following their appointment and 46.67% were picked up on time.

85.11% were escorted to their appointment by the crew.

Mitigating Actions

Provider to provider meetings being arranged.

Continued focus at combined CQRM/CRM.

New Learning and Development lead in place for the contact centres. An area of focus will be to improve ETA time messaging.

Continued work with units on a weekly basis to review all of the scheduled times for inward journeys to maximise capacity and reduce impact on patients.

SCAS to review patient leaflets in respect of how being ready on time impacts other patients.

Hospital Liaison Officers (HLO) and Customer Care Managers in acute trusts to liaise with departments.

SCAS and commissioners need to consider impact on NEPTS supporting Operational Pressures Escalation Levels (OPEL)

CRM to continue to monitor KPI improvement action plan.

PTS planning activity to be moved under Contact Centre management.

Training for contact centre staff in managing difficult calls and first time resolution.

Improve proactive outbound calling to patients and HCPs about delayed or amended bookings.

Training for Investigating Officers in patient experience investigations and introduction of a standard report template to ensure all investigations are consistent and to a high standard. There is also a focus on learning from PE cases and how these inform service delivery changes and are shared with team members.

CCG Assurance statement
No KPI is RAG rating green but there were small improvements across all KPIs. Activity was 8.27% below indicative contracted activity (including escorts and aborts) and 6.89% below indicative contract excluding escorts and aborts. The highest figure in the 12 month reporting period has been noted for cancelled journeys at 1.38% (n=287) with 187 bookings being cancelled for 120 patients as their transport was too late. When looking at the audit of patients since Q3 of 2018/19; the highest mobility category of patients that were cancelled were those requiring a stretcher; with capacity being identified in the majority of cases for predominantly outpatients and discharges. Commissioners have requested further information from SCAS on whether any harm occurred as a result of these cancellations. The vacancy rate reported in Month 1 appears has more than doubled this is reflective of an increase in the total establishment requirement as well as a number of leavers – with a number of staff moving to other areas of SCAS from the NEPT service. SCAS have shared with commissioners their standard operating procedure that has been developed to protect the most vulnerable patients’ journeys from being cancelled; renal dialysis, chemo/radio therapy patients, children 16 and under, low risk mental health patients and discharge and transfer patients (end of life patients first). When conveyance of the previous groups has been protected SCAS will seek to prioritise the most frail patients. The Q4 outcomes from the patient survey are positive; 85.11% felt the service was satisfactory, above satisfactory and very satisfactory and 80% of patients are either extremely likely or likely to recommend the NEPT service to friends and family. In the SCAS May 2019 public board papers, it is noted that a set of metrics is being developed internally looking at ‘vehicles off road’ that will be available to their Board at the July 2019 meeting.

Recommendation for Quality & Safeguarding Executive Group:
To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.

Concern: SCAS.NEPTS.01 Call management
Opened: April 2015
There is ongoing concern regarding the performance for call answering within the Call Handling, Co-ordination & Management Service (CHCMS). This impacts on health care professional experience and the timeliness of making transport bookings.

CURRENT POSITION
Based on April 2019 data.
It should be noted that SCAS have refreshed previous staffing data reported; therefore when looking back on previous reports figures have now changed.

- March 2019 public board papers recognise the executive oversight of performance within the PTS and the need for the service to identify actions that were within their control in order to improve performance.
- Cleric system collecting data around reasons why patients have been delayed. Further amendments being made to improve reporting fields to provide greater detail.
- Number of calls offered decreased from 5,605 to 5,225.
- % of calls answered in 60 seconds increased from 58.8% to 65.5%. RAG rates red against a threshold of 95% and a target of 98%.
- % of calls abandoned improved from 8.4% to 6.8% (4% threshold/2% target) and RAG rates red.
- The number of calls offered to the ETA line increased from 3,029 to 3,579. The NEPT service offers an on-line facility to identify ETAs.
- The numbers of days ‘call answering’ targets were met improved from 5 to 7 with no day achieving 100%. The lowest performance was 31.22% (Monday 15th April). 6 days RAG rating amber and all remaining days RAG rating red.
- Sickness levels for the month improved from 10.9% to 8.3% (5.3% long term, 2.9% short term).
- Bank utilisation FTE increased from 5.34 to 9.63.
- Following the audit of 13 patients it can be seen that there are multiple attempts with answers being changed until transport was achieved.
- On-line bookings decreased from 72.09% to 66.61%. Further analysis is required on whether the low percentage being reported is due to on-the day bookings. Detailed below is the achievement by locality, for those establishments who have made over 100 bookings for NEPTS and it is noted that a number of facilities are showing a reduction in the % of journeys being booked on-line.
The SCAS exception report identifies the following as impacting on the performance of the call centre:

- Vacancy rate of 26% across the virtual telephony platform and 34% in total
- Bank staff availability.
- Long term sickness with staff being unable to return to work.
- Maximum number of staff on annual leave.
- Gaps on rota.
- Sickness levels of 6% above target.
- Answering the estimated time of arrival phone line – details can be obtained on-line.

In order to address issues SCAS advise they are:

- Robust recruitment ongoing
- Identifying internal employees who are suitable for deploy from the Health and Wellness Team.
- Continue the discussions regarding dual role working
- Continue to identify long term but ad hoc use Agency employees.
- Training initiated for Senior Call Handler to assist Team Leader to complete RTM daily.
- Department scheduler has now been in post since 01.02.19 and now shares weekly anticipated coverage to allow proactive decisions to try and improve staffing/stats. Forecasting a month ahead, in line with policy, and sharing concerns with the CC management team.
- System developments to improve our communications with HCPs and reduce the amount of calls in the ETA line.
- The focus is now firmly on recruitment and forecasting.

April 2019 Feedback Overview – Lot 1

- 6 concerns were received, highest level since September 2018. Of those received 4 relate to delays.
- 4 complaints were received, highest level since July 2018, with 4 relating to delays.

Mitigating Actions

- New Learning and Development lead in place for the contact centres. An area of focus will be to improve ETA time messaging.
- Staff undertaking ‘difficult conversations’ training.
- Learning section added to 1:2:1 documentation, role objectives produced for each job role.
- Continued focus at combined CQRM/CRM.
- Mitigating vacant shifts with bank staff and overtime.
- Calls to divert to other centres in times of increased pressure/low staffing.
- Internal weekly calls with the contact centre management team, weekly updates to Directors and monthly HR meetings for staffing.
- Review of rota completed; staff consultation taking place.
- Review of bank staff provision and requirements.

- For days that fail to achieve threshold monthly exception report is provided to commissioners.
- Development of training packages to release staff.
- Review system downtime that is scheduled in-hours to cause minimal disruption.
- Director level oversight.

CCG Assurance Statement

Commissioners note an improvement in performance when compared to March 2019. Commissioners note the increase in the vacancy rate reported as 14% across the virtual platform in March 2019 to 26% in April 2019. SCAS advise that this is reflective of the increase in required establishment now that reporting against 2019/20 data has begun. SCAS are keen for on-line bookings to increase in order to improve their performance but commissioners note that there has been a reduction in on-line booking across many units. Whilst commissioners recognise the work that SCAS is doing to facilitate on-the-day discharges by their hospital liaison officers, training of HCPs must remain a
priority. The SCAS exception report identifies the same key elements affecting performance as previously reported. The plans for switching off the ETA have been delayed.

Recommendation for Quality & Safeguarding Executive Group:
To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.

Concern: SCAS.NEPTS.04 Workforce
Opened: March 2017
Workforce – Call management
There is ongoing concern regarding the workforce for Lot 1. Vacancy rates are high at 14% together with low statutory and mandatory training and appraisal rates and increasing sickness. This is currently impacting on performance and on-going turnover of staff.

Current position
Workforce – Lot 1

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<th>PTS CONTACT CENTRE</th>
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Training – Lot 1

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- Local staff action plans are combined with a range of Trust-wide actions for improving appraisal rates.
- Development of project group to examine the feasibility of using IT in conducting appraisals.
- Contact Centre and PTS to continue with focus on statutory and mandatory e-learning.
- Continued focus on appraisal compliance.
- On-going recruitment to continue.
- Consider/develop apprenticeship schemes.
- Review of training package for new starters – a Learning and Development Lead has now been recruited.

**Mitigating actions**
- Continued monitoring via combined CQR/CRM.
- Monitoring of action of action plan for training compliance.

**CCG Assurance Statement**

Increases are noted for training compliance. Commissioners need to be pragmatic regarding the balance between meeting KPIs for performance and the negative impact on Lot 1 staff that is being reported. Commissioners note in the March SCAS public board papers that appraisal rates for PTS are being discussed at executive level. Sickness absence across all 3 of the SCAS services is being recorded as a red risk on the SCAS BAF; a review of data and action plan development is scheduled in. Commissioners are concerned that this level of scrutiny has now been in place for 2 years with little, sustained improvement. Commissioners note a higher increase in the vacancy rate now being reported but believe this is reflective of SCAS reporting against the 2019/20 plan, which has increased the number of total establishment needed. Commissioners and SCAS discussions on whether on-line booking should be more stringently enforced continue, but more work would need to be planned and developed before this could be discussed further or considered for implementation. The May 2019 SCAS public board papers identify that internal attrition in NEPTS is 40%, supporting comment at CRMs that many NEPTS staff use the service as a route into other roles within the organisation. Commissioners have already requested that attrition and turnover are separated in future reporting.

**Recommendation for Quality & Safeguarding Executive Group:**

To note and review the above and feedback any concerns or questions to the quality lead via the Portsmouth Quality Team.
5(d) Portsmouth Primary Care Alliance (PPCA)

1. Overview
In line with the NHS Five Year Forward View new models of care, governance and contractual arrangements, the CCG is developing a multi-specialty community provider model (MCP) to meet the requirements of out of hospital based care in the city. The CCG has a long-term commissioning aim to procure an MCP contract for the vast majority of community based care.

Due to the intervening period between awarding an MCP contract and existing contract expiry dates, an interim commissioning arrangement (18 months) has been put in place from 29 June 2018 for an Integrated Primary Care Service (commonly referred to as IPC or IPCS). The service is comprised of three interconnected services;

- **Acute Visiting Service (AVS)**
  Following triage by the duty doctor, practices can refer patients requiring an urgent visit to this service during core GP practice hours.

- **Enhanced Access**
  Enhanced Access provides routine and urgent primary medical care outside core practice hours, 365 days a year until 22:00 each evening.

- **Urgent Out of Hours (OOH) service provision**
  The Urgent Out of Hours service provides access to assessment and treatment overnight (from 22:00) and at weekends. The service is sub-contracting overnight provision, where activity is minimal, to Partnering Health Limited (PHL).

These services are commissioned from the Portsmouth Primary Care Alliance (PPCA).

2. Activity
During April 2019, there were a total of 2,653 patients seen by the three services. The chart on the right shows the breakdown by service.

- **Acute visiting service** - “Prescribed medication”, “Referral to GP” and “No further action required” were the top three final dispositions. These represent 90% of all final dispositions for AVS.

- **Extended Access Service** - “Ring own GP if no better” and “No follow up” represented 80.6% of all cases. Viral upper respiratory tract infection, tonsillitis, fever and pain, infection of lower respiratory track and suspected UTI were the most common conditions reported.

In April there were 66 ED dispositions referred to the service, a 23% decreased compared to last month. There was also a drop of those referrals from the Emergency Department from 5 in March to just 1 in April.

Following validation the outcomes from ED dispositions was as follows;

- 62% - contact own GP if no better
- 18% - advice with no follow up required
- 17% - maintained disposition of attend ED

GP OOH Service (PHL) - “Patient advised to contact own GP” and “No follow up” represented 76.4% of all referrals.

3. Quality

**Incidents**
No serious incidents have been reported since the service began in July 2018. There were 9 incidents reported in April 2019, all were assessed as low or no harm.
Incidents included:
- The quality of referrals into AVS can be variable – Feedback to specific practices.
- Verification of death – signatures missing from practice paperwork and varied response from Solent NHS Trust – reminder to practices and contact made with Solent.
- Locum member of staff did not turn up for an allocated shift
- Task from visiting GP to sovereign practice given by AVS at a late time in the day meaning task was not reviewed until after the weekend. This may have led to unnecessary admission. Staff to be reminded to avoid tasking back when they can or at least converse with the practice if urgent action required. (This was identified via healthcare professional feedback -HCPF)

Clinical Audit
PPCA are using the RCGP toolkit to undertake routine clinical audit (1% of the total activity). The selection of cases includes 1% of AVS cases and EAS cases. 33 cases were audited following random selection. The graph below shows the results as percentage compliant.

<table>
<thead>
<tr>
<th>Month</th>
<th>Compliance (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-18</td>
<td>95.4%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>83.2%</td>
</tr>
<tr>
<td>Sep-18</td>
<td>89.3%</td>
</tr>
<tr>
<td>Oct-18</td>
<td>97.5%</td>
</tr>
<tr>
<td>Nov-18</td>
<td>99.1%</td>
</tr>
<tr>
<td>Dec-18</td>
<td>100%</td>
</tr>
<tr>
<td>Jan-19</td>
<td>98%</td>
</tr>
<tr>
<td>Feb-19</td>
<td>98.7%</td>
</tr>
<tr>
<td>Mar-19</td>
<td>98.8%</td>
</tr>
<tr>
<td>Apr-19</td>
<td>98.7%</td>
</tr>
</tbody>
</table>

Positive findings this month, including:
- Excellent documentation for almost all clinicians
- Paramedic practitioners have embedded well into working in the service, with high levels of documentation and appropriate decision making
- Patient behaviour relating to short term scripts. Clinicians made appropriate decisions based on the information within the full medical records
- Exceptional communication ability with parents and children – very engaging and strong listening skills evident

One case involving a viral diagnosis being made despite the presenting symptoms and is being investigated by the Clinical Director following call audit.

Complaints
No complaints or concerns were received in April. Overall complaints remain very low (only 3 since August 2019) and as yet there are no specific themes or trends to report on. All 3 complaints were not upheld.

Healthcare Professional Feedback
There was one item of HCPF which is detailed above under incidents. In addition the service has gone live with feedback being requested from colleagues in SCAS who have had a call back from clinicians working in the service. The first report will be available in June 2019.

Patient Feedback
During April a total of 808 feedback requests were sent for patients attending the Extended Access Service. A total of 84 responses were received giving a response rate of 10.4%. 94.1% of published responses would recommend the service (64 responses), 4.4% would not recommend the service (3 responses) and 1.5% did not express a preference (1 response).

All reviews can be seen at; https://my.workingfeedback.co.uk/portsmouthpca.org.uk/lakeroad

**5(e) Care UK St Mary’s Treatment Centre & Havant Diagnostics**

1. **Overview**
Care UK is an independent provider delivering NHS services at two locations; St Mary’s Treatment Centre and Havant Diagnostics Centre. St Mary’s Treatment Centre is modern and equipped to deliver a range of outpatient and diagnostic procedures, including day surgery and urgent treatment (minor injuries and illnesses). Havant Diagnostics Centre provides diagnostic procedures, including X-rays, ultrasounds and echocardiograms. CQC rated St Mary’s Treatment Centre as “good” at its last inspection (February 2016); the service is now overdue a further inspection. CQC rated Havant Diagnostics Centre as “good” at its recent inspection in January 2019.

The contract is currently commissioned across the compact CCGs (Fareham & Gosport, South Eastern Hampshire & Portsmouth) with NHS Portsmouth CCG taking the lead on both commissioning and quality. Contract and Quality Review Meetings take place quarterly and the last meeting took place on 20 May 2019.

2. **Risks & Concerns**
None to report.

3. **Quarter 4 Update; Jan – March 2019**
Complaint numbers remain low; only 4 complaints were received this quarter. In future CRMs Care UK will discuss in depth one complaint, one incident and one compliment as a minimum chosen by the CCG quality lead.

Friends & Family Test results are positive across services; by service the poorest performer is the UTC with 94.89% of patients likely to recommend the service and 1.77% unlikely to recommend.
Serious Incidents
There were no serious incidents in the quarter.

Staffing
Staff turnover is at 21% March 2019 with an absence rate of 2.15%. The UTC currently has 5 FTE clinical vacancies.

CQUINs
CQUIN scheme requirements for 18/19 have been met.

Equality, Diversity & Inclusion
Care UK has submitted its EDI documents to the CCG and met with the CCG quality & ED leads to discuss and give feedback. No significant issues were raised. The service has been audited using the dementia friendly tool and has an action plan in place which includes improving signage and environment.

5(f) Millbrook Healthcare – Community Equipment Store

No quality exceptions or updates this month

5(fi) Millbrook Healthcare – Wheelchair Service

1. Overview
The current Hampshire Wheelchair Service (HWS) is commissioned by a collaborative of CCGs coordinated by West Hampshire CCG. The associate commissioners include Southampton City CCG, Portsmouth CCG, South East Hampshire CCG and Fareham and Gosport CCG. The service is provided by Millbrook Healthcare. The contract commenced in April 2014 and is commissioned until March 2020. The service is accessible to children 2 ½ years of age and over, young people and adults and serves a population of over 1,450,000 service users. The total number of patients currently registered with the HWS is 17,817, of which 90.4% are adults and 9.6% children.

Millbrook inherited an undisclosed backlog of 1011 complex cases from the previous provider. Significant focus was given to resolving this and subsequently a more relaxed approach was taken to the provider’s performance against contractual KPIs. While the focus was on clearing the backlog Millbrook developed its own waiting list of patients. To
diminish the risk of another backlog being developed, commissioners agreed to fund increased activity levels of 248 referrals per month across the contract.

The service continues to operate with a long waiting list, for some this is in excess of 18 weeks. Referral activity has been above contracted levels, which adds to the backlog. Across the CCG’s differing approaches have been undertaken to address the backlog and PCCG have commissioned another provider, AJ Mobility Ltd, to undertake a short term piece of work to address the backlog of cases. This was due to commence 1st May 2019 and it is hoped that June 19 figures will reflect some impact.

2. Quality/Safeguarding Dashboard
Unfortunately due to the quality of papers received a decision was taken by the local commissioning & quality reps to stand down the Millbrook Healthcare CQRM this month. Given this is not a new concern it was agreed for a formal letter to be sent to the provider to express our concerns with a response time given of a week. It was also the first month of the new agreed reporting style for monthly figures which will allow for greater transparency on where issues may lie.

Summary Sheet April 2019 PCCG

<table>
<thead>
<tr>
<th></th>
<th>April 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Referrals into Service</td>
<td>274</td>
</tr>
<tr>
<td>Portsmouth City CCG</td>
<td></td>
</tr>
<tr>
<td>Adults (*)</td>
<td>39</td>
</tr>
<tr>
<td>Children (*)</td>
<td>(30) (9)</td>
</tr>
<tr>
<td>Total Planned Referrals</td>
<td>248</td>
</tr>
<tr>
<td>Diff +/-</td>
<td>26</td>
</tr>
<tr>
<td>Running total planned to actual</td>
<td>926</td>
</tr>
<tr>
<td>Total Re-Referrals - Adults</td>
<td>133</td>
</tr>
<tr>
<td>Total Re-Referrals - Children</td>
<td>48</td>
</tr>
<tr>
<td>Total Waiting Lists-Adults</td>
<td>1954</td>
</tr>
<tr>
<td>Portsmouth CCG</td>
<td>256</td>
</tr>
<tr>
<td>Total Waiting Lists-Children</td>
<td>399</td>
</tr>
<tr>
<td>Portsmouth CCG</td>
<td>49</td>
</tr>
<tr>
<td>Ave Waiting Time Wks Adult PCCG Overall (*)</td>
<td>28.1 (27.5)</td>
</tr>
<tr>
<td>Ave Waiting Time Wks Children PCCG Overall (*)</td>
<td>21.8 (20.1)</td>
</tr>
</tbody>
</table>

3. Risks & Concerns
Risk: Ports. QUA21 Risk of harm to adults and children as a result of long waits for wheelchairs
Opened: November 2017     Original score: 12     Current score: 15 (previously monitored as a high concern)

If the wheelchair provider does not deliver a service, which fully meets the specification, then there may be negative impact on patient outcomes and a loss of confidence in the service.

The total waiting list in April 2019 is shown above with PCCG figures.

Mitigating actions:
- Each CCG to continue to manage the long waiters from their locality
- Ongoing combined CRM/CQRMs
- Monitoring of action plan developed through the service review
- New arrangement for the school clinics
- Eligibility process revamp
- PWB introduction
- Waiting list initiative
Formal letter of concern sent to Millbrook from co-ordinating commissioner, West Hampshire CCG re timeliness of quality of reporting for CQRM process

4. Updates

Referral numbers remain above planned.
The April referrals were again, over the contracted planned for numbers. There is an ongoing audit around re-referral numbers. 66% of WL awaiting triage / assessment, 21% of WL awaiting order & handover. It was asked if non-skilled could take up some of the administration work however it is not possible.

Waiting list action
AJ Mobility Ltd, have started the short-term piece of work to address the backlog of cases. There should be some reflection in next month’s figures. An early issue identified was discrepancies in the list including people who shouldn’t be there or where uncontactable.

Snapshot 7/6/19
Green = AJM is actively working/or completed = 71% of the total transferred cases
Orange = “stuck” need additional information or on hold = 12%
Red= not worked on but completed/handed to Millbrook = 17%

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJM Complete Referral</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>AJM Handover Completed</td>
<td>12</td>
<td>5%</td>
</tr>
<tr>
<td>Appointment Booked</td>
<td>23</td>
<td>10%</td>
</tr>
<tr>
<td>Awaiting Handover</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Book with clinic or home</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Equipment on order</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>Awaiting info on assessment</td>
<td>9</td>
<td>4%</td>
</tr>
<tr>
<td>Awaiting Power Screening Pack</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>to be booked</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td>yet to be contacted</td>
<td>95</td>
<td>41%</td>
</tr>
<tr>
<td></td>
<td>164</td>
<td>71%</td>
</tr>
<tr>
<td>On hold in care home</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>On hold in hospital</td>
<td>3</td>
<td>1%</td>
</tr>
<tr>
<td>no referral</td>
<td>12</td>
<td>5%</td>
</tr>
<tr>
<td>unresponsive</td>
<td>7</td>
<td>3%</td>
</tr>
<tr>
<td>Waiting on order</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>wrong data</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>12%</td>
</tr>
<tr>
<td>duplicate client</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>Out of area</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Deceased</td>
<td>8</td>
<td>3%</td>
</tr>
<tr>
<td>Ineligible</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>No equipment need</td>
<td>10</td>
<td>4%</td>
</tr>
<tr>
<td>client moved</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>completed by MHC</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Returned to Millbrook</td>
<td>6</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>17%</td>
</tr>
</tbody>
</table>
Long Waiters
It has been noted that long waiters (and short) do not have a clock stop put on them when the delay has come from the service user. MWS feel they could calculate this, provide narrative although numbers may be small, and not alter times greatly. Further detail is awaited.

DNA Policy
Due to be signed off by time of QSEC.

KPI in % of orders for specialist equipment and made to measure, including bespoke seating received from manufacturers within 35 working days.
In March 2019 the KPI for this dropped from the previous 100% over the past year to 40% (Standard should be 95% within 40 days). MWS expected this figure to improve under new KPI reporting and indeed in April it returned to 97.6%

Staffing
Compliance issues remain despite progress being made and “plans in place. The problem appears related to existing staff and getting them to access training. Commissioners have asked that the training sessions offered are increased for safeguarding as it would still only be projected 83% in July.

A new engineer has started and they are only actually down by one staff member currently (Band 6 FT). Upskilling of existing staff is slower than wished for but is ongoing.

Solent Matters
West Hampshire and Southampton CCGs have received escalation from NHS Solent in regards to the wheelchair service via a number of channels. They reported Children’s Services have a total of 78 patients waiting over 18 weeks with a total of 90 patients on the waiting list which contrasted with reported figures from MWS of 26 and 78 respectively. As a result a senior level meeting is being arranged by the CCG’s with NHS Solent.

Complaints Policy
A new safeguarding policy has been circulated to CCG Safeguarding leads for comment.

Time and Motion Study
An informal check is to be made by MWS Kent to see if there are any areas where efficiency could be improved.

5(g) Rowans Hospice: End of Life Care Service

1. Overview

Background
The Rowans Hospice (aka The Rowans or Rowans) is a registered charity that has been grant funded by local NHS commissioners since the early 1990s.

It is financially supported by the following 4 CCGs;

- NHS Portsmouth CCG
- NHS Fareham and Gosport CCG
- NHS South Eastern Hampshire CCG
- NHS West Hampshire CCG

The Rowans provides specialist palliative care to people, carers and families who are facing complex physical, emotional and practical difficulties arising from advanced progressive life limiting illness. This may be cancer or other diseases. The Service delivers physical, emotional, spiritual and holistic care through teams of nurses, doctors, counsellors and other professionals including therapists. It operates an inpatient unit, outpatient day service, a
hospice at home service and Living Well Clinics and works in partnership with NHS providers of specialist palliative care and other statutory and voluntary providers in Health and Social Care.

Its overall CQC rating, based on the latest report published in August 2017, is outstanding and it is recognised by CQC as a Service that is both caring and responsive

2. Situation
Nothing to report currently

3. Updates
None

5(h) Spire Healthcare Limited – Spire Portsmouth Hospital

1. Overview

Background
The Spire Portsmouth contract is commissioned by the following 5 CCGs;

- NHS Portsmouth CCG
- NHS Fareham and Gosport CCG
- NHS South Eastern Hampshire CCG
- NHS Isle of Wight CCG
- NHS Coastal West Sussex

This is a NHS standard contract which commenced on 1 April 2017. NHS South Eastern Hampshire CCG is the coordinating commissioner and from June 2018 it handed over the responsibility for monitoring the quality elements of the contract to NHS Portsmouth CCG. Performance and Quality indicators and exceptions are reported and monitored quarterly through Contract Review Meetings (CRMs).

The contract aims to ensure there is sufficient local routine elective secondary care capacity for adults aged 18 years and over, to include out-patients, diagnostics, and elective in-patient and post-operative services in key specialties. Importantly, it gives patients more choice over where they receive routine elective secondary care. This year across the compact CCGs the three specialities provided have been; Trauma & Orthopaedics, General Surgery and Unbundled Diagnostics.

Contract review meetings take place quarterly and the last meeting was held on 16 May. A quarter 4 report has been received in advance of this meeting.

Quarter 4 Report
Report summary;

- All Operational standards (e.g. 18 weeks RTT) and national standards (e.g. zero tolerance MRSA) were met
- Transfer from the use of NEWS1 to NEWS2 took place in October 2018
- Q4 CQUIN reports were provided and are under review (1/Healthy food for staff, visitors & patients, 2/Maintaining Normothermia)
- No complaints were received from NHS patients this quarter
- There were 8 incidents recorded over Q4; 6 were low or no harm and 2 were moderate. The moderate incidents were VTE following surgery and bleeding post hip operation
- NHS Safety Thermometer data for the year 2018/19 shows 100% harm free care delivered
- FFT – results for the service in Q4 were very positive – with a response rate of 43%, 100% of NHS patients were likely to recommend the service to friends and family
- Spire has published its workforce race equality standard and plan online; this is currently with the CCG WRES lead for review and feedback.