



**Annual Report
Quality Improvement and Compliance team**

31 March 2017 - 1 April 2018



Quality Annual Overview

The report will provide an overview of CHCP CIC as an organisation, which includes updates on regulatory matters. This will include, although not limited to, staffing, service users, patients and organisational compliance with key lines of enquiry and organisational learning.

The CHCP vision is to lead and inspire in all that it does and to provide integrated health care services that empower service users to make the most of their lives.

The provision of quality services is a key objective for CHCP and both safety and patient centred care are at the core of the quality agenda.

CHCP created a Quality Strategy to demonstrate the importance of quality matters and ensure that everyone is aware of the quality metrics to embed awareness across the organisation, thus creating a passion for quality. As an organisation we are working to common goals, focusing attention and making quality a 'habit and not an act'.

The Quality Strategy was developed with a detailed action plan, which has been monitored throughout the year. In support of the strategy, CHCP introduced a newly appointed Quality Improvement and Compliance Team to build and strengthen the internal governance process. The successful appointment of a specialised team of quality improvement practitioners and support officers has influenced quality across the organisation.

As a result, each care group has a dedicated Quality Practitioner and Support Officer who will lead and advise on a range of quality matters. The team are able to direct and advise on range of matters across the CQC domains, to include record keeping, clinical practice and adherence to NICE Guidelines. They support in the review and assessment of quality outcomes of service provision and analyse incidents, complaints and concerns to ensure that clear lessons learnt have the associated identified actions to mitigate reoccurrence. This is further supported by the implementation and cascading of the Lessons Learnt Policy, which has recently been created to further embed quality.

The incident and near miss policy has been reviewed and updated to state the timescales response to incidents should be undertaken. CHCP agreed a 10 day timescale, which is being monitored.

However, to fully appreciate and provide quality assurance and design or implement quality improvement projects, its basic principles need to be understood, therefore an organisational overview of the measures and processes adopted to review quality outcomes and identify lessons learnt will be provided.

Organisational Learning

For the year 2017/18, organisationally CHCP CIC declared **11** serious incidents, **7** incidents related to deaths in custody (prison), **1** referred to a stage 4 pressure sore (community nursing), **1** related to a patient who incurred delay in home visit (OOH); the patient required oxygen and later admitted to Intensive Care Unit in hospital. **2** (NCS) referred to information governance (IG) breach with both incidents related to loss of clinic list/ledger. All reported incidents were investigated in line with the national Serious Incident Framework and formal reports issued to the relevant commissioners.

Lessons learnt:

- Lack of knowledge across the organisation of mobile working and 'tethering' hotspots
- Lack of knowledge of system functionality (SystemOne)
- Failure to identify breaches and adhere to national standards i.e. routine home visits to be completed within 6 hours
- Feedback from ACCT case reviews not always documented in patients' records
- Delay in assessment of patient suspected of having a stroke.

Learning and recommendations include:

- To increase awareness of mobile working
- To provide staff instructions to 'tether' to mobile hotspots to enable mobile working and contemporaneous record keeping
- To ensure all staff complete SystemOne Training and there is schedule of training available
- All staff to be reminded regarding their responsibilities to monitor calls (timing, priority) and escalate calls where appropriate.
- Ensure support staff undertake comfort calls during times of peak activity or if calls are about to breach
- To document in the patient record the feedback from Assessment, Care in Custody Team (ACCT) case reviews
- Staff training required regarding assessment and emergency treatment of patients suspected of having a stroke. Service quality and delivery issues identified are highlighted elsewhere in the report

From a broader governance perspective, the creation of the Quality Strategy and formation of a new quality team has provided an opportunity to review governance systems and processes.

The Quality Team highlighted early in the year that to meet organisational requirements in terms of provision of quality dashboards and reports, there was a requirement to update the risk management system to meet service needs. The DATIX system has been upgraded which has assisted more accurate recording by staff and this in turn assists with the development and the production of qualitative analysis to provide detailed and accurate reports.

Representatives from each care group were consulted with about the configuration to the system, which has enhanced the knowledge and awareness for staff of the 'quality agenda'.

The number of staff who investigate incidents has been reviewed within year and **169** new 'handlers' have been trained giving a total of **375 handlers** who are confident in dealing, managing and responding to incidents.

Collectively this has further embedded risk management and promoted reporting across the organisation, which has seen a 61% increase overall.



Incidents

On review of data, incident reporting has increased in 2017/18. CHCP reported **2081** incidents in 2016/17 compared to **5445** incidents in 2017/18. This accounts for a **61%** increase in reporting. This is a significant increase and whilst it is accepted that the impact is due to the growth of the company over the year, there has been substantial investment in training and educating staff to build knowledge and raise awareness of the importance of risk management and incident reporting across the organisation. The aim is to learn lessons, adapt or change practice as necessary to create and develop positive outcomes for patients and staff.

The increase demonstrates a positive shift to incident reporting and thus creates an open and honest culture with a 'fair blame' philosophy.

The Quality Improvement & Compliance Team have developed tools to support incident reporting which has included development of a 'trigger list' for each care group, as a prompt to incident those events which may become an everyday occurrence i.e. verbal aggression by patients.

The Quality team reviews incidents daily to ensure that any serious issues/risks are mitigated and preventative actions are taken. In addition the team reviews the quality of the data being reported to ensure qualitative analysis can be obtained to meet both national and local reporting metrics.

The data quality is measured using a newly developed '10' point checklist whereby all services are assessed on their ability to accurately report, their care group, speciality, degree of harm, category of incident, whether the incident was avoidable, if duty of candour was applied and lessons learnt clearly identified. The tool is used as a 'benchmark' across the services within CHCP.

Actions are assigned to individuals within the services identified from lessons learnt, which are monitored through each Care Group Safety Forum. Evidence is requested in support to build a clear portfolio of compliance for regulatory matters i.e. Care Quality Commission and the KLOE.

This provides CHCP with assurances that lessons learnt are embedded, preventing similar incidents from reoccurring and that services are continually improving to provide safe care for patients and service users.

Trends

Some of the main trends identified throughout the year from the adverse events recorded are the identification of pressure ulcers, communication, information governance and medicine incidents. These span a range of services across CHCP.

Themes

The main themes referred to are:



- The poor transfer of care of patients from secondary care
- Pressure ulcers and the lack of assessment and grading, noting that these often occur in residential or secondary care where CHCP is not the main provider
- Communication where patients are not being signposted in a timely manner to other services, delay in processing or completing referrals, information being recorded in wrong patient records, letters going to wrong recipients, mainly due to change from manual records to electronic care records
- Staff not always using the electronic tools available to them i.e. SystmOne, mobile working, and continuing to work with old methods, i.e. printing off records, creating higher risks for the company
- Loose tablets found on floor
- Insulin administered to wrong patient
- Prescribed medication when patient allergic.

Learning and Recommendations

A 'Regional pressure ulceration forum' has been developed to systemically bring together both Clinical Commissioning Groups (CCGs), Providers and Primary Care to ensure that the Hull and East Riding community works in collaboration to prevent avoidable pressure ulcers, manage existing pressure ulcers effectively to reduce hospital admissions, support pro-active and timely discharge.

There is a clear plan of activities, which will be monitored throughout the year going forward to include:

- Baseline data
- Raise Awareness
- Educate
- Provision of Equipment
- Evidence-Based Practice
- Analysis and Reporting
- Collaborative Working
- Process and Procedure Review
- Review of Guidance e.g. NICE, Tissue Viability
- Review SIs of Providers / Social Care / Care Homes

Other recommendations include:

- Collaborative working with other quality teams across the region.
- Reminder to staff to take extra care when processing client documentation especially in instances with patients who share the same surnames
- Double checking documentation is correct before posting letters to patients
- Data Quality audits undertaken within services and reports to the internal committees
- Care home staff to receive additional training on the correct processes to be followed when reconciling medication on patient admission
- Staff to ensure insulin is disposed of 28 days after commencing the vial and the opened date to be written on the vials of insulin.



Claims Experience

CHCP have approximately 1.9m patient encounters a year and it is impressive to report a claims frequency of one claim per 22,436 encounters, albeit for the service users involved the problems faced will not be seen in such a light.

The most significant areas of claims are associated to:

- GP Practices – high number at Calvert
- Prison
- Community nursing
- MIU
- Dental
- Sexual health

Allegations include injury/negligence which involve members of the public. They do not incorporate injuries to employees.

CLAIMS ALLEGATIONS

The overwhelming trigger to a claim is an allegation of inadequate care at the expected level. This can involve inadequate, incorrect or delayed diagnosis or subsequent inappropriate treatment or medication. Some of the more common allegations are:

Diagnosis	Delay in diagnosis, which may include hearing loss, HIV, cancer or anaemia. Missed breaks and fractures Wrong result/misinformed
Treatment	Wrong drug/inappropriate combinations/allergies Out of date drugs Refused/changed medication Late prescriptions Incorrect management Pressure sores and subsequent deterioration End of Life care Patient falls Implant inserted incorrectly/lost/not removed.

There is a significant trend in relation to staff attitude and whilst it is noted this would not generally be attributable to a claim, there is a clear indication of service issues.

Claims costs

Comparatively few claims result in significant cost (and of course the direct cost to CHCP is capped at £50,000 each and every claim). The most significant incurred losses are:

Inadequate treatment of pressure sore	£57,000
Missed diagnosis of urine infection	£38,695
Misdiagnosis of torn bicep	£36,842
Inadequate treatment at HMP	£35,000



Additionally costs arising from representation at Coroners' inquests total £85,164 to date although as some are in the early stages of the process the figure for the period is expected to exceed £100,000 once finalised.

Actions to consider

The insurance broker and indemnity provider have reported that CHCP claims experience evidences an excellent history and exceptional management quality.

Accordingly, there are few obvious areas in need of improvement.

The following aspects are raised by JELF/CNA insurance and risk adviser. They are not made with any clinical knowledge but solely based on frequency and potential of loss.

- Employers' Liability incident frequency to be better understood. We often see increased claims numbers when employees feel insecure within their work environment or face changes they see as a threat. Claims involving employees generally carried a greater duty of care.
- A significant number of incidents involve care delivery by multiple agencies. It may well be that that CHCP is implicated due to the failings of others. Could records note the performance of others in the wider care team?
- Record keeping can never be too good! The better the clinicians' notes the more strength added to CHCP defence.
- To ensure that lessons are learnt between care groups and specialties

Patient Experience

CHCP's 2017-18 patient satisfaction survey, currently being undertaken by SMSR, will shortly be completed. Since early last year, the researchers have conducted over 2,000 face to face or telephone based patient interviews (which followed an agreed quota (per service area) and was completed on a quarterly basis).

The full year results will, over the next few weeks, begin to be analysed and a full report will be produced and presented towards the end of the quarter by the communication and engagement team.

Infection Prevention and Control

In order to achieve compliance with The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance (2015) the Infection Prevention and Control Team (IPCT) have completed the planned audit programme.

Audits have been undertaken across a diverse range of services that sit within CHCP including prison health and dental services.

Where audit scores have not met compliance of 85% a review visit is undertaken with the service. The audit process and programme is to be reviewed in the next financial year to ensure all high risk services are captured and to encompass new and existing services. Progress against the annual quality improvement plan is presented to and monitored quarterly by the Infection Control Committee (ICC). Proactive visits to specific areas are undertaken by the IPCT with the aim of providing pre-emptive support for staff and enabling them to continue to provide safe and effective care to help prevent Health Care Associated Infections (HCAI).



The IPCT are currently reviewing the process of Hand Hygiene assessments. As the organisation continues to grow, with an increasing number of staff, it has been recognised that completion and supervision of the assessments cannot remain the sole responsibility of the Infection Prevention and Control team and new ways need to be developed in order to maintain compliance.

The IPCT are working closely with the Infection Prevention and Control link professionals during transfer of this responsibility to service areas in order to provide support as CHCP recognises that compliance with effective hand hygiene is an integral element of the delivery of Safe, Effective and High Quality Care.

Incidents of alert organisms and HCAI continue to be investigated when they arise and lessons learnt are shared with the appropriate services, care groups and the ICC. Policies have continued to be reviewed as part of the rolling programme and access to training has been broadened by providing other mediums to undertake this, such as online training.

The IPCT now have access to Lorenzo and SystmOne to assist in patient care and undertake investigation and root cause analysis. The team continues to work with partners to develop a data base specific to infection prevention and control to continue to ensure maximum compliance with information governance. The team have also participated in a programme of recording keeping audits and subsequently made improvements to the IPCT's record keeping processes.

The IPCT continue to deliver a service to NHS Hull CCG commissioned services and work with the CCG and other external partners to deliver this.

Workforce: an organisational overview

Sickness absence across the organisation for the year 2017/18 was 4.54% (0.23% down on the previous year); though in January 2018 sickness peaked at 6.26%. This was a seasonal increase, the peak being mainly attributed to colds/flu. We are in the process of reviewing our wellbeing strategy and action plan to support improved attendance in the workplace, including a specific focus on our two highest reasons for absence; stress and MSK issues. Our staff turnover for the year was 9.56%.

Organisational recruitment pressures remained consistent through the year, most notably difficulties in recruiting GPs, therapists and senior/ specialists and practice nursing roles. CHCP CIC hosted a recruitment fair and had a presence at regional events such as job fairs/ careers fairs and Hull Health Expo. CHCP have worked intensively with a cohort of newly qualified nurses and will have 21 nurses commencing in post in September 2018. We continue to have a healthy response to most adverts, averaging at least 14 applications per post and have various projects underway to review skills mix and introduce emerging roles into our workforce plans.



Central Alerting System (CAS)

During April 2017 – March 2018 CHCP CIC have received and disseminated 128 CAS/MHRA alerts.

Month	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Alerts Distributed	7	13	16	7	18	7	7	9	15	11	12	6

- 27 alert were marked as “response/action not required”
- 3 alerts were marked as “assessing relevance”
- 98 alerts were marked as “action completed”

The table below shows the breakdown of alerts by type received in 2017 - 2018.

Issuing Agency	Alerts by Type	Number Issued
MHRA Medical Device Alert	MDA	45
CMO Messaging	SEM	5
NHS Improvement	NHS	6
MHRA Drug Alerts	EL	15
NHS Improvement Estates and Facilities	EFN	51
DH Estates and Facilities	EFN	1
CAS Helpdesk Team	CHT	2
MHRA Dear Doctor Letter	DDL	3
	Total	128

EFN* alerts relate to Estates and Facilities and are therefore not disseminated to the wider CHCP organisation. These are monitored by the CHCP CIC Health and Safety Advisor but also forwarded to NHS Property Services for assessment and further implementation.

Care Quality Commission

Overall CHCP have incurred two service inspections throughout 2017/18. HMP Humber was inspected in November 2017 by CQC via HM Inspectorate of Prisons. The report overall was good against the KLOE. One regulation was issued for Treatment of Disease Disorder and Injury in terms of good governance. This was with regards to medicines management and the safe storage of medicines. A detailed action plan was issued within the service, which is being monitored through the care group safety forum.

The Intermediate Care Services for the residential area of the service was inspected in March 2018. The service was rated as ‘Good’ and the report has been received by CHCP and is very positive.

CHCP have made several changes to their registrations throughout the year to include the removal and changes to location to ensure regulatory compliance. One new registration was successfully achieved for the new Jean Bishop Integrated Care Centre.



Training Report

All staff within CHCP CIC have to complete a variety of statutory and mandatory training to ensure they are fully up to date with what their responsibilities are as a CHCP CIC employee as well as awareness of changes to the law (where applicable) and how to keep themselves, patients and the organisation safe. Targets for each of the mandatory training requirements are set and the below table demonstrates the compliance rate for mandatory training at the end of 17/18 financial year.

There are 18 subject areas within statutory and mandatory training, to date 13 are at the expected compliance levels, 1 is within 5% compliance. Those areas that are greater than 5% away from compliance are in RED on the chart below.

Subject	Frequency	Target	% Overall CHCP
Conflict Resolution	One Off	85%	94%
Risk Management	One Off	85%	95%
COSHH Awareness	One Off	85%	95%
Equality and Diversity - Refresher	Every Two Years	85%	89%
Fraud Awareness	One Off	85%	94%
Hand Hygiene Assessment	Annual	85%	63%
Infection Control (Clinical)	Every Two Years	85%	89%
Infection Control (Non Clinical)	One off	85%	97%
Moving and Handling (Non Clinical)	One off	85%	96%
Safeguarding Adults Training	Every 3 Years	85%	89%
Fire Safety Awareness	Annual	85%	72%
Information Governance	Annual	95%	97%
Moving and Handling Basic L2/L3	Every Two Years	85%	71%
Moving and Handling Advanced L2/L3	Every Two Years	85%	74%
Prevent Briefing	Every 3 years	85%	90%
Safeguarding Children Training L1	Every 3 years	85%	91%
Safeguarding Children Training L2	Every 3 years	85%	89%
Safeguarding Children Training L3	Every 3 years	85%	83%
AVERAGE / TOTAL OVERALL CHCP			87%

Summary

Over the last 12 months, the Quality Improvement and compliance team has undergone an extensive review and restructure. The team has seen a significant investment into the Quality, Compliance and Infection Prevention and Control team.

The recent development of a Quality Strategy and Quality improvement plan demonstrates the importance of the quality agenda to the organisation. The new team is working to improve existing systems and develop the in house capabilities to ensure the organisation complies with quality, legislation, regulatory and accreditation requirements.

It is recognised that there has been a significant increase in the number of incidents, complaints and concerns reported. This is attributed to the growth of the company, training provided and the developing relationships between the quality team and services. This is seen as a positive measure to provide safe and effective services but also influence and change practice to aid service improvement.



CHCP encourage and promote active reporting; however, it is important to remain cognisant that high numbers of incidents when triangulated with staff, sickness and claims can be an indicator of a decline in the quality of services provided.

CHCP have seen throughout the year an increase in incidents and complaints across the services around staff attitude. When triangulating this against sickness/absence data, there is evidence suggestive of, pressures within the services, which may be a contributing factor.

CHCP have worked hard to develop a culture of open reporting including, a Freedom to Speak up Guardian and Staff Advice and Liaison Services, which is working well and has instigated a number of service reviews across the organisation.

The reviews have led to the development of action plans to improve service delivery to patients and support to staff in the work environment and have highlighted to the organisation service areas that require more scrutiny.

CHCP has been proactive in promoting 'lessons learnt' across the organisation and have devised a 'lessons learnt' policy that supports the lessons learnt forum. However whilst CHCP has taken significant strides to improve reporting and identifying lessons learnt, embedding the ethos still requires some attention.

Overall CHCP has seen substantial changes over the past year particularly the acquisition of new services, presenting new challenges to the organisation. It is important to provide the best care possible for all of our service users and it is clear that we need to ensure that we are getting this right the first time, which means better care, better value, through the reduction of waste and errors and the prioritisation of effective treatments.

Quality improvement and compliance is about creating an environment in which change and improvement can flourish, it is about leading differently and in a way that fosters a culture of innovation. It is about providing staff with the tools, techniques and support that will enable them to take ownership of the improvement in the quality of care that they deliver.

The Quality Improvement and Compliance Team will continue to support, offer training and work in partnership with services to ensure the quality improvement agenda is always considered and is a focal point in service delivery.