



## MK Commissioning

**Subject:** Quality Report

**Meeting:** MK Commissioning Shadow Board

**Date of Meeting:** 7 February 2012

**Report of:** Alison Jamson, Head of Quality & Clinical Standards, NHS MK&N CSH

### Introduction

This paper is presented to the MK Commissioning Board to identify the key aspects of clinical quality assurance about the quality of care provided by secondary care services commissioned by MK Commissioning. Work has started to provide a combined Quality & Performance report which will be in place by April 2012.

This paper also highlights the key areas of Quality Improvement being targeted in 2012/13 nationally, and locally, through the use of CQUIN (Commissioning for Quality & Innovation) schemes.

The Board is asked to **note** the paper and actions being taken.

### Context

The information below presents the risk and assurance across a range of quality indicators in order to provide a rounded picture of an organisation. The data comes from a range of internal and external sources including, CQC, Monitor, Providers reports and internal data.

There is a triangulation meeting quarterly with a range of staff internally to review all the available information about providers. This information is used to form a picture about each of the main providers (a copy of the full data is available). This is distilled to the dashboard below.

A monthly Clinical Quality Review Meeting (including a quality visit to an agreed clinical area) has been established with MKFT and MKCHS. Concerns regarding risk or assurance are discussed at these meetings with providers or where appropriate at the monthly contract meetings.

### Quality Update by Provider

#### Milton Keynes Hospital Foundation Trust (MKFT)

CQC	Following an unannounced visit in November 2011 to check progress against previous concerns identified with Infection prevention and Control the CQC found that MKFT was <b>compliant</b> with the necessary standard.
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	The Trust has 1 mortality outlier alert for liver disease, alcohol related which is being reviewed currently.
Infection prevention and control	Remains below trajectory for both MRSA and C-Difficile
Serious Incidents	<p>The Trust has reported 4 child deaths since April 1st 2011. The investigation has identified no common themes and the deaths have been reviewed by the Child Death Review Panel who has not identified any cause for concern. It is important to note that the threshold for reporting child deaths as SI is lower than the NHS East Midlands threshold.</p> <p>The Trust has also reported 13 intrauterine or intrapartum deaths since 1st April 2011. This high number in relation to the other trusts is due to a lower threshold for reporting than NHS East Midlands. The threshold was lowered by the commissioner in response to CQC concerns into the maternity services at MKFT. A review of the investigations has identified no care delivery problems contributing to the deaths, although learning from each incident has been taken forward.</p> <p>There has been 5 unexpected deaths reported at the Trust since April 1 2011. A review of the investigations has identified no common themes. All investigations have identified learning and actions to be implemented which are being monitored through the SI assurance process.</p> <p>The Trust received a highly critical coroner's verdict in December 2011 relating to the care and treatment of a child in 2009. The CQRM has received the Medical Director's report in relation to this case which has outlined all the actions taken since 2009. In addition a wider action plan is being developed by the Trust's Medical and Nurse Director which will be reviewed by the CQRM once completed.</p>
Patient Experience	<p>Formal complaints have reduced in the first 2 quarters of 2011-12 compared with 2010-11 (107 compared to 158). This is due to improved local resolution of concerns avoiding escalation to formal complaint.</p> <p>NHS choices identified that only 41% of patients (n=29) would recommend the hospital to a friend and no changes have been reported based on stories posted on <a href="http://www.patientopinion.org">www.patientopinion.org</a>.</p> <p>The Trust has a clear work programme to improve patient experience and is working closely with LINKs and other external</p>



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	stakeholders on this agenda which will be monitored by the Clinical Quality Review Meetings.
Clinical Visits	The Cluster Director of Nursing conducted a visit to A&E on 1st December, which identified that urgent improvements were required in A&E in relation to the maintenance of privacy and dignity for patients on trolleys. The Trust confirmed that remedial actions had been taken and a further visit on the 23rd December confirmed this. A detailed action plan was received to address other issues identified which will be managed via the Clinical Quality Review Meetings.
CQUINs	Further data has been requested for 2 schemes (Adult Safeguarding and COPD) to determine whether these have been fully achieved

### Milton Keynes Community Health Services (MKCHS) – including Mental Health Services

CQC	No current concerns identified
Infection prevention and control	Clostridium difficile performance is currently over trajectory. Remedial Action Plan has been requested and will be managed through the Clinical Quality Review Meetings.
Serious Incidents	The Community Service has reported a number of pressure ulcers – investigation reports submitted thus far indicate that the majority were ‘unavoidable’ and as such will be downgraded.  Mental Health Services – the Coroner has placed a Rule 43 on the service following an investigation into a suicide. The service is currently developing a response. The service is undertaking a thematic review of unexpected deaths which is being led by a consultant not directly involved with the service. This will be followed up at SI Assurance Meetings and within Clinical Quality Review Meetings.
Patient Experience	There is a patient experience steering group that drives a set of campaigns aimed at improving services and experience – i.e. development of patient information, reducing falls and improving the provision of equipment.  Complaints management performance is monitored within the service on a monthly basis. Across the combined CHS and MH service fewer complaints were received in Q2 than Q1.
Clinical Visits	A clinical visit has been planned to the Campbell Centre and will focus on risk assessments and care planning.
CQUINs	Has achieved requirements against all CQUINs due for payment in Q2.



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### **Quality Improvement 2012/13**

The operating framework for 2012-13 increased the value of CQUIN schemes from 1.5% to 2.5% of the total contract value to place further emphasis on improving the quality of services. CQUIN development for 2012-13 is being led by MK Commissioning to ensure close alignment with commissioning intentions.

There are 4 nationally mandated CQUINs for:-

*VTE* – Improvement in the treatment of high risk patients

*Patient Experience* – Improvements in the national inpatient survey scores including the use of patient stories

*Dementia* - Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting

*Safety thermometer* – Providers have committed to the full implementation of Safety Thermometer (ST) by April 2012. ST is a point prevalence measurement tool that enables trusts on a given day to measure the number of harms (Grade 2,3,4 Pressure Ulcers, VTE, Falls and Catheter Associated Urinary Infections) patients have. This will enable improvements to be targeted and for benchmarking to occur.

The SHA are proposing 1 regional CQUIN:-

*Patient Experience* – Improve a Trusts net promoter score by 10% from an end of Q1 baseline.

In addition there are a number of proposed local incentives that have been agreed with the CDG. These schemes are yet to be agreed with providers and may change as part of the contract negotiation process.

### **Conclusion**

Based on the information received to date, there are no concerns, other than those identified above regarding the safety and quality of care provided within our main contracts.