NHS
Kernow
Clinical Commissioning Group

Paper number: GB2122/048

Governing body
Meeting front sheet

Summary sheet

Date of meeting: 3 August 2021
For: Public session (part 1)
For: Information

Agenda item: Quality committee chair's report
Author(s):
Judy Duckworth, chair of the quality committee and governing body GP
Lydia Harris, quality officer and business manager
Nikki Thomas, interim director of nursing
Presented by: Judy Duckworth, chair of the quality committee and governing body GP
Lead director or GP from CCG: Nikki Thomas, interim director of nursing
Clinical lead: Dr Rob White

Executive summary

The quality committee met on 27 July 2021. The minutes from the previous committee meeting held on 25 May 2021 were ratified and are attached below.

This report escalates information from the latest meeting that the membership feels the governing body should be informed on prior to the minutes review.

Adult carers strategy

Under the Care Act 2014, Cornwall Council has a statutory responsibility to promoting the wellbeing of adults needing care and support and of carers; and improving the quality of care and support for adults and support for carers.

The carers strategy has been co-produced by commissioners from NHS Kernow and Cornwall Council and includes the outcomes the new carers service will seek to provide. The development of the strategy has been used to inform the development of the carers service and to give direction and actions that need to be delivered to meet the needs of carers in Cornwall and the Isles of Scilly.

The carers strategy and the subsequent service supports all unpaid carers in Cornwall including carers for people with (not exhaustively):

- dementia

- drug and/or alcohol decencies
- learning difficulties
- poor mental health

The strategy has been scrutinised by the business planning and performance group (BPPG) and approved for onward recommendation to the quality committee where the members were in support of the document.

National clinical priorities – mental health and learning disabilities

The mental health and learning disabilities report provided assurance across various workstreams across the system. In summary:

- The development of the strategic implementation plan and associated outcome framework for adult mental health and wellbeing is near completion.
- The community mental health transformation (CMHT) bid has been approved by NHS England (NHSE).
- A complex needs coordinator role has been recruited to Cornwall Council (drug and alcohol team), jointly funded by NHS Kernow, who will take on the chairing of the dual diagnosis strategy steering group.
- NHS Kernow has worked with the NHS England system improvement team to conduct a deep dive into improving access to psychological therapies (IAPT) services.
- NHS England and Improvement suicide prevention funding in Cornwall was utilised by the psychiatric liaison service who piloted a project using a brief psychological suicide prevention intervention collaborative assessment and management of suicide (CAMS) with people presenting through the psychiatric liaison service at the Royal Cornwall Hospitals Trust (RCHT) who have self-harmed or made a suicide attempt.
- NHS Kernow continues to remain compliant with the learning disability mortality review (LeDeR) programme requirements. Following an independent review, NHS Kernow is in the process of reconfiguring the programme to meet the requirements of the renewed national policy. This includes consideration of new local area coordinator arrangements and the inclusion of the deaths of people with autism in the review criteria.
- System recovery funding is being provided to help key areas improve delivery and performance.

National clinical priorities – cancer

A cancer workstreams summary overview was provided including a positive update on rapid diagnosis.

- RCHT and University Hospitals Plymouth Trust (UHP) have implemented a non-specific site pathway to undertake diagnostics tests where GPs have a suspicion of cancer, but do not have a single site that would indicate a particular area of concern. Intention is to capture people who would normally ‘bounce’ around the system, reducing diagnostic tests and providing a much better experience for those people who do have cancer.

- The faster diagnostic standard has been shadow monitored by providers and is intended to provide a more understandable target for the public in that a diagnosis of cancer should be ruled out (or otherwise) within 28 days of referral. The target is 75% and at the time of writing 82.5% of all suspected cancer referrals were diagnosed within 28 days across all providers.

Infection prevention and control annual report 2020/21

The infection prevention and control (IPAC) annual report for 2020/21 was reviewed and well received by the quality committee. Mention was made of the successful recruitment to increase the team since the onset of the COVID-19 pandemic to support NHS Kernow's nurse consultant director of infection prevention and control, and primary care. In addition, a small temporary team has been put in place until March 2022 to support outbreaks.

Looked after children

The TIAA internal audit of safeguarding looked after children (LAC) received substantial assurance. The scope of the review included systems for establishing the population of at-risk groups, and how NHS Kernow assures itself that health assessments are being completed as required, including monitoring and reporting systems. The TIAA report has also been reviewed at audit committee. Both committees recognise the hard work from the designated nurse for looked after children for her commitment to the audit.

Quality report

The system continues to experience severe issues with flow in and out of the emergency department (ED) resulting in a backlog of patients awaiting admission and high levels of ambulance delays.

RCHT end of life care won in 2 categories in the national patient experience (PENNA) awards for 2020. They were also awarded significant assurance, the highest possible award from Audit South West.

Committee members shared concerns regarding the quality team's ability to respond to a significant rise in reactive quality assurance and improvements as well as domestic homicides, mental health homicides and police investigations. The quality committee has asked the team to prioritise current work for discussion at the next meeting.

Recommendations and specific action to take at the meeting

The governing body 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
☐ Commissioning supports COVID-19, recovery plans and long-term plan expectations

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 the joint finance, performance and quality meeting.

National policy or 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 or absolute? None - item may be published

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 public interest in transparency. For advice, contact kccg.foi@nhs.net.

Minutes
Quality committee – part 1

25 May 2021
9.30am to 12.45pm
Microsoft Teams

Attendees

- Dr Rob White (RW), chair and governing body GP, NHS Kernow
- Dr Judy Duckworth (JD), governing body GP, NHS Kernow
- Lydia Harris (LH), minute secretary and clinical quality officer and business manager, NHS Kernow
- Natalie Jones (NJ), chief nursing officer, NHS Kernow
- Nikki Thomas (NT), interim director of nursing, NHS Kernow

Apologies

- Melissa Mead (MM), governing body lay member, NHS Kernow
- Lisa Nightingale (LN), head of clinical quality, NHS Kernow

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Minutes from the meeting

Item QC2021/42 – Introductions and apologies

Rob White chaired the meeting today and welcomed Judy Duckworth to her first quality committee in her role as governing body GP who replaces Paul Cook.

Nikki Thomas informed the group that presenters have been stood down today due to the pressures on the system.

Item QC2021/43 – Conflicts of interest

JD is no longer seconded to West Cornwall Hospital (register entry ref: K000037).

There were no new conflicts declared from the other committee members.

Item QC2021/44 – Approve the minutes of the quality committee meeting held 30 March 2021

The minutes of the quality committee meeting held on Tuesday 30 March 2021 were approved.

Item QC2021/45 – Update action tracker

The action tracker was updated and is distributed with these minutes.

Item QC2021/46 – National clinical priorities update: Continuing healthcare

The continuing healthcare (CHC) report to quality committee highlighted key areas for quarter 4 2020-21. CHC activity during the COVID-19 pandemic was limited but CHC were able to support a small number of local resolution meetings.

The group discussed safeguarding elements of the report. RW referred to primary care multidisciplinary team (MDT) meetings that had been stood down and asked about plans to step these back up. NT confirmed that the local authority has continued to run case conferences during the pandemic but there has been a decrease in primary care representation, and concerns have been raised from the meetings about not getting the right reports.

NT will liaise with Mark McCartney, NHS Kernow's named GP for safeguarding children, with regard the issue of MDT meetings and primary care representation. NJ informed the group that the vacancy for the named GP for safeguarding adults is due out for advert.

The report shows that 96% of fast tracks are being approved. A bid for a Marie Curie contract in relation to end of life was approved at NHS Kernow's business planning and performance group (BPGG).

There was a conversation around discharge to assess (D2A). The report recorded that activity feels particularly high in demand with acute hospitals in OPEL 4. The group asked if there is an understanding of the risks to the CCG in doing these and RW questioned if we know how the funding is split. D2A cover is expensive when people are effectively medically fit. This could be an ongoing pressure on primary care and NT will raise this at the joint finance, performance, and quality committee.

There are 756 overdue reviews outstanding. An external review group has been commissioned to support these. NT asked what the impact is of these overdue reviews on patients and residents. There may be some within this cohort that do not need CHC. JD asked where we are nationally regarding delays. NT confirmed there is no benchmarking but thought there is a target that these should be cleared by a certain point, and NJ confirmed the target date was by end of April. RW concluded from the report that we are assured going forward regarding reviews and that CHC reviews from 6 years ago are up to date.

The committee raised the following issues for escalation:

- Discharge to assess – no assurance regarding budget and risk to CCG.
- Fast track – concerns raised that this is a mechanism to move people from hospital rather than what is intended.

The group agreed that a further update should be provided for assurance on the outstanding reviews, and that a verbal update will be requested from Carol Green prior to the next committee meeting in 2 months.

Actions:

1. NT will liaise with Mark McCartney, NHS Kernow's named GP for safeguarding children, for assurance regarding MDT meetings and primary care representation.
2. NT to raise the issue of discharge to assess and possible risk to the CCG at the next joint finance, performance, and quality committee.
3. A virtual update to be requested from Carol Green for assurance.

Item QC2021/47 – National clinical priorities update: Medicines optimisation

NJ acknowledged that the team have pulled out all the stops to support the COVID-19 vaccination programme. This is not due to stop yet with children's vaccines next, and boosters in the new year.

The guidelines for storing the COVID-19 vaccine have changed and can now be stored for a month rather than 3 days. RW advised that these instructions will need to be printed on the bottle, otherwise it will be discarded at 3 days.

The committee acknowledged the contents of the report with no queries raised.

Item QC2021/48 – Quality and safeguarding report

GP IT systems

Concerns around GP IT systems have been reported more than once. NT confirmed that there is a wider piece of work taking place around clinical risk. RW commented that an issue arose in 1 practice following a CQC visit and asked how we are assured that this is not happening at other practices.

NT referred to 2 key issues identified from recent investigations. 1 relates to an unknown email address at a surgery that resulted in unopened emails being discovered. There is subsequent work taking place as a result of the learning from this to include all generic email addresses being checked for validity, etc. Secondly, learning from migration issues has been shared. This identified issues for the CCG with further checks required internally.

Royal Cornwall Hospitals NHS Trust (RCHT)

The trust has experienced significant issues with flow in and out of the emergency department (ED) resulting in a backlog of patients awaiting admission downstream and high levels of ambulance delays. Elective activity has been closed temporarily to ease the OPEL 4 pressures. There are concerns of the knock-on impact of this on other services, for example, emergency oncology operations were postponed for 2 days.

An update is needed from South Western Ambulance Service NHS Foundation Trust (SWAST) on the impact of ambulances waiting to include the number of people in category 2 calls. We need to have full understanding of the impact of this. NT informed the group that Lisa Nightingale, head of clinical quality, has gone back to the provider to discuss their actions from the last time to obtain the learning.

There was a group discussion regarding the decision making of standing down elective services and what mitigations are in place. RW asked how this decision is made, is there is a harm review against decisions and is there an audit trail of the decisions. These are made internally at RCHT and the group agreed that assurance is required of their processes. The committee will write to RCHT and request oversight of the decision-making processes to switching off elective activity.

There have been 3 cardiology serious incidents (SIs) reported this month and 5 reported due to transfer delays. There was a discussion on ringfencing beds, i.e., there is a current focus on clearing the orthopaedic backlog with hand surgeries taking place at the Duchy Hospital. RW commented that there is also a backlog of cardiology procedures (e.g., echocardiograms and angiograms) and these should be a high focus to prevent a risk of significant harm.

Actions:

1. NT to write to RCHT to request oversight of their decision-making processes and risk management relating to switching off elective activity.

Item QC2021/49 – Quality committee annual report 2020-21

NT presented the quality committee annual report for 2020-21. This is the first annual report of its kind, requested by the governing body. The report captures:

- Quality committee governance.
- Positive developments celebrated across the year.
- Themes identified from committee meetings across 2020-21.
- CQC positions.
- Patient safety.
- Nursing and quality directorate capacity.

RW said this is a good document but maybe doesn't capture that we do not have enough quality manpower in place as we go forwards into an integrated care system (ICS).

Actions:

1. Quality committee annual report 2020-21 to be included in the chair's report for governing body.

Item QC2021/50 – Prevent policy for ratification

The Prevent policy has been updated by the lead nurse for adult safeguarding and was reviewed by the quality committee today for approval.

The committee raised a query concerning Prevent training, which is now a mandatory CCG requirement for all staff members, clinical and non-clinical, to complete level 1 annually on the electronic staff record (ESR). NT informed the group that this is a national requirement and needs to be informed to the governing body. NT will also obtain further information from Sarah Pulley, lead nurse for adult safeguarding.

The Prevent policy was ratified today.

Actions:

1. NT to discuss Prevent training with Sarah Pulley. Prevent training to be included in the chair's report for governing body.

Item QC2021/51 – 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:

- Quality committee annual report 2020-21.
- Prevent training.

Actions:

1. The issues noted above to be captured in the chair's report for governing body.

Item QC2021/52 – Any other business

No other business was declared.

Final copy for ratification

Signed by the chair: Ratified at quality committee
Date: 27 July 2021

NHS
Kernow
Clinical Commissioning Group

Paper number: GB2122/048

Governing body
Meeting front sheet

Summary sheet

Date of meeting: 3 August 2021
For: Public session (part 1)
For: Information

Agenda item: Quality report

Author(s):
- Gillian Dinnis, quality manager
- Lydia Harris, clinical quality officer and business manager
- Lisa Nightingale, head of clinical quality
- Sara Sanders, quality manager

Presented by: Nikki Thomas, interim director of nursing
Lead director or GP from CCG: Nikki Thomas, interim director of nursing
Clinical lead: Dr Rob White

Executive summary

NHS Kernow quality report aims to summarise and provide assurance with regard to quality, actions NHS Kernow is taking to address these, and how we are seeking assurance on a sustained improved position. Information is only provided where there is exception and/or requires escalation to the quality committee. This is in line with the NHS Kernow quality assurance framework.

NHS Kernow quality assurance is sought through the quality assurance meeting (QAM) and other key activity from the directorate. As well as the challenge COVID-19 brings to Cornwall and the Isles of Scilly health and social care system, some providers continue to experience enhanced monitoring and assurance by NHS Kernow and have CQC action plans in place to address ongoing concerns around quality and safety.

The enclosed updates have been reviewed and discussed at the June and July QAM. The quality metrics and local intelligence in the report are on performance for the month of May 2021 at a total clinical commissioning group (CCG) level, unless otherwise stated.

Recommendations and specific action to take at the meeting

The governing body 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
☐ Commissioning supports COVID-19, recovery plans and long-term plan expectations

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 both the quality and safeguarding assurance meetings.

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 or 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.

- United Nations Convention on the Rights of the Child 1989
- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Promoting the Health of Looked After Children Statutory Guidance 2015
- The Care Act 2014
- Care and Support Statutory Guidance (Chapter 14 – Safeguarding)
- Mental Capacity Act 2015
- Working Together to Safeguard Children 2018

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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Qualified or absolute? None - item may be published

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Main report

Contents

Royal Cornwall Hospitals NHS Trust (RCHT)

The current Care Quality Commission (CQC) rating for RCHT is requires improvement. The latest inspection report is dated 26 February 2020.

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Requires improvement
Well-led	Good

The trust continues to experience severe issues with flow in and out of the emergency department (ED) resulting in a backlog of patients awaiting admission and high levels of ambulance delays. The trust has lost 55 beds from the system due to COVID-19 rules which has impacted on capacity and flow from ED.

Many patient pathways continue breaching the 4-hour target at RCHT with deteriorating trend, although there was improvement in the 12-hour trolley waiting times in May. ED attendance growth reached 127.69% in April and thankfully this has reduced to 61.88% in May.

Following poor performance in the ED sepsis audit in February, March and April, there has been an improvement in the May figures, although performance remains low at 69% against a national target of 90%. Improvement actions include training and reminders for staff, a sepsis doctor identified at the beginning of each shift, and quality improvement meetings are underway to support improvements. The ED safety checklist compliance has remained within normal variation at around 90% against a 100% target. The completion of sepsis bundles within this has shown considerable improvement from 57% to 88%.

A third of patient safety incidents declared during 2020/21 relate to urgent, emergency and trauma care group. This directorate also has the highest number of complaints received, the themes being communication, discharge arrangements, and staff attitude. Education and training is the approach taken to gain improvements in complaints.

Learning from these incidents has prompted many actions. Following a never event within ED there is an ongoing piece of work aimed at improving the staff safety culture. It is recognised that it takes time to change the culture within a team so the quality team will look at complaints, patient feedback, and reported patient safety incidents for signs of improvement.

An investigation into a patient safety incident that occurred whilst an ambulance was waiting outside ED resulted in learning in areas where patient flow in ED and beyond could be improved. There are 14 actions that the quality team will review at the incident review and learning group (IRLG) with RCHT to ensure the actions are undertaken and learning embedded if effective.

ED handovers and call stack risk is assessed as 25 on NHS Kernow's and South Western Ambulance Service NHS Foundation Trust's (SWAST) risk matrix. The rates of hospital handover delays at RCHT of over 60 minutes rose for a second month in May. Despite this there continues to be a low level of patient safety incidents reported by SWAST relating to ambulance delays. A harm report shared by SWAST identified very low numbers of patients coming to harm in Cornwall. NHS Kernow's quality manager attends the regional SWAST and commissioner quality meeting and will request more information relating to this risk including patient experience.

To improve flow and reduce handover delays, actions include a new RCHT internal process for ambulance handover delays, filling all community capacity, un-ringfencing specialty beds, additional open escalation spaces, auditing afternoon discharges for learning and development, and working to provide alternative routes to the hospital. The mitigating action of un-ringfencing of beds is the impact on performance indicators, specifically the percentage of patients who spend at least 90% of their time on a stroke unit, as well as the percentage of patients admitted to the stroke unit within 4 hours. There are actions to reduce the quality impact on patient care such as outreach from team to ensure specialist care advice and review is undertaken. To date there are no specific patient safety incidents reported or themes of patient complaints related to outliers.

Commissioners and providers have also agreed a trial for patients who have complex, but non-injury falls and those who are off legs with social complexities. Crews will have a pre-conveyance triage call with the acute general practitioner (GP) service to look at all other alternatives. This trial starts on Monday 12 July.

The overall picture demonstrates a service under extreme pressure. There are clear impacts on all 3 domains of the quality of patient care. The actions in place to improve quality are showing signs of impact in the May data, but this is not yet sustained change. It is difficult to assess the effectiveness of actions taken to improve flow against the tide of increased activity. The quality team have re-engaged with the quality governance of NHS 111 as well as with our urgent care colleagues for a wider team approach to tackling the issues.

Treatment delay incidents are being monitored via the weekly referral to treatment (RTT) times group chaired by the chief operating officer. The specialist surgery care group is currently reviewing the ophthalmology incident cohort and a remedial recovery plan is being developed. There was one serious incident reported in May related to a cohort of four incidents of harm related to treatment delay in ophthalmology. The investigation is ongoing. Initial mitigating actions include commencing a weekend clinic, creating a new treatment centre for macular injections to be administered.

Harm reviews have been undertaken. The cardiology waiting list death initiated a capacity and demand study and identified that demand outstrips capacity. 6 beds had been ring-fenced for cardiology and a full cardiology support and recovery plan has been put in place. Orthopaedic activity is being diverted to the Duchy Hospital to reduce the waiting list.

A discharge summary improvement project was set up in 2020 following feedback from general practitioners (GP), mostly via the peer improvement tips for care and health (PITCH) reporting system. The project looked at technological fixes but could not find a sufficient solution. Following a pause in January 2021 the project has restarted with support from the quality improvement (QI) hub. A new chief resident has been appointed as project lead and Dr Nick Michell, consultant gastroenterologist and medical patient safety lead, is making sure actions taken meet the CQC action plan requirements to ensure discharge summaries are correct, complete and timely. A consultant radiologist will also be part of the project group and a focus is on engaging junior doctors.

RCHT end of life care won in 2 categories in the national patient experience (PENNA) awards for 2020. They were also awarded significant assurance, the highest possible award from Audit South West.

There is a longstanding issue with repeated serious incidents reported due to hospital acquired thrombosis (HAT). It is the fourth largest type of incident reported with 8 incidents raised in 2020/21 and 3 incidents raised since April 2021. Despite undertaking a number of actions from previous serious incidents, similar causal themes continue to be reported. The learning from these incidents has informed a quality improvement (QI) project on HAT, the details of this are being finalised and this will develop a clear pathway for management, investigate a process to achieve NICE recommendations, and explore reasons for omitted doses. The aim is that by December 2021, the number of preventable HATs will reduce by half. The quality team will monitor progress via involvement in RCHT's IRLG as well as monitoring the reduction in the amount of incidents reported.

The number of patient safety incidents reported by the women, children and sexual health care group has halved. Last year the care group was responsible for reporting the second highest largest number of incidents in the trust. Most of these relate to obstetrics. There has been good collaborative working with Healthcare Safety Investigation Branch (HSIB). The learning identified from these incidents has been implemented with actions monitored using the maternity action plan. All maternity and neonatal serious incidents are reported to and reviewed by the trust board as well as the local maternity and neonatal service (LMNS) board, and a new safety champion meeting is being established as a sub-group to the LMNS board. There is a newly established meeting with Devon where all maternity serious incidents across both counties are reviewed and learning shared. The NHS Kernow quality team have established support to all maternity quality meetings.

Cornwall Partnership NHS Foundation Trust (CFT)

The current CQC rating for CFT is good. The latest inspection report is dated 2 July 2019.

Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

The governance review continues within CFT. NHS Kernow's quality team has reduced insight during this process, and as such there is limited assurance.

The response to the central alerting system (CAS) alerts is improving with actions being taken in a timely fashion. There is assurance that the historic ones are being managed. Confirmation has been received regarding the Peninsula Community Health (PCH) outstanding ones, which are now due for closure.

Insufficient staffing, capacity, and resources across inpatient and community mental health services remains a concern, which is reflected in the number of red risks. This has a potential to impact on the ability to deliver safe services. An executive-led summit has been arranged to discuss this issue.

There has been a significant rise in the number of formal complaints, but a reduction in contact made to the patient advice and liaison service (PALS). The rise in complaints could potentially be due to a change in the recording of complaints in line with the complaints framework in use from 1 April 2021, which changes what is classified as a complaint. The complaints team have been tasked with looking at data to ensure there are no other reasons for this increase.

Themes identified from complaints include hospital visiting restrictions and in particular, the differences in how the national guidance is being interpreted in Cornwall and Plymouth.

The volume of patient and family feedback during the pandemic reduced significantly as the friends and family test (FFT) was not in use. This has now been reintroduced nationally. The concern for NHS Kernow's quality team is that this feedback gives a good indication of the quality of services as perceived by the users, and we have been missing an important aspect of reporting for quality assurance.

There is a concern regarding the impact of staff shortages within the patient experience and complaints teams and the ability of CFT to manage complaints and process patient experience data for improvement. This has been escalated to NHS Kernow's interim director of nursing.

The overall management of risk and clinical governance remains a concern including the delivery of the serious incident framework. The outcome of the CFT clinical governance review is awaited. Weekly targeted quality assurance meetings are being held between CFT and NHS Kernow's quality manager.

A serious incident investigation will be undertaken focusing on 4 reported domestic homicides. The domestic homicide reviews (DHRs) will follow to be undertaken by the safeguarding team.

There are currently 63 active duty of candour (DoC) cases where the legislation applies. All areas are demonstrating evidence of improvement. The DoC policy has been developed and updated. DoC training continues to be provided in direct response to requests and in supporting teams to undertake it. More formal training is being developed alongside the new policy. An internal audit for DoC is planned. All areas are demonstrating evidence of improving the historic outstanding DoC position.

University Hospitals Plymouth NHS Trust (UHP)

The current CQC rating for UHP is requires improvement. The latest inspection report is dated 18 December 2019.

Safe	Requires improvement
Effective	Requires improvement
Caring	Outstanding
Responsive	Requires improvement
Well-led	Requires improvement

An unannounced inspection of diagnostic imaging and urgent and emergency care services took place on 8 March 2021. The inspection report was published on 19 May 2021. Inspectors recognised the improvements made in diagnostic imaging and found good levels of patient care and good management of patient safety. The visit was deemed a non-rate changing inspection and the overall rating for the trust remains unchanged. NHS Devon Clinical Commissioning Group is engaged in locality meetings to support the improvement programme required along with other system partners.

Delays have continued throughout May including ambulance delays which has led to critical incidents being declared. A number of medical outliers remain in surgical wards. These patients are monitored daily at the bed meeting and the trust provides dedicated medical teams to ensure timely support for their care.

Duchy Hospital

The current CQC rating for the Duchy hospital is requires improvement. The latest inspection report is dated 23 March 2017.

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires improvement

A serious incident has been raised following the unexpected death of a patient who had been transferred from RCHT. The patient safety investigation report has been received but there is no new information as to the cause of death. No recommendations or learning has been identified and quality reviews will be undertaken.

South Western Ambulance Service NHS Foundation Trust (SWAST)

The current CQC rating for SWAST is good. The latest inspection report is dated 27 September 2018.

Safe	Requires improvement
Effective	Good
Caring	Outstanding
Responsive	Good
Well-led	Good

There is a backlog of patient safety incidents due to the pandemic. A recovery strategy has been discussed including update of resourcing levels within the patient and safety team.

NHS Kernow's quality manager will be attending the SWAST quality assurance committee (QAC) meetings going forward.

Probus Surgical Centre

The current CQC rating for Probus is requires improvement. The latest inspection report is dated 12 March 2019.

Safe	Requires improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires improvement

A potential safety incident has been reported. Administrative errors in the vetting of new referrals resulted in 19 patient referrals being lost, the oldest dating back to January 2020. NHS Kernow's quality manager is supporting the commissioners and providers to assure safety of those affected and to provide duty of candour. No harm evident at the time of writing. Urgent follow up has been identified for a group of patients. The investigation identified an incorrect process used to return the original referral back to the referrer. A new systemwide referral system is now in place.

Primary care

Peer improvement tips for care and health (PITCH)

Since the date of the last quality committee on 25 May to 14 July 2021, 15 submissions have been reported through PITCH. Themes and trends identified:

- A report received from a GP raising issues concerning a patient discharged from the community assessment and treatment unit (CATU). CATU was discussed at the last quality committee meeting and this PITCH was shared with the committee members for their information. CATU is to be added to NHS Kernow's risk register.
- Continued delay in the receipt of discharge summaries from secondary care which can create a delay to further follow up and investigation. A discharge summary project group has been set up at RCHT in response to feedback from GPs and is underway.
- Continuation of workload shift from secondary to primary care, namely:
    - the request for GPs to undertake pre-operative assessment tests – a further email from the referrer notes this as a regular concern. This has been raised with RCHT, and further information is sought from the primary care commissioning manager regarding the contractual agreement in providing POA assessments.
    - the receipt of hospital pathology reports with an expectation that the GP will review and follow up with the patient. Furthermore, the reports are viewable via Patient Access and can cause significant distress to a patient if viewed before a hospital appointment to discuss with their hospital consultant. This has been raised with RCHT.
- An issue with Convatec Complete resulting in problems ordering stock such as dressings. This has been reported to NHS Kernow's prescribing and contracts team and is a known issue, currently under review.
- Resource issues to manage and properly assess patients under the eating disorder team. This is deemed a commissioner-led issue and the PITCH has been forwarded to the lead commissioners in the children's team. Further information has been requested from the GP surgery in relation to their concern.

Following a number of concerns that bloods were not on the ICE reporting system, an investigation took place and uncovered that bloods had been requested but clinicians were not looking on the correct part of the system. Changes have been made to the system effective from 1 August in agreement with RCHT's medical director, and a GP bulletin published. The changes include:

- Secondary care doctors will use a standard format letter to inform patients to book and request bloods from their GP surgery within a 3-week window
- If bloods are not on ICE, surgeries will not be expected to take the patient's blood. Instead, patients will be asked to get them taken by the clinician who requested them
- GP surgeries will need to ensure that everyone involved with blood taking is aware of the changes and knows where to look on ICE to access postponed bloods from secondary care.

A monthly report on the outcome and learning of GP incidents reported directly to the providers has been requested for presentation and discussion at the fortnightly patient safety incident review (PSIR) meeting, which will them be shared back to GPs via newsletters as well as to the primary care commissioning committee (PCCC).

GP IT systems

Recommendations and actions arising from the investigation into the 3 information technology (IT) related incidents within general practice have been reviewed at the quality assurance committee (QAM) in June. It was agreed that this should be added to the organisation's risk register. A further meeting will agree who will be the accountable risk owner and QAM will continue to review the action plan.

Risk of non-receipt of quantitative faecal immunochemical test (qFIT) results

There is an identified risk that individual GP practices that have migrated to a new clinical IT system do not receive qFIT results in a timely manner (7 days) resulting in a delayed diagnosis. The consequence being delayed treatment and a poorer patient prognosis. There is also a potential risk where other practices have merged. For practices that have not migrated or merged there is currently no known risk. It has been agreed in terms of patient safety that assurance should be gained to confirm that results have been consistently and correctly received. A risk is to be raised containing mitigating actions.

Care homes

The quality manager for the west integrated care area (ICA) visited Belmont with the local authority (LA) on 17 June. The quality manager broadly observed kind, compassionate, and personalised care. However, the LA witnessed a derogatory comment from staff to resident that will be referred to safeguarding. There is progress towards improvement and a comprehensive action plan is in place covering environment, governance, staff, care and care plans, eating and drinking, medication, safeguarding, and mental capacity act and deprivation of liberty. The findings have been shared with NHS Kernow's deputy director of nursing and a follow up visit has been planned for 12 August.

A very brief visit to Trefula took place on 2 July, no immediate cause for concern was raised and a more in-depth visit is planned for 15 July.

Valued Lives

Concerns have been raised relating to services delivered by Valued Lives. NHS Kernow commissioning, contracts and quality teams are jointly working together to understand the issues and proportionate response. There is no reporting on quality from Valued Lives to NHS Kernow or CFT as the subcontractor. CFT has been asked for information and their governance of this contract. Information was sought

and received from valued lives, this has been reviewed by a quality manager who assured and discussed at quality assurance committee (QAM) in July. The concerns pose immediate cause for concern so a decision was made that a visit to site was not necessary at this time however it may be required as part of quality monitoring in future. The mental health commissioning manager will provide an update on progress to the QAM.

E-zec Medical Cornwall (E-zec)

A focused inspection of E-zec took place in April following concerns raised around aspects of the service and about another location managed by this provider. The inspection had a short announcement of 24 hours to enable them to observe routine activity and focussed on the safe and well-led elements. Prior to the inspection information was reviewed about the provider based on the intelligence they had received.

Action the service **must** take to improve:

- Ensure recruitment processes comply with Schedule 3 of the Health and Social Care Act (regulated activities)
- Regulations 2014
- Ensure systems for the use of monitoring the service are effective to identify issues and actions devised to address any quality or safety issues.

Areas of improvement that **should** be taken:

- Improve cleaning processes in the Saltash depot to reduce the risks of infection
- Consider measures to ensure compliance with uniform and code of conduct policy.

Patient safety incidents

Across the system, a total of 24 serious incidents were reported in May.

Organisation	No. of incidents	Type of incident
RCHT	7	• Environment incident • Information governance breach • Maternity undiagnosed ectopic pregnancy • 4 x treatment delay incidents
CFT	4	• 2 x slip/trip/fall (1 within the community hospital, 1 at patient's home) • Suspected self-inflicted harm • Suspected homicide
UHP	6	• 2 x diagnostic incidents • Medical equipment/device incident • Medication incident • Surgical/invasive procedure incident

Organisation	No. of incidents	Type of incident
		• Sudden unexpected death
NDHT	2	• Treatment delay • Diagnostic delay relating to 2 separate incidents within ED
SWAST	3	• Sub-optimal care of deteriorating patient • 2 x treatment delays (None of the incidents relate to ED or call stacking)
Other providers	2	2 incidents reported by Duchy hospital

30 incidents were reported in June.

Organisation	No. of incidents	Type of incident
RCHT	8	• 3 x maternity • Medical equipment/device incident • Medication incident • Sub-optimal care of a deteriorating patient • Surgical/invasive procedure incident • Venous thrombosis embolism (VTE) developed during inpatient stay
CFT	13	• 2 x suspected homicide • 6 x suspected self-inflicted harm • 2 x unexpected/potentially avoidable death • 3 x slip/trip/fall (2 inpatient, 1 at patient's home)
UHP	8	• Information governance breach • 4 x maternity • Slip/trip/fall (inpatient) • Sub-optimal care of deteriorating patient • Treatment delay
NDHT	1	• Diagnostic incident including delay

As of 21 July 2021, 18 incidents have been reported in July.

Quality accounts

The quality team has responded to the 2020-21 quality accounts from RCHT and the Duchy.