

Meeting of the governing body

Summary sheet

Date of meeting: 2 February 2021

For: Public session (Part 1)

For: Information

Agenda item: Quality committee chair's report

Author(s):

- Lydia Harris, clinical quality officer and business manager
- Lisa Nightingale, head of quality
- Paul Cook, chair of the quality committee and governing body GP

Presented by: Natalie Jones, chief nursing officer

Lead director/GP from CCG: Natalie Jones and Paul Cook

Clinical lead: Natalie Jones

Executive summary

The quality committee met on 26 January 2021 and the ratified minutes from the last meeting held on 24 November 2020 are attached below.

This report escalates information that the membership feel the Governing Body should be informed on prior to the minutes review.

Quality light approach

The quality and nursing directorate is currently undergoing a period of restructure. There are significant vacancies with some posts out to advert and some posts appointed to but awaiting dates for new starters. Gaps remain in service to include 3 quality managers and head of patient safety. When all new staff members are in post, oversight will become more robust, as will our ability to support and facilitate quality improvement.

A further impact on service will be seen in the coming weeks as clinical staff within NHS Kernow are redeployed to the frontline to support the COVID-19 vaccination programme. This piece of work is being led by the deputy director of quality. Staff safety is paramount and risk assessments are being carried out on an individual basis to ensure all staff are appropriately assessed and trained with indemnity cover in place before redeployment.

A quality light approach is being adopted and efforts made to reduce burden on staff during the current pressures on the system. The quality assurance meeting (QAM) in December was stood down, and contributions to reports are lighter than usual. The quality committee took the decision to stand down presenters to today's committee meeting; all reports were thoroughly reviewed and discussed as usual, and comments and queries will be fed back to the relevant teams as required.

Recommendations and specific action the quality committee needs to take at the meeting

The committee is asked to:

1. Receive the report and request further information, where necessary.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery

Evidence in support of arguments: Update to Governing Body.

Engagement and involvement: Finance and Performance Committee, Workforce Committee.

Communication and/or consultation requirements: Update to Governing Body.

Financial implications: As noted.

Review arrangements: Forms part of the in-depth monthly review of quality information.

Risk management: Corporate risks are discussed at each meeting.

National policy/ legislation: Covers constitutional, national and locally determined quality and performance metrics.

Public health implications: Consideration given to public health implications, particularly with respect to inequalities.

Equality and diversity: Equality and diversity is considered through all of NHS Kernow's work.

Climate change implications: Meetings are now being held virtually, papers are no longer printed and travel no longer required.

Other external assessment: A considerable amount of the information is nationally submitted and informs discussions with regulators.

Relevant conflicts of interest: None known other than those recorded within the declaration of interest register.

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FOI consideration – exemption*: None - item may be published

Qualified/absolute*: None - item may be published

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Minutes of the quality committee – part 1

24 November 2020

9.30am to midday

Microsoft Teams

Attendees

- Dr Paul Cook (PC), chair and Governing Body GP, NHS Kernow
- Liz Cahill (LC), children and young people's commissioner, NHS Kernow
- John Groom (JG), director of integrated care, NHS Kernow
- Lydia Harris (LH), minute secretary and quality officer and business manager, NHS Kernow
- Jessica James (JJ), head of corporate governance, NHS Kernow
- Lisa Johnson (LJ), nurse consultant director of infection prevention and control, NHS Kernow
- Natalie Jones (NJ), chief nursing officer, NHS Kernow
- Tamsin Jones (TJ), senior commissioning manager for planned surgical care, NHS Kernow
- Lorraine Long (LL), programme manager for long term conditions, NHS Kernow
- Nory Menneer (NM), clinical lead and programme manager for learning disabilities, NHS Kernow
- Sara Sanders (SS), clinical review officer for mental health, NHS Kernow
- Nikki Thomas (NT), deputy director of nursing and quality, NHS Kernow

Apologies

- Helen Charlesworth-May (HCM), accountable officer, NHS Kernow and director adult social care, Cornwall Council
 - Melissa Mead (MM), Governing Body lay member, NHS Kernow
 - Dr Rob White (RW), Governing Body GP, NHS Kernow
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Minutes from the meeting

QC2020/67 – Introductions and apologies

NT introduced Sara Sanders to the meeting today. SS is a clinical review officer in the mental health team and will be providing some support to nursing and quality in the short term during the second COVID-19 wave.

QC2020/68 – Conflicts of interest

No new conflicts were declared.

QC2020/69 – Approve the minutes of the quality committee meeting held 29 September 2020

The minutes of the quality committee meeting held on Tuesday 29 September 2020 were approved.

QC2020/70 – Update action tracker

The action grid from the meeting held on Tuesday 29 September 2020 was updated, and is distributed with these minutes.

QC2020/71 – Risk register

JJ gave an update on the risk register to the group. The quality committee now has 16 red risks. Some of the risks were initially allocated to the finance and performance committee and have since been passed to the quality committee, and the reason for the high score was felt to be the patient safety impacts of the risk rather than the performance elements.

PC asked how we should review all the risks and suggested pulling a cohort (i.e. the riskiest) and asking staff to look at those. JG commented that staff are overstretched and prioritisation is difficult, and suggested reviewing the 4 or 5 biggest risks with our partner organisations.

NJ asked that the group reviews all the red risks brought to committee today to agree if quality or finance and performance, as follows:

- 4476, follow-up activity (20), reassigned from finance and performance committee – the group agreed that with no evidence of harm, this should return to finance and performance and that the score could be reduced.
- 4948, category 1 and 2 performance (20), reassigned from finance and performance committee – the group agreed this should return to finance and performance and the score could be changed if they felt this to be appropriate.
- 5001, stroke (20) – this relates to the stroke pathway and NT said this should sit under performance.
- 6067, University Hospital Plymouth (UHP) emergency department (20), reassigned from the finance and performance committee – NJ agreed this should remain with quality as there is a risk to patients.
- 10680, South Western Ambulance Service NHS Foundation Trust call stacking (20) – the group agreed this should be returned to finance and performance.

- 10703, neurosurgery waits (20) – JG gave an update regarding spinal surgery and that changes cannot be put into effect right now, and the group agreed this should return to finance and performance as the current issue is performance related and not quality.
- 10706, all providers referral to treatment time and 52 week wait (20), reassigned from the finance and performance committee – NT confirmed no harm has been seen yet relating to 52 week waits and unless this changes, this should sit under performance.
- 10775, delays to in-hospital treatment (20) – there was a discussion as to whether this is a duplicate risk as JJ advised this issue has been split into 3 separate risks (1 for cancer, 1 for neurosurgery and 1 for all others). JJ will take this back to discuss with JG.
- 4108, ambulance turnaround (16), reassigned from the finance and performance committee – NJ said this is periodically an issue when the Trust is in OPEL 4. PC and NJ asked why this risk is on the register and/or whether it needs to be a red risk. It was agreed this is not a quality risk.
- 4120, Royal Cornwall Hospital Trust (RCHT) emergency department (16) – this might not be a red risk and could change in line with hospital performance, but this is an unknown and unforeseeable factor. This should sit with performance.
- 10750, community deprivation of liberty (16) – it was agreed this sits with quality. NJ said there are related performance issues and that finance and performance should be aware of this.
- 10772, communicable disease outbreaks (16) – quality risk.
- 10773, avoidable healthcare associated infections (16) – quality risk.
- 10777, delays to diagnostics (16) – links to COVID-19 related diagnostic delays and JG said there are issues with wait times in some specialties. This should sit with performance but may come back to quality in the future.
- 10778, delays, community based services (16) – links to COVID-19 related issues and it was agreed this should remain with quality.
- 10776, quality team business as usual functions resources (15) – this is a quality risk as the risks for quality are that we are not meeting statutory requirements.

JJ updated the group on their high amber risks, as follows:

- 4916, CYP crisis – LC discussed that this relates to small numbers but with a big impact when it arises. There is a task and finish group and actions are on track.
- 10692, physical monitoring serious mental health – Stuart Cohen, commissioning lead for dementia, is leading on a piece of improvement work which PC is also involved with. The committee will ask SC to provide an update for the next meeting.
- 10699, diabetes
- 10741, diabetes and learning disabilities/autism – NM confirmed this is being monitored for performance and there is a lot of action taking place.
- 10751, designated doctor, child safeguarding – NT will discuss this within the quality report.

There are 2 red and high amber risks held by other committees that are relevant for quality oversight:

- 10711, UHP cancer targets (20)
- 10710, RCHT cancer targets (12)

There are no draft risks and no risks for removal.

Actions

1. Planned care board – NT to liaise with JG.
2. Stuart Cohen to provide an update to the next committee in January regarding physical monitoring serious mental health (risk 10692).

QC2020/72 – Infection prevention and control (IPAC)

LJ gave an update on the current IPAC status.

Interviews are taking place tomorrow for 2 new staff members. This should really help with many of the issues raised.

The 2019-20 annual report has been delayed due to the current COVID-19 pandemic. There has been a lot of work around gram negative blood stream infections, in line with the UK antimicrobial resistance national action plan. There is an oversight group in place using a quality improvement approach, with a focus on urinary tract infection (UTI) and hydration. The #ButFirstaDrink campaign aims to improve hydration in hospitalised patients to prevent UTI or urinary catheter infections, and a national project was undertaken to produce a catheter passport.

Best practice and good quality care is noted. What the report doesn't really evidence is the recent work that the IPAC team have been up to.

With an increased work staff, NHS Kernow with the local authority infection control resource should be able to do some really good collaborative working.

QC2020/73 – Learning from deaths review (LeDeR)

NM discussed the independent review into Thomas Oliver McGowan's LeDeR process which was instigated following grave concerns over the findings of an initial LeDeR review following his death. Clinical commissioning groups (CCGs) have been tasked with considering the recommendations from the report, which highlights local and national issues regarding the governance, quality and learning within the LeDeR process. The final recommendation states, "Each CCG must formally undertake and document and review its own systems and processes against the learnings and recommendations arising from Oliver's re-review."

NT asked to see a copy of local LeDeR terms of reference and NM will forward.

There was a group discussion around treatment escalation plan (TEP) forms for people with learning disabilities, as PC said there are conflicting messages for GPs. NT mentioned that learning disabilities is being recorded on TEP forms as the reason for the referral. NM clarified that learning disabilities should not be a factor and should not be recorded as the reason for referral. Not treating a patient because learning disability is listed on the TEP form will have a huge impact on that patient's care. NM has liaised with primary care and asked that a bulletin is sent out in the local medical committee and GP newsletters.

Actions

1. NM to send the terms of reference to NT.

QC2020/74 – Neurosurgery update

TJ provided an update on University Hospitals Plymouth NHS Trust (UHP) neurosurgery service. UHP is the main provider of spinal surgery for Cornwall. A small number also attend Royal Devon and Exeter NHS Foundation Trust (RDE), and there is an agreement that patients can be treated within the independent sector, namely Nuffield Plymouth, Nuffield Exeter and New Hall in Salisbury.

The Peninsula Clinical Services Strategy (PCSS) programme identified adult neurosurgery and neurorehabilitation as one of its top 6 priorities, and has 4 work streams to seek to address the key issues across current spine pathways and services in Cornwall and Devon.

There are discussions in place currently with the independent sector as to how to utilise the Duchy hospital in Truro with a plan to commence orthopaedic work from January 2021.

Neurosurgery at UHP has fared better than other services at UHP from the COVID-19 pandemic. NT asked about complaints of the neurosurgery service, and TJ confirmed there have been none feeding through NHS Kernow recently.

QC2020/75 – National clinical priorities, cancer and diabetes

LL gave a further verbal update concerning the RCHT patient experience survey and areas that have done really well. Patient experience has been noted as better than average in care planning, blood glucose and staff respecting wishes. Self-administration is an area of focus which could be improved. LL informed the group that there is a staff member in place to work across the wards to implement improvements. NT said it is important to capture and share the learning, and LL will take this away to look at further.

Diabetes

LL provided an update on the reducing diabetes amputations project. An inpatient foot checks process has been agreed with RCHT and a '10 steps to good foot care' leaflet developed. There is a lot of work going on and projected rates are better for next year. The diabetes oversight group has discussed the need to bring back into primary care initial foot checks when a person is initially diagnosed with diabetes. £50,000 has been secured to support the national diabetes prevention programme. Thousands of places are available for those eligible and there is a need to increase uptake. The programme is now open to self-referral via Diabetes UK using the 'know your risk' tool for those not wanting to attend a GP appointment.

Cancer

LL provided an update on UHP cancer targets which is a red risk with a score of 20 on NHS Kernow's risk register (10711). There is a concern of achieving the 62 day target in certain tumour sites, notably upper gastrointestinal (GI), lower GI, lung and urology. These are national issues and plans are in place with the Peninsula Cancer Alliance to improve these.

NT probed for more quality related issues as the report was more performance focussed, e.g. have we seen any harm as a result, and have we peer review results. LL will focus on quality for the next report.

At the last committee LL informed the group that the national cancer patient experience survey highlighted that no-one from a black, Asian or minority ethnic (BAME) background had participated, and a BAME network is now in place to manage this.

Actions

1. LL to provide an update on the learning from the patient experience survey.
2. LL to provide a quality focussed update to the next meeting around cancer and the BAME patient experience survey.

QC2020/76 – National clinical priorities, maternity

LC provided an update on the local maternity systems (LMS) transformation programme. Continuity of care has been a flag, and there is a core strategy on patient safety through their journey through pregnancy. There is a challenge to hit targets going forward. Vulnerable families is a critical issue.

COVID-19 has caused a bumpy journey for pregnancy services and staff have all worked really hard. This has been a distressing situation for families, i.e. with scanning, where partners have not been able to attend.

There has been a rapid turnaround of work with increased perinatal support for BAME women, which is a new COVID-19 related action.

There is a lot of work going on with perinatal and infant mental health, and this is going in the right direction.

There is an expectation to see an impact of domestic abuse and wellbeing on infants.

QC2020/77 – Continuing healthcare

The committee was running behind schedule and JG had to leave for another meeting. The report was noted by the committee and NJ will take any comments back to JG if required.

QC2020/78 – Quiqsolutions update

The Quiqsolutions provider assurance compliance (PAC) tool project began in late 2018. The aim of the project was to pilot the PAC tool with a number of care homes to:

- Provide care homes with a free tool to self-assess their compliance with the health and social care regulations.
- Provide NHS Kernow quality, safeguarding and continuing healthcare teams with information about care homes to provide assurance and identify areas of concern where support may be required.

The pilot formally commenced in July 2019 and concluded in August 2020. Whilst it was useful, it was not successful enough to support implementation as the amount of work required to support full roll-out may be unrealistic in terms of resource versus benefit. Louisa Forbes, enhanced health in care homes programme manager, continues to support care homes.

QC2020/79 – Quality report

NT informed the committee that safeguarding now features within the quality report so that it feeds into the governing body.

There was a discussion around PITCH (peer improvement tips for care and health). PC received 2 submissions recently in quick succession having not had any before. There has been no feedback received to these. It was felt the PITCH report needed to provide more detail as to what is actually happening with the submissions – what is the learning – and not simply providing the numbers.

PC asked why the lead organisations can't contact GPs direct rather than reporting through PITCH. NT discussed the background to PITCH which was initially set up as a tool to provide general practice with a central reporting system to raise concerns, share learning and highlight excellence. Its use has subsequently been extended to the wider healthcare system, resulting in a busier more operational function. The committee is keen that the quality team review the PITCH function to ensure continued commissioner focus.

The designated doctor for child safeguarding post has been vacant since March 2019, which has created a number of issues for the named GP for child safeguarding, the designated nurse for looked after children (LAC) who is covering the safeguarding vacancy, and other health practitioners across the health economy. The Cornwall and Isles of Scilly Safeguarding Adults Board released the Morleigh safeguarding adult review on 2 November 2020. This examines historical issues surrounding the former Morleigh group care home provider which ceased trading in 2017.

Cornwall is an early adopter of the new patient safety incident response framework (PSRIF) and NT provided the committee with a progress update of work to date. A second engagement event is due to take place on 9 December 2020 to share information from the national team and what this means for us locally.

The committee noted the content of the quality report.

Actions

1. The PITCH process requires review and escalation to the Governing Body.

QC2020/80 – Quality surveillance group update from the meeting on 28 October 2020

The committee noted the minutes from the last meeting held in October.

QC2020/81 – Key issues discussed at the committee and recommendations for resolution for GB

The group agreed that the following topics require escalation to the Governing Body for oversight:

- National learning from deaths review (LeDeR)
- The impact of the vacancy of designated doctor for child safeguarding
- Peer improvement tips for care and health (PITCH)

Actions

1. The above issues to be pulled together into the chair's report for Governing Body.

QC2020/82 – Any other business

No other business was declared.

Final copy for ratification

Signed by the chair: Ratified at the quality committee

Date: 26 January 2021

Meeting of the governing body Summary sheet

Date of meeting: 2 February 2021

For: Public session (Part 1)

For: Information

Agenda item: Quality and safeguarding report

Author(s):

- Lisa Nightingale, head of quality
- Gillian Dinnis, quality manager
- Liz Allan, designated nurse for looked after children
- Dr Mark McCartney, named GP for safeguarding
- Nikki Thomas, deputy director of nursing and quality
- Lydia Harris, quality officer and business manager

Presented by: Natalie Jones, chief nursing officer

Lead director/GP from CCG: Natalie Jones, chief nursing officer

Clinical lead: Dr Rob White, Dr Paul Cook

Executive summary

The Health and Social Care Act 2012 set out a single definition of quality:

1. Clinical effectiveness - quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes.
2. Patient safety - quality care is care which is delivered so as to avoid all avoidable harm and risks to the individual's safety.
3. Patient experience – quality care is care which looks to give the individual as positive an experience of and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect." National Quality Board 2013

This report provides an overview of latest information on key quality indicators included those in the NHS Constitution. Using the quality and performance dashboard as a surveillance tool, local intelligence and working directly with providers, this report will by exception report areas of concern or risk to patients identified with mitigating actions.

The quality metrics and local intelligence in this document reports performance for the month of November 2020 at a total clinical commissioning group (CCG) level,

unless otherwise stated. The quality and performance dashboard is attached as appendix 2.

Recommendations and specific action the quality committee needs to take at the meeting

The committee is asked to:

1. Note the report.
2. Note system quality improvements.
3. Ask for additional assurance on any indicators that are not already discussed within the content of this report.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery

Evidence in support of arguments: Reporting actual performance by commissioned providers for Cornwall and Isle of Scilly. National and local quality metrics, national directives, constitutional standards, STEIS and NRLS.

Engagement and involvement: Commissioned providers, commissioning leads within the NHS Kernow and associate commissioners in NHS Devon.

Communication and/or consultation requirements: There are currently no communication issues between commissioners and providers.

Financial implications: Quality performance may have an impact on commissioner/provider financial position.

Review arrangements: Monthly review at quality assurance meeting.

Risk management: Quality assurance framework in place. Exception reports are produced by commissioners for non-performing metrics. Risks managed through risk register entries on NHS Kernow corporate register.

National policy/legislation:

- NHS Constitution
- NHS Operating Framework

- National quality metrics.
- *Duty as to the improvement in quality of services: Section 14R NHS Act 2006
- *Duty - Quality in Health Care Sections 45 and 148 Health and Social Care (Community Health and Standards) Act 2003.

Public health implications: Infection prevention and control.

Equality and diversity: No impact noted at this time.

Climate change implications: Meetings are now being held virtually, papers are no longer printed and travel no longer required.

Other external assessment: [NHS England national statistical publications](#); Royal College reviews; ESIST; NHS England assurance – KLOEs and NHS Improvement reviews.

Relevant conflicts of interest: None identified.

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FOI consideration – exemption*: Section 21 - Information available by other means

Qualified/absolute*: Section 21 - Absolute

If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the Information Commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net.

Contents

Royal Cornwall Hospitals NHS Trust (RCHT)	5
Cornwall Partnership NHS Foundation Trust (CFT)	6
University Hospitals Plymouth NHS Trust (UHP)	6
Primary care	7
Peer improvement tips for care and health (PITCH)	7
GPs with extended roles (GPwER).....	7
Serious incidents	8
Safeguarding	8
Children’s safeguarding update	8
Named GP for child safeguarding update	9
Directorate structure update	10

Royal Cornwall Hospitals NHS Trust (RCHT)

The hospital standardised mortality ratio (HSMR) has gone up, as expected with COVID-19 related deaths. There have been fewer deaths from COVID-19 at RCHT than in other trusts nationally. All deaths are being investigated and initial findings show an increase in deaths for patients with cancer, falls leading to fractures and head injuries, cardiovascular and cerebrovascular disease. The figure remains below the national benchmark as well as below the south west average.

By November 2020 RCHT had treated 263 inpatients diagnosed with COVID-19. 78 have died and are subject to a structured judgement review (SJR). 3 patients had a potentially hospital acquired infection, 2 of which were early in the pandemic and were subject to a serious incident investigation. The actions and learning have been implemented. The remaining one is still under investigation.

A reduction in all falls is reported. Work around the patient safety incident review framework (PSIRF) early adopter pilot of post-falls huddles continues, and initial outcomes are promising with the first considerable reduction in numbers of all patients falls reported for November.

12 hour trolley waits have increased for a second month since October with a rise in emergency department (ED) attendance. A decrease was noted in November which was due to ring fencing a ward for medical intake. 55 beds have had to be removed in line with COVID-19 rules, which has had a negative impact on flow out of ED. Capacity issues system-wide are impacting on discharges, additional to higher acuity admissions with longer length of stay.

There is a decline in stroke indicators for a second month. The percentage of stroke patients who spend at least 90% of their time on a stroke unit showed a dramatic decline from 91.67% to 64.86%, which is well below the national target of 90%. Other indicators that declined in October recovered in November. Stroke bed availability is poor due to slow flow out to community beds resulting in patient outliers across the hospital. There is a local plan to reduce the number of areas that outlying patients go to, improving continuity of care and reviews. The ward team are in constant contact regarding outliers to ensure high care standards are maintained. There are recruitment initiatives underway to improve therapies performance.

October data for harm reviews has shown small numbers of low to moderate harm for those waiting for elective care. There is a robust harm review and escalation process in place with patients reviewed by the specialty and harm review panel to ensure appropriate immediate action is taken.

Sickness absence although relatively low at 4.05% in November has risen for a third consecutive month.

The vaccination programme at RCHT commenced on 9 December 2020 for those over 80 years of age and care home staff. This is operating 8am to 8pm 7 days a week.

Cornwall Partnership NHS Foundation Trust (CFT)

There continues to be a delay in the instigation of duty of candour. This has been affected by reduced staff capacity due to operational pressures. Governance and operational managers are working together to move to a better position although there are no reporting of timescales or specific targets. Associated risks are escalated for response.

There has been a significant increase in falls since April 2020. Garner ward is taking part in a learning from incidents pilot supported by the Royal College of Physicians. Cornwall mental health team (CMHT) is receiving falls prevention training virtually via Teams. Garner ward is looking to recruit to a permanent ward physiotherapist role.

There is an ongoing incident investigation concerning children and adolescent mental health service (CAMHS). CFT's clinical lead is supporting positive behaviour and psychological input around high incidents of self-harm. Support for staff welfare is being provided from clinical leads as well as from chaplaincy, and the health and wellbeing team is adding regular staff meetings, personal thanks for hard work, recognising excellence board.

University Hospitals Plymouth NHS Trust (UHP)

UHP has been in OPEL 4 with a large number of beds closed or dedicated to COVID-19, with in excess of 175 for the majority of days. This has reduced green pathways and challenged staffing levels.

Discharges have been difficult with COVID-19 positive patients having limited options due to national guidance of isolation, and care homes declining administrations without a negative swab result.

Elective surgery has been cancelled on occasions, including some cancer operations.

Emergency department has been challenged with reduced patient flow and large number of attendances. This has caused numerous long waits for ambulance handovers, and an increase in reported incidents of 12 hour trolley waits in ED – in November 2020, 67 patients had breached this standard. NHS Devon patient safety quality team is carrying out a harm review on these, and NHS Kernow and NHS Devon will be implementing a new review process during December 2020 to improve audits and develop further reporting and feedback.

Twice daily gold and system calls are taking place and good assurance is received that the standard of 12 hour breaches is high and no themes or trends are identified to date in relation to poor care or harm.

There has been an increase in breast 2 week wait (2WW) referrals and subsequent waits on the pathway. Potential reasons are not understood but it was noted that October was breast awareness month and there was a recent celebrity case in the media. The changes in 2WW breast referral volumes in Devon are in line with those being reported nationally. Mitigations are in place to include increased capacity within the breast pain service for symptomatic referrals and planning additional surgical capacity, and a new video call-based service for breast pain which will divert approximately 30% of referrals into a nurse-led service.

Primary care

Peer improvement tips for care and health (PITCH)

PITCH was developed 12 months ago to provide general practice with a central reporting system where they can raise concerns, share learning and highlight excellence. NHS Kernow hosts this service in their role as commissioner and shares with appropriate provider.

A total of 424 submissions have been received at the time of writing this report. The following themes in reporting have emerged since the last committee in November:

- Primary care themes – medication prescribing and administration.
- Secondary care themes – provision regarding single electronic referral forms (SERF), discharge and communication.

A review of PITCH has commenced. The first stage of the review has focused on the ability of other providers to use PITCH to raise concerns relating to primary care. Cornwall Partnership NHS Foundation Trust (CFT) was used as a pilot to trial direct reporting to primary care. The next stage of the annual review will be to engage with other providers aiming for completion by end of March 2021.

GPs with extended roles (GPwER)

The Royal College of General Practitioners developed a framework to demonstrate the required governance of general practitioners with extended roles (GPwER), formally known as GPs with special interests (GPwSI). Alongside this framework, clear standards are set through agreed service specifications, appropriate monitoring of contracts and robust governance arrangements that guard against isolated practice, protect patients and support the GP, and minimise indemnity costs.

NHS Kernow's quality team continue to monitor the GPwER accreditation process. GPs must become accredited via application which is reviewed and agreed by the joint peninsula-wide panel comprising NHS Kernow, NHS Devon and NHSE/I.

There are currently 12 active GPwERs on the Cornish register, all of which are accredited and within their 3 year accreditation period. Only 1 of the 12 is due for renewal in 2021. The chart below shows NHS Kernow's register by contractor and specialty.

Accreditation by Contract

CCG LEAD	CONTRACTOR	SPECIALTY	ACCREDITED	EXPIRED	
NHS Kernow	Cornwall Partnership Foundation Trust	Musculoskeletal (MSK)	2	0	
	Cornwall Partnership Foundation Trust	MSK & sports medicine	1	0	
	Kernow Health Cic	Dermatology	1	0	
	Kernow Health Cic	Skin surgery	2	0	
	Probus Surgery		Toenail surgery	1	0
			Vasectomy	2	0
	Three Spires Surgery		Musculoskeletal (MSK)	1	0
			Vasectomy	2	0
	Veor Surgery		Vasectomy	1	0
		Total		13	0

(Note: Probus surgery has 2 GPwERs, one specialising in both toenail surgery and vasectomy).

The related risk on the organisation's risk register (10684) was closed following approval from the Planned Care Board and subsequent review at the quality committee in August 2020, when it was agreed that this no longer represents a risk.

Serious incidents

The overall numbers of serious incidents reported on STEIS by providers within Cornwall has reduced over the last 3 months. Some of this is due to the work to reduce duplication in reporting; and investigating patient safety incidents and taking a multiagency approach.

The charts attached in appendix 1 show the patient safety incidents for the period November 2020 to 15 January 2021.

Safeguarding

Children's safeguarding update

The designated nurse for looked after children (LAC) has supported the quality team with a number of multiagency patient safety incident reviews, to include the use of the multi-agency crisis protocol, an incident that is also subject to a child death review and local children's safeguarding review, and one relating to the 0 to 19 service.

The designated nurse has been invited to identify key personnel in the local authority to whom some PITCH issues could be addressed. The quality governance for local authority remains unclear and managers/ senior practice managers in the local authority had been made aware of the PITCH process initially.

In the absence of a designated doctor for safeguarding, arrangements have been made for all named doctors across NHS Kernow, RCHT and CFT to access peer and clinical supervision via the south west named doctor network, and for 1 to 1 support from the designated doctor for safeguarding at Torbay.

The designated nurse for LAC and designated nurse for safeguarding will arrange to meet with NHS Kernow's head of quality to discuss the new patient safety incident review framework (PSIRF) and to review the engagement of the safeguarding leads in the investigation of incidents where there is a safeguarding element. Safeguarding leads will attend the rearranged early implementer development workshop.

Named GP for child safeguarding update

Following agreement with practices it has been possible to share GP professional telephone numbers (bypass lines) with Early Help and the Multi Agency Referral Unit (MARU). It is hoped that this will enhance the communication and experience for GPs and other staff working with families

A suggestion for improvements to the GP child registration forms have been shared with safeguarding leads, with the agreement of the Local Medical Committee (LMC). These forms will help practices gather vital new information about families that are new to the area or moving from another GP surgery. The forms will not be mandatory. The information will include some third party or sensitive information and practices have been advised to mark them as "not for sharing" and to be redacted in the event of subject access requests.

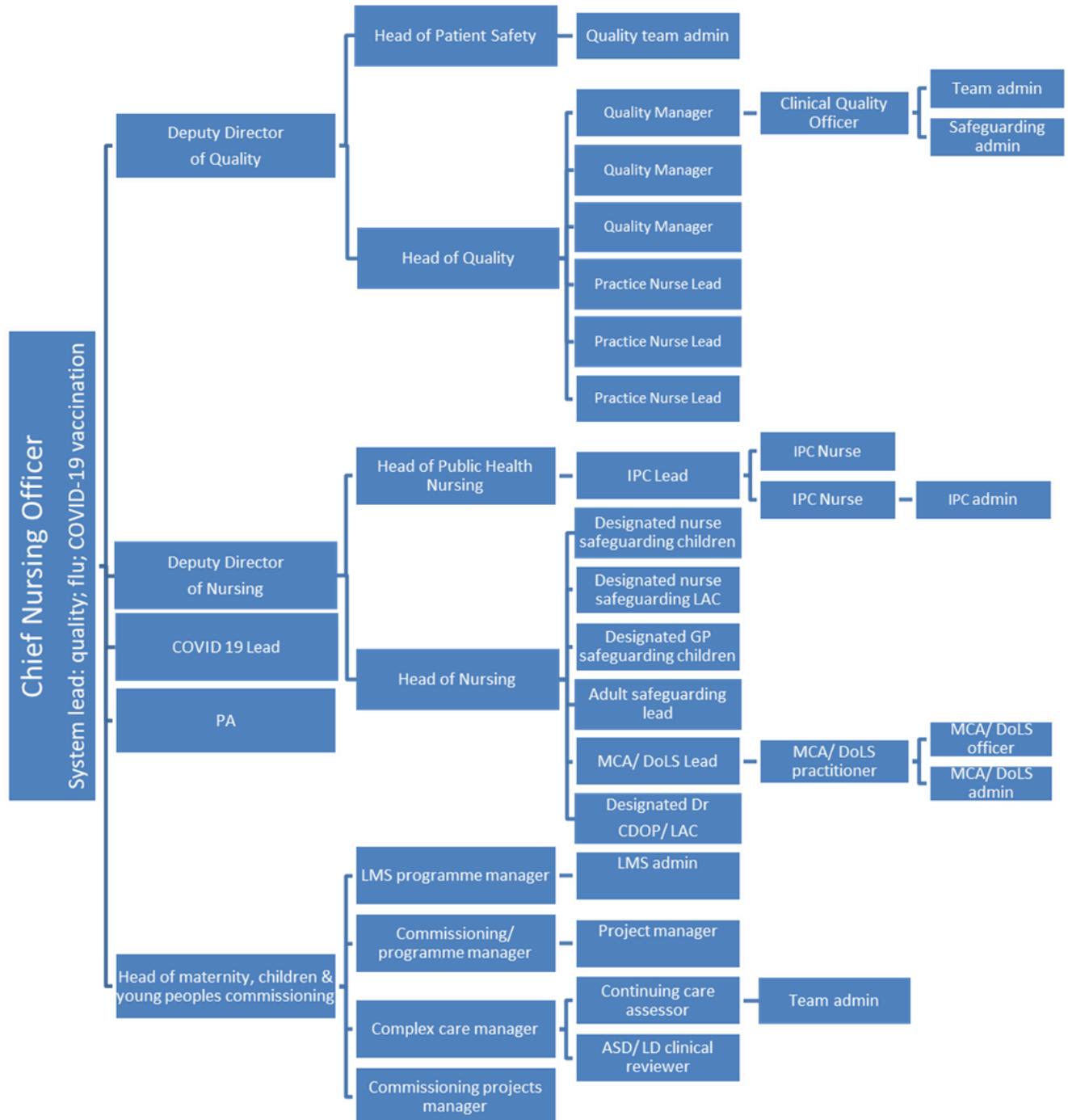
There have been a number of enquiries about safeguarding training for GPs with regard to the intercollegiate guidelines and difficulties with accessing face to face training in the current pandemic. Practices have been directed to Our Safeguarding Children Partnership (OSCP) online training events including the annual conference, as well as other online resources such as e-learning for health (e-LfH) and Bluestream.

Children's mental health issues continue to be a concern for practices. Information has been shared about resources that are available for families including links to

support, and details of the ICON app which supports parents of babies on how to deal with crying in particular.

Directorate structure update

See overleaf for the revised nursing and quality directorate structure.





Kernow
Clinical Commissioning Group

Patient safety incidents for the period November 2020 to 15 January 2021

Figure 1: The number of incidents by type by provider (top 9 incident types)

Top incident types by count split by provider

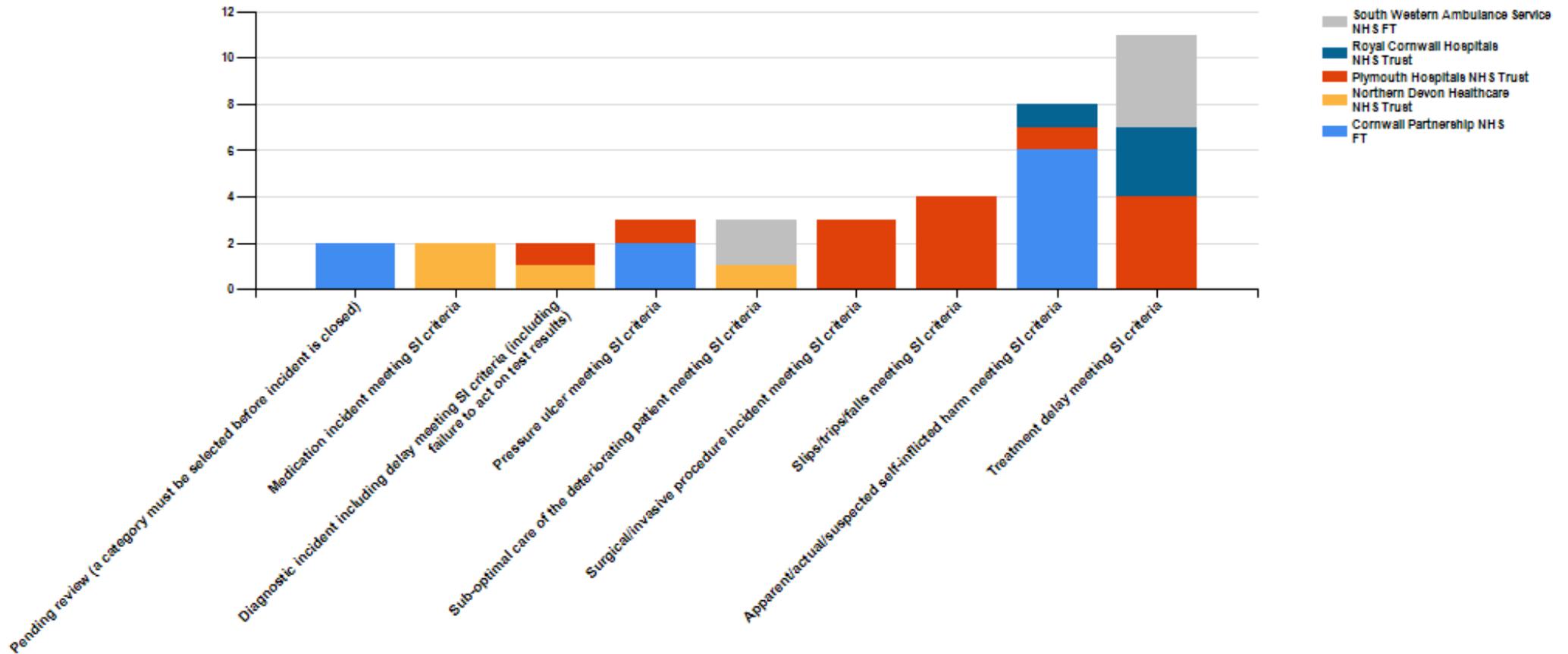
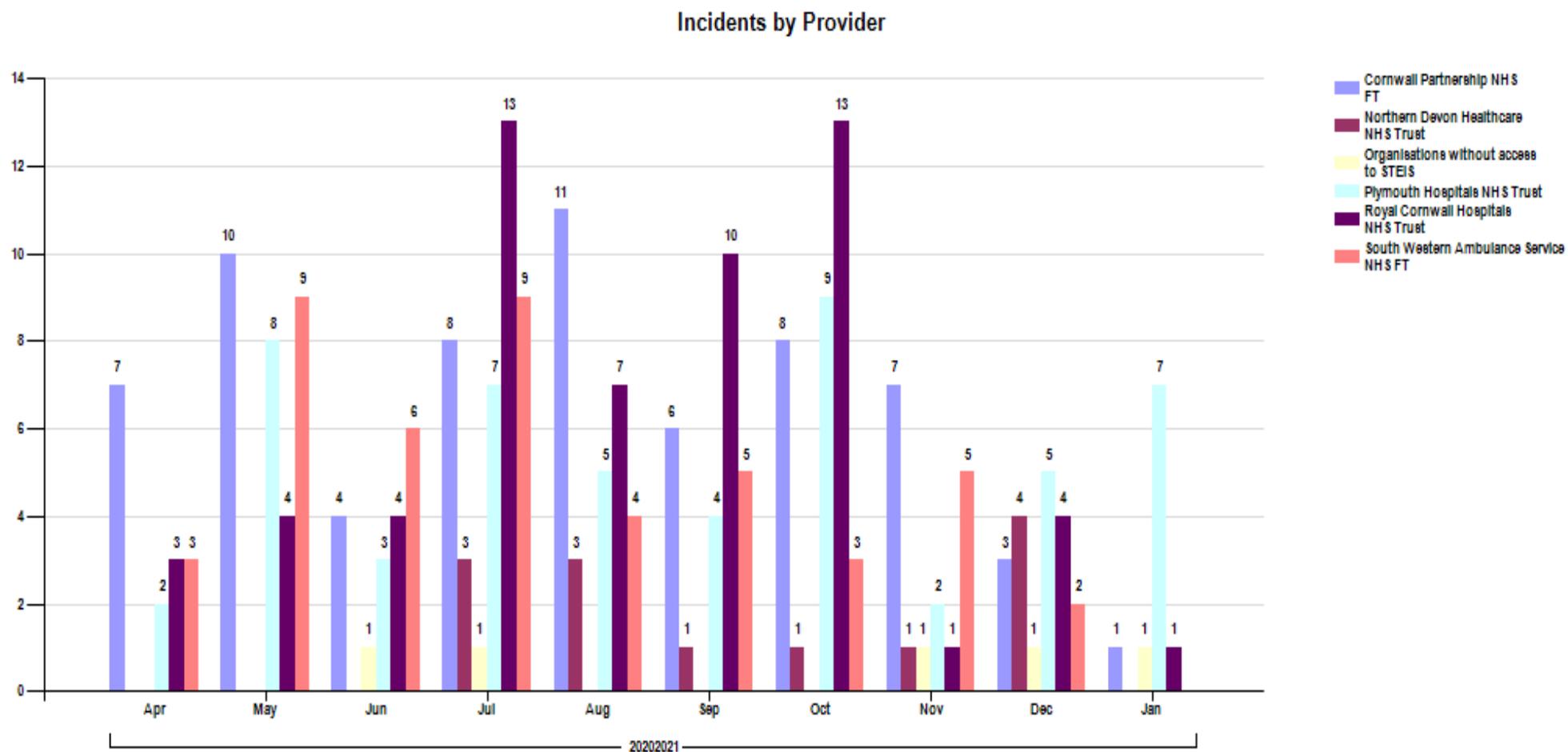


Figure 2: The number of incidents reported per month by provider



Use this drop down to select which provider's

Regulators 

Select Provider: RCHT

Date of when ratings were received (this will change depending on which provider you select)

Date of latest rating: 05-Oct-17

Indicator Titles

Indicator	Latest Rating
CQC Inspection Rating (overall)	Inadequate
Safe	Inadequate
Caring	Good
Effective	Requires improvement
Responsive	Inadequate
Well-led	Inadequate

Data Rating

Indicator	Latest Rating
NHSI - Single Oversight Framework Segmentation (SOF)	4

NHSI Rating Segment Description

- 1** Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance.
- 2** Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.
- 3** Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements.
- 4** Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures.