Health and Adult Social Care Overview & Scrutiny Committee

2nd May 2013

Subject:	Wye Valley NHS Trust Quality Concerns
Presented By:	David Farnsworth, Executive Nurse Quality & Safety

PURPOSE OF THE REPORT:

To inform the Committee of the quality concerns identified, assurances received and actions taken in response by Herefordshire CCG and wider health partners.

KEY POINTS:

- Context
- Mortality
- Quality indicators
- Assurance process
- Monitoring

RECOMMENDATION TO THE COMMITTEE:

The Committee is asked to:

- Note the report and discuss findings

1. Introduction:

In the previous month, information sharing between all health agencies has led to heightened concerns over quality performance at Wye Valley NHS Trust (WVT), and in response some high level assurances are now being sought. This report is intended to provide some detail of such concerns to Herefordshire councillors, whilst keeping colleagues informed of assurances being sought and how this work is being monitored.

2. Background:

WVT is widely acknowledged to have been subject to significant financial pressures for a number of years. In that time however, the Trust have seen a consistently high performance across quality measures including all domains of quality, including patient safety, clinical effectiveness and patient experience.

It is clear that as in all healthcare settings, there are at times a number of areas which might require improvement, and over the previous year, this has included an increase in hospital mortality rates and increase in pressure ulcers across patients in receipt of care from the Trust. That said, the Trust has consistently addressed such concerns on an individual level and performance has correspondingly improved.

In February 2013, the Francis report (part 2) was published, and this triggered a number of national assurance programmes, including a detailed scrutiny of mortality at all NHS Trusts. Initially 5 Trusts were identified as significant outliers, with a further 9 trusts then being added to a national programme of scrutiny by Sir Bruce Keogh. During the previous year, WVT had previously seen a worsening mortality index, but as with other areas of care, this had been improving. The Trust was not included in the national programme.

It was however noted that in figures released in February 2013 December figures), the Hospital Standardised Mortality rate for WVT suddenly increased to over 134, which placed them as a significant outlier across the U.K. Indeed had the Keogh programme commenced at this time, WVT would have been included, but this programme will not be expanded at present. WVT worked with the national mortality leads to review this significant change in reported mortality and following data validation, this did then reduce slightly (117 in March). It was anticipated that ongoing work by both the provider (WVT) and the newly established Clinical Commissioning Group (CCG) which was focussed on measures acknowledged to reduce mortality, would be sufficient to address this area of concern.

3. Quality

Mortality is one very significant component of quality, and during the previous few months, performance was seen to be similar to that previousy. Some indicators dipped and others rose, but improvement was seen following challenge. However in April 2013, the Trust saw a further deterioration in HSMR with the published figure for April rising to 129.

During February and March 2013, the Area Team of NHS England established a forum for information sharing across the health economy, in line with best practice guidance. The Quality Surveiillance Group is attended by CCG, NHS England, Care Qualty Commission (CQC) and the National Trust Development Agency (NTDA). At

this meeting, all providers across the region are reviewed, and quality measures are considered. Whilst all such bodies use different tools and datasets, this then provides an opportunity to compare and contrast providers, and in a number of areas of quality performance, including mortality, concern was raised about WVT.

It is widely recognised that there are significant pressures in the urgent care system across the West Midlands, and WVT are no exception. Of late however, the Trust have seen a number of occasions where they have tipped over into level 4 (where the Trust are unable to deliver required services including receive ambulances safely), coupled with a deteriorating A&E performance on the 4 hour target and several 12 hour breaches. Other quality measures including a failure to meet the objective of zero tolerance on the highest grades of pressure ulcers, a reduction in compliance with the use of safety checklists in surgery, staff concerns raised during the periods of acute pressures on beds and an increase in Health Care Associated Infection rates.

It is worth noting that as performance in WVT had only recently deteriorated and concerns were appropriately being collated during this period, the outgoing PCT Cluster would not have been expected to raise any such concerns locally until this point. Responsibility then fell to the CCG who have obviously drawn the matter to the attention of councillors at this time.

4. Context

It is recognised that the Francis report has significantly heightened anxiety where apparently similar organisational markers are identified as those seen at Mid Staffordshire NHS Trust when viewed in hindsight. Where WVT is seen to be experiencing prolonged financial pressure, increased mortality rates, worsening A&E performance and a dip in other quality indicators, the wider health regulatory agencies are keen to act quickly. The CCG has continued to provide significant levels of scrutiny as established by the predecessor bodies such as the Primary Care Trust, including monthly meetings with the Trust focused solely on quality, review visits and scrutiny of performance data. This has been shared in the wider arena in order to ensure balance, and it is acknowledged by external agencies that these concerns whilst not without substance are not collectively indicating a requirement on the provider to withdraw any services at this time. That said, all such agencies are keen to be seen to effectively discharge their responsibilities, and are seeking to undertake a collective view which will answer such concerns. It is noted that WVT welcome this level of scrutiny in the belief they will assuage concerns and provide support to some of the more intransigent quality concerns such as mortality rates in order to inform long term resolution.

5. Assurance:

As indicated, the CCG are engaged in a perpetual programme of assurance which includes site visits, patient and staff feedback and challenge meetings with Trust managers and executives. These continue to focus on the specific areas where quality performance is indicated to have fallen, as outlined earlier in the report (pressure ulcers, safety checklists etc.).

It is worth noting that the range of measures and assurances adopted by the CCG have broadly brought positive assurance. Recent site visits which included interviews with staff and patients saw hugely positive feedback on care, compassion, dignity

and respect. Patient feedback suggests high levels of satisfaction with care, and staff demonstrated very positive attitudes towards the organisation and levels of support. A small number of exceptions were noted where bed pressures were impacting service delivery and this remains a continued focus for the Trust. Of course, urgent care performance (patients presenting to A&E and high levels of occupancy) are not only the accountability of WVT, and are impacted by commissioning decisions from Health and Social Care partners. There is a full review of urgent care ongoing which is intended to identify further measures to support the Trust at times of high levels of activity.

In response to the more serious concern of mortality, the CCG have already established an Executive Mortality Steering Group, which also includes membership from NHS England. This monthly meeting is sighted on the WVT governance and operational plan to improve mortality, including the introduction of clinical measures, protocols and audit of specific cases. WVT have also accepted external support and oversight to this work through the support of the NTDA programme manager, and this will ensure leaning from the Sir Bruce Keogh reviews elsewhere can be also adopted. A full and in depth review of the wider quality indicators will now be undertaken, led by NHS England and supported by the CCG, along the lines of the national assurance programme, and the scope of this is currently in development. It is anticipated this will take place in coming weeks and will inform a risk summit to be held with the trust where recovery actions will be required.

6. Monitoring:

The CCG has received continued updates on the work in place to improve quality, and these are monitored internally through the designated CCG board committee (Quality & Patient Safety). As indicated, the overall programme of assurance is to be led by NHS England and will report to a Risk Summit, where the actions will be monitored through the governance structures of each agency, and collectively through the Quality Surveillance Group. The CCG will of course provide continued updates to the Health Overview & Scrutiny Committee as required.

7 Conclusion:

WVT are facing intense scrutiny of their quality performance, in line with wider concerns which are collectively brought by commissioners, regulators and senior NHS bodies. This is entirely appropriate and proportionate, given the environment in which they now deliver services. The CCG are satisfied that wider assurances are available to counter concerns that there is immediate and profound risk to patient safety, but welcome the opportunity to undertake a more rigorous and focussed level of scrutiny to assuage collective concerns at this time.