Quality Handover Document for Receiver Organisations

FINAL

15 March 2013
Cornwall and Isles of Scilly Primary Care Trust

Quality Handover Document

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1. **CONTEXT**

1.1 **Background**

The NHS Cornwall and Isles of Scilly Quality Handover Document has been developed to support the transition. In line with national guidance (How to maintain Quality during Transition: Preparing for Handover (May 2012)), the document focus is on quality. It provides an honest presentation of known areas of risk to quality (potential and existing) so that appropriate action can be taken by the receiving bodies on receipt of the transferring statutory responsibilities from 1 April 2013. The document is being made available in the public domain in line with guidance and best practice, to ensure that all successor bodies have access to the information that they need to fulfil their responsibilities.

**Face-to-Face Handover Meetings**

The document will be presented to all receiving organisations within Face to Face Handover meetings in February 2013. It will then be refreshed for final publication in March 2013. Face-to-Face handover meetings (evidence) is contained within Appendix 9.

1.2 **Content**

The document content has been developed in line with national guidance (May 2012). Its focus is on quality. However, the document also provides transition information that will support the maintenance of business continuity through the transition period. It confirms the organisational history that precedes this transition; provides a summary of the region’s demography and strategic needs/intentions. It describes how the PCTs records will transfer to receiving organisations to support the maintenance of business continuity and quality of service. The document also provides detail of all of the PCTs risks and complaints live at the time of transfer, with recommended assignment to relevant receiving organisations for their management post 1 April 2013.

**Draft Version 2 Amendments**

This draft version 2 (January 2013) incorporates an update to the transition information and progress with its delivery. It has expanded the quality sections to include:

- **Primary Care:** Diabetes; Dementia; Hypertension; CHD on GP Registers; Dentistry and Access to dentistry; Optometry; Pharmacy
- **Mental Health:** Early intervention teams; Crisis resolution; 7 day follow up
- **Dementia:** Memory clinic audit; National Dementia Audit; Antipsychotic Audit; Prime Minister’s Dementia Challenge
- **Learning Disability:** Primary School Children with a statement of SEN; Annual Health Checks; Safeguarding rising from Sir David Nicholson/David Behan letter re Winterbourne View
- **Adult Safeguarding:** Formal warnings; referrals; Improvement Board plans
- **Child Safeguarding:** Formal warnings; referrals; Improvement Board plans
- **Screening:** Quality, safety and patient experience
- **Patient Experience:** GP patient survey
- **Clinical Audits:** list of audits undertaken
• **Private Healthcare providers**: including ISTC, Bodmin
• **Stroke**: Action to meet targets
• **RCHT Patient Experience**
• **Complaints**

This version also now includes a comprehensive Executive Summary that draws out the PCT achievements and challenges in the delivery of its functions.

1.3 **Transition Leads**

Identified leads for the Transition programme are:

- Transition Chief Accountable Officer: Steve Moore, Chief Executive
- Governance Executive: Juliann Carter, Interim Director of Governance
- Transition Manager: Fiona Scott, Transition Programme Manager

Identified leads for the Transition Quality Handover document are:

- Executive Quality Handover Lead: Carol Williams, Cluster Director of Nursing
- Executive Medical Lead: Shelagh McCormick, Medical Director
- Quality Handover Lead: Natalie Jones, Deputy Director of Professional Practice and Quality
- Quality Handover Lead: Christopher Houghton, Head of Engagement
- Quality Handover Lead: Julieann Carter, Interim Director of Governance (post April 2013)
2. EXECUTIVE SUMMARY

2.1 Background

2.1.1 Purpose

Welcome to the NHS Cornwall and Isles of Scilly Quality Handover Document. The document is being produced to support the transition to receiving organisations, which are being established in light of the new NHS architecture created by the Health and Social Care Bill.

The Handover Document is designed, therefore, for the following receiving organisations:

- Kernow Clinical Commissioning Group
- NHS Commissioning Board (including Area Team for Devon, Cornwall and Isles of Scilly
- Cornwall Council
- Council of Isles of Scilly
- Public Health England
- NHS Trust Development Authority
- NHS Property Services

The Quality Handover Document is also a public document and is published on the NHS Cornwall and Isles of Scilly website.

2.1.2 NHS Cornwall and Isles of Scilly – history and background

NHS Cornwall and Isles of Scilly PCT (CIOSPCT) was formed from a merger of three smaller Primary Care Trusts in October 2006. These were North and East Cornwall PCT, Central Cornwall PCT and West Cornwall PCT. NHS Cornwall and Isles of Scilly (Primary Care Trust) is responsible for improving the health of the population of Cornwall and Isles of Scilly by assessing health and social care needs and by commissioning services from providers in response to those needs. We commission services from other NHS organisations and are responsible for developing primary care services.

NHS Cornwall and Isles of Scilly is committed to commissioning high quality, patient focussed healthcare that meets the needs of a diverse population striving to achieve national and international standards in relation to best practice through a series of ongoing initiatives to increase effectiveness around quality and to embed quality improvement.

The Quality Framework in line with the requirements of the Shared Operating Model for PCT Clusters published in July 2011, sets out early warning indicators. These provide assurance that the quality of commissioned services from all its providers, (including those facilities providing individual patient placements), meet the necessary standards of quality specified in CQC registration requirements, standard contracts, professional guidance, the NHS Operating Framework and other relevant sources. These approaches are intended to deliver an effective legacy in relation to “due diligence” for quality.
As commissioners of care, NHS Cornwall and Isles of Scilly monitors the services of all major providers of healthcare within Cornwall and the Isles of Scilly utilising a variety of mechanisms. Patient safety, experience and quality are monitored through the quality schedule and clinical quality improvement programmes set out in contracts with providers. Each provider submits information on a monthly basis which is then reviewed, whilst regular meetings allow for further discussion and exploration of specific areas.

Through robust contract monitoring and the appropriate use of a number of sources of data and intelligence, information gathered about providers plays a vital role in detecting and preventing serious failures at an early stage. The Quality Handover Document aims to be open and honest about known areas of risk (potential or existing) so that appropriate action can be taken by the receiving bodies.

2.1.3 Our principles

There are some important principles that every NHS organisation works to uphold. The main principles that NHS Cornwall and Isles of Scilly respect, value and incorporate into their day to day work are as follows:

- NHS Constitution
- Nolan Principles of public life
- Equality and Human Rights
- Equality Impact Assessments
- Equality Scheme
- Employment and Recruitment Data
- Accessibility
- Caldicott Guardian

2.1.4 The strategic plan for improving health in Cornwall and the Isles of Scilly

It is the job of the local NHS to provide essential support for people in need and to help everyone achieve the best possible health. There are already a number of national targets to improve health and plans are in place to deliver those improvements. To support this work an additional ten ambitious goals have been identified that will have a real impact on people’s lives. They have been chosen based on existing plans drawn up with patient, public and NHS staff input.

2.1.5 Vision

The Strategic Plan for Improving Health and Health Outcomes in Cornwall and the Isles of Scilly from 2009 to 2014 sets the direction and pace towards a vision for services characterised by being consistently safe and high quality, and where people in Cornwall and the Isles of Scilly live healthy lives and are free from:

- Avoidable death;
- Needless pain and suffering;
- Inequalities;
- Loss of dignity and respect;
- Unwanted waiting;
• Waste of resources, whether time or money.

The vision is of a different experience of health, treatment and care for patients, carers and the public based on the following expectations:

• Nobody’s health should suffer as a result of inequality or inequity;
• People will be supported to achieve their potential to live a healthy, fulfilling and independent life;
• Individuals will have a range of personalised treatment and care options to choose from to meet their physical and psychological needs, especially for conditions where a whole life approach is needed to take into account personal and family circumstances;
• Everyone will have access to specialist diagnosis, which supports patients in making the best choices for their treatment and care;
• Services will be delivered safely and conveniently, striving to suit people’s personal circumstances;
• All advice, care and treatment will be assured as high quality with specialist centres where necessary to deliver excellence;
• Those who have an immediate need will receive an immediate response;
• Everyone will be offered booked appointments so that the experience of unwanted waiting will be removed, with waiting times and waiting lists ceasing to be an issue for patients;
• People will have confidence in their local health services and in the NHS.

2.1.6 Values

Delivery of the vision will be guided by the NHS core values as expressed within the NHS Constitution:

• **Respect and dignity** – we value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs and abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

> *For NHS Cornwall and Isles and Scilly this is exemplified by the Single Equality Scheme.*

• **Commitment to quality of care** – we earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes. The driver for this is Keeping People Safe in Our Care (Cornwall and Isles of Scilly NHS and Social Care Framework for Patient Safety 2007-2010), with quality as the guiding principle.

• **Compassion** – we respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.
• Through the contracting process with providers, the PCT is focusing on customer service as a key requirement, looking to those providers to set ambitious plans for improvement potentially linked to CQUIN (Commissioning for Quality and Innovation).

• **Improving lives** – we strive to improve the health and well-being and people’s experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make peoples lives better as much as in clinical practice, service improvements and innovation. In NHS Cornwall and the Isles and Scilly this is underpinned by the Health and Wellbeing Strategy.

• **Working together for patients** – we put patients first in everything we do, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries. The corporate Communications and Engagement Strategy 2009 – 2012 continues to promote the patient focused emphasis across all the work which the PCT undertakes.

• **Everyone counts** – we use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken, and that when we waste resources we waste others’ opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

   *For NHS Cornwall and Isles and Scilly this is underpinned by the Health Inequalities Strategy.*

**2.2 Achievements**

NHS Cornwall and Isles of Scilly (CIOS PCT) has made considerable progress in financial and service performance since its establishment in October 2006.

**Key achievements include the following:**

- Reduction in waiting times;
- Reduction in MRSA rates;
- Reduction in teenage pregnancy rates;
- Reduction in levels of smoking;
- A clear set of strategic priorities with good progress made, for example in relation to stroke, cancer, end of life care and dementia services;
- More patients being treated closer to home;
- NHS campuses for people with a learning disability in Cornwall closed two years ahead of the national schedule, with individual packages of care provided instead;
- Hosting of a number of national pilots, including one of three national sites to test the use of Telecare and Telehealth for patients with complex health and social care needs in their own homes, and two of 16 national integrated care pilots, focussed on community dementia care and mental health services;
- Improvements to a range of primary and community healthcare facilities, including the flagship Truro Health Park;
- Consistently strong financial management;
• Early implementer of Health and Wellbeing Board;
• Delivering the social enterprise, Peninsula Community Health, for adult community health services;
• Expansion of TeleHealth Services to over 1200 users over 3 years with 750 active patients receiving monitoring and positive outcomes for patients benefiting from the trial.

2.2.1 Dementia

One area of significant improvement and advancement is the progress made in delivering the Dementia Strategy in Cornwall.

Background:
Following the launch of the National Dementia Strategy in 2009, we, along with, Cornwall Council produced a Joint Dementia Implementation Plan, sharing with our health, social care and community partners an ambitious vision where people living with dementia are enabled to live as well as possible. Local progress this year continues to create enhanced opportunities, services and support for more people with dementia and their friends and family.

We have had positive peer reviews completed of our dementia services in Acute Hospitals (Oct 11) and Memory Assessment Services (Feb 12) by the South West Development Centre.

Improvements in the last 12 months:
1. Improved access to information about services
2. Finding and Supporting More People
3. Enhanced choice of support and intervention
   - Memory Cafes
   - Cognitive Stimulation Therapy (CST) Groups
   - ‘Reading Allowed’
   - Telephone Befriending
4. Increasing capacity and expertise in the community:
5. Support for carers of people with dementia:
6. Group Information Sessions
   - Dementia Carer Support Workers
   - Telephone Befriending and Ring Back Service
   - Shared Lives Adult Placement Scheme

2.2.2 Any Qualified Provider

In July 2011 the DH launched an initiative for all PCT Cluster to participate in the extending patient choice programme for Community and Mental Health services.

Following extensive stakeholder engagement CIOSPCT in collaboration with KCCG selected the following services to be advertised using the National AQP Process and upon completion in September 2012 extended patient choice in the following services:

• Adult hearing (7 providers)
• Non-obstetric ultrasound and MRI (6 and 5 providers respectively)
• Manual therapy for neck and back pain (7 providers)
• Psychological therapy (2 providers).

Successful providers have been issued with an NHS Standard Contract and provider mobilisation of services will commence from January 2013 - March 2013. Successful providers are registered onto the National Registration of Qualified Providers.

Referrals for adult hearing and diagnostics (ultrasound and MRI) will be via either Kernow RMS or Tamar Referral & Appointments Centre (TRAC), where the choice advisors will discuss with patients the choice of providers available to them.

The referral process for psychological therapy and manual therapy for neck and back pain will remain similar to the existing ones, as not all providers are able to receive Choose and Book referrals yet. Patient leaflets will be available at GP practices, giving details of the providers and their contact details which will enable patients to make an informed choice on where they wish to be referred to.

Detailed information on the AQP programme and a central map identifying which services and providers have qualified nationally can be accessed on the Supply2Health website.

2.2.3 Awards and Accolades

NHS Cornwall and Isles of Scilly is very proud of the achievements they have delivered and of the awards and accolades received by staff and the organisation.

The following are examples of some of the awards gained:

• April 2010 named 'Equality and diversity partners' by NHS Employers as part of a year long programme developing and promoting equality, diversity and human rights (one of 29 Trusts to be given the award.

• May 2011: Gill Lake, District Nursing Team Leader for NHS Cornwall and Isles of Scilly’s Community Health Services awarded Queen Mother Award for Outstanding Service.

• September 2011 - Two Public Health campaigns run by NHS Cornwall and Isles of Scilly shortlisted in the Health Service Journal's annual awards. The 'Nappy Sack Safety' was shortlisted in the 'Patient Safety' category and 'NHS Forest' shortlisted for a 'Corporate Citizenship' award.

• April 2012 received one of 10 awards made nationally by the Department of Health for the introduction of the new NHS Equality Delivery System that promotes inclusiveness across NHS organisations.

• July 2012: Awarded the dementia care category of the prestigious Care Integration Awards 2012. Awards created by the Nursing Times and Health Service Journal. The model of care was created alongside Cornwall Partnership NHS Foundation Trust, GPs, the Peninsula Deanery, Royal Cornwall Hospitals Trust and the Alzheimer’s Society.
- October 2012: one of eight UK organisations to be presented with the ‘Health Promotion and Community Well-Being Organisation and Partnership Award’ at the House of Lords.

The Awards for Excellence
The Awards for Excellence Scheme publicly recognises the commitment, effort, achievement, or creativity of employees who have made an outstanding contribution towards the work and life of the Trust and the people it serves. It particularly seeks to reward those who strive to uphold the values of the NHS Constitution in their work.

Awards categories are:
- Dignity and Respect;
- Engaging and working with others;
- Improvement and Innovation; and
- The Chief Executive's award for outstanding contribution

The scheme commenced in January 2010 and since then there have been 21 winners. The awards are presented twice a year in June and December.

2.2.4 Quality Legacy
- Tele-health – the largest RCT in the world, a 3 million lives pilot site;
- Dementia improvement programme – multi-award winning;
- Impact of Acute Care at Home and Community Matrons on Ambulatory Care Sensitive Condition non-elective admissions – national award winning;
- End of Life metrics demonstrate highest rate of home based deaths in South;
- Stroke improvements;
- Nurse Practitioner in reach to high non-elective referring care homes.

2.3 Areas of Risk
NHS Cornwall and Isles of Scilly has a well established approach to risk management – internally, with NHS providers and in relation to our broader partnership working. A risk register which includes strategic, commercial, operational, financial and reputational risks is reviewed on a monthly basis, and appropriate mitigating actions taken. The board receives regular reports each time it meets to gain assurance about our management of risk. Principal risks to our strategic objectives, such as those relating to stroke services, dementia, end of life care and smoking cessation, are included on our Assurance Framework, which enables us to ensure that we have the right controls in place to manage risks - and assurance that these controls are working effectively to deliver our responsibilities to patients and staff effectively.

During 2009/10, the PCT led the development of partnership governance arrangements, working closely with Cornwall Council. Criteria have been developed to identify substantial partnerships, and risk registers for those that the PCT lead on are in place, and reported to its Integrated Governance Committee. Significant partnerships include those focused on our most vulnerable patient groups.

The Board has also developed a Risk Appetite statement to assist us in having the right focus on risks – particularly where they could impact on patient safety and our statutory
duties. This will require further work in the future to ensure updating to reflect changes in the NHS Structures from April 2013.

2.3.1 Areas of Risk in General Commissioning Function

- Maintaining focus on improving quality of care;
- Ensuring compliance waiting times, single sex accommodation and healthcare associated infections;
- Maintaining focus on public health delivery of health improvement and health protection, including NHS Health Checks, smoking cessation and emergency planning.

2.3.2 Areas of risk in Royal Cornwall Hospitals Trust (RCHT)

- Concerns regarding quality and safety of Obstetrics and Gynaecology services – retrospective and forward looking reviews underway;
- Insufficient capacity in ophthalmology directed to the care and treatment of people with screen detected diabetic retinopathy;
- Increased delays in patient handovers from ambulances to Accident and Emergency departments of over 15 minutes;
- Ensure women are able to give birth in the location of their choice.
- Concerns about current and future staffing levels and future recruitment.

2.3.3 Areas of risk in Cornwall Foundation Trust (CFT)

- Reducing performance in delivery of referral to assessment for Child and Adolescent Mental Health Services;
- Shared understanding and sustainability of plans on Personality Disorder services between commissioner and provider;
- Concerns about the lack of health visitors to meet current and future demand.

2.3.4 Areas of risk in Peninsula Community Health (PCH)

- Capacity to manage demand for increasingly complex home based care;
- Agreeing and implementing a community nurse model;
- Recruitment of nurses into a social enterprise that does not have an NHS pension Scheme.

2.3.5 Areas of risk in Primary Care

- Responsible officer function;
- Resistance to information sharing with other agencies, for example in investigating child protection concerns;
- To successfully engage all GP practices to participate in and make use of Telehealth;
- Non compliance with existing Low Priority Treatment list, leading to continuation of payments for procedures of limited clinical benefit and failure of clinical engagement on expanding Low Priority Treatment list to cover all that is on the national list;
- Support to General Practice to achieve Care Quality Commission Registration;
- Increase in the prescribing of Oral Nutritional Supplements;
- Optometry – there are no risks at the time of developing this document;
• Ability to procure additional dental activity in the West of the county to meet need. Previous procurement did not attract a viable contractor;
• Continued work with dental contractors to ensure delivery of contracted activity.
• As part of the PCT to CCG Executive handover, a number of functions were identified as being “orphaned” i.e. no appropriate home found within receiver organisations. These include:
  • Practice nurse lead role (the gap in provision of this function has been raised at the NHSCB regionally and nationally)
  • Provision of interpretation and translation services
  • Support with CQC Registration preparation
  • Provision of infection prevention and control audits training
  • Support with serious incidents requiring investigation
  • Safeguarding adults practice training
  • Named GP for safeguarding children
• Loss of intelligence for controlled drugs, because of a loss of local intelligence networks;
• RCHT poor staff survey results;
• From 1\textsuperscript{st} April 2013 a multi-disciplinary ‘hot foot’ clinic will be provided from RCHT. The intention of this clinic is that it will start to identify those patients with significant diabetic foot problems with a view to preventing further deterioration that would lead to amputation. However, until the whole pathway is developed, the risks remain:
  • Greater risk of health complications related to poor management of diabetes, resulting in more in-patient admissions and longer in-patient stays;
  • Greater risk of major amputation following diabetic foot complications.
• Pre this service transferring to the National Commissioning Board (1\textsuperscript{st} July 2013), the process for handling any requests for treatment in other European countries (from 1 April 2013 - 1 July 2013) is as follows: initial contact should be made with Natalie Jones, Director of Clinical and Corporate Affairs (email: natalie.jones@ciospct.cornwall.nhs.uk). The request will then be sent to the Individual Funding Requests Team at Kernow Clinical Commissioning Group for processing.

2.3.6 Areas of risk in Public Health

• Maintaining focus on public health delivery of health improvement and health protection, including NHS Health Checks, smoking cessation and emergency planning;
• The reprocurement of Drug and Alcohol Action Team services.

2.3.7 Areas of risk in Bodmin Treatment Centre

• A low uptake of medical termination of pregnancy.

2.3.8 Areas of risk in Duchy Hospital and Probus Surgical Centre

• There are no risks to report at the time of writing this report.

2.3.9 Areas of risk in the Out of Hours Service (SERCO)
• Non-compliance with National Quality Requirements (NQRs) has been a recurrent theme over the past eight months. This is being managed via the monthly performance management processes. Serco report monthly and the reports and actions to address non-compliance are discussed at the OOH Technical Working Group and also the Out of Hours Performance Management Group.

A meeting is planned for March between Serco the PCT and KCCG to review and agreed a recovery trajectory in relation to fill compliance with all NQRs.

• Serco have raised concerns about skill mix and affordability of the current service delivery model. Discussions have and continue to take place with KCCG about how to address this.

• The National Audit Office (NAO) has also been reviewing the service provided by Serco. There will be a need to address the issues that their report raises once it is published. There is no timescale for the final publication of this report as yet. The PCT have requested that the NAO’s final report takes in to consideration the findings of the audit currently being carried out by Price Waterhouse Coopers. This is audit was commissioned by the PCT following the data manipulation allegations made in the media in the summer of 2012. This work is due to be finalised by the end of February with draft report available by mid March, and a report going to the PCT Board in March.

• Serco received a second visit from the Care Quality Commission (CQC) in December 2012. The CQC’s report on this was published on 13th February 2013. This report showed that Serco were non-compliant with the following standard: There should be enough members of staff to keep people safe and meet their health and welfare needs. This non-compliance related specifically to the number of call handlers/health advisers employed within the Service. Serco is required to provide the CQC with a report which shows the action they are going to take to meet this essential standard by 27th February 2013. Serco have already advised the PCT that they are recruiting further call handlers/health advisers to address this issue.

A meeting on the CQC report took place on 19th February to discuss the draft action plan, with the final agreed action plan being presented to the March OOH Performance Management Group.

2.3.10 Areas of Risk in NHS Property Services

Budock:

Since the date of the last paper on this subject (12 November 2012), the local school remains the most likely purchaser, but their offer remains below the site valuation as determined by the District Valuer. There continues to be a political dimension to this transaction, as the school seeks to ensure that their need for a playing field is met. The PCT has sought meeting(s) with the school, but these have failed to materialise. It is now unlikely that this transaction will be completed within this financial year and therefore that the property will transfer to NHS Property Services Ltd for later disposal. The risks inherent in owning a redundant site remain.

Bellair:
Bellair GP project: the GP practices believe that the predicted costs that will fall to them are unaffordable, both in one-off and on-going revenue terms. This project is therefore on hold. In the meantime, there will be some local demolition works undertaken during this financial year, and which are expected to be concluded by 31 March 2013.

Bellair to West Cornwall project: there are issues being addressed about the capital cost and the source of the capital. It appears that the capital required by RCHT for the project (approximately £1.25m) is no longer available and talks are ongoing between the respective Directors of Finance to try and resolve this issue. It should also be noted that we have been advised by PCH that they are seeking alternative accommodation in the Penzance area, which would have an impact on the scope of this project.

Lamellion:
The most recent information indicates that the sale of the property is still on track to be completed on 11 January 2013. The sale proceeds have been factored in to the capital programme for this financial year.

Torpoint:
The parties to the agreement will be both the PCT and the GPs (as tenants) and a newly formed subsidiary to Community 1st Cornwall (C1C Torpoint) as landlords. C1C has an exclusivity arrangement with the PCT, which allows for the provision of property which is subject to a Lease Plus Agreement between the two parties. However, in this instance it has been proposed that there be two agreements put into place: the first being a 25 year full repairing and insuring lease together with a related FM agreement. Both of these documents are the subject of negotiation between the legal teams to ensure that initial documents (as currently drafted) will protect the interests of both the PCT and the GPs. Technical due diligence has already been undertaken, with responses to queries being received from C1C Torpoint to the PCT. As a result, some further work will be required in relation to the Mechanical and Electrical specifications.

The main issue for the PCT (and for which a decision is required) relates to the procurement of the lease, which as currently constructed may fall outside of the scope of the original OJEU process. This means that the PCT could be open to challenge by other parties who believe that they can demonstrate that they have suffered a loss as a result of the PCT’s failure to advertise these lease arrangements. There are, however, mitigating factors which can be taken into account, as follows:

- There is only a limited period during which a potential challenger may make a claim for damages. In addition, the scheme has been well publicised throughout the county (and more widely through the C1C website) and so we can demonstrate that the scheme is in the public domain.

- The cost of a challenge (in terms of legal fees) would be significant and there would be no certainty for the challenger that they would win. A challenge may also affect their standing in the NHS community when bidding for future work.

- The alternative route for challenge is “ineffectiveness” (i.e. that a public contract has been awarded without advertisement of the opportunity). However, there have been no challenges in the UK under this route and there would be no financial benefit to the challenger as any penalty ordered by a court to be paid by the PCT would be made to the Treasury.
• If a challenge were successful, there would be an opportunity for C1C to seek contractual damages from the PCT.

• Ultimately, if there were to be a challenge (and the challenger would have to be very knowledgeable on this subject) the documents could be converted to a conventional Lease Plus Agreement, which would be in the scope of the original OJEU notice and would be likely to be less costly than fighting a challenge through the courts.

It is looking increasingly likely that contracts will be signed by 31st March 2013.

St Clement Vean:
The original purchaser for this site has withdrawn and the property is still being marketed.

Isles of Scilly:
The procurement of primary care services is expected to conclude with the contract commencement on 1st March 2013, where there will be a single accountable provider who will provide primary medical care in hours and out of hours. There will also be a new Community Pharmacy, commissioned as a Local Pharmaceutical Services contract. This will be a new service providing a range of services to islanders which they have not had access to previously. This will be a marked improvement in the range of services supported professionally by a local pharmacist. There will also be regular reliable optometry services provided by a GOS, (General Ophthalmic Services) contract for islanders which has been a long term issue for the local population. The contracts will run for 5 years and so the receiving organisation; - NHS Commissioning Board, area team will performance manage the contracts and have the opportunity to modify in the future to meet the health care needs of the island population.

There is one area of risk that has been identified and is currently being addressed. During 2012 there were 3 significant incidents, where a mental health crisis developed when a person was visiting the islands and it highlighted the difficulties in managing these situations with the limited capacity of GPs, Police and social care on the islands. In particular there is no safe place where a person can use whilst awaiting either specialist services to arrive or for the person to be transported to the mainland.

There has been a breakthrough however in that the Medical Launch Trustees have agreed that the Medical Launch can be used to transport a person to the mainland for treatment and care. Previously there was no agreement with any transport provider to do this and often meant a delayed stay on the islands. Sandra Miles, Joint Programme Lead Mental Health and Learning Disabilities with Kernow CCG is aware of the situation and planning to visit the islands shortly to discuss plans to resolve the issues with Police, Primary Care and Adult Social Care of Council of the Isles of Scilly.

The visit will also address the development of a strategy to promote mental health and wellbeing including preventative work.

The loss of the helicopter service has highlighted the difficulties of transport and communication with the Islands. Sian Dennison has provided the strategic lead for the PCT on this subject as it affects all aspects of island healthcare. Particular challenges include patient transport to the mainland for services, as the Skybus service has also
faced difficulties with a water logged air field at Land's End and weather affecting flights to Newquay. This means many people cannot undertake a medical appointment as a day trip. Also for those with limited mobility, accessing the planes can be difficult.

The other effect has been the disruption of the courier service previously operated by BIH. Currently Sky Bus does not have the appropriate licence to transport bio-hazards such as specimens which means that all specimens need to be transported by ship which runs less frequency during the winter and can be affected by adverse weather. Until there is a frequent service by air, when Sky Bus have their license there may be significant delays in transporting samples to the mainland for analysis which might impact on patient care.

Between Christmas and New Year the Medical Launch was chartered to transport samples to the mainland as there was no freight service offered between 22nd December and 29th December. Hopefully this risk will diminish when the CAA agrees the Licence to Sky Bus.

In response to the transport difficulties and to improve quality of care on the Islands Kernow CCG is aiming to purchase point of care testing equipment for the Islands where medical staff could obtain a range of blood tests within a short time to better diagnosis and treat acutely ill patients. This additional diagnostic information would also assist the local GPs decide if and when a patient needs to be evacuated from the islands to RCHT. In addition there is work being explored to train local clinicians on the islands to perform some urgent x rays. If this could be done on the islands it would also assist decision making on whether a patient can safely remain on the islands or needs to be transported to the mainland. Currently all urgent x-rays are undertaken on the mainland.

2.3.11 Additional challenges for Cornwall and Isles of Scilly

- Closure of the commercial helicopter service between the mainland and Isles of Scilly with the impact on transportation of patients in a timely and safe manner, and with the potential negative impact on the health and wellbeing of patients on the Islands;
- Improve timely transfers of care between health and social care;
- To further extend choice for patients through Any Qualified Provider contracts;
- Deliver plans for quality and productivity for 2012/13 and beyond, including significant cost improvement programmes, which maintain the quality and sustainability of services for the longer term;
- Secure improved quality and value for the services procured to meet patients’ Continuing Healthcare needs;
- Contracting for the provision of Domiciliary Care to meet patients' Continuing Healthcare needs to provide assurance of effectiveness and value for money;
- Safeguarding vulnerable people in the care home sector and in individual placements - responding to the recommendations from the review of Winterbourne;
- Lower than expected deprivation of liberty applications across providers;
- To achieve the national targets for Fractured Neck of Femur by all providers;
- Improve Stroke Performance at Plymouth Hospitals Trust & North Devon;
- Impact of overspend in Adult Social Care on Winter Plan delivery;
- Impact of NHS 111 go live in March 2013, and maintenance of comprehensive Directory of Services to support a wide range of alternatives to hospital admission;
• Non-elective patient flow

**Practitioner Complaints Handling**

There has been an ongoing theme of concerns being raised in relation to independent practitioners’ complaints handling. As a result of this the PCT has been working to raise awareness of the NHS Complaints Procedure.

Questions to identify areas for development have been included in annual KO41 questionnaires. Training in effective complaints handling has been given to independent contractors. Practices have been encouraged to adopt a common complaints information leaflet to standardise approaches and reflect the law and good practice. Take up of this has been good. Further work needs to take place with opticians and pharmacies.

2.4 **Quality Assurance**

2.4.1 **PCT Board**

The PCT Board has drawn up a Schedule of Decisions Reserved for the Board. The management arrangements in place to enable responsibility to be clearly delegated are recorded in the Scheme of Delegation.

Board members:

• Chairman – Andrew Williamson
• Chief Executive - Steve Moore

• Non-Executive Directors:
  o Nick Ball (Audit Committee Chair)
  o Jim Gould
  o Tom Sneddon
  o Julie Stone
  o Nigel Williams
  o Paul Wyatt

• Cluster PCT Directors as at March 2012:
  o Director of Commissioning Development – Amanda Fisk
  o Director of Finance and Performance – Robert Knibbs
  o Director of Nursing – Carol Williams
  o Medical Director and Chair of Professional Executive Committee – Dr. Shelagh McCormick from 1 April 2012
  o Director of Transition and Governance (and Deputy Chief Executive) – Tracey Lee

• Additional PCT Directors:
  o Director of Public Health – Felicity Owen
  o Director of Primary Care and Medicines Management – Bridget Sampson. Appointed 1 April 2012
The roles and responsibilities of Board Members are detailed within the Scheme of Delegation.

2.4.2 Committees of the Board

The formal committees established by the PCT Board consists of:

- Professional Executive Committee
- Audit Committee
- Remuneration and Terms of Service Committee
- Charitable Funds Committee
- Integrated Governance Committee
- Finance, Performance and Delivery Committee
- Clinical Commissioning Group.

The responsibilities of the Board, Audit Committee, Clinical Commissioning Group, and Remuneration and Terms of Service Committee are detailed within the Scheme of Delegation. The responsibilities and scope of committees and sub-committees are contained within appropriate Terms of Reference.

2.4.3 Risk Management

All papers to the Board and committees in CIOSPCT have frontispieces which include the requirement to link the report to relevant strategic objectives and highlight any impacts on areas such as workforce, finance, equality and diversity and environment.

The PCT maintains a live Risk Register database (iRisk). Risks are owned and managed by relevant Executives and Senior Managers and are updated at least once a month. Risk monitoring varies dependent on the level of risk and the function to which it relates. The PCT Risk Register is enclosed in Appendix 5.

Internal audit reports for commissioning and provider arms of the PCT in 2010/11 indicated that the Board could take substantial assurance that the controls upon which the PCT relied, in relation to risk management and the assurance framework, were suitably designed, consistently applied and effective. Processes are in place to discuss the management of partnership risk, the outcomes of which are discussed through internal committee structures.

CIOSPCT also meets with key providers on a regular basis to consider the contents of the organisations’ assurance frameworks and corporate risk registers to jointly identify and manage risks that are common to the organisations involved and discuss those risks held by one organisation that might also impinge on one or more of the other local organisations.

The Primary Care Trust’s Assurance Framework captures the principal risks to achieving the key strategic priorities set out above, and the actions taken to manage these risks. Progress in relation to the achievement of the objectives is reported to the Board on a regular basis, reviewed by the Integrated Governance Committee and the Audit Committee, detailed within Annual Reports and has been reported to the Department of Health annually through the Statement on Internal Control (SIC) and for
the year 2011/12 through the Annual Governance Statement, which has replaced the Statement on Internal Control.

2.4.4 Equality and Diversity

NHS Cornwall and Isles of Scilly has demonstrated strong local leadership in equality and human rights issues. We co-chair the multi-agency Equality and Human Rights Partnership, and lead the implementation of the national Equality Delivery System (EDS) with our health partners. The EDS relies on engagement with our service users and stakeholders to rate our equality performance in four areas;

- Better Health Outcomes for All
- Improved Patient Access and Experience
- Empowered, Engaged and Well Supported Staff
- Inclusive Leadership at all Levels.

We use the EDS to help us meet the Public Sector Equality Duty. We performance manage our providers in how they meet this duty, and raise any areas of concern through the quality monitoring process. We also undertake Equality Impact Assessment (EIA) on all of our strategies, projects and policies to ensure that our work is inclusive and doesn’t unlawfully discriminate against any protected group. EIA is not always as robust as it should be, and as a result we could be open to challenge if funds are released without robust EIA in place. This has been logged as a risk, and a number of controls are in place to mitigate it. These include a programme of EIA training, a bespoke manager’s training course, the inclusion of equality issues on all board papers and a series of presentations to the Board and Governing Body to improve awareness and skills in carrying out this important work.

During 2012 we submitted a joint application with the emerging Kernow Clinical Commissioning Group, which details how well equality is embedded within the organisation to an e-quality benchmarking exercise led by the Employers’ Network for Equality and Inclusion (ENEI). We are currently awaiting the results of this exercise.

The Equality Delivery System (EDS) is a national tool to help NHS organisations meet the Public Sector Equality Duty (PSED). Implementation of the EDS is contingent upon stakeholder and public engagement, and a variety of valuable information and intelligence is gathered about all local NHS services through this process.

Receiver organisations need to ensure that this information is not lost as a result of reconfiguration, in particular where the EDS is being delivered by a national organisation with local structures. Relationships need to be established between local teams and organisations to ensure that the information gleaned through engagement can be shared and acted upon, for example where information is received about GP services by a Clinical Commissioning Group, this needs to be shared with the NHS Commissioning Board Area Team.
2.4.5 Patient Safety

All providers are performance managed in respect of serious incidents and never events. This includes monitoring their adherence to the reporting and investigation time scales in accordance with national frameworks.

All investigation reports are reviewed to ensure that a full root cause analysis has been carried out and learning from the incident has been identified & disseminated. Agreement to closure of the incident is based on the quality of the report and on provision of a time framed action plan from the provider.

Assurance to the Board/PEC of CIOSPCT takes the form of quarterly reports which outline all new serious incidents, all closed incidents, learning from incidents including themes and trends and update on ongoing incident status. This information is reviewed in detail at the quarterly serious incident review panel chaired by the Chairman of CIOSPCT.

Key risks going forward include: lack of capacity and capability within the organisation for investigating serious incidents in care homes.

Provider patient safety incident reporting is reviewed using Organisation Patient Safety Incident Reports produced by the NPSA every six months. These reports provide organisational specific information on reporting rates, regularity of reporting, types of incidents reported and the degree of harm suffered by patients. Local reporting data is reviewed for similar information and also actions taken by providers to mitigate risks. No specific concerns/risks identified in this area.

2.4.6 Patient experience

One of the methods used by CIOSPCT to gain insight into patient experience is through the Dignity in Care Programme. This is a well established programme of over 5 years which utilises volunteer assessors to carry out unannounced visits to providers to conduct dignity audits. Audit reports are sent to providers following the visits with actions for the provider where required. Implementation of actions by providers is performance managed at quality monitoring review meetings with providers.

Key risk:- continuity of the programme is dependent on assessor availability and expansion of the assessor pool. Expansion is essential if nursing homes are to be included in the audit programme and training will be required in the use of a quality assessment tool, developed to assess quality of care in this setting. Agreement to unannounced visits may also need to be made explicit in contracts.

2.4.7 Quality review/assurance

Assurance of quality is gained through the review of a range of provider quality metrics supplied by providers and through discussion at monthly quality review meetings with providers using a quality focussed agenda. Appropriate assurance is reliant on the provision of appropriate quality data/reports.
Key issue:- Assurance requirements need to be made explicit in contracts.

2.4.8 NHS 111

NHSCIOS are required to have the appropriate elements/requirements of clinical governance & quality included in the contract. This will be an ongoing commitment for KCCG.

2.4.9 NHS Safety Thermometer

All providers are required to implement the NHS Safety Thermometer within their organisations and upload organisational data to the NHS Information Centre every month. CQUIN payments are used to encourage providers to improve four key harm areas including Venous Thromboembolism (VTE), Pressure Ulcers, Falls and catheter urinary tract infections (UTIs).

Year 1 of the safety thermometer focussed on collection and uploading of data in order to establish baseline information. Year 2 will focus on improvement and hence CQUIN payment will be based on this.

Key issue:- Care homes, whilst issued via contracts with the safety thermometer are not routinely collecting and uploading data, therefore this will need to be encouraged and a further baseline period agreed with each home in order to meet CQUIN requirements.

2.4.10 Safeguarding

CIOSPCT works in partnership with other agencies in Cornwall and Isles of Scilly to safeguard the dignity, quality of life and safety of vulnerable adults in Cornwall and Isles of Scilly. All services must be provided in a manner that respects the rights, dignity, privacy and beliefs of all individuals concerned and does not discriminate on the basis of race, culture, religion, language, gender, disability age, or sexual orientation.

Recent High profile cases such as Winterbourne View have focussed commissioners on the need to have very clear requirements for safeguarding adults in contracts and robust systems in place to monitor compliance with safeguarding requirements.

Prior to Winterbourne View in March 2011 the Department of Health produced guidance for health care commissioners on addressing the safeguarding adults agenda. This document identified why safeguarding was relevant to commissioning indicating that it was integral to:

- **Patient Care.** Achieving high quality care for patients. Safeguarding is particularly relevant to domains 4 and 5 of the NHS Outcomes Framework - patient experience and protecting people from avoidable harm.
- **Regulations.** Safeguarding is a fundamental requirement for registration and complying with the Care Quality Commission, Essential Standards for Quality and Safety.
- **Legislation.** Commissioners duty to comply with other legislation including the Human Rights Act; Equality Act; Mental Capacity Act and Safeguarding Vulnerable Groups Act. (The new Social Care Bill (2012) contains plans for the Safeguarding Adults Board to be placed on a statutory footing in 2015).
On 12 December 2012 the government published its final report (The Winterbourne View Hospital Report)\(^1\) into the events at Winterbourne View Hospital and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

**Safeguarding statutory requirements:**
- Multi agency protection processes (MAPPA)
- National prevent Agenda
- Support the Draft Care and Support Bill – protecting adults from abuse or neglect (DOH 2012)

**Best Practice:**
- A comprehensive safeguarding adults alert data base, recording SA data relating to all commissioned health providers within and out of County. Production of quarterly reports for relevant providers;
- Assurance pathways for commissioned services;
- Safeguarding adults commissioning policy;
- Working in partnership with Commissioning teams to assure quality and monitoring of placements out of county;
- Proactive attendance and involvement within the multi agency safeguarding adults process (e.g. meeting attendance / report writing);
- Serious incident and case reviews;
- Development of Policies and guidance;
- Work with multi agency partners to ensure quality of response to safeguarding adults alerts;
- Work in partnership with care quality commission to ensure Safeguarding concerns are fully addressed;
- Partake in SAB Multi agency quality audits regarding the multi agency process, respond and action accordingly the recommendations;
- Report to Board on safeguarding adults issues and identify any potential risk to the organisation;
- Promote the equality and dignity agenda in all aspects of Safeguarding work;
- Promote and lead on the delivering the national prevent agenda;
- Work with multi agency partners to support multi agency working – ACS. Police, Housing;
- Proactive involvement to develop an efficient effective triage service;
- Chair multi agency information sharing meetings (TRIGGERS).

**Support to staff:**
- Provide guidance and expertise on safeguarding to Commissioners, Continuing Health care Pharmacy prescribing team, GP practices and dentists.

**Education and Training:**
- Provide awareness sessions to all GP practices
- Internal teams to the organisations
- Dental practices

**Identified Risks to be aware of:**

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\(^1\) The Winterbourne View Hospital Report
• Inconsistent performance of Safeguarding Adults Triage;
• Care Homes and Care Homes with Nursing – residents potentially at risk due to poor service provision in identified care homes where NHS Cornwall and Isles of Scilly commission care. This continues to be an on going problem that requires close monitoring by the Safeguarding Adults Team in collaboration with Adult Care and Support and the Continuing Health Care Team;
• Day Care Centre for patients with learning disabilities – Residents at risk of abuse or neglect. This is a high profile case that is in the public domain due to impending court action against 2 former members of staff. A serious case review commissioned by the Safeguarding Adults Board is also highly likely to generate media interest when it is published following the court case;
• Mental health provider - Patients at risk of being illegally deprived of their liberty and allegations of abuse by staff members. Ongoing police investigation into this case could lead to media interest in the future;
• Adult Care and Support Triage Team - an Independent Case File Audit Commissioned by the safeguarding Adult Board identified serious problems with the triage system currently in place which potentially could lead to risks to patients, staff and the organisation due to cases that should go through the safeguarding adults process being triaged out of the system.

2.4.11 The Francis Report (February 2013)

The report details the extent of the failure of the system shown in this Inquiry’s report suggests that a fundamental culture change is needed. That does not require a root and branch reorganisation – the system has had many of those – but it requires changes which can largely be implemented within the system that has now been created by the new reforms. It is hoped that the recommendations in this report can contribute to that end and put patients where they are entitled to be – the first and foremost consideration of the system and everyone who works in it.

2.5 Communications and Engagement

2.5.1 Media Relations

The Media provides a vital community voice and is a gatekeeper for NHS service provision, service quality and patient experience. We produce both pro-active and reactive media outputs; there are around 100 media releases issued each year which present a positive image for the NHS in improving support and services for patients. There are around half as many statements which are reacting to criticism of the commissioners. We produce briefings and lines to take for media interviews and briefings ahead of meetings with MPs, who have been very supportive of the PCT on the whole.

A significant highlight has been the progress of the planned Torpoint health centre though all hurdles. It was promised at the outset of the PCT’s lifespan and building work will be under way at the time of its dissolution. It is looking increasingly as though this will be the case. This joins our other landmark developments - Truro Health Park and Praze-an-Beeble Health Centre - and the new Bodmin stroke unit. We also jointly developed the SARC rape centre at Truro Health Park, opened in 2011.
2.5.2 Media issues

CIOSPCT has worked effectively, often in partnership with other NHS Trusts and commissioned providers to manage media issues and maintain organisational credibility and patient and public confidence.

There remain some key media handling risks going forward:

- Public sensitivity to the so-called 'privatisation' agenda, with significant attention being given to the organisational form of service providers when things go wrong or when new contracts are awarded. The local roll out of AQP will need careful media handling as a result. NHS Kernow will need to avoid any conflict of interests for its governing GPs in commissioning decisions as the media has already begun to focus on it.
- OOH provider Serco has received significant and sustained national attention over issues relating to patient safety and performance monitoring and data reporting. Information continues to be leaked directly to the media, presenting considerable challenges in reactive media handling and challenges over the quality of our monitoring.
- Concerns over bed closures within community hospitals run by CIC Peninsula Community Health also remain of concern to the public and media and will continue to do so until resolved. Bed provision generally has been the subject of much media attention.
- The review of services in the West will need media handling input potentially if any changes to current provision are to be made; regardless of how positive those changes are expected to be for patients as the community remains suspicious of any change.
- Transport issues relating to the Isles of Scilly also need to be carefully monitored following the ending of the helicopter service, as islanders and health teams visiting them are dependant wholly upon the fixed-wing aircraft in the winter months unless the RNAS Culdrose helicopter is used in an emergency. There is no acute hospital on the island so mainland travel is essential. The media is carefully following the political debate around future transport provision for the islands and is keen to reflect the impact on NHS services by any service delays/cancellations.
- Public Health, when it transfers to the council, will need to ensure health messages are aligned with the broader responsibilities of the council linked to deprivation and access to services to ensure messages are joined-up. This should flow from the new strategy and should encompass housing, benefits and transport issues.
- The NHSCB Area team will also need to ensure it continues to deliver a robust flu vaccination campaign to maintain take-up rates, as we have a disproportionately high number of over 65s in the county.
- Ability to procure additional dental activity in the West of the county to meet need. Previous procurement did not attract a viable contractor.
- Continued work with dental contractors to ensure delivery of contracted activity.

2.5.3 Patient and Public Involvement

“Section 242 of the consolidated NHS Act 2006 places a duty on NHS trusts, primary care trusts and strategic health authorities to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals
for changes. This duty is supported by the guidance Real involvement: working with people to improve healthcare”.

- CIOSPCT has continued to embed and deliver high standards of engagement activity.

- The PCT continues to work positively with Local Involvement Networks during the transition to Healthwatch.

- CIOSPCT’s User Strategy Group continues to flourish and members have played a key part in holding the organisation to account for its communications and engagement activity.

- CIOSPCT has also used its local membership scheme to involve members of the public in a wide range of activities from attending focus groups to helping shape local commissioning decisions.

The Section 24a report, which is a statutory, public-facing, annual report on all consultations carried out with regard to commissioning activities, provides a comprehensive data capture of the engagement and consultation work undertaken. Key themes important to patients and members of the public have been identified.

The Themes reports, reported to the Board on an annual basis, feeds into the Annual Operating Plan discussions so that themes raised through involvement and engagement work drive future commissioning decisions. The first Themes Report and plan for action was presented to the Board in November 2009, and identified 15 key themes that emerged from engagement work. The subsequent reports have updated and refreshed the original piece of work.

Common themes have been as follows:

- Access to NHS Dentistry
- Aphasia services for stroke patients
- Continence products
- Dementia services on the Isles of Scilly
- Mental health services
- Accessible communications
- Dignity and respect
- Specialised services (particularly cancer services)
- Care closer to home/development of local services
- Car parking and transport
- Waiting list management/Choose and Book
- Access to services out of hours
- Maternity and neonatal services
- Access to wheelchairs
- Discharge from hospital
- Support for carers
- Waiting times
- NHS White paper/Changes in the NHS
- Independent contractor complaint handling
• Care of the vulnerable and elderly.

Key areas of engagement have been:

• Any Qualified Provider (extending patient choice)
• Grampound Surgery
• Torpoint Health Centre
• West Cornwall review of community services
• KCCG – Commissioning Intentions
• Supporting the development of Healthwatch
• North Cornwall dentistry
• Services for Isles of Scilly

2.5.4 Events

CIOSPCT take advantage of the many events that happen across Cornwall and Isles of Scilly, and work in collaboration with other NHS health partners, LINKs and VCS organisations to engage, inform and involve people who access health services in Cornwall and Isles of Scilly (both residents and holiday-makers). Events include: Royal Cornwall and Stithians shows.

A series of public events were held in 2012 called “Closer to You”. The purpose of the events was to inform people accessing health care services in Cornwall and the Isles of Scilly, about the changes to future commissioning arrangements. The events were co-hosted by CIOSPCT, KCCG and relevant local authorities. The events covered:

• Changes to commissioning
• Local authority developments
• Changes to delivery arrangements
• Q and A session

2.6 Key Relationships

CIOSPCT developed a system for defining what makes a significant partnership. The organisation use this to help manage those relationships effectively and to benefit of our local population. The nature of those relationships and the work we are doing with our partners is explored below.

Health and Wellbeing Board

The Health and Well-being Board exists to improve the health and well-being of all local people and close the gap in health inequalities. Its main aim is the development and delivery of the Health and Well-being Strategy through commitment of all partners; and to monitor and review this work, in particular delivery against targets such as those set out in the Local Area Agreement.

The Board brings together representatives from a wide range of partners including Cornwall Council and the Council of the Isles of Scilly, the local NHS trusts, the Police, and the voluntary and community sector. The HWB Board has expanded its membership to ensure that it involves all relevant partners. The Board also links to a
number of other significant partnerships in Cornwall whose aim is to improve health and well-being.

The Partnership has been instrumental in achieving the stretch targets for three of the Local Area Agreement health outcomes, to reduce smoking, improve sexual health and improve well-being of older people and this has resulted in £1.8m Performance Reward Grant, as part of £10m earned in Cornwall.

Recent achievements and outcomes across the Health a Well Being Strategy include the launch of the Healthy Workplace award scheme, at which five local businesses were presented with the award. The award scheme is now being taken up by many workplaces across Cornwall, including Cornwall Council and the NHS.

The work of the Health and Well-being Partnership has resulted in a wide range of outcomes across the high impact cards. Smoking rates in Cornwall and the Isles of Scilly have reduced from 27.4 per cent in 2006/07 to 16.3 per cent in 2009/10 and data shows a significant reduction in smoking in pregnancy rates from 21 per cent in 2006/07 to 15 per cent in 2009/10. Participation in sport and physical activity has increased, participation is up by 2.35 per cent to 23.64 per cent of people aged 16 plus. The Healthy Schools Programme continues to exceed its performance target. The prevalence of breastfeeding measured at 6-8 weeks after birth is now 47 per cent, with an increase in recording to 92 per cent.

The Health and Well Being Board forms a cornerstone of the Cornwall Strategic Partnership, supporting and promoting partnership working across the health and well-being agenda.

The Health and Well-being Board is assimilating recent developments, such as the Marmot report on health inequalities, and the increasing evidence base that we are developing in Cornwall. We will continue to focus on achieving outcomes that improve the health and well-being of local people.

Partner Organisations
(Cornwall Works, Volunteer Cornwall and Citizens’ Advice Bureau)
With partners, we have put in place preventative services to help people with the demands of the economic downturn. Businesses and people throughout Cornwall and the Isles of Scilly have been hit hard by the recession. For many individuals the economic downturn of the last two years has resulted in higher levels of stress and anxiety linked with unemployment and money worries. This can result in a greatly increased demand for health services. With its award-winning health trainers team, the NHS and its partner organisations, including Cornwall Works, Volunteer Cornwall and the Citizens’ Advice Bureau (CAB) have launched a comprehensive programme of measures to open up new work and volunteering opportunities.

A dedicated sub group – Cornwall Debt and Financial Inclusion Group – led by Inclusion Cornwall brings organisations and projects together to support people in their efforts to find, begin and remain in work. The aim is to enable organisations to work more effectively to support people who need help. Recent initiatives include:
‘Feeling the Pinch?’ This leaflet with helpful advice on employment, housing, health, energy and money issues has enjoyed wide circulation through Job Centre Plus and Cornwall Council.

Better Advice, Better Health pilot with GPs - We have teamed up with Cornwall CAB to put financial advisers in post at GP surgeries in Pool and Hayle to offer ‘better advice, better health advice on prescription’. The aim is to promote awareness and opportunities for better physical and mental health and to remove the barriers that prevent working and volunteering.

Developed through the Cornwall Local Area Agreement, the Mental Health and Well-Being mini summit resulted in a plan of action to promote awareness of services; to develop support programmes and training for employers and partners; and to improve support and assistance for people with mental health problems. The plan is aimed at developing a greater understanding of the causes of mental ill health, as well as to overcome the inter-related issues of debt, mental ill health and avoidance of work, and also to try to remove long-term health inequalities.

Health and Adults Overview and Scrutiny Committee
The Health and Adults Overview and Scrutiny Committee has responsibility for the overview of services which look after the health and social care needs of people in Cornwall. This includes local NHS organisations and Adult Care and Support, but the Committee’s work can impact upon a wide range of organisations with a part to play in keeping people healthy and well. The Committee has a key role to play in ensuring that health and social care providers are working in a joined up way and providing the most effective and efficient outcomes for the people of Cornwall.

Cornwall Foundation Trust
CFT provides community health services to children and young people and mental health and learning disability services to people of all ages.

Peninsula Community Health
Peninsula Community Health is an independent, not-for-profit social enterprise. They provide NHS adult community health services to local people in Cornwall and Isles of Scilly. CIOSPCT works collaboratively with PCH to:

- Deliver a more joined-up approach to health and social care
- Deliver more services closer to, or in patients’ homes
- Meet the healthcare needs of our local communities
- Support patients to make more decisions about the care and services they receive

Cornwall Council and Council of the Isles of Scilly
CIOSPCT works in collaboration with both local authorities to provide integrated health and social care services, for residents living in Cornwall and Isles of Scilly.

Royal Cornwall Hospital Trust
CIOSPCT works with RCHT and other health partners to better integrate healthcare services, in order to improve quality, efficiency and patient experience.
LINk in Cornwall and LINk4Scilly
LINk in Cornwall and LINk4Scilly have provided CIOSPCT with valuable reports and recommendations to help influence the design and delivery of healthcare provision in Cornwall and Isles of Scilly. In 2012 the quarterly meetings between CIOSPCT and LINKs changed. Instead of holding independent meetings, all NHS Trusts (including KCCG and PCH) and both Local Authorities held a joint meeting. Having all organisations around the table at the same time, proved far more effective and productive.

Kernow Clinical Commissioning Group (KCCG)
CIOSPCT and KCCG have worked collaboratively during transition. Key priorities have been:

- Maintaining public confidence
- Achieving key objectives
- Supporting the development of the new commissioning infrastructure
- Supporting staff through transition

CIOSPCT have also developed productive working relationships with:

- Voluntary Community Sector
- Members of Parliament
- Stakeholders, patient and public.

2.7 Conclusion

I first took on the role of chairman in 2006 when the countywide PCT was formed and was recently re-elected to support the Trust as it prepares to disband and transfer its staff to other successor organisations. In that time I have seen a tremendous passion and enthusiasm to improve NHS services for local people.

While I know there is a huge sense of sadness among staff, I hope they will also leave feeling very proud of what we have achieved together. There are visible landmarks such as the new Truro Health Park, Praze surgery and the soon-to-be-built Torpoint Health Centre. There are also significant service improvements - the new Bodmin stroke unit, the introduction of Telehealth monitoring and improved access to NHS dentistry, to name but a few.

I feel proud to have contributed to a small part of the NHS’s history and wish the new organisations every success as they write the next chapters of the journey of this cherished service.

Andrew Williamson, Trust Chair, CIOSPCT
3. THE ORGANISATION/SYSTEM

3.1 Geography & Population

Cornwall and Isles of Scilly is a rural and maritime area, with 27% of Cornwall designated as an Area of Outstanding Natural Beauty. It is the second largest county in the South West region in terms of area (355,000 hectares) but has the lowest population density. There is a dispersed settlement pattern of numerous towns, villages and hamlets with the average population density being 1.4 people per hectare and 27% of the population in strategic urban centres.

The population of Cornwall and Isles of Scilly has been growing steadily since the 1960s, and it is expected to rise from just over 540,000 now to 560,000 in 2015. The population is ageing, with a greater proportion of people over 50 and with a higher life expectancy than the average in England and Wales. There are also a high number of people dependent on benefits or without employment. The population of Cornwall has grown faster than the rest of the South West region and is one of the fastest growing areas in the United Kingdom. Inward migration for working age-groups continues to grow. The number of births has increased consistently over the last 9 years with 4,491 births in 2001 compared to 5,473 in 2010.

Fertility rates are driven by a variety of factors. The demographic make-up of the population plays an important role, with the representation of females of prime childbearing age a key factor in influencing birth rates.

Examining the population age structure over this period shows that the number of women of reproductive age (15-44) reached 90,700 in 2010 an increase of 3.7% (3,200) from 2001 which is a higher percentage increase than the UK average of 2%.

Cornwall and the Isles of Scilly attract more than 5.5 million visitors a year and in the peak of the summer about 300,000 tourists are within the county at any one time. This has a significant impact on the demand for health services, especially for some of our local GP practices and unplanned care services such as accident and emergency, walk in centres, out of hours services and minor injury units.

3.1.1 Internal directorate assessment

Work is underway to log and identify all current working files, information and documents ready for access and transfer to the recipients. This work commenced in May 2012 and has been developed and aligned to the checklist of data sources provided in the Quality Handover National Quality Board document.

The information includes all routine and regular information as well as the ad-hoc information.

3.1.2 CCG needs assessment

This has involved a number of approaches including:

- A Health and Wellbeing Board has been established which includes PCT Directors of Public Health and Professional Practice (including quality), CCG representatives,
Local Authority, and voluntary agencies. This provides the opportunity to identify and discuss quality issues and ensure it feeds into CCG development plans.

- PCT Deputy Director of Professional Practice/ KCCG Director of Clinical & Corporate Affairs attends the shadow KCCG governing board, this enables direct input and advice to the shadow governing board
- Executive Director meetings with Kernow CCG to review their authorisation plans and identify specific needs and requirements for information and support in relation to quality.
  - Identification of a named quality directorate link and support for each CCG is Natalie Jones.

The Joint Strategic Needs Assessment (JSNA) is a comprehensive source of information on health needs, indicators of health and wellbeing and inequalities. It includes a wide range of papers focussing on particular health and wellbeing issues. This has been developed over recent years by colleagues in the PCT’s public health team and Cornwall Council. It can be accessed on: http://www.cornwall.gov.uk/default.aspx?page=26764

3.1.3 NCB needs assessment

Liaison and transfer of minimum take to the Specialist Commissioning Group (SCG) has been undertaken by Senior Commissioning Manager and supported by the PCT Contract lead for Royal Cornwall Hospitals. Any needs identified is fed through the SCG Directors Group.

There is a commissioning lead for prisons (mental health commissioning lead) and military health to ensure needs are identified and fed through to the NCB and South West Military Health Groups.

The needs assessment is for primary care commissioning. Primary care commissioning is led by:

- Commissioning leads for primary care
- Commissioning leads for prison and offender health care
- Quality directorate lead manager for quality and safety assurance.

3.2 Demography

There are significant pockets of deprivation in Cornwall and some communities or population groups face considerable challenges on the road to better health, including accessing services.

The 2001 census showed that 95.6% of the population of Cornwall and the Isles of Scilly were ‘White British’ compared with 85.3% of the population of England as a whole. Estimates for 2005 showed a slight reduction to 95.2% and 84.7% respectively. The number estimated by the Office of National Statistics showed a rise in minority groups (not including white non-British groups) in Cornwall and the Isles of Scilly from about 5,000 in 2001 to 12,000 in 2005 making up 2.3% of the population. The Asian or Asian British population is the largest ethnic minority group, estimated at 3,800 people and making up 0.7% of the total population of Cornwall and the Isles of Scilly in 2005.
There is also a transient population in the area. Roma gypsies make up a substantial ethnic minority group with approximately 900 believed to be living on local authority sites. All ethnic groups experienced increases in population between 2001 and 2005. The Census in 2011 will be providing high level results in 2012. As for 2001 the Cornwall Council is paying for extra analysis to provide answers from the ethnicity questions, to allow the number of White Others where Cornish has been written in to be counted. It is hoped this will help inform the debate into whether the Cornish experience worse health outcomes than the general population.

Due to the demographic issues, detailed above, in many areas Cornwall and Isles of Scilly has greater health needs than the national average, which translates into a greater demand for health services. Long term conditions, for example, affect over a fifth of the population in the area compared to an average of 18% in England, which may be due to the more elderly population. Prevalence data obtained from the Quality Analysis Management System (QMAS) can provide details of the current position.

A helpful snapshot of health and health services on the Isles of Scilly is provided by LINK4Scilly at Appendix 2.

### 3.3 Health Needs

From the information obtained from QMAS and the Joint Strategic Needs Assessment, the challenges for the delivery of health services are:

- An ageing, and one of the fastest growing, populations with the possibility of an increasing demand for long terms conditions and end of life requirements;
- Pockets of severe deprivation, with associated health inequalities;
- Significant inequalities in health and life expectancy;
- 22% of Cornwall and Isles of Scilly’s population includes children and young people, of these 10% live in low income households; suggesting a greater health need now, possibly continuing as these children grow older;
- Patients live with a range of long term conditions, suggesting they will come into regular contact with healthcare providers for a range of needs;
- Cornwall and Isles of Scilly are rural and have a dispersed population, posing challenges for both transport to, and access to, healthcare services;

CIOSPCT has identified, from the Joint Strategic Needs Assessment, the following priority areas for health improvement in community services:

- Comprehensive primary care;
- Local and accessible urgent care;
- Universal and targeted disease prevention and healthy living opportunities for children and families;
- Managed care and health and well being maintenance programmes for people with long term conditions including dementia;
- Community services that provide specialist stroke rehabilitation, neurological condition care, orthopaedic and falls rehabilitation;
• Community and primary care musculo-skeletal services that provide early intervention, prevent avoidable surgical intervention and deliver the back pain pathway;
• Planned and urgent care at home services;
• Improved access to NHS local dentistry;
• Pharmacy access aligned with GP access.

CIOSPCT has a good track record of partnership working. Many partner organisations are working together to improve the health of local people and the Strategy to Reduce Health Inequalities provides opportunities to work in a systematic way and achieve good outcomes on a much greater scale.

The Strategy was developed with a wide range of agencies and in the context of strategic plans for the community – Future Cornwall 2010-2030. The four long term objectives for Future Cornwall are:

• The economy;
• Self sufficient and resilient communities;
• Good health and wellbeing for everyone;
• The environment

All of the objectives have the potential to narrow or widen inequalities so it is important that their impact is assessed for different groups within the population.

The Isles of Scilly are reviewing their Sustainable Community Strategy. Overall it is a healthy place to live and work but the geographical isolation reflects the health and well being priorities of responsible alcohol use, reducing smoking and mental health problems.

A further analysis of the demography, ethnicity, lifestyle factors and social and environmental context can be found in the Director of Public Health’s Annual Report, accessible through NHS Cornwall and Isles of Scilly website, the Joint Strategic Needs Assessment and the Strategy to Reduce Health Inequalities.

3.4 Strategic Priorities

The NHS Cornwall and Isles of Scilly Strategic Plan set out to create a coherent set of strategic priorities that resonated with the residents of Cornwall and the Isles of Scilly, and delivered on the vision for improved health and health outcomes – “adding life to years and years to life”:

• Reduce levels of unplanned teenage pregnancy;
• Help more children achieve a healthy weight;
• Help people who smoke to quit and remain smoke free;
• Reduce deaths from cancer by improving prevention, early diagnosis, treatment and long term cancer care for all;
• Reduce the number and impact of strokes;
• Improve mental health and wellbeing and reduce suicides;
• Improve access to early diagnosis of dementia and the care and support for people with dementia and their families;
• Support the right of people nearing the end of their life to choose to be cared for in the setting of their choice;
• Reduce the gap between people with the best health and those with the poorest health by targeting support where it is needed most;
• Help people to live longer and raise life expectancy in Cornwall and the Isles of Scilly to match the best levels in Europe;

Cross cutting objectives were to consider learning disabilities, reduction in alcohol consumption and increasing local access to services, where appropriate.

In addition, the PCT has agreed the following strategic objectives, as set out in its Assurance Framework:

• Deliver new and existing targets set by the Care Quality Commission or within the CIOSPCT Operating Plan (“the minimum guarantee”);
• Establish and implement a programme of work; supported by organisational development and enabling strategies, to successfully lead and deliver the Quality, Innovation, Productivity and Prevention agenda across Cornwall and the Isles of Scilly;
• Maintain an effective organisation that continues to secure the delivery of high quality healthcare in Cornwall and Isles of Scilly whilst working with partners to ensure a smooth and effective transition through NHS re-organisation.

In December 2010, and January 2011, the Professional Executive Committee/Clinical Commissioning Forum reviewed progress against the strategic objective outcomes and confirmed that the reasons for establishing the strategic objectives remained pertinent and that the ten were the right ones to produce maximum health gain for the population of Cornwall and the Isles of Scilly.

It was requested that the links between Quality, Innovation, Productivity and Prevention (QIPP) and the strategic objectives were made clear. In addition prevention work that should result following QIPP savings were identified.

The strategic objectives were approved by the Board in March 2011. At its meeting on 27 March 2012, the Board approved that the Strategic Objectives should continue for 2012/13.
4. **PCT RESPONSIBILITIES**

Primary Care Trusts are required to deliver a number of statutory functions linked to the following:

- Duty to have regard to the NHS Constitution;
- Provision and commissioning of health services;
- Planning, partnership and co-operation;
- Public engagement, involvement and consultation;
- Finance and administration;
- Equality, human rights and information law;
- Mental Health;
- Miscellaneous requirements – detailed within current legislation.

As a statutory body the PCT has specified powers to contract in its own name and to act as a corporate trustee. In its latter role it is accountable to the Charity Commission for those funds deemed to be charitable as well as to the Secretary of State for Health. The PCT also has statutory powers under Section 28A of the NHS Act 1977 including to fund projects jointly planned with local authorities, voluntary organisations and other bodies.

In addition to the statutory requirements, the Secretary of State, through the Department of Health, issues further directions and guidance, normally under cover of a circular or letter.

A complete list of the PCT’s statutory responsibilities mapped to their expected destinations is provided in Appendix 3. The PCT is following national guidance to ensure destinations are correctly identified for all functions and legal requirements met in effecting their formal transfer. The legal process for transfer of the PCT’s assets and liabilities is summarised in section 5.8 below. Arrangements for the transfer of PCT records to support this transfer of responsibilities is summarised in section 5.11 below.

Appendix 4 identifies the destinations for the PCT’s core functions.
5. TRANSITION MANAGEMENT

5.1 The Sender Organisation

NHS Cornwall and Isles of Scilly (the PCT) is a statutory body which came into existence on 1 October 2006 under the Primary Care Trusts (Establishment and Dissolution) (England) Order 2006 No 2072, (the Establishment Order), following the dissolution of the 3 predecessor organisations, Central Cornwall Primary Care Trust, West of Cornwall Primary Care Trust and North and East Cornwall Primary Care Trust. The PCT is within the NHS South of England Strategic Health Authority Area, to whom it is accountable. Its geography covers the whole of Cornwall and the Isles of Scilly, and is coterminous with the local authorities for Cornwall and the Isles of Scilly.

The PCT is responsible for commissioning health services for the population of Cornwall and the Isles of Scilly. The PCT receives the vast bulk of local NHS funds. Its role is to work with local authorities, clinicians, the public and other partners to understand the needs of local people and secure the provision of safe, high quality and accessible services for the local population. The PCT is responsible for improving the health of the community and reducing health inequalities. It also lead on emergency planning for the local NHS.

In delivering this responsibility, the PCT is the main commissioner of services from Peninsula Community Health (PCH), formerly known as Community Health Services, Royal Cornwall Hospitals Trust, (RCHT) and Cornwall Partnership NHS Foundation Trust, (CPFT), which provides mental health and learning disability services along with children’s community health services, which temporarily transferred under a two year hosting contract in April 2011.

5.2 Organisation History

The organisation history for the commissioning of Healthcare in Cornwall and the Isles of Scilly is provided in the diagram below:

See next page.
5.3 Key Contacts

Executive Quality Handover Lead:
Carol Williams, Cluster Director of Nursing
Telephone: 01726 627950
Email: Carol.Williams@CIOSPCT.cornwall.nhs.uk

Medical Director
Shelagh McCormick, Medical Director
Telephone: 01822 832641
Email: shelagh.mccormick@ciospct.cornwall.nhs.uk

Quality Handover Lead:
Natalie Jones, Deputy Director of Professional Practice and Quality
Telephone: 01726 627884
Email: Natalie.Jones@CIOSPCT.cornwall.nhs.uk

Quality Handover Lead:
Christopher Houghton, Head of Engagement
Telephone: 01726 627887
Email: Christopher.houghton@ciospct.cornwall.nhs.uk
The contact details for receivers will be added to this section, following confirmation at the face-to-face events.

5.4 **The Receiving Organisations**

This transition involves the transfer of the PCTs statutory responsibilities to the following receiving organisations:

- NHS Commissioning Board (including Area Team: Devon, Cornwall & Isles of Scily)
- Kernow Clinical Commissioning Group
- Cornwall Council
- Council of the Isles of Scily
- Public Health England
- NHS Trust Development Agency
- NHS Property Services
- Department of Health (PCT Corporate Archives and Legacy Management)

5.5 **Transition Management**

A Programme Board and Steering Group were established to oversee delivery of the transition. Assurance against programme delivery has been provided through the Cornwall & Isles of Scilly Integrated Governance Committee and PCT Board.

Formal transfer of statutory responsibilities, and dissolution of the PCT, will take place on 1st April 2013. Through the transition period, the PCT strengthened its links with local clinicians and commissioning partners and increasingly delivered its responsibilities in partnership with the emerging organisations.

Kernow Clinical Commissioning Group (KCCG), the main receiving organisation for CIOSPCT, was established as a committee of the PCT, with a footprint matching that of the PCT. The PCT delegated all relevant commissioning responsibilities to KCCG on 1st April 2012 as part of a phased transition process.

KCCG achieved authorisation and was established as a statutory organisation in December 2012. Executive to Executive handover of management responsibilities has been delivered in a phased approach from December 2012 to March 2013. Formal transfer of statutory responsibilities will take place on 1 April 2013.

5.6 **Risk Transfer**

All current PCT risks have been reviewed and assigned to receiving organisations:

- **KCCG1** – Operational risks managed by KCCG up to and beyond 31/3/13 if risk remains live;
- **KCCG2** – Operational risks managed by PCT during 2012/13, with transfer to KCCG on 01/03/13 if risk remains live;
- **KCCG3** – Transition Risks managed by KCCG up to and beyond 31/03/13 if risk remains live;
• **PCT** – Risks managed by PCT during 2012/13, with closure and archive on dissolution of the PCT;
• **CB** – Risks managed by PCT during 2012/13, with transfer to NHSCB on 01/04/13 if risk remains live;
• **LAT** - Risks managed by PCT during 2012/13, with transfer to LAT on 01/04/13 if risk remains live;
• **CC** - Risks managed by PCT during 2012/13, with transfer to Cornwall Council on 01/04/13 if risk remains live;
• **PHE** - Risks managed by PCT during 2012/13, with transfer to Public Health England on 01/04/13 if risk remains live;
• **Prop** - Risks managed by PCT during 2012/13, with transfer to NHS Property Company on 01/04/13 if risk remains live;
• **All** - Risks managed by PCT during 2012/13, with transfer to all receiving organisations on 01/04/13 if risk remains live.

The PCT Risk Register is enclosed (Appendix 5). These risks, and relevant information, will transfer in Risk Reports to each of the receiving organisations. PCT Risks concerning corporate management that do not have a receiver destination are being archived and transferred to Department of Health for retention.

### 5.7 Complaints Transfer

**Historic (Archived) Complaints:**
Peninsula Community Health (PCH) holds the PCTs archive of complaints records for the period 2006 to 2011-12. These archive records will transfer to the Department of Health, in line with national guidance. The PCT retains an Archived Complaints Schedule, which enables tracing and retrieval of these records if they are required. The Archive Complaints Schedule will be transferred to the Department of Health within the PCT electronic record "snap shot" that will be taken at the end of March 2013.

**Current (Closed) Complaints:**
The PCT maintains a Current Complaints Schedule, which identifies the complaints received from April 2011 to the present day. The vast majority of the cases included within the schedule are closed, but will be retained within the current schedule until they have been closed for 18 months. This enables the records to be accessed quickly should a query or information request be received. This schedule and related records, will be transferred to KCCG for retention by the Complaints Manager. At the appropriate time, they will be prepared for confidential archive. A copy of the Current Complaints Schedule will be transferred to the Department of Health within the Transition Information Library. This will provide DH (and the Legacy Management Team) with a record of the PCT complaints history from April 2011 to March 2013.

**Current (Open) Complaints:**
At the time of finalising this document, there are only two complaints open, both of which relate to functions that will transfer to KCCG. As the PCT Complaints Manager is transferring to deliver the Patient Relationship Manager role within KCCG, there will not in practice need to be a formal handover of this information. In the period to 31 March 2013, the PCT Complaints Manager will monitor incoming complaints and ensure they are effectively transferred to appropriate organisations for action.
5.8 **Asset and Liability Transfer**

In line with national guidance, the PCT has prepared two Transfer Schemes, one for staff transfer (with underlying Transfer Orders for each receiving organisation); and one for the transfer of all other assets and liabilities. The Schemes include all PCT assets, rights and liabilities.

The Property Transfer Scheme has been produced by the Department of Health, drawing from instructions provided by the PCT in the form of three sets of Schedules. Annex A is a schedule of properties. Annex 2 provides a comprehensive log of other assets, rights and liabilities that are the subject of the transfer. It identifies destination, location, 3rd party access arrangements and other pertinent information. Annex 2 is supported by a number of detailed sub-schedules providing lists of asset/liability items. Annex 3 provides a more concise schedule of assets/liabilities, with destinations identified. It is this document, along with Annex A (property schedule) that have formed the basis for the Transfer Scheme itself.

Local receiving organisations were advised of the Transfer Scheme development process and requirements in November/December 2012. National guidance on the process has continued to be provided through January to March 2013, confirming the changing requirements for task completion. There has been significant slippage in the national timetable for review of draft documents and development of Transfer Schemes. The PCT have maintaining close liaison with receiving organisations throughout this time, to ensure they are kept informed of progress and changing requirements.

The PCT has worked closely with receiving organisations in the period from November 2012 to March 2013 to agree the content of the Transfer Schemes. Schedules have been shared regularly and meetings have taken place to discuss and agree principles for asset transfer and resolve issues arising.

The PCTs draft Transfer Scheme instructions (Annex 3) was submitted to the Department of Health on 24 January 2013. As noted in the paragraphs above, there has been some delay in the national timescale for delivery of draft Transfer Schemes. The PCT have been advised that the draft Transfer Scheme, with drafting notes is will be provided on Friday 15 March 2013. Once received, the PCT will respond to the drafting notes and make any further amendments to the draft Transfer Scheme (addressing changes that have been agreed since the Annex 3 was submitted to DH on 24 January 2013). The PCT will then submit the final draft Transfer Scheme to DH on 19 March 2013, to enable DH to finalise the document and return it in PDF format for sender sign off. The PCT is required to provide sender sign off of the Transfer Scheme by 25 March 2013.

The Department of Health will arrange for receiver sign off for the national receiving organisations. They have advised that our local receiving organisations (Kernow Clinical Commissioning Group, Cornwall Council, Cornwall Partnership NHS Trust) are not required to deliver formal sign off of the Transfer Scheme by 31 March 2013. However, the PCT have agreed with local receiving organisations that this sign off will be arranged as soon as possible once the Transfer Scheme is received. The PCT will deliver to local receivers the final draft Transfer Scheme and finalised Transfer Scheme as soon as they are available to enable this sign off to take place.
Legal title transfer of assets and liabilities will occur on March 31st 2013. Physical delivery and payment of any funds will occur on March 28th 2013 (with funds held in escrow and released to Receivers on April 2nd 2013).

5.9 Transition Information Library

This Quality Handover document has been produced to provide an overview of the organisation’s position at the point of dissolution, with focus on quality. A range of transition critical information is also being handed over to receiving organisations to support the seamless transfer of responsibilities and functions. A Transition Information Library has been collated to deliver this suite of transition critical documents. These records have been identified within a Transition Information Library Schedule and will be delivered within an electronic folder with a standardised document naming convention to enable easy access on transfer.

5.10 Face to Face Handover

As the Senior Teams within the receiving organisations have been established, the PCT Directors have been building relationships and sharing information. Executive to Executive handover of management responsibilities has been delivered in a phased approach from December 2012 to March 2013.

The Quality Handover Document (Final Draft) was delivered to receiving organisations in February/March 2013. PCT Executives presented the document in face to face meetings with Kernow Clinical Commissioning Group, the Cornwall Council and the National Commissioning Board Area Team. At the request of NHS Property Services Ltd, the document was delivered electronically with arrangement for queries to be addressed if necessary once received. The face to face meetings have been minuted, in line with Freedom of Information guidance. Where confidential or sensitive material has been shared between organisations the minutes reflect the topic discussed but not the detail.

The Quality Handover Document underwent a final refresh in March 2013 before being finalised on 15 March 2013. The document will be published in the last week of March 2013, presented to the PCT Board on 26 March 2013 and delivered to all receiving organisations on 28 March 2013 within the Transition Information Library.

5.11 Record Transfer

National guidance has been provided on the transfer requirements for all records, live and archive. The driving principle is that all records follow the function that transfers. A function map has been provided to identify destinations for each function. PCT Corporate records, that will not transfer to receiving organisations alongside transferring functions, will be archived on dissolution of the PCT. These archives will transfer to the Department of Health. Record destinations and access arrangements for all PCT records are identified within the Transfer Scheme and PCT Electronic Record Log.
These schedules are being transferred to receiving organisations within the Transition Information Library.

The PCT has prepared its records for transfer as follows:

**Paper Records (Archive)**

Paper archives have been identified for transfer to relevant destinations in line with the DH guidance and function map. Arrangements have been made with the existing Archive Record Management provider, Peninsula Community Health, to continue to retain archived records for each receiving organisation until alternative arrangements are made. It is anticipated that arrangements for ongoing retention for each receiving organisation will be addressed in the period to 31/03/14, with the support of the local Transition Legacy Management Team.

Arrangements for access to archive records have been confirmed to receiving organisations. Issues relating to archived records and access to them will be managed by the local Transition Legacy Management Team. Key contact information is provided below:

**Archive Record Management Provider**
Peninsula Community Health, Sedgemoor Centre, Priory Road, St Austell, PL25 5AS
Contact: Alison Hastings (Business Change Manager)

**Archive Record Stores**
Peninsula Community Health, Britannia Lanes Business Centre, Greenbottom, Chacewater, Truro, TR4 8QW
Contact: Alan Gerrish (Information Governance Manager, Records Manager, Data Protection Officer)

**CIOS Legacy Management Team**
Department of Health (Host), Sedgemoor Centre, Priory Road, St Austell, PL25 5AS
Contact: Julieann Carter (Director of Transition and Governance)

**Paper Records (Live)**

Current paper records have been identified for transfer to relevant destinations in line with the DH guidance and function map. For the majority, these records will not in practice need to relocate because receiver organisations are occupying the same office space as utilised by the PCT pre-transfer. Liaison has taken place with receiving organisations, and appropriate staff members, to make arrangements for the physical transfer of records where this is not the case.

Any queries or issues arising concerning access to and movement of live paper records will be managed by the local Transition Legacy Management Team. Contact details below:

**CIOS Legacy Management Team**
Department of Health (Host), Sedgemoor Centre, Priory Road, St Austell, PL25 5AS
Contact: Julieann Carter (Director of Transition and Governance)

**Electronic Records (Archive and Live)**
For the purposes of this transition, all electronic records are being prepared for transfer as live records. Where electronic records have been archived, they are retained within the live file structure (within archive folders). An electronic record schedule has been prepared, identifying the records currently retained by the PCT and their destination. Folder ownership and access arrangements have been reviewed and revised to accommodate appropriate destination and access restrictions. This schedule has been transferred to all receiving organisations within the Transition Information Library.

For the KCCG, NHSCB, NHS Property Services and Local Authority, IT Management and Maintenance will continue to be provided by the same service provider (Cornwall IT Services) and on the same sites after 1 April 2013. Physical transfer of electronic records will therefore not be required on 31 March 2013 on dissolution of the PCT. Post transition, CITS will work with receiving organisations to design suitable standardised folder structures and reorganise records within these structures on receiver owned servers on the appropriate office sites.

Discussion is underway to agree arrangements for the transfer of electronic records to other receiving organisations (PHE, CPFT, SBS). In these cases, the quantity of records is comparatively modest. Information Technology issues arising around the transfer of electronic records are being managed through close liaison with the information management provider, Cornwall IT Services.

A snapshot of all PCT electronic records as at 31/03/2013 will be captured and transferred as a single archive to the archive host (Department of Health). This will serve as a single information source for accessing PCT records in the period to 31/03/2013. From 1 April 2013, access to the snapshot will be available through the Transition Legacy Management Team. Arrangements for DH storage of this archive beyond the transition close down period will be agreed by the local Transition Legacy Management Team through liaison with Cornwall IT Services.

Any queries or issues arising concerning movement of or access to electronic records will be managed by the local Transition Legacy Management Team in conjunction with the IM&T Provider, Cornwall IT Services. Contact details below:

**CIOS Legacy Management Team**
Department of Health (Host), Sedgemoor Centre, Priory Road, St Austell, PL25 5AS
Contact: Julieann Carter (Director of Transition and Governance)

**IM&T Technical Support**
Cornwall IT Services, Royal Cornwall Hospitals NHS Trust, Royal Cornwall Hospital, Truro, TR1

**M&T Information Technology Service Provision**
Cornwall IT Services, Royal Cornwall Hospitals NHS Trust, Royal Cornwall Hospital, Truro, TR1
Contact : CITS Service Desk: 01209 881717
Contact : Paul Jacka (IT Strategy Lead for KCCG - Sedgemoor Centre, Priory Road, St Austell, PL25 5AS)

**5.12 Transition Governance Arrangements**
Development of the Handover Plan has been established as a central task within the PCT’s Transition Programme to deliver the effective transfer of statutory functions and dissolution of the PCT. The Programme has utilised the following systems and processes to assure delivery:

- Programme Accountability provided by the PCT Board (Quarterly reports);
- Programme Board supervision provided by the Integrated Governance Committee (Quarterly reports);
- Programme Management coordinated by the Transition Programme Steering Group (monthly meetings);
- 12 Transition Projects coordinating delivery of the transition tasks (monthly update reports);
- A Quality Handover Document Development Plan, identifying process and timetable for delivery (refer section 11 below);
- Regional links through the SHA’s PCT Transition Governance Steering Group (monthly meetings);
- Risk Reports monitored monthly through the Steering Group, with escalation through the Transition Programme Board;
- Programme Timetable monitored monthly through the Steering Group (including a clear Handover Document development timetable);
- Exit interviews/handover documents for all staff leaving between now and March 2013;
- Exit interviews for all staff in Quarter 4.

5.13 Quality Handover Document Resilience arrangements

The Chief Executive, as Board lead for the Programme, is responsible for transfer of statutory functions. The Director of Nursing, supported by the Medical Director, is responsible for the development of the Quality Handover Document and for the presentation of the document to the Board for final approval at the meeting in March 2013.

The Quality Handover Document has been developed, through liaison with key stakeholders, within the following timetable:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
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<tbody>
<tr>
<td>PCT Board: review of Handover Development Plan</td>
<td>June 2012</td>
</tr>
<tr>
<td>Distribution: Handover Development Plan to SHA/Stakeholders</td>
<td>June 2012</td>
</tr>
<tr>
<td>Stakeholder feedback on Quality Handover Development Plan</td>
<td>July 2012</td>
</tr>
<tr>
<td>Development: Draft V1 Quality Handover Document</td>
<td>August 2012</td>
</tr>
<tr>
<td>Distribution: Executive Team, CCG, LA, SHA</td>
<td>Sept 2012</td>
</tr>
<tr>
<td>Stakeholder Feedback on Draft V1 Quality Handover Document</td>
<td>October 2012</td>
</tr>
<tr>
<td>Development: Draft V2 Quality Handover Document</td>
<td>November 2012</td>
</tr>
<tr>
<td>Handover Document finalisation plan (final draft)</td>
<td>January 2013</td>
</tr>
<tr>
<td>Draft Executive Summary</td>
<td>January 2013</td>
</tr>
<tr>
<td>Metrics update (domains 1 – 5) for final draft refresh</td>
<td>January 2013</td>
</tr>
<tr>
<td>Engagement with receiver organisations</td>
<td>February 2013</td>
</tr>
</tbody>
</table>
### Milestone

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder engagement</td>
<td>February 2013</td>
</tr>
<tr>
<td>Final draft of Quality Handover Document completed</td>
<td>February 2013</td>
</tr>
<tr>
<td>Review of final Quality Handover Document at Board Seminar</td>
<td>February 2013</td>
</tr>
<tr>
<td>Face-to Face events completed</td>
<td>February/March 2013</td>
</tr>
<tr>
<td>Final refresh of Quality Handover Document</td>
<td>March 2013</td>
</tr>
<tr>
<td>Board Seminar review of final Quality Handover Document</td>
<td>March 2013</td>
</tr>
<tr>
<td>PCT Board approval and sign-off of final Quality Handover Document</td>
<td>March 2013</td>
</tr>
<tr>
<td>Submission of Quality Handover Document to receiving organisations</td>
<td>March 2013</td>
</tr>
<tr>
<td>Submission of Quality Handover Document to National Quality Team</td>
<td>March 2013</td>
</tr>
<tr>
<td>Receiver Boards to formally receive the Quality Handover Document</td>
<td>TBC</td>
</tr>
<tr>
<td>Development – Receiver organisations commence delivery of their quality action plans</td>
<td>April 2013</td>
</tr>
</tbody>
</table>

### 5.14 Clinical Governance in Transition

During transition, the organisational and commissioning changes within the NHS have the potential to increase risk around the accountability and governance of quality and patient safety. Locally provider organisations are all subject to significant changes including the emergence of a new community provider organisation and a move to Foundation Trust Status for the acute provider. At this time of change it has been vital to identify and articulate clear and unambiguous responsibilities of the PCT Cluster relating to clinical quality and patient safety and to engage, and hold providers to account, for patient safety and quality during transition.

During the transition period the Cluster Director of Nursing has led on maintaining and improving clinical quality and patient safety in the local provision system. This has include responsibility for the three domains of quality (effectiveness, experience and safety) and for establishing clear lines of accountability through providers from the Board to the front line.

The Quality Framework (Appendix 6), in line with the requirements of the Shared Operating Model for PCT Clusters published in July 2011, sets out early warning indicators. These provide assurance that the quality of commissioned services from all its providers, (including those facilities providing individual patient placements), meet the necessary standards of quality specified in CQC registration requirements, standard contracts, professional guidance, the NHS Operating Framework and other relevant sources.

The Cluster Medical Director has provided clinical leadership for workforce planning, ensuring that changes to the size and shape of the workforce do not impact adversely on quality and safety.

These approaches are intended to deliver an effective legacy in relation to “due diligence” for quality.
6. QUALITY DATA

6.1 Data Source Domains

The National Quality Board guidance (May 2012) has requested that quality data is provided within the following five domains:

- **DOMAIN 1: PREVENTING PEOPLE FROM DYING PREMATURELY**
- **DOMAIN 2: ENHANCING QUALITY OF LIFE FOR PEOPLE WITH LONG TERM CONDITIONS**
- **DOMAIN 3: HELPING PEOPLE TO RECOVER FROM EPISODES OF ILL-HEALTH OR FOLLOWING INJURY**
- **DOMAIN 4: ENURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE**
- **DOMAIN 5: TREATING AND CARING FOR PEOPLE IN A SAFE ENVIRONMENT AND PROTECTING THEM FROM AVOIDABLE HARM**

Further quality information of relevance to services commissioned by the PCT is also provided within the following categories:

**Primary Care**
- Urgent GP referrals for suspected cancer;
- Percentage of people in the National Diabetes Audit receiving all nine key care processes (Type 1 and Type 2);
- Percentage of diabetic population receiving screening for diabetic retinopathy;
- Anti-dementia drug items prescribed per weighted population in primary care;
- Reported numbers of dementia on GP registers as a percentage of estimated prevalence;
- Reported numbers of people with hypertension on GP registers as a percentage of estimated prevalence;
- Reported numbers of people with CHD on GP registers as a percentage of estimated prevalence;
- Dentistry and Percentage of people who succeeded in gaining access to NHS dentistry services after requesting an appointment.
- Optometry
- Pharmacy

**Mental health**
- The number of new cases of psychosis served by early intervention teams;
- The percentage of inpatient admissions that have been gate-kept by Crisis Resolution/ Home Treatment Teams; and
- The proportion of people under adult mental illness specialties on the Care Programme Approach (CPA) who were followed up within seven days of discharge from psychiatric inpatient care.
Dementia
- **Memory Clinic Audit** in 2011;
- **National Dementia Audit**;
- **Antipsychotic Audit**;
- Prime Minister’s Dementia Challenge.

Learning disability
- Percentage of **primary school children** in state-funded schools with a **statement of SEN**;
- Annual Health Checks
- Safeguarding that arise from the **letter from Sir David Nicholson and David Behan** alongside the publication of the interim report of the Department of Health review following Winterbourne View in June 2012 and the **forthcoming publications in August 2012 on Winterbourne View**.

Adult safeguarding
- **formal warnings** in relation to patient safety issued by the CQC in relation to providers;
  - Referrals;
  - Improvement Board plans

Child safeguarding
- Formal warnings;
  - Referrals;
  - Improvement Board plans

Screening
- Quality, safety and patient experience aspects of screening rather than population coverage.

Patient experience
- GP patient survey.
  - RCHT patient experience

Clinical Audits (Appendix 8)
- List of clinical audits undertaken in response to perceived problems.

Stroke
- Action to meet targets

Private Healthcare providers
- Including ISTC, Bodmin

Other quality control categories:
- CQC intelligence and data CQC Inspections – registration details, warning notices and related CQC notifications (to include themes and action plans);
- Foundation Trust Quality Assessment Results;
- Data from joint commissioning and local authorities:
  - Data from specialised commissioning
6.2 **Soft Data**

Soft intelligence and data from a variety of sources is triangulated with hard data to highlight potential weaknesses or risks in an organisation.

6.3 **Plan for collation of data sources**

Work is ongoing to provide data for the Domains identified in 8.1 above. Domain categories are being expanded/incorporated in line with feedback on draft versions 1 and 2 of the document.

The proposed timetable is as follows:

- V2 Quality Handover Document development (November/December 2012);
- PCT Board review (January 2013);
- Presentation of Final Draft Quality Handover Document within Face to Face meetings with receivers (February 2013);
- Quality Handover Document final refresh (February 2012);
- PCT Board sign off of the Quality Handover Document (March 2013);
- Delivery of Quality Handover Document to receiving organisations (March 2013).

6.4 **Triangulation of Data**

The information contained within this Quality Handover Document will be triangulated with reports from regulators, patient surveys, patient groups, provider reports, relevant benchmarking data, Dignity and Respect visits, Overview and Scrutiny Committees and Local Involvement Networks.

Internally information will be triangulated through presentation of reports for discussion at the meetings of the Executive Team, Integrated Governance Committee, Finance and Performance Committee, Audit Committee and Board.

During periods of transition, it is recognised that organisational and commissioning changes within the NHS have the potential to increase risk around the accountability and governance of quality and patient safety. It is therefore important that Cornwall and Isles of Scilly Primary Care Trust is prepared for significant challenges that may arise as part of the current NHS reforms.
Quality Innovation Productivity and Prevention (QIPP) has the potential to deliver quality improvements as well as efficiency, requiring a whole system approach for assurance of impact on quality and safety of services.

The Quality Framework for the PCT (Appendix 6) aims to deliver clinical and patient safety assurance by building on existing arrangements and incorporating new processes aimed at triangulating the information received. It sets out unambiguous expectations with providers, holding them to account for patient safety and quality during transition.

The Quality Framework provides the mechanism for achieving the following outcomes:

- The provision of harm free care;
- The achievement of national and local standards for quality;
- Safeguarding quality in the face of change;
- Early identification of areas of potential concern within provider organisations in respect of the three quality outcomes of patient safety, patient experience and clinical effectiveness;
- A mechanism to address poor or substandard care and performance;
- Continuous quality improvement through effective planning, drive, review and progress monitoring.

As well as the existing measures the framework incorporates triangulation of mainly ‘soft’ data or intelligence from a variety of data sources, with the aim of highlighting potential weaknesses or risks in an organisation. Where weaknesses are identified, these will be examined and, where necessary, escalated further with a view to developing and taking actions before any failures in quality and safety are allowed to emerge. Concerns of this nature will be escalated at the earliest opportunity to the Board.
7. QUALITY PROFILE

7.1 Overview

NHS Cornwall and Isles of Scilly has a strong commitment to commissioning high quality, patient focused healthcare to meet the needs of the population. The organisation works with provider organisations to deliver national quality standards.

As commissioners of care NHS Cornwall and Isles of Scilly monitors the services of all major providers of healthcare within Cornwall and the Isles of Scilly utilising a variety of mechanisms. Patient safety, experience and quality are monitored through the quality schedule and clinical quality improvement programmes are set out in contracts with providers. Each provider submits information on a monthly basis which is then reviewed, whilst regular meetings allow for further discussion and exploration of specific areas.

PEC
Reports on the quality of services are provided to the Professional Executive Committee on a regular basis. Prior to January 2011 reports were provided to the Clinical Governance sub-committee. Quality is reported to the Board monthly through the performance reports and through individual reports on aspects of quality.

NICE
CIOSPCT works with providers to ensure that services are in line with the requirements of the National Institute for Health and Clinical Excellence (NICE) guidance and that new guidance has been introduced in a timely way. The PCT has ensured that funding has been available for new NICE technology appraisals, with the requirement that all are implemented within three months of publication.

INTERNAL AUDIT
An audit of the PCT’s assurance processes in relation to safety and quality of clinical care was undertaken as part of the internal audit plan for 2011/12, concluding the ‘Board can take substantial assurance that the controls upon which the Trust relies to manage this area are suitably designed, consistently applied and effective’.

7.1.1 Specific challenges in Primary Care Trust clusters

Challenges for all Primary Care Trust clusters in maintaining quality during the transition include:

• maintaining the focus on improving quality of care through improved patient safety, clinical effectiveness, the patient experience and access to care;
• delivery of quality and productivity plans for 2012/13 and beyond;
• ensuring compliance with national standards including waiting times, single sex accommodation and healthcare-associated infections;
• ensuring the establishment of successful clinical networks and senates;
• supporting Clinical Commissioning Groups in developing and maintaining constructive relationships with local HealthWatch, patients and the public;
• maintain a focus on public health delivery of health improvement and health protection, including NHS Health Checks, smoking cessation and emergency planning;
• supporting Health and Wellbeing Boards in developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies;
• ensuring the smooth transfer of staff, skills, knowledge and information to new bodies.

The additional specific challenges for NHS Cornwall and Isles of Scilly are:

• Deliver plans for quality and productivity for 2012/13 and beyond, including significant Cost Improvement Programmes at Royal Cornwall Hospitals NHS Trust, which maintains the quality and sustainability of services for the longer term;
• Secure improved quality and value for the services procured through Continuing Health Care;
• Safeguarding vulnerable people in the care home sector and in individual placements - responding to Winterbourne;
• Ensuring the quality of individual placements within care homes;
• Developing capacity within the continuing care team for investigation of serious incidents.

7.2 Domain Outcomes

7.2.1 Preventing people from dying prematurely

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th>Summary Hospital-level Mortality Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>2011/12</td>
<td>103.5%</td>
</tr>
<tr>
<td></td>
<td>At Q3</td>
<td></td>
</tr>
<tr>
<td>PHNT</td>
<td>2011/12</td>
<td>85.96%</td>
</tr>
<tr>
<td></td>
<td>At Q3</td>
<td></td>
</tr>
<tr>
<td>NDHT</td>
<td>2011/12</td>
<td>95.30%</td>
</tr>
<tr>
<td></td>
<td>At Q3</td>
<td></td>
</tr>
<tr>
<td>RCHT</td>
<td>2012/13</td>
<td>1.0*</td>
</tr>
</tbody>
</table>

Main risks, mitigating action being taken, and whether resolved:

None, all providers are within the expected range.

*The Trust score of 1.0 is ‘as expected’. The Trust has a robust mortality review process in place to review in-hospital deaths including triangulation with SHMI and HSMR data. Following national concerns regarding higher mortality rates for patients admitted at weekends, the Trust reviewed the outcomes from the mortality review process identifying that this was not a concern.

If clinical commissioning groups in England had survival rates matching those in Australia, Sweden or Canada then over 10,000 lives could be saved. This equates to 111 lives for Kernow CCG.
The PCT has been working with the Peninsula Cancer Network on National Early Diagnosis and Awareness Initiatives (NAEDI). The national cancer awareness campaigns have exacerbated capacity issues in hospitals, for both diagnostic services and two week waits clinics. This is having an impact on cancer waiting times.

The Department of Health has put additional funding in PCT allocation for cancer diagnostic services. The PCT has implemented direct access for diagnostics in line with national guidance. There is a need to monitor the pathways of referral and management need to be reviewed and sufficient capacity created to deal with this demand effectively e.g. endoscopy.

The Peninsula Cancer Network will be replaced by the SCN on 1 April 2013. This is a risk for commissioning organisations as the Network provides a key role in coordination, communication, governance, service improvement as well as interpreting national guidance and standards across the peninsula on behalf of commissioners.

Data source: Dr Foster Intelligence

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Quarter: 4 OR 1</th>
<th>31 days wait</th>
<th>62 day wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>Q1 (June 2012)</td>
<td>98.6%</td>
<td></td>
</tr>
<tr>
<td>RCHT</td>
<td>Q4</td>
<td>97.22%</td>
<td>87.69%</td>
</tr>
<tr>
<td>PHNT</td>
<td>Q4</td>
<td>98.61%</td>
<td>83.02%</td>
</tr>
<tr>
<td>NDHT</td>
<td>Q4</td>
<td>99.53%</td>
<td>90.00%</td>
</tr>
</tbody>
</table>

Main risks, mitigating action being taken, and whether resolved:

Plymouth Hospitals NHS Trust are below the target of 85% for urgent 62 day referral to treatment patients and remain so in June 2012. This has been partly due to patient choice, delays in diagnostics and administration. PHNT are reviewing system and pathways mainly in urology, lung and gynaecology.

<table>
<thead>
<tr>
<th>RCHT</th>
<th>% receiving 1st definitive treatment for cancer</th>
<th>% received 1st definitive treatment within 2 months of urgent referral from GP</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 day wait</td>
<td>98.6%</td>
<td></td>
</tr>
<tr>
<td>62 day wait</td>
<td></td>
<td>87.9%</td>
</tr>
</tbody>
</table>

All targets achieved for Q1 2012/13. 31 day threshold 96%, 62 day threshold 85%. At a monthly level, the only target not achieved in June was the 62 day target for screening patients. This is a particularly challenging target to achieve consistently on a monthly basis because of patient choice and low numbers of patients. However, this target was achieved for the quarter and is expected to be achieved in July.
RCHT currently struggling to deliver radiotherapy standards due to implementation of IMRT. There is a business case in place and work to increase capacity undertaken which should see a return to meeting the standards.

The CWT breaches and pathway delays are monitored through the Cancer LIG. The last meeting was held in Feb 13. The chair has now resigned. The future of the meetings has not been confirmed.

Data source: SHA Cancer Suite

7.2.2 Enhancing the quality of life for people with long term conditions

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Year:</th>
<th>Key messages from Quality Observatory data:</th>
</tr>
</thead>
</table>
| Community Pharmacy | | Pharmacy provides support to people with long-term conditions in the form of:  
• Medicines Use Reviews - which is a structured review to help patients take their medicines more effectively;  
• New Medicines Service – which offers support to patients with long-term conditions for a range of newly prescribed medicines to help improve adherence.  
• Community Pharmacy is in a key position to support people from episodes of ill health or following injury. Over the counter products can be provided along with pharmaceutical advice on prescribed medicines given during the period of illness. |
| RCHT | 2012 | • EQ01, % emergency admissions for >65 years old with dementia = 16.5% national mean 15.3%;  
• EQ02, LOS (Days) for patients >65 years old admitted in an emergency with Dementia = 10.5%, national mean 14.2%. Performance does not differ from national picture;  
• EQ03, LOS (Days) for patients >65 years old admitted in an emergency = 7.1%, national mean 9.9%. Performance does not differ from national picture;  
• EQ04, Ambulatory care sensitive conditions - % of emergency admissions for cellulites and DVT (based on SQU04_01) = 1.26%, national mean 1.55%. Performance much better than expected.  
• EQ05, % of admissions with zero day LOS for emergency ambulatory care conditions = 54.0%, national mean 40.5%. |
| CIOSPCT | 2011/12 | There appears to be a modest improvement from baseline on rate of admission and length of stay. However, in the local context there is still significant pressure in terms of patient flow through the system: |
• Implementation of NHS Pathways driving more patients through SWAST and ED;
• Closed hospital beds and lack of clarity re notification of these actions, clarification required regarding inter hospital transfer process;
• Impact of the transition from the RATS/CATS/IHDT teams to the integrated Early Intervention Services creating a dropping off in normal performance and assurance around positive impact of new service not yet fully understood in terms of timescales to full operational capacity;
• Delayed Transfers in Care – System Issues including discharge planning, reporting and interpretation;
• Embedding Acute GP Service – clarify referral process and increase patient flow;
• Roll out of the Countywide Acute Care at Home Team – underway;
• Impact in the change of the Community Matron Services not yet fully understood;
• Implementation of personalised support plans not universal;
• Risk Stratification being rolled out across Cornwall and IOS
• Telehealth Expansion underway.

Main risks, mitigating action being taken, and whether resolved:

The three drivers around LTC QIPP, Self Care, Risk Stratification and Neighbourhood Teams are all being implemented locally. The Age UK Newquay pilot is concentrating on self care, personalised support planning, shared decision making and motivational interviewing as an underpinning principle to joined up care delivery. A policy is being finalised around PCP for PCH and all 1092 clinical staff have received training and support to deliver PCP. IT and sharing of plans remains an issue. There is now a Executive Lead Team on Patient Flow and Improvement with a robust Action Plan addressing the issues raised above.

<table>
<thead>
<tr>
<th>National Diabetes Audit</th>
<th>Type 1</th>
<th>Type 2</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage in National Diabetes Audit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>receiving all nine key area processes</td>
<td>32.7%</td>
<td>38.8%</td>
<td>37.1%</td>
</tr>
<tr>
<td>Percentage of diabetic population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>receiving screening for diabetic retinopathy</td>
<td></td>
<td></td>
<td>83.5%*</td>
</tr>
</tbody>
</table>

*September 2012 (eligible diabetes population – 24,510, screened number – 20,471)
### National Diabetes Audit 2010-11

#### Percentage of patients in Cornwall and Isles of Scilly PCT of all ages with Type 1 diabetes receiving NICE recommended care processes by care process type:

<table>
<thead>
<tr>
<th>Care Process recorded</th>
<th>Percentage of registered patients in PCT</th>
<th>Percentage point change since 2009-2010</th>
<th>Median score across all PCTs</th>
<th>National quartile ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Care Processes*</td>
<td>32.7%</td>
<td>-1.72%</td>
<td>38.6%</td>
<td>4</td>
</tr>
<tr>
<td>Blood Creatinine</td>
<td>86.2%</td>
<td>+3.19%</td>
<td>80.6%</td>
<td>1</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>85.1%</td>
<td>-2.82%</td>
<td>89.0%</td>
<td>4</td>
</tr>
<tr>
<td>BMI</td>
<td>81.3%</td>
<td>-2.48%</td>
<td>83.9%</td>
<td>3</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>84.0%</td>
<td>+3.15%</td>
<td>78.3%</td>
<td>1</td>
</tr>
<tr>
<td>Eye Screening</td>
<td>80.4%</td>
<td>+1.75%</td>
<td>78.0%</td>
<td>1</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>73.3%</td>
<td>-0.68%</td>
<td>72.0%</td>
<td>2</td>
</tr>
<tr>
<td>HbA1c**</td>
<td>84.7%</td>
<td>-5.29%</td>
<td>85.9%</td>
<td>3</td>
</tr>
<tr>
<td>Smoking Review</td>
<td>55.9%</td>
<td>-18.15%</td>
<td>79.3%</td>
<td>4</td>
</tr>
<tr>
<td>Urinary Albumin</td>
<td>65.6%</td>
<td>+7.22%</td>
<td>58.9%</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Percentage of patients in Cornwall and Isles of Scilly PCT of all ages with Type 2 diabetes receiving NICE recommended care processes by care process type:

<table>
<thead>
<tr>
<th>Care Process recorded</th>
<th>Percentage of registered patients in PCT</th>
<th>Percentage point change since 2009-2010</th>
<th>Median score across all PCTs</th>
<th>National quartile ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Care Processes*</td>
<td>38.8%</td>
<td>-4.59%</td>
<td>57.7%</td>
<td>4</td>
</tr>
<tr>
<td>Blood Creatinine</td>
<td>93.6%</td>
<td>+3.12%</td>
<td>94.3%</td>
<td>3</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>94.3%</td>
<td>-1.35%</td>
<td>96.0%</td>
<td>4</td>
</tr>
<tr>
<td>BMI</td>
<td>88.6%</td>
<td>2.47%</td>
<td>-90.9%</td>
<td>4</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>92.2%</td>
<td>+2.91%</td>
<td>93.1%</td>
<td>4</td>
</tr>
<tr>
<td>Eye Screening</td>
<td>83.7%</td>
<td>+0.78%</td>
<td>83.4%</td>
<td>2</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>82.7%</td>
<td>-2.13%</td>
<td>86.1%</td>
<td>4</td>
</tr>
<tr>
<td>HbA1c**</td>
<td>91.3%</td>
<td>-1.74%</td>
<td>93.8%</td>
<td>4</td>
</tr>
<tr>
<td>Smoking Review</td>
<td>57.1%</td>
<td>-16.27%</td>
<td>86.4%</td>
<td>4</td>
</tr>
<tr>
<td>Urinary Albumin</td>
<td>77.1%</td>
<td>+9.05%</td>
<td>78.7%</td>
<td>3</td>
</tr>
</tbody>
</table>

*People registered with diabetes receiving all nine key processes of care processes

**For patients under 12, ‘all care processes’ is defined as HbA1c only as other care process are not recommended in the NICE guidelines for this age group.

Cornwall’s diabetes population is approximately 25,000, or 5.5%. Diabetes is set to increase from a national average of 5.6% of the population to 8.5% by 2020.

The diabetic service within Cornwall has developed in an iterative way over time, with some services performing well such as the diabetic retinopathy screening service. However, treatment for diabetes in the county would benefit from the development of a comprehensive diabetes strategy. The strategy should consider the patient pathway from prevention, patient education, support within primary care and teams working across different clinical disciplines, through to specialist support and treatment. Cornwall is an outlier for amputation rates for people with diabetes (major lower limb amputation rates for England in 2009/10 were 0.24%, for Cornwall & IoS they were significantly higher at 0.35% of population). Cornwall is also below the national average for receiving all nine care processes within primary care (as recommended by NICE).
7.2.3 Helping people to recover from episodes of ill health or following injury

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Quarter: 4 or 1:</th>
<th>% patients spending 90% time on stroke unit</th>
<th>TIA patients scanned and treated within 24 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>Q1 2012/13</td>
<td>85% in June, Q1 average 82.72%</td>
<td></td>
</tr>
<tr>
<td>RCHT</td>
<td>Q4</td>
<td>82.94%</td>
<td></td>
</tr>
<tr>
<td>PHNT</td>
<td>Q4</td>
<td>73.33%</td>
<td></td>
</tr>
<tr>
<td>NDHT</td>
<td>Q4</td>
<td>60.00%</td>
<td></td>
</tr>
<tr>
<td>CIOSPCT</td>
<td>Q4</td>
<td>64.65%</td>
<td></td>
</tr>
</tbody>
</table>

Main risks, mitigating action being taken, and whether resolved:

**Royal Cornwall Hospitals NHS Trust Facing Services:**
The proportion of people who spend 90% of their acute stay in a stroke ward has risen steadily over the last 6 months. In June 85.1% against a target of 80%.

**Plymouth Hospitals NHS Trust Facing Services:**
The National Stroke Improvement Team visited Plymouth Hospitals NHS Trust earlier this year. The lead commissioner has agreed an action plan which was described in detail in the last performance report. The National Stroke Improvement Team will be revisiting Plymouth Hospitals NHS Trust in September 2012.

The percentage of patients spending 90% of their time on a stroke ward has deteriorated in June mainly due to patient flow. The action plan includes appointment of a stroke co-ordinator which is expected to improve performance in this area.

**North Devon Healthcare NHS Trust:**
The NHS Stroke Improvement Team visited the Trust on 20 July to review the whole stroke care pathway. A report is due to be sent to the Trust in August.

TIA services have generally been above the 60% target during the last few years. June position was 78%.

---

7.2.4 Ensuring that people have a positive experience of care

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year:</th>
<th>In-patient survey (views &amp; experiences)</th>
<th>Outpatient survey (overall impression)</th>
<th>Overall Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>2011</td>
<td>CQC</td>
<td></td>
<td>8.9</td>
</tr>
<tr>
<td>RCHT</td>
<td>2011</td>
<td>CQC</td>
<td></td>
<td>5.6</td>
</tr>
<tr>
<td>CFT</td>
<td>Annual</td>
<td>Meridian Survey</td>
<td>Annual service user satisfaction survey</td>
<td></td>
</tr>
</tbody>
</table>

Themes and Trends:
The PCT reviews the inpatient and outpatient surveys conducted by the CQC, in relation to the four acute general hospital trusts across Cornwall and Devon that provide NHS care to residents of Cornwall and the Isles of Scilly.

The PCT also reviews the CQC patient surveys for mental health services. Where deemed appropriate, the PCT asks the trust in question to explain what action it has taken or intends to take to address an identified issue.

The RCHT inpatient survey is undertaken by CGC (who also undertake outpatient surveys). The information is made publicly available via the CQC website. Historically results have been compared for RCHT, PHT, RD&E and NDHT and a brief ‘headlines’ report prepared for the Director of Transition & Corporate Governance. Any concerns are raised with the trust in question for their response. The trusts themselves usually take the CQC survey to their own Boards, so it is usual for them to already have an action plan in place or being drawn up should the PCT make any enquiries.

**GP Patient Survey 2012**

Headline results of the survey are:

- Nationally performance on Primary Medical Care Services is high
- 88% of patients rate their overall experience with their GP practice as good; SHA 92%; PCT 92%
- 88% of patients were eventually able to get an appointment at their GP surgery last time they tried, although 12% of patients did have to call back nearer the time; SHA 91%; PCT 92%
- 93% of patients say their appointments are convenient; SHA 94%; 95%
- 79% rate their experience of making an appointment as good; SHA 84%; PCT 86%
- 93% of patients have confidence and trust in the last GP they saw; SHA 95%; PCT 95%
- 81% are satisfied with their surgery opening hours. SHA 83%; PCT 85%

**Long Term Conditions**:

- 64% of people with a Long Term Condition feel supported to manage their care; SHA 65%; PCT 66%
- 93% feel that they are confident to manage their health. SHA 95%; PCT 93%
- Your State of Health Today
- 59% of people with long term conditions reported some form of pain and discomfort, compared to 16% of people who do not have a long term condition; I cannot reconcile the preceding statement. It might be that there is a level of detail that the website does not allow me to access.
- When asked about self-care, 13% of people with a long term condition reported some problems, compared to only 1% of people without a long term condition. As above.

**Out-of-Hours**:

- Overall, over two-thirds of patients describe their experience of out-of-hours
GP services as good (71%) SHA 75%; PCT 73%, although more than one in ten rate it as poor (14%); SHA 12%; PCT 13%

- Confidence and trust in out of hours clinicians is generally very high at 82%; SHA 85%; PCT 84%

**NHS Dental Access:**
- 92% of respondents were successful in getting an NHS dental appointment last time they tried; PCT - 95% of respondents who tried to get a NHS dental appt in the last 3 months
- 83% rate their overall experience of NHS Dental Services as good. 87% at SHA level. No further breakdown given.

**GP Patient Survey 2010/11:**
PE 7 Patient experience of access (1) The percentage of patients, who, in the appropriate national survey, indicate that they were able to obtain a consultation with a GP within 2 working days – 87.15% achievement.
PE 8 Patient experience of access (2) The percentage of patients who, in the appropriate national survey, indicate that they were able to book an appointment with a GP more than 2 days ahead – 75.11% achievement.

**Royal Cornwall Hospitals:**
CQUIN score for in-patient surveys. 76.6%.
National outpatient survey 2011 – Trust performed as ‘about the same’ for all themes.
National inpatient survey 2011 – Trust performed as ‘about the same’ for 9 themes, and worse for 1 them – waiting lists and planned admissions.
Action plans being developed to improve our patient experience.

**Latest national cancer survey:** The Trust benchmark report indicates that the Trust was in:
- The lowest –scoring 20% of Trusts for 8/59 questions
- The highest –scoring 20% of Trusts for 9/59 questions
- The remainder 60% of Trusts for 42/59 questions

The cancer services manager is reviewing the report together with the Peninsular Cancer Network before identifying actions specific to the Trust.

The Trust has a patient experience and patient involvement strategy in place. The Patient Experience Group which was set up in July 2012 is responsible for implementing the strategy.

Response rate 73%. The national response rate was 68%. In 2010 the national response rate was 67%. The results of the Cancer Patient Experience Survey 2011-12 show improvement in scores on a significant majority of questions in the survey. RCHT developing an action plan to address areas for improvement. This is monitored through the Cancer LIG. Last meeting held in Feb 13.
**Community Pharmacy:** Has a contractual obligation to participate in an annual patient survey and share the results with the PCT and their customers.

**Dental Services:** Quarterly patient survey undertaken by NHS Dental Services on behalf of the PCT, which reports patient satisfaction. Last report in September 2012 showed 82.3% of patients ‘completely satisfied’ with the dentistry they have received, and 14.7% as ‘fairly satisfied’.

### National patient survey results - Dementia

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th>In-patient survey</th>
<th>Outpatient survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Themes and Trends:**
1) The Alzheimer’s Society conducted in-patient interviews with people with dementia and carers across wards in RCHT. Themes for areas of improvement: increased access to meaningful activities, more involvement in care planning from carers, more information provision.

2) Feb, 11- face to face semi-structured interviews with people living with dementia involved in the National Newquay Integrated Care Pilot. Themes for areas of improvement: increased involvement of patient in care planning, improved communications across health and social care, more anticipatory and proactive care, enhanced low level support.

3) Service user forums of memory cafes. No areas for improvement identified as all so positive. Key areas of impact: improved confidence, self esteem, levels of functioning, social networking.

4) RCHT Dementia Link Workers awarded the Community Extra Mile Excellence and Innovation award.

5) Positive SW Acute Hospital Peer Review, Oct 2011.

6) Multi agency Medications in Dementia educational programme aimed to reduce prescribing of anti-psychotic medications ‘Stop Think Assess Review’ (STAR) has been selected to be published in the Journal of Dementia Care.

7) Acute hospital self assessment and development of Improvement Plan completed.

8) SHA Dementia Performance Assessment Validation meeting completed successfully, Jan 2011.


12) Positive SW Peer Review of Memory Assessment Services (Cornwall Partnership Foundation Trust), Feb 2012.

13) Positive review of workforce development and care home planning with PCT, Council and SW Dementia Partnership, Feb 2012.

14) Dementia End of Life Pathway Care Home Project winner of Care Integration Awards, 2012.

15) STAR Medications in Dementia programme short listed for HSJ’s Patient

16) CFT’s Complex Care and Dementia Psychiatric Liaison Service has completed the 1st phase of the Royal College of Psychiatrist’s Psychiatric Liaison Accreditation Network.

17) National Council for Palliative Care citing Dementia End of Life Pathway Care Home Project as an example of good practice.

18) National Dementia and Anti-Psychotic Prescribing Audit completed. The prescriptions for anti-psychotics in people newly diagnosed (diagnosed each year with a prescription of an antipsychotic within 12 months of diagnosis) with dementia within your PCT has decreased from 16.61 per cent in 2006 to 3.18 per cent in 2011.

Achieving Targets
The NHS South of England Board has set all PCT Clusters national targets to increase dementia registration by ten percent if the diagnosis rate is under 40 percent and by five percent if the diagnosis rate is above 40 percent. As Cornwall is at 46% diagnosis rate for March 2012, our target is 51% over the next 12 months. The PCT is working to achieve this through raising awareness and improving the early diagnosis of dementia, and access to care and support for patients and carers.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated prevalence</td>
<td>7,623</td>
<td>7,623</td>
<td>8,223</td>
<td>8,223</td>
<td>9,089</td>
<td>9,089</td>
</tr>
<tr>
<td>Trajectory</td>
<td>None set</td>
<td>None set</td>
<td>3,049</td>
<td>3,724</td>
<td>4,111</td>
<td>4,610</td>
</tr>
<tr>
<td>Numbers diagnosed</td>
<td>2,614</td>
<td>2,967</td>
<td>3,379</td>
<td>3,752</td>
<td>4,144 (March-12)</td>
<td>3721</td>
</tr>
<tr>
<td>Diagnosis Rate</td>
<td>34%</td>
<td>38%</td>
<td>41%</td>
<td>47%</td>
<td>46%</td>
<td>51%</td>
</tr>
<tr>
<td>% increase</td>
<td>4%</td>
<td>3%</td>
<td>6%</td>
<td>-1% **</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*data taken for end March 2012
** reflects increase in prevalence

Themes and Trends:

Medication for dementia
The National Institute for Health and Clinical Excellent (NICE) guidelines for dementia recommend three drugs for managing dementia including donepezil, galantamine and rivastigmine. Memantine has been added (March 2011) to these options for managing moderate and severe Alzheimer’s disease.

Figure 1 below shows the percentage of people with dementia with a prescription of a dementia drug on a time trend (as listed above):
• Reported numbers of patients recorded with dementia on GP registers as a percentage of estimated prevalence:

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated prevalence</td>
<td>9,089</td>
</tr>
<tr>
<td>Trajectory</td>
<td>4,111</td>
</tr>
<tr>
<td>Numbers diagnosed</td>
<td>4,144 (March-12)</td>
</tr>
<tr>
<td>Diagnosis Rate</td>
<td>46%</td>
</tr>
</tbody>
</table>

**Dementia**

The following outlines our key quality markers of assurance:

- A joint, local strategy to deliver Living well with dementia is in place
- CCG engagement is assured
- The involvement of people with lived experience is assured: we have Memory Café Forums and Cornwall Dementia Leadership Group (service user forum) in place
- A published Local Action Plan and additional Accelerating Diagnosis Action Plan is in place
- Our acute Hospitals have a named clinical lead at Board Level, a dementia care strategy and improvement plan and the national dementia CQUIN is being implemented
- Participation in the **Memory Clinic Audit** in 2011;
- Participation in the **National Dementia Audit**;
- **Prime Minister’s Dementia Challenge**: a whole system partnership approach has been adopted and 2 comprehensive bids have been submitted.
- RCHT Dementia Link Workers awarded the Community Extra Mile Excellence and Innovation award
- Positive SW Acute Hospital Peer Review, Oct 2011
- Multi agency Medications in Dementia educational programme aimed to reduce prescribing of anti-psychotic medications ‘Stop Think Assess Review’ (STAR) has been selected to be published in the Journal of Dementia Care
- Acute hospital self assessment and development of Improvement Plan completed.
- SHA Dementia Performance Assessment Validation meeting completed successfully, Jan 2011
- Submission of National Memory Assessment Audit, July 2011
- Countywide Action Plan in place and up-dated May, 2012
- Countywide Accelerating Diagnosis Action Plan in place and up-dated May, 2012
- Positive SW Peer Review of Memory Assessment Services (Cornwall Partnership Foundation Trust), Feb 2012
- Positive review of workforce development and care home planning with PCT, Council and SW Dementia Partnership, Feb 2012
- Dementia End of Life Pathway Care Home Project winner of Care Integration Awards, 2012
- STAR Medications in Dementia programme short listed for HSJ’s Patient Safety Awards, 2012
- CFT’s Complex Care and Dementia Psychiatric Liaison Service has completed the 1st phase of the Royal College of Psychiatrist’s Psychiatric Liaison Accreditation Network
- National Council for Palliative Care citing Dementia End of Life Pathway Care Home Project as an example of good practice
- National Dementia and Anti-Psychotic Prescribing Audit completed. The prescriptions for antipsychotics in people newly diagnosed (diagnosed each year with a prescription of an antipsychotic within 12 months of diagnosis) with dementia within your PCT has decreased from 16.61 per cent in 2006 to 3.18 per cent in 2011.

**Graphs to Demonstrate Increased Access to Support and Opportunities**

![Graph showing increased access to support and opportunities](image-url)
Net promoter scores (friends and family test)

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>July 2012</td>
<td>96%</td>
<td></td>
</tr>
</tbody>
</table>

Themes and Trends:

In July 2012, 96% of patients said they would recommend the hospital to friends and relatives.

Other patient experience data

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th>Patients who would recommend Hospital to a friend</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>2012</td>
<td>37 out of 49</td>
<td>75%</td>
</tr>
<tr>
<td>CFT</td>
<td>2012</td>
<td>In development</td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>2012</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Themes and Trends:

[List below messages from Patient Opinion and recorded NHS Choices measurable indicators]

Patient Experience: Since 2009 the PCT has been producing an annual Themes Report. This triangulates information from several sources (such as PALS, Complaints, MP correspondence, media coverage etc) to see if any themes emerge. Any issues identified are taken up with the trust/service in question for their response and action if appropriate.

**RCHT:**

The Trust undertakes a continuous inpatient patient experience survey. The survey asks similar questions to the national inpatient survey to allow on-going comparison. The results are generally positive. Areas identified for improvement and actions in
Patient Opinion messages are generally positive.

<table>
<thead>
<tr>
<th>Area of survey</th>
<th>NHS choices user rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>The environment where I was treated was clean</td>
<td>Very clean</td>
</tr>
<tr>
<td>The hospital staff worked well together</td>
<td>All of the time</td>
</tr>
<tr>
<td>I was involved with decisions about my care</td>
<td>All of the time</td>
</tr>
<tr>
<td>I was treated with dignity &amp; respect</td>
<td>Most of the time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area of survey</th>
<th>Rating</th>
<th>Inpatient Survey Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of the environment</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Quality of food</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Overall Care</td>
<td>Average</td>
<td>8.3 out of 10</td>
</tr>
<tr>
<td>Cleanliness of the wards</td>
<td>Average</td>
<td>9.2 out of 10</td>
</tr>
<tr>
<td>Dignity &amp; Respect</td>
<td>Average</td>
<td>9.20 out of 10</td>
</tr>
<tr>
<td>Involvement in decisions about treatment</td>
<td>Average</td>
<td>8 out of 10</td>
</tr>
<tr>
<td>Availability of same sex accommodation</td>
<td>Worse than expected</td>
<td>8.6 out of 10</td>
</tr>
</tbody>
</table>

NHS Choices overall rating 37 out of 49 (75%) would recommend Treliske hospital.

**CFT:**

**Approach to patient and carer feedback and experience:**
The Trust uses a range of options to hear, listen and respond to patients. These are from a national survey through to responding in a timely fashion to concerns and complaints. The Trust Board is engaged along with the Governors about how this can be further enhanced particularly with “hard to reach” groups of patients and their carers/families. This has included specific involvement with school children in the “Stop Stigma” campaign.

- National Surveys – to Quality & Governance Committee (sub-Board) with any necessary action plan.
- Local – each service line has/or is in process of developing their own patient survey via Meriden. Reported through Service Line Clinical Cabinets and Performance meetings with Executives. This also include their Service Line complaints and compliments (monthly)
- Quarterly patient experience Report to Quality & Governance with actions put in place.
- Annual Patient Experience Report to Trust Board
- Patient experience and feedback from 3rd parties within Quality Account.

Patient Story within Patient Experience Report to Board from Chief Operating Officer monthly.
**Friends and family test:** The Trust is a Mental and LD Trust with community Children’s services and the Friends and family test is still in its developmental stage for those services.

**Inclusiveness:** The Trust already works by nature of its client group with hard to reach people. The Trust utilises volunteers, access to school children and voluntary organisations such as “Link” to gain feedback.

**Understanding of outcome performance on their patients’ actual experience:**

<table>
<thead>
<tr>
<th>Domain/Outcome area</th>
<th>Quantitative Data on this domain</th>
<th>Qualitative Data on this domain</th>
<th>Commentary from the provider on plans for improvement in this domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowing the Patient as an individual</strong></td>
<td>Single Equality Scheme on Trust’s Internet site</td>
<td>Action Plan in progress</td>
<td>Further work to do to embed within Service Lines</td>
</tr>
<tr>
<td>Interpreting Services</td>
<td></td>
<td></td>
<td>Available to any patient. Leaflets available in languages and large print. Hearing loops available.</td>
</tr>
<tr>
<td><strong>Respect for the patient</strong></td>
<td>Dignity &amp; compassion delivered gained from feedback from compliments &amp; observational practice</td>
<td></td>
<td>New Head of Experience to develop training package on Customer Care for all staff – particularly those who deal with patient face to face.</td>
</tr>
<tr>
<td><strong>Patient Concerns</strong></td>
<td>Concerns documented within Ulysses Safeguard System</td>
<td>Concerns investigated and appropriately dealt with.</td>
<td></td>
</tr>
<tr>
<td><strong>Nutrition, pain &amp; personal needs</strong></td>
<td>Reports from PEAT inspections and scoring; Governors observation &amp; testing of food on in-patient areas.</td>
<td></td>
<td>Senior Nurse for Physical health &amp; well-being commences in post 24th September 2012.</td>
</tr>
<tr>
<td><strong>Patient Independence</strong></td>
<td></td>
<td></td>
<td>Difficult to assess within services. LD clients are supported.</td>
</tr>
</tbody>
</table>
### Consent & Capacity
- Compliance against mental Capacity Act training
- Consent Policy in place for adults and children.

### Tailoring healthcare services for each patient
- Carers Assessment in place accessible within patient electronic record

### Complaints
- Numbers, themes and reporting deadlines
- Thematic analyses and action plans
- Improve themes and how to feedback across the Trust learning – links to incidents etc.

### Future plans:

#### Areas of notable good practice
Patient Experience is discussed within the Trust Quality Account, and further development in the coming year of the “real time2 collection device Meridian.

#### Areas for development
- Head of Patient Experience recruited to.
- Focus Groups to commence in September 2012 with public and Governors – will also be asking about priorities within the Quality Account and their comments.
- Further use of Meriden particularly with children and their carers

#### Any other comments
This is a “snap shot” of the work that is happening.

### PCH:
Throughout 2011/12 The Trust has gathered patient experience feedback from all inpatient areas. This information allows real time changes of practice and provides patients with assurance that their concerns are taken seriously. Peninsula Community Health has developed its own bespoke tool for gathering this information and can be responsive and quick to change the questions if we more detailed analysis is required about an area of concern.

One year on, the Patient Experience Metrics demonstrate consistent and sustained good results for:

- Patients who say they find the ward (including bathrooms and toilets) ‘very’ clean
- Patients who say that staff ‘always’ clean their hands between caring for different patients
- Patients who say they have not shared a sleeping area with a member of the opposite sex.

Notable improvements over the year are:
• Patients who say they receive enough help from staff to eat their meals
• Patients who say they are not bothered by noise at night
• Patients who say they receive enough information about their medications
• Patients who say they feel involved in decisions about their care and treatment.

These improvements have been achieved by staff responding to the metrics results and patient comments in an effort to improve the care they deliver. Noise at night is a good example as feedback prompted the purchase of waste bins with slow-closing lids. It also served as a reminder to staff to make increased effort to reduce the noise they make at night. Staff have also said that when they give medications to patients, they take a little more time to ask the patient whether they would like to know more about their medicines.

There are some areas where there is still room for further improvement:

• Patients who say they like the food
• Patients who say they have been given enough information about their condition and treatment
• Patients who feel they have been talked to about their discharge from hospital. These three issues will be addressed formally, with action plans, during 2012/13.

**Dental Services:** The PCT Primary Care Team monitors the NHS choices website. Comments are reported to the PCT Dental Commissioning Group and Dental Performance Group for action as required.

<table>
<thead>
<tr>
<th>Waiting times - Referral to treatment and diagnostics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>RCHT*</td>
</tr>
<tr>
<td>PHNT</td>
</tr>
<tr>
<td>NDHT</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

*Figures are an average of April, May and June performance.

Providers achieving targets. Although PHNT are not achieving at specialty level.

<table>
<thead>
<tr>
<th>Mental Health referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targets</td>
</tr>
</tbody>
</table>

Quality Handover Document FINAL 15th March 2013 72 of 133
The number of new cases of psychosis served by early intervention teams 76
The percentage of inpatient admission that have been gate-kept by Crisis Resolution/Home Treatment Teams 100%
The proportion of people under adult mental illness specialities on the Care Programme Approach (CPA) who were followed up within seven days of discharge from psychiatric inpatient care 98%

<table>
<thead>
<tr>
<th>Waiting times – A&amp;E and cancer 2 week waits</th>
<th>Quarter 4 or 1:</th>
<th>% within four hours</th>
<th>Cancer 2 week wait</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT*</td>
<td>Q1 2012/13</td>
<td>92.35%</td>
<td>96.4%</td>
</tr>
<tr>
<td>RCHT</td>
<td>Q4</td>
<td>95.3%</td>
<td>95.73%</td>
</tr>
<tr>
<td>PHNT</td>
<td>Q4</td>
<td>93.2%</td>
<td>95.17%</td>
</tr>
<tr>
<td>NDHT</td>
<td>Q4</td>
<td>98.2%</td>
<td>97.52%</td>
</tr>
</tbody>
</table>

Main risks, mitigating action being taken, and whether resolved:

*Average of April, May and June.

None for Q4, although A&E performance in Q1 of 2012/13 deteriorated at RCHT and PHNT and both Trusts were below target.

Plymouth Hospitals trust failed to achieve the target in Quarter 1, as a result of which a number of improvement actions were introduced. The actions have resulted in improved performance for June and July; however the year to date position remains below 95%.

Cornwall and Isles of Scilly issued a contract notice on 25 June 2012 to Royal Cornwall Hospitals NHS Trust for not achieving the A&E target in April and May 2012. Initially it looked like an issue with patient flow in Royal Cornwall Hospitals NHS Trust but by the time June data was available it was apparent the issues were multi organisational. Under the terms of the NHS contract Royal Cornwall Hospitals NHS Trust have asked for a joint investigation across the community, with resulting action plan. This is being overseen by the Executive Patient Flow Group which is being temporarily chaired by Royal Cornwall Hospitals NHS Trust’s Chief Executive.

The Executive Patient Flow Group have an agreed action plan including:-

- Development of an ambulatory care unit within Royal Cornwall Hospitals NHS Trust (September 2012).
- Short term measure of GP based in A&E offering ‘see and treat’ services where clinically appropriate (September 2012).
- Ongoing work with Peninsula Community Health and Adult Social Care to make sure where clinically appropriate patients are transferred to community hospitals or return home with packages of care.
- Review of protocols and documentation to support timely patient flow between organisations/home (ongoing).
- Review all escalation policies and processes with support form the Ambulance Trust (August 2012).
- Review of urgent care by the National Intensive Support Team (September...
Two week wait cancer referrals for suspected cancer are managed by two main providers: Royal Cornwall Hospitals and Plymouth Hospitals NHS Trust. The systems in place work well and RCHT is currently working towards reducing the 2 week wait window to 10 days internally to ensure patients are treated within the 62 day standard. The two week referrals continue to increase year on year and the managing capacity is an ongoing challenge. However, the standard of primary care in Cornwall is high, with more patients diagnosed through the two-week route than nationally.

### Mixed sex sleeping accommodation breaches

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Period:</th>
<th>Number of breaches - Year</th>
<th>Number of breaches – Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>Q1 2012/13</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>RCHT</td>
<td>2011/12</td>
<td>185</td>
<td>0</td>
</tr>
<tr>
<td>PCH</td>
<td>2001/12</td>
<td>65</td>
<td>9</td>
</tr>
<tr>
<td>CFT</td>
<td>2001/12</td>
<td>181</td>
<td>22</td>
</tr>
</tbody>
</table>

**Main concerns, mitigating action being taken, and whether resolved**

**Delivering Same Sex Accommodation:**

All organisations who deliver NHS funded care are expected to deliver Same Sex Accommodation, except where it is in the best interest of the patient, or reflects a patient’s personal choice. Providers are required to include annual statements regarding compliance on their websites. Royal Cornwall Hospital Trust (RCHT), Peninsula Community Health (PCH) and Cornwall Partnership NHS Foundation Trust (CPFT) declared full compliance as at 1 April 2011 and April 2012. £1m of national funding has been spent on estates within Cornwall and the Isles of Scilly to facilitate estate compliance. During 2011, monthly reporting of breaches was implemented. Financial sanctions have been included in NHS contracts for non-clinically justified breaches. No reported breaches have been declared in Q1 2012/13.

### Dignity and nutrition inspections

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Date of inspection</th>
<th>Visit type</th>
<th>Main concerns</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility</td>
<td>Date</td>
<td>Area</td>
<td>Issue/Concern</td>
<td>Action/Status</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
<td>---------------------</td>
<td>--------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>RCHT</td>
<td>15/5/12</td>
<td>Dignity in Care</td>
<td>Conduct of meal service</td>
<td>Action taken to resolve</td>
</tr>
<tr>
<td></td>
<td>23/4/12</td>
<td>Commissioner dignity assurance visit</td>
<td></td>
<td>Actions incorporated into wider Trust serious incident action plan - completed</td>
</tr>
<tr>
<td>PCH</td>
<td>3/4/12</td>
<td>Dignity in Care</td>
<td>Staff attitude</td>
<td>Actions taken to resolve</td>
</tr>
<tr>
<td></td>
<td>2 wards</td>
<td></td>
<td>Patient information signage</td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>4/5/12</td>
<td>Dignity in Care</td>
<td>Potential privacy issue in MIU</td>
<td>Action to address awaited</td>
</tr>
<tr>
<td></td>
<td>1 ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>29/5/12</td>
<td>Dignity in Care</td>
<td>Length of bed curtains</td>
<td>Action to address awaited</td>
</tr>
<tr>
<td></td>
<td>2 wards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>11/6/12</td>
<td>Dignity in Care</td>
<td>Untidy sluice room</td>
<td>Action to address awaited</td>
</tr>
<tr>
<td></td>
<td>1 hospital all areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>14/6/12</td>
<td>Dignity in Care</td>
<td>Storage issues</td>
<td>Action to address awaited</td>
</tr>
<tr>
<td></td>
<td>2 wards</td>
<td></td>
<td>Insufficient mealtime support</td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>17/7/12</td>
<td>Dignity in Care</td>
<td>No concerns identified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 hospital all areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>27/7/12</td>
<td>Dignity in Care</td>
<td>Disabled facilities</td>
<td>Action to address awaited</td>
</tr>
<tr>
<td></td>
<td>1 hospital all areas</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFT</td>
<td>28/3/12</td>
<td>Dignity in Care</td>
<td>No concerns identified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 wards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFT</td>
<td>3/4/12</td>
<td>Dignity in Care</td>
<td>Clutter</td>
<td>Action to address awaited</td>
</tr>
<tr>
<td></td>
<td>2 wards</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main concerns, mitigating action being taken, and whether resolved**

One of the methods in which patient experience is assessed by CIOSPCT is through the programme of unannounced visits conducted by Dignity in Care Assessors. The role includes visits to care facilities which are commissioned by CIOSPCT in order to undertake privacy and dignity audits of those facilities.

This programme of visits commenced in 2007/8 and remains ongoing to date. Visits take place in a variety of NHS funded care settings in the county, including visits to wards and departments at Royal Cornwall Hospital Trust, Peninsula Community Health, Cornwall Partnership Foundation Trust, independent sector organisations including Bodmin Treatment Centre, Duchy hospital and more recently independent care homes.

To facilitate assessment, an audit tool is used by the assessors. Completion of this tool ensures the essential elements of care are audited and a consistent approach to the assessment of each care setting is provided. The information generated by the audit tool is collated into a report and sent to the care provider visited, for their information and action, where appropriate.
Action plans are submitted by the provider to address areas of concern where applicable. Plans are discussed and monitored at bi-monthly dignity meetings attended by a provider representative.

Visits conducted as part of the 2012/13 schedule are listed in the table above.

| Complaints data |
|-----------------|-----------------|-----------------|-----------------|
| Organisation:   | Year:           | April 2011-March 2012 | [ ] | [ ] |
| RCHT            | 2011/12         | 366               |     |     |
| PCH             | 2011/12         |                   |     |     |
| CFT             | 2011/12         |                   |     |     |
| OSW             |                 |                   |     |     |

**Main themes arising from complaints, mitigating action being taken, and whether resolved**

Complaints investigation and resolution takes place over a period of time (generally greater than one month) and is reviewed every quarter when it is possible to summarise the complaints handled, whether they are resolved or not, and what themes might be arising. These reviews are presented to PEC with a further annual review presented by law to the Board and SHA.

Complaints monitored via monthly performance meetings. Themes include poor communication and waiting times for OSW.

**RCHT:**

**Action**

Total number of complaints partially upheld or upheld, and therefore where remedial action was taken: **232**

For all complaints partially upheld or fully upheld an action plan is produced and a copy of this is sent to the complainant with their response from the Trust Chief Executive. The learning outcomes, i.e. actions taken, are recorded on a spreadsheet for each Division. The progress of the action plans is monitored quarterly at the Complaints Review Panel.

**Resolved**

Some complainants come back to us following their initial response and further work is done with them in order to try and fully resolve their concerns. If at the end of this ‘local resolution’ process they feel that their concerns have not been resolved, they can approach the Parliamentary and Health Service Ombudsman (PHSO). In the year 1 April 2011 to 31 March 2012, the Trust was notified of **4** requests by complainants for the PHSO to review their complaint.
### Themes

Main themes arising from complaints for April 2011 to March 2012:

- Poor Quality information provided
- Delay in treatment
- Clinical outcome - unhappy with
- Lack of communication with patient
- Quality of nursing care
- Nutritional needs not met
- Nursing staff attitude
- Lack of nursing review
- Medical staff attitude
- Lack of nursing assistance given

**Community Pharmacy:** Has a contractual obligation to provide an annual complaints report to the PCT.

**Dental Services:** Independent Dental Contractors provide an annual complaints report to the PCT Complaints Manager. The PCT PALS team and the PCT Complaints Manager input patient concerns to the quarterly PCT Dental Performance Meeting. PCT Dental Practice Adviser provides advice to the PCT PALS team and the PCT Complaints Manager.

**Optometry:** Community Optometry Contractors have a contractual obligation to provide a complaints report to the PCT on an annual basis.

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#### 7.2.5 Treating and caring for people in a safe environment and protecting them from avoidable harm

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Quarter</th>
<th>Rate per 100,000 population</th>
<th>Rate per 100,000 bed days</th>
<th>[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>Q1 2012/13</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RCHT</td>
<td>2011-12</td>
<td>n/a</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>CIOSPCT</td>
<td>2011-12</td>
<td>2.4</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>PHNT</td>
<td>2011-12</td>
<td>n/a</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>NDHT</td>
<td>2011-12</td>
<td>n/a</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

Main risks, mitigating action being taken, and whether resolved:

**RCHT:** No MRSA bacteraemia for 642 days.

Reduction plan in place in Plymouth – zero cases April to July 2012.
All Trusts are achieving MRSA targets at July 2012, however targets remain challenging.

**Dental Services:** Three year rolling programme of practice inspection visits to Independent NHS Dental Contractors to ensure safe environment.

<table>
<thead>
<tr>
<th>Infection rates – C-diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>CIOSPCT</td>
</tr>
<tr>
<td>PHNT Hospitals</td>
</tr>
<tr>
<td>NDHT</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

RCHT: 9 cases reported in Q1 against a tolerance of 16.

Acute objective for Plymouth presents significant challenge, reduction plan in place and monitored.

All Trusts are achieving C-diff targets at July 2012, however Plymouth Hospitals NHS Trust have a nationally set annual target of 25 – this is based on past performance, and due to good past performance is very low. At July PHNT have reported 13 cases against a target of 17 (which will be challenging for the winter period).

<table>
<thead>
<tr>
<th>Venous Thromboembolism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>PCH</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

Both RCHT & PCH have demonstrated continued improvement in VTE risk assessment compliance with national criteria during 2011/12.

| Serious Incidents |
### Grade 2

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year: Number of Incidents:</th>
<th>Category:</th>
<th>Number open beyond deadline (state date of running report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT 4/2011 to 3/2012</td>
<td>12</td>
<td>Wrong Site Surgery 3 Allegation against HC Professional Screening Issues Medical Equipment failure Other Delayed Diagnosis Safeguarding Vulnerable Child 3 Pressure Ulcer grade 4</td>
<td>1 - awaiting action plan</td>
</tr>
<tr>
<td>CFT 4/2011 to 3/2012</td>
<td>9</td>
<td>Child Abuse 6 Child Serious Injury Unexpected Death Homicide</td>
<td>5 remain open beyond deadline, awaiting agreement to closure by NHSCIOS &amp;/or SHA</td>
</tr>
<tr>
<td>PCH 4/2011 to 3/2012</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CIOSPCT 4/2011 to 3/2012</td>
<td>4</td>
<td>2 Safeguarding Vulnerable Adult Safeguarding Vulnerable Child Child Death</td>
<td>3 remain open awaiting agreement to closure by SHA</td>
</tr>
</tbody>
</table>

### Summary of main issues and actions taken to mitigate:

Serious Incidents Grade 2 - this classification was first identified within the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation, March 2010. Implementation and subsequent monitoring of Grade 2 incidents commenced in October 2010.

The above incidents relate to grade 2 incidents reported between 1/4/2011 and 31/3/2012.

Serious Incident –Screening Issue
A serious incident was reported by RCHT in relation to an identified failure in the newborn blood spot screening programme in May 2011. Identified through the annual screening data collection audit where it was found that 16 babies had not had a newborn blood spot result recorded on the database. RCA conducted and comprehensive action plan developed to address the failings. SI closed October 2011.

Further similar incident reported by RCHT August 2012. Investigation currently ongoing.
### Never Events

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th>Number of Incidents</th>
<th>Category</th>
<th>Number open beyond deadline (state date of running report)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>4/2011 to 3/2012</td>
<td>1</td>
<td>Wrong Site Surgery</td>
<td>0</td>
</tr>
<tr>
<td>CFT</td>
<td>4/2011 to 3/2012</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCH</td>
<td>4/2011 to 3/2012</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CICSPCT</td>
<td>4/2011 to 3/2012</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

All actions followed up through theatre action group and quality review processes. All actions now completed.

**Data source:**

### Central Alerting System

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Outstanding Alerts</th>
<th>Type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>NPSA 2009 PSA004b</td>
<td>NPSA</td>
<td>Actions underway</td>
</tr>
<tr>
<td>RCHT</td>
<td>EFA/2011/003</td>
<td>EFA</td>
<td>Breached</td>
</tr>
<tr>
<td>RCHT</td>
<td>MDA/2012/053</td>
<td>MDA</td>
<td>Assessing relevance</td>
</tr>
<tr>
<td>RCHT</td>
<td>MDA/2012/056</td>
<td>MDA</td>
<td>Assessing relevance</td>
</tr>
<tr>
<td>RCHT</td>
<td>MDA/2012/059</td>
<td>MDA</td>
<td>Assessing relevance</td>
</tr>
<tr>
<td>RCHT</td>
<td>MDA/2012/060</td>
<td>MdA</td>
<td>Assessing relevance</td>
</tr>
<tr>
<td>RCHT</td>
<td>1 equipment</td>
<td>equipment</td>
<td>outstanding</td>
</tr>
<tr>
<td>CFT</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PCH</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PHNT</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NDHT</td>
<td>0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

EFA 2011/003VIE (Vacuum Insulated Evaporator) Main Storage vessel for bulk medical oxygen supply). Prioritised as part of CSDP, business case to be presented in September.

All others will be completed within national timescales.

**Community Pharmacy:** Alerts are cascaded and responses collated by Shared Business Services.

**Dental Services:** Shared Business Services (SBS) operate an alert system on behalf of the PCT for Independent NHS Dental Practices. Relevant alerts are sent out and responses received.
**Optometry:** Alerts are cascaded and responses collated by Shared Business Services.

---

### National Patient Safety Agency Reporting and Learning System data

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Reporting period</th>
<th>Reporting rate per 100 admissions/bed days (also include upper, middle 50% or lower quartile)</th>
<th>Consistency of reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>1/4/2011 to 30/9/11</td>
<td>RCHT reporting rate 5.6 per 100 admissions –middle 50% of reporters</td>
<td>Incidents reported 6/6 months</td>
</tr>
<tr>
<td>CFT</td>
<td>1/4/2011 to 30/9/11</td>
<td>CFT reporting rate 16.7 per 1000 bed days –middle 50% of reporters</td>
<td>Incidents reported 6/6 months</td>
</tr>
<tr>
<td>PCH</td>
<td>1/4/2011 to 30/9/11</td>
<td>PCH Reporting rate not provided via NPSA report due to reconfiguration of organisation in this reporting period</td>
<td>Incidents reported 6/6 months</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

No risks outstanding at this time.

---

**Community Pharmacy:** Dispensing errors are reported to the NPSA through internal reporting procedures.

---

### National Patient Safety Agency Reporting and Learning System data

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Reporting period</th>
<th>Ratio of severe harm and death to total number of reported incidents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>1/4/2011 to 30/9/11</td>
<td>3,335 incidents reported, of these 0.6 resulted in severe harm and 0.1% resulted in death</td>
</tr>
<tr>
<td>CFT</td>
<td>1/4/2011 to 30/9/11</td>
<td>485 incidents reported, of these 0.4% resulted in severe harm and 0.6% resulted in death</td>
</tr>
<tr>
<td>PCH</td>
<td>1/4/2011 to 30/9/11</td>
<td>1.218 incidents reported, of these 1.9% resulted in severe harm and 0.0% resulted in death</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

---

### Homicide/unlawful killings by people with mental health problems

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year</th>
<th>Number of Incidents</th>
<th>Category</th>
<th>Independent Investigation Commissioned:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFT</td>
<td>2011/12</td>
<td>1</td>
<td>Homicide by outpatient</td>
<td>Decision yet to be taken by homicide review</td>
</tr>
</tbody>
</table>
Main risks, mitigating action being taken, and whether resolved:

Action plan developed and overseen by PCT and SHA.

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Alert:</th>
<th>Details:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isles of Scilly</td>
<td>Ofsted/CQC</td>
<td>Ofsted/CQC inspection May 2012 CQC report was published on 11/08/12</td>
<td>Good - Recommendations from these reports are in the process of being actioned</td>
</tr>
<tr>
<td></td>
<td>inspections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIOSPCT</td>
<td>Ofsted/CQC</td>
<td>Ofsted/CQC inspection 02/11</td>
<td>In progress - Action plan from these reports is completed and awaiting sign off by SHA</td>
</tr>
<tr>
<td></td>
<td>inspections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CIOSPCT, RCHT, PCH,</td>
<td>Safeguarding</td>
<td>Compliance levels below 84.5%</td>
<td>In progress - CIOS PCT has commissioned extra training at Level 3 for all providers to increase</td>
</tr>
<tr>
<td>CFT</td>
<td>Training</td>
<td></td>
<td>compliance levels</td>
</tr>
<tr>
<td>RCHT, PCH</td>
<td>Safeguarding</td>
<td>Out of date safeguarding website compliance</td>
<td>In progress - RCHT and PCH have been given deadline of 31st August to produce up to date declarations. On receipt CIOS PCT will upload their revised declaration</td>
</tr>
<tr>
<td></td>
<td>website</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>declarations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>for RCHT and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCH requires</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>updating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSCB</td>
<td>Child death</td>
<td>Requirement for a more formal process to monitor the delivery of the</td>
<td>The contract for child death process in under review in February 2013. LSCB will ensure the new contract will detail a robust process for reviewing Child death recommendations. In the interim CDOP have attended the LSCB Executive committee to present their report and discuss the recommendations</td>
</tr>
<tr>
<td></td>
<td>review</td>
<td>recommendations from the reviews</td>
<td></td>
</tr>
<tr>
<td></td>
<td>arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFT</td>
<td>CCD: Garner</td>
<td>Inappropriate use of legal frameworks</td>
<td>Ongoing Safeguarding process. Police investigation has concluded that the case should continue to</td>
</tr>
<tr>
<td></td>
<td>Ward</td>
<td></td>
<td>criminal proceedings. This is subject to CPS endorsement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harvest Ward</td>
<td>Staffing levels</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Child and adult safeguarding (including OFSTED reviews) - update

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Alert:</th>
<th>Details:</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care homes with Nursing</td>
<td>Currently 7 closed to admissions due to</td>
<td>Systemic Safeguarding concerns within the home serious enough</td>
<td>Ongoing safeguarding and service improvement</td>
</tr>
<tr>
<td>Systemic Safeguarding</td>
<td>Care homes with nursing</td>
<td>Continuing healthcare assessors and Adult Care and Support service improvement team have identified ongoing delivery issues requiring input to improve service delivery</td>
<td>Ongoing service improvement</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Care homes with nursing</td>
<td>Currently 18 have ongoing service improvement requirement</td>
<td>Systemic safeguarding issues such as, understaffing, lack of training and understanding of mental capacity act and deprivation of liberty legislation</td>
<td>Investigation completed. Robust improvement plan in place and monitored via safeguarding adults processes and contract monitoring. Safeguarding processed closed 11.10.12</td>
</tr>
<tr>
<td>Acute Hospital</td>
<td>Safeguarding adults alerts raised for individual wards indicating systemic safeguarding issues</td>
<td>Systemic safeguarding issues such as, understaffing, lack of training and understanding of mental capacity act and deprivation of liberty legislation</td>
<td>Investigation completed. Robust improvement plan in place and monitored via safeguarding adults processes and contract monitoring. Safeguarding Process continues</td>
</tr>
<tr>
<td>Mental Health Provider</td>
<td>Safeguarding adults alerts raised for individual patients on the ward that indicated systemic safeguarding issues</td>
<td>Lack of understanding of mental capacity act and deprivation of liberty</td>
<td>Investigation completed. Robust improvement plan in place and monitored via safeguarding adults processes and contract monitoring. Safeguarding Process continues</td>
</tr>
<tr>
<td>Day care Centre for patients with learning disabilities</td>
<td>Safeguarding adults alert raised by whistleblower which indicated systemic safeguarding issues</td>
<td>Physical assault on individual patients. Culture of neglect allowed to develop within the centre</td>
<td>Investigation ongoing. Police prosecutions ongoing. Serious Case Review ongoing.</td>
</tr>
</tbody>
</table>

**Child and adult safeguarding (including OFSTED reviews) - update**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Alert</th>
<th>Details</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFT</td>
<td>2 serious incidents (SI)</td>
<td></td>
<td>Completed and reviewed by SHA - waiting confirmation all action implemented before closure</td>
</tr>
<tr>
<td>CFT</td>
<td>1 SI</td>
<td>Case closed proceeding to Serious Case Review</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>CFT</td>
<td>1 SI</td>
<td>Report due 29/12/12</td>
<td></td>
</tr>
<tr>
<td>NHSCIOS</td>
<td>1 SI</td>
<td>SI completed but concern expressed by provider</td>
<td></td>
</tr>
<tr>
<td>NHSCIOS</td>
<td>1 SI</td>
<td>Completed and reviewed by SHA – waiting confirmation all actions implemented before closure</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFT, RCT, PCH &amp; NHSCIOS</th>
<th>Safeguarding children training compliance level</th>
<th>SHA require all levels of safeguarding children training to be at 84.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CIOSPCT requested and have received mitigation plans from all providers explaining how they intend to raise their compliance levels to the required status (84.5%). The Designated Nurse for CP is monitoring the compliance levels monthly and reporting to CIOSPCT the current status.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CFT, RCT, PCH &amp; NHSCIOS</th>
<th>Section 11 reports</th>
<th>All providers have to submit annually to the Local Safeguarding Children Board their arrangements around safeguarding children. This is a statutory requirement within the Children Act 2004.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CIOSPCT requested and have received mitigation plans from all providers explaining how they intend to raise their compliance levels to the required status (84.5%). The Designated Nurse for CP is monitoring the compliance levels monthly and reporting to CIOSPCT the current status.</td>
<td></td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

The main risks are highlighted above with mitigating action plans.

Outstanding actions have been included from the ‘The NHS South of England’ report compiled in Autumn 2011.

Commissioners, police, Safeguarding and CQC involved with processes. All assured by action plans developed by Provider.

Progress reported at monthly performance meetings in addition to Safeguarding meetings.

The final Winterbourne View report has been issued by the Department of Health, outlining a series of recommendations about local and national commissioning of NHS funded placements. An action plan for NHS commissioners in Cornwall will be produced to ensure the recommendations, which will be monitored by the NHSCB
from April 2013, in partnership with Cornwall Council by 1 February, 2013.

Recommendation - Commissioners to ensure that all Children placed out of county are fully reviewed to ensure that placements are safe, providing the required level of care and meeting the needs of the patient. Taking action when necessary to ensure compliance with contract requirements.

We have some assurances in place; however as no IPP policy for Children's services it does not mirror adult services.

**Care Homes with Nursing:** Residents potentially at risk due to poor service provision. Close supervision from service improvement and continuing healthcare team. Ongoing issues with improvements noted in most areas. However in one home, notice to remove patients if serious improvements not implemented was given. Ongoing improvement has been noted.

**Acute Hospital:** Patients at risk of being illegally deprived of their liberty. Immediate overview from Senior staff across the organisation, investigation with subsequent action plan to address training needs etc. Action plan completed and ward running as normal.

**Mental health provider:** Patients at risk of being illegally deprived of their liberty. Immediate overview from Senior staff across the organisation, investigation with subsequent action plan to address training needs etc

**Day Care centre for patients with learning disabilities:** Residents at risk of abuse or neglect. Staff suspensions, investigations and recruitment of new staff. Oversight from Senior staff in other organisations within the County. Patients safe within centre. However ongoing police, safeguarding and serious case review.

**Dental Services:** Child and Adult safeguarding issues are part of the routine CQC inspections as well as the PCT 3 year rolling programme of Dental inspections of independent dental providers.

<table>
<thead>
<tr>
<th>Clinical Negligence Scheme for Trusts Maternity Standards and NHS Litigation Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
</tr>
</tbody>
</table>
| RCHT | February 2010  
CNST Maternity Level achieved: 2  
NHSLA Level achieved: 1 |
| PHNT Hospitals NHS Trust | CNST Maternity Level achieved: 3  
NHSLA Level achieved: 1 |
Main risks, mitigating action being taken, and whether resolved:

NHS Litigation Authority (NHSLA) and Clinical Negligence Scheme for Trusts (CNST)

The NHS Litigation Authority manages claims on behalf of the NHS in England. Organisations are assessed against NHSLA risk management standards on a regular basis. Standards are developed for each type of organisation and include organisational, clinical and health and safety risks that reflect issues which arise in the negligence claims reported to the NHSLA. If organisations provide labour ward services they are also subject to assessment against the Clinical Negligence Scheme for Trusts’ Maternity Standards. The NHSLA and CNST standards are at three levels, with 3 being the highest to attain. Organisations decide on which level of assessment they wish to be assessed at. NHS organisations which achieve success at level one in the NHSLA standards receive a 10% reduction in their contributions, with discounts of 20% and 30% available to those passing the higher levels. CNST standards are also divided into three levels and successful organisations receive a reduction of the same percentage against their maternity contribution. (Martine Ede)

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>NHSLA Level achieved</th>
<th>CNST Maternity Level achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>CFT</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>PCH</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>PHNT</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>SWAST</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

RCHT Main risks:

- Increase in birth rate impacting on staffing levels and capacity: successful business case to increase staffing levels, in the process of recruitment. Plans in place to provide an alongside midwifery led unit in 2013.
- Failure to implement new IT system: Business case being progressed for the additional resources required to implement system. (J Taylor)

Maternity services, Local Supervisory Midwifery Authority reports and audits

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Year:</th>
<th>Key messages from LSA audit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NHS South West Local Supervising Authority</td>
<td>2010/11</td>
<td>The statutory requirements as set out within the Midwives Rules and Standards 2004 have been met as set out in Appendix 10. Covers maternity services for the NHS South West area, including those accessed by Cornish mothers at RCHT, PHT and RD&amp;E. Visit schedule:</td>
</tr>
</tbody>
</table>
- Plymouth Hospitals NHS Trust, Formal visit, 13 April 2011;
- Royal Cornwall Hospitals NHS Trust, Formal visit, 26 May 2011;
- Royal Devon and Exeter NHS Foundation Trust, formal visit, 13 May 2011.

**RCHT Specific Key Messages from LSA Audit:**
- The standards were met completely. There was evidence provided through self-assessment of the audit tool, which was also supported through the supervisors or midwives during interview.
- There is a very good atmosphere – the recent refurbishment of some areas has helped with the overall ambience, further refurbishment is planned.
- The women that were interviewed during the audit process reported a high level of satisfaction with all aspects of their care.
- There was an opportunity to meet with the Chief Executive and Director of Nursing, as well as the Head of Midwifery Services and Clinical Risk Lead.
- Staff ratios were good, as are supervisory ratios. Supervisors reports that they do have protected time but it is becoming more difficult to achieve. Supervisors are increasingly being used to cover busy spells within the service in a clinical capacity. This needs to be monitored.

<table>
<thead>
<tr>
<th>Nursing and Midwifery Council</th>
<th>Oct 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>This report examined the function of the South West Local Supervising Authority. The NMC has a responsibility to assess that all the requirements regarding supervision of midwives are in place and monitored by the local supervising authority (LSA).</td>
<td></td>
</tr>
</tbody>
</table>
- The review team undertook a site visit to the Royal Cornwall Hospital (Treliske) to review new working arrangements within the maternity unit against compliance with Rule 6 (Midwives Rules and Standards 2004) concerning the responsibility and sphere of practice for midwives.
- The review team found assurance concerning the new working arrangements for registered nurses who will be working within the maternity unit at the Royal Cornwall Hospital. There was a robust induction and training programme with appropriate levels of ongoing support and monitoring. The change in midwifery establishment does need to be monitored in terms of quality and safety of midwifery practice and availability for student midwives of appropriate numbers of midwife sign off mentors.
- The review team identified that there were public protection
issues relating to statutory supervision of midwifery practice in the South West LSA which relate to Rule 12 and Rule 13. The NMC consider six of the fourteen recommendations to be a priority. The review team were not able to confirm that the self assessment completed by the local supervising authority (LSA) was an accurate reflection of the current position. It has been established that the south West LSA meets 41 of the 54 standards, as set out in the NMC Midwives rules and standards (2004) with six standards being partially met and seven standards not being met.

<table>
<thead>
<tr>
<th>Nursing and Midwifery Council</th>
<th>May 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>The NMC report states that it is satisfied that the evidence provided assures the NMC that the LSA has met twelve out of fourteen recommendations that were made following the NMC South West LSA review in September 2011.</td>
<td></td>
</tr>
<tr>
<td>- It has been identified that the South West LSA meets 53 of the 54 standards (as set out in the NMC Midwives rules and standards 2004) with one being partially met (Rule 12 LSA standard 5. 13 Supervisors of midwives are directly accountable to the local supervising authority for all matters relating to the statutory supervision of midwives).</td>
<td></td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

NMC report May 2012:
- There are no matters of concern relating to public protection.
- The NMC has been assured that the public protection issues identified at the initial review on 20 to 23 September 2011 have been addressed.

| Participation in South of England safety improvement programmes (e.g. Leadership in patient safety, productive ward, safety thermometer, safety federation) |
|---|---|---|
| Organisation: | Programme: | [ ] |
| RCHT | QPSIP | The South West area Quality and Patient Safety Improvement Programme (QPSIP) is due to close in March 2013. The RCHT work stream teams continue with cycles of change to reduce preventable harm to patients in their care. In some cases the small project teams... |
have become larger and embedded into “work as usual” as changes have become cross organisational and the notion of “safety” the key theme to add to all considerations and changes to care practices.

The south west SHA organised activities and events have continued to provide sharing and networking opportunities for work stream members. Intranet data collection and reporting have continued to drive cycles of change, however awareness of the danger of duplication with other data available, such as matrices and the ward and divisional PAF has meant that use of this resource is considered only if its use can drive change.

Leadership: Executive work stream meetings have continued to celebrate good practice, agree next steps and discuss persistent barriers to change

General Ward: Steady progress is being made to prevent avoidable harm particularly with prevention of falls and pressure ulcers

Critical Care: Multi disciplinary involvement has meant that the Critical Care team have achieved success across the broad range of measures and outcomes suggested by the project driver diagram.

Medicines Management: Ongoing issues for the medicines management work stream to address include: medicines reconciliation, low molecular weight heparin (LMWH) dosing and on the new drug chart, missed doses, allergy identification and documentation.

Peri-operative: Progress has been made following the change of leadership of the work stream to the divisional nurse and clinical matron for theatres.
The productive ward project continues with supportive facilitation provided by the lead nurse and sustaining, monitoring and motivation for the project is the responsibility of the clinical matrons and ward sisters and charge nurses.

Ongoing involvement in SW programme
Introduced as CQUIN 2012/13.
The Trust has submitted complete data for the first 4 months of 2012/13. Current % of harm free care (new and old) 92%, new care only is 96%

Ongoing involvement in SW programme
Introduced as CQUIN 2012/13

Ongoing involvement in SW programme
Introduced as CQUIN 2012/13

Details of participation in national audit programmes:

**RCHT:**
The Trust participated in all NCAPOP audits for 2011/12.

The Trust participated in 81% of ‘other’ national clinical audits – quality accounts list.

During 2011/12, 45 national clinical audits and 5 national confidential enquiries covered NHS services that RCHT provides.

During that period RCHT participated in 89% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in:

- 100% participation in the National Clinical Audit and Patient Outcomes Programme (NCAPOP)
- 81% participation in ‘other’ national clinical audits.

The national clinical audits and national confidential enquiries that RCHT was eligible to participate in, and for which data collection was 2011/12, are listed in the table below alongside the number of registered cases required by the terms of that audit or enquiry.

<table>
<thead>
<tr>
<th>Audit/Confidential Enquiries</th>
<th>Percentage or number of cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Confidential Enquiries</strong></td>
<td></td>
</tr>
<tr>
<td>Confidential Enquiry into Maternal and Child Death (CEMACH)</td>
<td>100%</td>
</tr>
<tr>
<td>Bariatric Surgery (NCEPOD)</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiac Arrest Procedures (NCEPOD)</td>
<td>100%</td>
</tr>
<tr>
<td>Perioperative Care (NCEPOD)</td>
<td>100%</td>
</tr>
<tr>
<td>National Clinical audit &amp; Outcomes Programme (NCAPOP)</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Surgery in Children (NCEPOD)</td>
<td>100%</td>
</tr>
<tr>
<td>Acute Myocardial Infarction &amp; other ACS (MINAP)</td>
<td>100%</td>
</tr>
<tr>
<td>Acute Stroke (SINAP)</td>
<td>100%</td>
</tr>
<tr>
<td>Bowel cancer (National Bowel Cancer Audit Programme)</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiac arrhythmia (Cardiac Rhythm Management Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Carotid interventions (Carotid Intervention Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Childhood epilepsy (RCPH National Childhood Epilepsy Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Chronic pain (National Pain Audit)</td>
<td>To be confirmed</td>
</tr>
<tr>
<td>Coronary angioplasty (NICOR Adult cardiac interventions audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes (National Diabetes Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes (RCPH National Paediatric Diabetes Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Head &amp; neck cancer (DAHNO)</td>
<td>100%</td>
</tr>
<tr>
<td>Heart failure (Heart Failure Audit)</td>
<td>Minimum achieved</td>
</tr>
<tr>
<td>Heavy menstrual bleeding (RCOG National Audit of HMB)</td>
<td>29 cases</td>
</tr>
<tr>
<td>Hip fracture (National Hip Fracture Database)</td>
<td>100%</td>
</tr>
<tr>
<td>Hip, knee and ankle replacements (National Joint Registry)</td>
<td>50%</td>
</tr>
<tr>
<td>Lung cancer (National Lung Cancer Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Neonatal intensive and special care (NNAP)</td>
<td>100%</td>
</tr>
<tr>
<td>Oesophago-gastric cancer (National O-G Cancer Audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Ulcerative colitis &amp; Crohn’s Disease (UK IBD Audit)</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other National Clinical Audits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult community acquired pneumonia (British Thoracic Society)</td>
<td>data collection ongoing</td>
</tr>
<tr>
<td>Adult critical care (ICNARC CMPD)</td>
<td>100%</td>
</tr>
<tr>
<td>Bedside transfusion (National Comparative Audit of Blood Transfusion)</td>
<td>94%</td>
</tr>
<tr>
<td>Bronchiectasis (British Thoracic Society)</td>
<td>7 (paeds only)</td>
</tr>
<tr>
<td>Care of dying in hospital (NCDAH)</td>
<td>100%</td>
</tr>
<tr>
<td>Elective surgery (National PROMs Programme)</td>
<td>76.1%</td>
</tr>
<tr>
<td>Emergency use of oxygen (British Thoracic Society)</td>
<td>100%</td>
</tr>
<tr>
<td>Liver transplantation (NHSBT UK Transplant Registry)</td>
<td>100%</td>
</tr>
<tr>
<td>Medical use of blood (National Comparative Audit of Blood Transfusion)</td>
<td>95%</td>
</tr>
</tbody>
</table>
Non invasive ventilation – adults (British Thoracic Society)  
data collection ongoing

Paediatric asthma (British Thoracic Society) 100%

Paediatric pneumonia (British Thoracic Society)  
data collection ongoing

Pain management (College of Emergency Medicine) 100%

Perinatal mortality (MBRRACE-UK) 100%

Peripheral vascular surgery (VSGBI Vascular Surgery Database) 100%

Potential donor audit (NHS Blood & Transplant) 100%

Renal replacement therapy (Renal Registry) 100%

Risk factors (National Health Promotion in Hospitals Audit) 39%

Seizure management (National Audit of Seizure Management) 100%

Severe sepsis & septic shock (College of Emergency Medicine) 100%

Severe trauma (Trauma Audit & Research Network) 100%

Renal transplantation (NHSBT UK Transplant Registry)  
awaiting electronic reporting

Following a review of the Trust’s processes for submitting cases to the National Joint Registry, the Trusts participation rate increased significantly during Q4. It is anticipated that the 2012/13 quality accounts will show an improved position. The reports of 19 national clinical audits were reviewed by the provider in 2011/12 and the Royal Cornwall Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided. Below are examples of national clinical audits reports published in 2011/12 and reviewed by the Royal Cornwall Hospitals NHS Trust:

- Over the last 12 months changes have been put in place to improve the data as well as the service.
- This trust is performing above the national average for a number of the key outcome measures.

**Improving the picture of overall care for bowel cancer patients** – report published in November 2011.
- Results have been circulated to the whole of the Multidisciplinary Team.
- A local audit is planned to look at readmissions following surgery.

**Bronchiectasis** - local results received September 2011.
- Addition of a prompt sheet to the front of Bronchiectasis patients’ notes detailing baseline investigations and a reminder of the data that should be collected each clinic visit.

**National Care of the Dying 3rd round audit** – report published December 2011.
- Results discussed at West Cornwall & Specialty Divisional Governance meeting in January 2012, together with the results from the local audit that was carried out.
alongside the national audit to give greater detail of information.

Sexually Transmitted Infections (STIMS audit) – report published October 2011.
• The GU template will be amended to prompt asking about symptoms or infections in partners of people attending the clinic.
• Now texting results to all patients which will ensure Chlamydia results are received by patients within 7 days.

**PCH:**
During 2011/12, Peninsula Community Health participated in 100% of the national clinical audits which it was eligible to participate in. Peninsula Community Health participated in no national confidential enquiries.

The national clinical audits that Peninsula Community Health participated in, and for which data collection was completed during 2011-12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<table>
<thead>
<tr>
<th>Local Audit</th>
<th>Number of cases submitted</th>
<th>Number of cases submitted as a percentage of required cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkinson’s occupational therapy audit</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Parkinson’s physiotherapy audit</td>
<td>20</td>
<td>100%</td>
</tr>
</tbody>
</table>

Peninsula Community Health has also taken part in the Continence national audit pilot which is testing new technology for national audit before being rolled out nationwide. An action plan will be compiled once the final report is received.

Peninsula Community Health has also recently taken part in the new Intermediate Care national audit. This will be reported in 2012-13 and an action/improvement plan put in place following receipt of the final report.

**Improving services through participation in national audits**
The reports of the two Parkinson’s national audits will be reviewed once received and an action plan put in place.

Clinical audit is supported by the Governance team. All local clinical audits are reported to and monitored by the Clinical Quality and Safety Committee. Reports are reviewed and action plans for quality improvement are reviewed through this committee.

The following table lists pertinent audits that were carried out throughout 2011-12. It is, by the dynamic nature of audit, not fully comprehensive, but includes all relevant information for significant audits and action plans.

<table>
<thead>
<tr>
<th>Local Audit</th>
<th>Actions planned/taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Hospitals After Death analysis</td>
<td>The audit demonstrated a clinical awareness of recognising changing/deteriorating condition and identification of expected death but highlighted a lack of confidence in acknowledging</td>
</tr>
<tr>
<td>Snapshot audit regarding the quality of referrals to the podiatry specialist musculoskeletal clinics</td>
<td>The audit identified that Podiatry musculoskeletal referral forms are not being universally completed by podiatrists in podiatry specialist musculoskeletal clinics and in a number of cases all appropriate information was not detailed on the referral forms. As a result an action plan has been put in place to deliver more training to podiatrists on correct completion of the form and to deliver more training on diagnosis and treatment of podiatric musculoskeletal conditions via supervision, mentorship and group training. Action to reinforce the message to podiatrists that the musculoskeletal podiatry referral form should be employed when was implemented. A re-audit will take place in April 2012 to monitor service improvement as a result of the actions taken.</td>
</tr>
<tr>
<td>Resuscitation equipment audit</td>
<td>The audit identified that not all sites had sealable dressing trolleys. In line with the CQC compliance assessment sealable trolleys are now at all sites. A full operational check of all MRX defibrillators to be undertaken and documented on a weekly basis. Trolley contents to be limited to those in the agreed equipment list unless variations are agreed by the resuscitation team. Repeat audit planned for 2012/13.</td>
</tr>
<tr>
<td>Record keeping audit</td>
<td>A comprehensive record keeping audit was undertaken of all services. One of the key areas identified was use of the NHS number on all documentation. This is to be reinforced through team meetings in each service. Other service specific areas for improvement were identified for each service and are the subject of individual service action plans to be communicated via service team meetings. A re-audit in the next 12 months will monitor the effectiveness of the action plans in maintaining and improving record keeping quality. Overall, there was an improvement in the findings compare with the audit in previous years.</td>
</tr>
<tr>
<td>Missed doses audit</td>
<td>An audit was undertaken to investigate the causes of missed medication to support the NPSA/2010/RR009 Alert and CQC Essential Standards Safeguarding and Safety Management of Medicines. On some wards the number of missed doses was above the target level. The results of the audit have been communicated to all nursing staff. Further actions planned are for all wards to be checked to ensure they have access to the missed doses National Patient Safety Agency alert guidelines. A review of the critical list and Standard Operating Procedure for Delayed and Omitted Doses is to be undertaken as well as ongoing monitoring of incident reporting of missed doses and feedback to staff.</td>
</tr>
<tr>
<td>Compliance of antibiotic prescribing audit</td>
<td>The audit identified that compliance with guidelines was up from 86% in March to 95% in September and documentation of the indication for the antibiotic was 100%. To further improve performance refresher training is being providing for nursing staff to update skills to administer IV antibiotics. Nursing staff are being trained to access microbiology results and request antibiotic</td>
</tr>
</tbody>
</table>
review. The results of the audit have been shared with the community hospitals, prescribers, and other health delivery partners in Cornwall. Training has also been provided on the risks of Clostridium-difficile from antibiotic prescribing.

| Clinical Quality Prescribing- Prescription Chart Audit | The standard of documentation in this audit was found to be generally high when compared to the ‘Policy for the Safe Ordering, Prescribing and Administration of Drugs in Community Hospitals and Minor Injury Units’. Following the audit a number of actions have been identified which will be monitored through annual Prescription Chart audits to identify improvements in clinical documentation. The results of the audit have been circulated to all staff and prescribers. Training is being planned for nursing staff on documentation on the new drug chart. Training is also planned for prescribers on safe prescribing using the new drug chart. The drug chart will be further developed to facilitate compliance with Prescribing and Administration guidelines as per agreed Peninsula Community Health policy. |

CFT:
During 2011/12 two national clinical audits and two national confidential inquiries covered NHS services the Trust provides.

During 2011/12 the Trust participated in 100% of the national clinical audits and 100% of the national confidential inquiries, of the national clinical audits and national confidential inquiries which it was eligible to participate in.

The two national clinical audits in which the Trust was eligible to participate in during 2011/12 were:

- National Audit of Schizophrenia
- Prescribing Observatory for Mental Health

The table below provides further details of participation in national clinical audits during the year.
The two national confidential inquiries in which the Trust was eligible to participate in during 2011/12 were:

- National Confidential Inquiry into Suicide and Homicide
- National Confidential Inquiry into Sudden Unexplained Death

The table below provides further details of participation in national confidential inquiries during the year.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Cases required</th>
<th>No of cases submitted</th>
<th>%</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Audit of Schizophrenia</td>
<td>100</td>
<td>86</td>
<td>86%</td>
<td>This audit was made up of two key tasks. Task one was a consultant conducted survey. Our consultants reported on 86 people. The second task saw 100 postal surveys being sent to 100 clients and their carers. The response rate was 28% of clients and 16% of carers. Our response rate placed us sixth nationally.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Cases required</th>
<th>No of cases submitted</th>
<th>%</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing Observatory for Mental Health:</td>
<td>-</td>
<td>-</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Topic 6c: Assessment of the side effects of depot antipsychotics</td>
<td>-</td>
<td>27</td>
<td>n/a</td>
<td>It is not possible to identify the number of eligible patients as this information is not routinely recorded by the Trust.</td>
</tr>
<tr>
<td>Topic 11a: Prescribing antipsychotic medication for people with dementia</td>
<td>-</td>
<td>59</td>
<td>n/a</td>
<td>It is not possible to identify the number of eligible patients as this information is not routinely recorded by the Trust.</td>
</tr>
<tr>
<td>Topic 10b: The use of antipsychotic medication in child and adult mental health services</td>
<td>-</td>
<td>43</td>
<td>n/a</td>
<td>It is not possible to identify the number of eligible patients as this information is not routinely recorded by the Trust.</td>
</tr>
</tbody>
</table>

National Confidential Enquiries
The two national confidential inquiries in which the Trust was eligible to participate in during 2011/12 were:

- National Confidential Inquiry into Suicide and Homicide
- National Confidential Inquiry into Sudden Unexplained Death

The table below provides further details of participation in national confidential inquiries during the year.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Cases required</th>
<th>No of cases submitted</th>
<th>%</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Confidential Inquiry into Suicide and Homicide</td>
<td>103</td>
<td>103</td>
<td>100%</td>
<td>The cases submitted occurred between 2005 and 2011.</td>
</tr>
<tr>
<td>National Confidential Inquiry into Sudden Unexplained Death</td>
<td>44</td>
<td>42</td>
<td>96%</td>
<td>The cases submitted occurred between 2004 and 2011. The Trust was also required to submit 10 control cases and this was achieved.</td>
</tr>
</tbody>
</table>

National Clinical Audits Published in 2011/12
The reports of four national clinical audits were published and reviewed by the Trust in 2011/12 and we intend to take the following actions to improve the quality of healthcare provided as outlined below:
### Staff survey results

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year:</th>
<th>Overall Staff Engagement Score (0-5)</th>
<th>Year:</th>
<th>Overall Staff Engagement Score (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>2011</td>
<td>3.30 (Acute average 3.62)</td>
<td>2010</td>
<td>3.36</td>
</tr>
<tr>
<td>CIOS PCT</td>
<td>2011</td>
<td>3.60 (PCT Average 3.57)</td>
<td>2010</td>
<td>3.80</td>
</tr>
<tr>
<td>CPTT</td>
<td>2011</td>
<td>3.56 (MH/LD Average 3.61)</td>
<td>2010</td>
<td>3.62</td>
</tr>
<tr>
<td>PCH (CHS)</td>
<td>2011</td>
<td>3.64 (Community Trust average 3.66)</td>
<td>2010</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Themes and Trends:**

Staff engagement sub-dimension (key findings 31, 34, 35) compared to national average for Trust type:

**CIOS PCT**
- **KF31.** Staff ability to contribute towards improvements at work: **Above average**
- **KF34.** Staff recommendation of the trust as a place to work or receive treatment: **Above average**
- **KF35.** Staff motivation at work: **Above average**

**CFT:**
- **KF31.** Staff ability to contribute towards improvements at work: **Above average**
- **KF34.** Staff recommendation of the trust as a place to work or receive treatment: **Lowest 20%**
- **KF35.** Staff motivation at work: **Average**

**RCHT:**
- **KF31.** Staff ability to contribute towards: **Lowest 20%**
Improvements at work:

**KF34.** Staff recommendation of the trust as a place to work or receive treatment: Lowest 20%

**KF35.** Staff motivation at work: Lowest 20%

The staff survey report showed an improvement in an increased number of staff being appraised with personal development plans in place and staff saying that hand washing materials are always available.

The report showed staff experience has deteriorated in 3 key areas, namely staff reporting they had experienced work related stress, an increase in staff reporting their intention to leave their job, and low numbers of staff recommending the trust as a place to work or receive treatment.

The Trust compared favourably with other acute trusts in areas of staff accessing equality and diversity training, staff feeling valued by their work colleagues and hand washing materials being readily available.

The Trust did not compare favourably with other acute trusts in the perceptions of staff relating to work related stress, satisfaction with the quality of work and patient care staff are able to deliver and good opportunities to develop potential at work.

During April 2012, the trust cascaded the results of the staff opinion survey across the Trust to ensure all staff were briefed and aware of the survey findings and provide an opportunity for feedback, comments and views.

A clear message from the feedback is a need to engage and empower all staff, in particular clinicians, around the delivery of better outcomes for patients, for our staff and our Trust. This will require a sustainable shift in how staff feel with regard to the 2 indicators and in turn have a positive impact on performance.

To support this change, the Trust is implementing Listening into Action (LiA) as a systematic and practical response to these challenges. This is a Chief Executive led campaign, supported by a LiA sponsorship group and a LiA lead. The campaign is launched by 5 high-profile staff conversations with a mix of staff from across all levels and roles and a ‘Pulse checking’ across the Trust to see how staff are feeling right now.

Ideas will be harnessed and quickly consolidated to understand what matters and what gets in the way.

Corporate quick wins and enablers will be agreed.

Through a commitment to a new way of working and engaging, staff will be mobilised...
and empowered to drive the changes they want to see. Teams will be supported to measure progress and outcomes and share their stories and celebrate success so far, thus enabling more teams to get on board.

**PCH (CHS):**

**KF31.** Staff ability to contribute towards improvements at work: **Below Average**

**KF34.** Staff recommendation of the trust as a place to work or receive treatment: **Above average**

**KF35.** Staff motivation at work: **Above average**

<table>
<thead>
<tr>
<th>Nurse to bed ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>PCH</td>
</tr>
</tbody>
</table>

**Themes and Trends:**

<table>
<thead>
<tr>
<th>Doctor to patient ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>PCH</td>
</tr>
</tbody>
</table>

**Themes and Trends:**

<table>
<thead>
<tr>
<th>Staff sickness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
</tr>
<tr>
<td>CIOSPCT/CHS (combined data)</td>
</tr>
<tr>
<td>CFT</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
</tbody>
</table>

**Themes and Trends:**

*% of contracted staff WTE lost to sickness

Sickness across the health community in general, has incrementally reduced over the last 3 years.

<table>
<thead>
<tr>
<th>Medical revalidation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
</tr>
<tr>
<td>RCHT</td>
</tr>
</tbody>
</table>
CIOSPCT 2011/12 99%

Themes and Trends:

RCHT current medical appraisal rate for consultants is 81% (July 2012).

CIOSPCT is rated green on the monthly Organisational Readiness Self Assessment which means that we comply with the preparations for Revalidation around numbers of appraisals done, existence of a trained Responsible Officer, and appropriate policies for appraisal, cause for concern and remediation.

| Primary Care                                      |
|---------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Organisation:                   | Year:          | Percentage of doctors appraised: | [ ]: | [ ] | [ ] |

Themes and Trends:

For GP Extended Hours, Cornwall and the Isles of Scilly have 67 of the 68 GP Practices participating in the scheme. In the first quarter of 2012/13 there were 12,759 appointments offered, of which 10,440 were booked, which is 82% of the appointments booked.

The total number of patients with hypertension at 31\textsuperscript{st} March 2012 was 80,996.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Maximum</th>
<th>Current</th>
<th>Forecast</th>
<th>Sum of Register Size</th>
<th>PCT Raw Prevalence</th>
<th>National Raw Prevalence</th>
<th>Average (£) Per Point</th>
<th>Current</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP1</td>
<td>432.0</td>
<td>408.00</td>
<td>408.00</td>
<td>70,758</td>
<td>0.14820</td>
<td>0.13767</td>
<td>144.918 59,126.58 59,126.58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total number of people diagnosed with CHD as at 31\textsuperscript{st} March 2012 was 22,229.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Maximum</th>
<th>Current</th>
<th>Forecast</th>
<th>Sum of Register Size</th>
<th>PCT Raw Prevalence</th>
<th>National Raw Prevalence</th>
<th>Average (£) Per Point</th>
<th>Current</th>
<th>Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHD 1</td>
<td>288.0</td>
<td>272.00</td>
<td>272.00</td>
<td>18,923</td>
<td>0.03963</td>
<td>0.03397</td>
<td>159.760 43,454.78 43,454.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Health (Screening)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
</tr>
</tbody>
</table>

Themes and Trends:

1. Letter from DH (Gateway reference 18004 - 23 August 2012) on national screening and immunisation programmes. The letter sets out the agreement between the Department of Health, Public Health England, the NHS Commissioning Board on their roles and respective accountabilities in relation to these programmes in the new system, from 1 April 2013. National partners are agreed about the...
primary importance of:

- ensuring the continuity of existing screening and immunisation programmes;
- ensuring that current programme quality and coverage does not drop during and after the transition to the new arrangements;
- minimising risk;
- enabling safe, secure and efficient transfer of existing services, and
- securing systems that build on the good performance of current programmes by reducing inequalities in uptake.

2. Patient feedback - most calls to PALS regarding screening are requests for information ie. how to access AAA / bowel cancer screening.

3. As of 1 November 2012 the Screening Call Recall Programme will be run by Shared Business Services Wiltshire.

The percentage of people with learning disabilities receiving Annual Health Checks has increased from 44% in 2009/2010 to 62% in 2010/2011. This represents an increase of 18%. In the current year, a focus on the quality of health checks is underway. The uptake was 61.69% for 2011/12. NHS Cornwall and Isles of Scilly is currently re-evaluating the organisational placement of the Primary Care Liaison service in Peninsula Community Health, and scoping the option of moving the service to a more sustainable position, in terms of learning disability leadership and clinical governance.

All GP practices have a learning disability register, which is regularly updated and cross-referenced with the Local Authority register of people with learning disabilities. This year work is underway to improve the comprehensiveness of the register by working directly with practices and exploring possibilities of a master register being kept centrally, to allow better identification as all patients come into contact with services.

Our Breast Screening Unit at Royal Cornwall Hospital has implemented digital mammography and rolled out age extension for women 41-49 and 71-73 years in addition to those women already invited (50-70 years) as part of the national randomised controlled trial. They received an excellent Quality Assurance report in 2011.

The Bowel Screening programme provides screening to the population of Cornwall and Isles of Scilly. The service is provided by Royal Cornwall hospitals and delivers services from West Cornwall and Bodmin Treatment Centre. The Quality Assurance visit in 2012 highly commended the team however required evidence of a business case to support the additional capacity required to roll out the age extension programme. The Trust is planning to roll out age extension from April 1 2013.

The AAA Screening programme is a joint venture between Royal Cornwall Hospitals Trust and Plymouth Hospitals Trust, covering the population of Cornwall and the Isles of Scilly, Plymouth and some of West Devon. It focuses on screening men in their 65th year for an aortic aneurysm, as set out in the national policy.

AAA Quality Assurance data set ?to be provided by Tracey Ellis
The **Cervical Screening** programme is performing well. In December 2011, a SW QARC review of the service provided a very positive report on the quality of the service. The percentage of eligible women who have been screened within 5 years (coverage) is 79.6%, which is just under the national target of 80%. Coverage varies significantly by age group and GP practice. It is lowest in the youngest group (25-29 year-olds) and 21 practices have coverage rates below the national target, although all are above the national minimum standard of 70%. There is a 15% variation in coverage across Cornwall and the Isles of Scilly.

This year saw the introduction of high-risk Human Papilloma Virus (HPV) testing for women with borderline or low-grade abnormalities on screening and for those undergoing treatment for cervical abnormalities. This has resulted in around 800 women being returned to normal recall rather than being referred for further investigation. HPV testing will be extended to all women who meet the criteria from April 2013.

In order to implement HPV testing, cytology laboratories in the Peninsula had to agree to re-organise their workload to ensure they were processing more than 35,000 samples per annum. Under the auspices of Peninsula Pathology, the laboratory cervical cytology services are being re-organised so that Plymouth and some of Torbay samples will be processed by RCHT in Treliske. The deadline for complete re-organisation is April 2014.

In January 13, NHS SBS was commissioned to provide the call/recall function for CIOSPCT (and 14 other PCTs). Work is in progress to transition this service to Wilshire, where it will reside in future.

See below for data on **Cervical Screening** for 2012/13:
Performance Management - quality monitoring
The PCT receives data from its providers and a workforce subject matter expert reviews the information and provides a view on the level of assurance provided. This is fed back to the provider with gaps and areas for improvement identified to promote learning and ensure that the PCT receive adequate assurance.

The data regularly received includes:

Workforce Data focussing on the key workforce metrics including for example, staff numbers, staff cost, use of agency/bank staff, sickness absence rates.

Workforce Planning – progress against the annual workforce plan is monitored alongside regular review of the impact of QIPP on the local workforce.

Workforce evidence for example, policy and procedures is reviewed to provide assurance of compliance with the Care Quality Commission Supporting Staff standards (outcomes 12, 13 and 14).

National NHS Staff Survey – progress against the staff survey action plans is monitored.

Provider performance
The following provides a summary of providers’ performance in relation to key targets as reported in 2012.

Royal Cornwall Hospitals Trust
The following table provides a summary of performance against key indicators:

<table>
<thead>
<tr>
<th>target</th>
<th>31/3/12</th>
<th>Reported Performance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Plan (wte)</td>
<td>4671</td>
<td>4649</td>
<td>4715</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>80%</td>
<td>81%</td>
<td>78%</td>
</tr>
<tr>
<td>Appraisal</td>
<td>80%</td>
<td>71%</td>
<td>66%</td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>3.75%</td>
<td>4%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Bank &amp; Agency Use</td>
<td></td>
<td>Bank reduced Agency increased</td>
<td>Increased</td>
</tr>
<tr>
<td>Turnover</td>
<td>10-14%</td>
<td>12%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Staff Survey/Action Plan</td>
<td></td>
<td>Staff Survey published</td>
<td>Listening into Action complete</td>
</tr>
</tbody>
</table>

Key:
RAG target achieved = Green
< 10% variance = Amber
> 10% variance = Red

Overall, workforce performance has deteriorated.

The following table includes a number of issues that were identified in 2011/12 and continue to be monitored:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Survey Action Plan - 2011</td>
<td>Listening into Action complete.</td>
</tr>
<tr>
<td></td>
<td>The PCT has requested that an action plan is provided along with progress reports against actions identified.</td>
</tr>
<tr>
<td>Failure to meet internal targets in relation to:- Appraisal, Mandatory Training, Sickness Absence.</td>
<td>Implementation of action plans to deliver targets.</td>
</tr>
<tr>
<td></td>
<td>Review progress end March 2012 - complete.</td>
</tr>
<tr>
<td></td>
<td>PCT continues to monitor activity.</td>
</tr>
<tr>
<td>Workforce Plan – delivery off-trajectory.</td>
<td>The PCT met with RCHT in July 2012 to receive assurance of progress in relation to delivery of the workforce plans, CRES and QIPP.</td>
</tr>
<tr>
<td></td>
<td>Further actions agreed; PCT continues to monitor.</td>
</tr>
</tbody>
</table>

In July 2012 the Care Quality Commission (CQC) issued a report following a visit. This identified concerns regarding staffing levels and the potential for standards of care to fall below the required levels. It was noted that recruitment was underway. It was identified that not all staff had access to annual appraisal but that many staff reported that they were supported to attend training.

These findings closely reflected the information and assurance received by the PCT. The PCT’s rating that the impact of this was ‘moderate’ was mirrored by the CQC findings.

**Peninsula Community Health**

The following table provides a summary of performance against key indicators:

<table>
<thead>
<tr>
<th></th>
<th>target</th>
<th>31/3/12</th>
<th>Reported Performance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Plan (wte)</td>
<td></td>
<td>1635</td>
<td>1608</td>
<td>PCT has requested that PCH identifies target level</td>
</tr>
<tr>
<td>Mandatory Training</td>
<td>84%</td>
<td>70 – 95%</td>
<td>67 – 89%</td>
<td></td>
</tr>
<tr>
<td>Appraisal</td>
<td>100%</td>
<td>74%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>4%</td>
<td>4.9%</td>
<td>4.1%</td>
<td>May data</td>
</tr>
<tr>
<td>Bank &amp; Agency Use</td>
<td></td>
<td>Increased</td>
<td>Reduced</td>
<td></td>
</tr>
<tr>
<td>Turnover</td>
<td>8 -12%</td>
<td>14%</td>
<td>14%</td>
<td>Target revised from 10 – 12%</td>
</tr>
<tr>
<td>HR Cases</td>
<td>0</td>
<td>Narrative</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>
Overall, workforce performance has deteriorated with a reduction in the uptake of mandatory training, appraisal uptake remaining significantly below target levels and turnover increasing.

The following table includes a number of issues that were identified in 2011/12 and continue to be monitored:

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Survey - 2011</td>
<td>Results published – action plan to be developed and provided to PCT with quarterly progress reports during 2012/13.</td>
</tr>
<tr>
<td>Workforce Plan</td>
<td>Workforce Plan 2012/13 provided – PCT continues to monitor delivery of plan.</td>
</tr>
<tr>
<td>No target levels identified</td>
<td></td>
</tr>
<tr>
<td>Failure to deliver internal targets in relation to appraisal, mandatory training, sickness absence</td>
<td>Review of progress end December 2011/ March 2012 - complete. PCT continues to monitor</td>
</tr>
</tbody>
</table>

The PCT has requested that PCH provide assurance of the actions in place to ensure that internal targets are delivered and that a risk assessment be undertaken to identify any impact of the continued failure to ensure that mandatory training is completed on service safety.

PCH has identified a risk to achieving compliance with CQC outcome 14 as a result of the continued failure to deliver the internal appraisal target. The PCT has requested the action plans in place to address this issue and regular progress reports.

**Cornwall Partnership Foundation Trust:**
CPFT revised their internal reporting processes during 2011 and this enables the PCT to receive assurance via an overarching ‘compliance and performance report to CPFT board’, Care Quality Commission (CQC) compliance reports and additional detailed information from each service area. The CQC reports provide the PCT with external assurance. The service specific information provides more detail in relation to the services reported however there are gaps in assurance due to CPFT failing to provide the workforce data, as set out below.

Workforce key data set:
- Workforce plan (wte)
- Mandatory Training Uptake
- Appraisal Rate
• Sickness Absence Rate
• Bank & Agency Use
• Turnover
• Staff Survey Action Plan

A review of the Children’s Services workforce information is included below.

The In-patient service line report (July 2012) was reviewed by the PCT in September 2012. The report confirmed that 18 additional nurse posts had been recruited to with staff due to undertake their Induction in September 2012.

A range of workforce data was reported as follows:
• Appraisal rates = 77%
• Sickness absence rate = 5% above the target level of 4%
• Pre-employment checks – 1 CRB exception reported

The Complex Care and Dementia services line report (June 2012) was reviewed by the PCT in July 2012. The report detailed the consultation underway regarding planned service changes and included positive assurance in relation to actions taken resulting from the CQC visit to Bodmin Hospital.

A range of workforce data was reported as follows:
• Pre-employment checks – 100% compliance
• Reduced use of bank and agency staff
• Sickness absence rate = 5.5%

The Adult Learning Disability service reports included a service line report and quality & governance report (July 2012), these were reviewed by the PCT in August 2012.

A range of workforce data was reported as follows:
• Pre-employment checks – 100% compliance
• Sickness absence rate = 3%
• Mandatory training uptake
  o Annual Refresher = 97%
  o Compulsory training 85 – 99%
  o Essential training 70 – 97%
• Appraisal – 2 exceptions reported

CFT self-assessment (May 2012) of Care Quality Commission standards compliance identified an amber rating for safe/ suitable staffing outcomes 12, 13 and 14.

**Children’s Services**
The PCT identified the need for additional assurance in relation to the delivery of Children’s Services during 2012/ 13.

The PCT has received CFT’s report to the Quality & Governance Committee (July 2012) following the Ofsted/CQC report. No other assurance has been received in relation workforce performance in the Children’s Services since April 2012. The level of workforce information provided does not provide sufficient assurance to the PCT.

The Ofsted report provide a rating of satisfactory (meets minimum requirements)
with two areas rated as good (exceeds minimum requirements). Improvements were required in staff supervision and training.

The PCT has previously reinforced a number of areas for action in relation to the Children’s Services as follows:

- Health Visitors recruitment - progress against action plans to be reported to the PCT
- School nursing – clarity of plans and delivery required by the PCT
- Delivery of CAMHS recommendations – PCT requires progress reports
- Ofsted Regulation – identified that leadership/ management is satisfactory as is Equality & Diversity – the PCT recommended that CPFT aim to improve this rating
- Reduce sickness absence to target level

**Bodmin Treatment Centre**
The following table provides a summary of performance against agreed key workforce indicators:

<table>
<thead>
<tr>
<th>target</th>
<th>31/3/12</th>
<th>Performance Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Training</td>
<td></td>
<td>Reported as complete in line with plans</td>
</tr>
<tr>
<td>Induction</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Appraisal</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>182.5 hours</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

**Key:**
- RAG target achieved = Green
- < 10% variance = Amber
- > 10% variance = Red

Overall, workforce performance remains good and the PCT has received adequate assurance of workforce performance.

**Duchy Hospital**
The following table provides a summary of performance against agreed key workforce indicators:

<table>
<thead>
<tr>
<th>target</th>
<th>31/3/12</th>
<th>Performance Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Training</td>
<td>80%</td>
<td>New system introduced</td>
</tr>
<tr>
<td>Appraisal</td>
<td>100%</td>
<td>Completion due by May 2012</td>
</tr>
<tr>
<td>Induction</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sickness Absence</td>
<td>2.6%</td>
<td>No data</td>
</tr>
</tbody>
</table>

**Key:**
- RAG target achieved = Green
Overall workforce performance remains good and the PCT has received adequate assurance of workforce performance.

**Probus Surgical Centre**

Probus Surgical Centre’s Quality Reports identified the following workforce information:

- Total staffing = 11
- Appraisal rate = 100%
- Sickness Absence = 0.8%
- Mandatory training uptake = 80%

The PCT has received adequate assurance of workforce performance from Probus Surgical Centre.

**SERCO – Out of Hours Service**

The revised contractual arrangements require Serco to provide the PCT with workforce information on a quarterly basis commencing February 2012.

Following their initial submission a number of additional areas for development in 2012 were identified as follows:

**Training Reports - reports to include**

- A full range of data from March 2012 onwards
- Target levels to be set and plans to improve uptake of training to be provided
- Training priority areas to include
  - Fire (a statutory requirement)
  - Infection Control
  - Safeguarding Children & Adults
  - Information Governance

The following areas were identified as requiring further discussion:

- Workforce equality profile
- Skills and competency audit (training needs analysis) with resultant training plan
- % (of payroll) spend on CPD

The PCT rating of assurance on this first report from Serco (under the terms of the new out of hours contract) was as follows:

**Overall moderate assurance**

*A moderate impact but no long term effects in people who use the service*

*It is possible that the impact may happen / re-occur but this is not a persistent issue (as this was the first report)*

The CQC report (July 2012) resulting from a CQC visit in April/ May 2012 identified two issues in relation to staffing as follows:

1. at the time of the review there were insufficient staff to meet people’s needs
2. not all staff received appropriate training with poor levels of completion of mandatory training and appraisals

The CQC assessed the impact of the above as moderate which mirrored the PCT assurance rating.

The PCT will need to continue to work with Serco to ensure that it receives adequate information to be assured of improvements in their workforce performance.

**Provider Risks**
The following table provides a summary of provider workforce risks and an assurance rating:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Key Workforce Risks</th>
<th>PCT assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Cornwall Hospitals Trust</td>
<td>Failure to deliver internal workforce targets. Concerns that staffing levels may impact adversely on patient care.</td>
<td>Weak / Moderate</td>
</tr>
<tr>
<td>Peninsula Community Health</td>
<td>Failure to deliver internal workforce targets. Workforce performance deteriorating. Potential non-compliance with CQC outcome 14. Gaps in assurance provided.</td>
<td>Moderate</td>
</tr>
<tr>
<td>Cornwall Partnership Foundation Trust</td>
<td>Gaps in assurance provided. Insufficient assurance in relation to Children’s Services.</td>
<td>Weak / Moderate</td>
</tr>
<tr>
<td>Bodmin Treatment Centre</td>
<td></td>
<td>Adequate</td>
</tr>
<tr>
<td>Duchy Hospital</td>
<td></td>
<td>Adequate</td>
</tr>
<tr>
<td>Probus Surgical Centre</td>
<td></td>
<td>Adequate</td>
</tr>
<tr>
<td>Serco – out of hours</td>
<td>Potential failure to fully implement action plan resulting from CQC visit. Insufficient assurance provided to PCT.</td>
<td>Weak / Moderate</td>
</tr>
<tr>
<td>Out of county providers</td>
<td>No exceptions reported</td>
<td>Limited</td>
</tr>
</tbody>
</table>
7.2.6 Care Home Risks

<table>
<thead>
<tr>
<th>Care Home Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main risks, mitigating action being taken, and whether resolved:</strong></td>
</tr>
<tr>
<td><strong>Main risks in relation to quality:</strong></td>
</tr>
<tr>
<td>• No formal quality monitoring mechanism in place between NHSCIOS &amp; individual care homes with no requirement for homes to provide quality assurance information to PCT;</td>
</tr>
<tr>
<td>• No formal requirement for homes to reporting incidents and complaints to the PCT for NHS funded clients;</td>
</tr>
<tr>
<td>• Limited capacity within Continuing Care team to conduct robust RCA investigation into serious incidents that occur.</td>
</tr>
<tr>
<td><strong>Risks in relation to medicines management:</strong></td>
</tr>
<tr>
<td>• There is a lack of consistent delivery of good medicines management in care homes (both with and without nursing) which puts vulnerable adults at risk.</td>
</tr>
<tr>
<td><strong>Mitigating actions:</strong></td>
</tr>
<tr>
<td>• Quality requirements to be included in all contracts with care homes;</td>
</tr>
<tr>
<td>• To implement a programme of quality assessment (using specific quality assessment tools);</td>
</tr>
<tr>
<td>• Develop capacity within the continuing Care team to undertake incident investigation;</td>
</tr>
<tr>
<td>• To firm up expectations in relation to safety Thermometer CQUIN;</td>
</tr>
<tr>
<td>• Production of a medicines management framework which outlines the key components of a good medicines policy.</td>
</tr>
</tbody>
</table>

The Care Homes project is a multi-disciplinary group led by the PCT’s Medical and Nursing Directors in association with colleagues from Prescribing, Continuing Health Care, PCH, Tissue viability nurse and with input from the RCN representative and the Local authority. It aims to bring together all the pieces of work that are being done to foster excellent standards of care and drive standards up in care homes, starting with nursing homes. It is very much a work in progress and a short report will be provided for handover to the CCG in March.

7.2.7 Other

<table>
<thead>
<tr>
<th>Care Quality Commission regulation status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisation:</strong></td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>RCHT</td>
</tr>
<tr>
<td>CFT</td>
</tr>
<tr>
<td>PCH</td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**
**Dental Services:** All independent dental contractors were registered by the CQC. CQC is undergoing routine practice inspections.

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Year:</th>
<th>Compliance issue (outcome and regulation)</th>
<th>Current status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>2012</td>
<td>Suitability of staffing: Outcome 13, regulation 22, Staffing improvements required</td>
<td>Non-compliant,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>moderate impact.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Improvements required</td>
</tr>
<tr>
<td>CFT</td>
<td>2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

**CQC 2012 Inspections:**
A review of compliance inspection of Bodmin Hospital was conducted by the CQC in March 2012. The action plan from this inspection was modified and updated during June in consultation with the CQC. The CQC have endorsed the plan and are working with the Trust to ensure that necessary changes to practice are embedded in the culture on wards across the organisation. The Chief Operating Officer will be meeting with CQC representatives monthly so that the regulator receives regular feedback on quality improvement actions and levels of assessed compliance. Internal monitoring takes place via weekly meetings with the service line lead, ward managers, the Interim Head of Safety and Compliance and pharmacists, chaired by the Chief Operating Officer. Monthly update reports on actions are reported to the EMG.

**Extract from 16/7/12 Monitor Compliance report for CFT Quality and Governance Committee:**
As advised by Monitor, CFT are not required to make an adverse declaration in respect of the outstanding CQC actions.

Robust action plans are in place to ensure all compliance actions are dealt with within the shortest possible timescale.

**Dental Services:** The PCT Dental Commissioning Group, and Dental performance Group receive reports of outcomes of CQC inspection visits and compliance issues raised.

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Year:</th>
<th>Assessment results:</th>
<th>[ ]:</th>
<th>[ ]:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCHT</td>
<td>2012/13</td>
<td>2.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Main risks, mitigating action being taken, and whether resolved:**

<table>
<thead>
<tr>
<th>Organisation:</th>
<th>Year:</th>
<th>Key messages from quality account:</th>
</tr>
</thead>
</table>
| RCHT         | 2012  | The Trust has consistently maintained ‘performing’ status since Q2 2009/10, meaning together with our unconditional Care Quality Commission (CQC) registration our service performance overall is seen as good.  

The Secretary of State has declared that “as patients there should be no decision about me, without me” and warned that “the NHS too often asks insufficiently penetrating questions, insufficiently often, of too few patients.” In consultation with local groups we have developed a Patient Experience Strategy which includes the setting up of a patient experience group including patient / public representation.  

The information in these Quality Accounts provides a good insight into our progress against our objectives. Worthy of particular mention are the following achievements during the last year:  

- On admission to the Trust, over 96% of our patients are now accurately reviewed and assessed for risk of Venous Thromboembolism (VTE). The national target is 90%, and the Commissioning for Quality and Innovation (CQUIN) target was 95% by March 31st for 2011/12.  
- Over 80% of our stroke patients were admitted to the stroke unit within 24 hours and spent 90% of their time there.  
- Executive patient safety walk rounds have continued and have been extended to cover out of hours responsive visits. Executives, Non-Executives and staff have found this to be an informative and useful initiative.  
- The installation of the TrueBeam scanner to further improve clinical outcomes for cancer patients  
- The opening of the West Cornwall Treatment Centre to bring care closer to patients homes in the west of the county.  
For the forthcoming year, the Trust has identified a number of areas for improvement in consultation with our staff, service users and stakeholders, as follows:  
- Further improvements in our admission and discharge processes within the Trust.  
- We will reduce the level of avoidable harm by implementing the NHS Safety Thermometer  
- Following the Trust’s designation as a Trauma Unit,
we will continue to develop our major trauma services to enable improvements in patient care.

- We will continue to work with the local health community to improve the services and patient pathways for patients with Glaucoma.

<table>
<thead>
<tr>
<th>RCHT</th>
<th>2011/12</th>
<th>Royal Cornwall Hospital Trust has identified a number of areas for improvement in consultation with staff and service users for 2012/13. These include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Patient Safety:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Patient flow including single point of access and ambulance turnaround times;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implementation of the Safety Thermometer: reducing incidents of harm;</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Clinical Effectiveness:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Designation of RCHT as a Trauma Unit in the Peninsula Trauma Network;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improved pathway for Glaucoma patients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Patient Experience:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Quality of discharge including information provision</td>
</tr>
</tbody>
</table>

| CFT  | 2011/12 | Patient Safety:                                                                                                                       |
|------|---------|--------------------------------------------------------------------------------------------------------------------------------|---|
|      |         | • Service Area: Inpatient - To improve risk assessment practice and the quality of care planning across inpatient services.              |
|      |         | • Service Area: Children - To improve safeguarding of children by recording the number of staff supervision sessions and auditing records to ensure this is of a high quality; |
|      |         | **Clinical Effectiveness:**                                                                                                           |
|      |         | • Service Area: Learning Disability - To increase the awareness of autism by staff who may come into contact with service users with autism. |
|      |         | • Service Area: Complex Care and Dementia - To ensure that people on our caseload with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs; |
|      |         | **Patient Experience:**                                                                                                               |
|      |         | • Service Area: Community - To monitor the experience of patients using the new single point of access to ensure that it is patient centred. |

<p>| PCH  | 2011/12 | Patient Safety:                                                                                                                       |
|------|---------|--------------------------------------------------------------------------------------------------------------------------------|---|
|      |         | • Improving the nutrition of patients in hospital.                                                                                    |
|      |         | • Improving clinical documentation;                                                                                                    |</p>
<table>
<thead>
<tr>
<th>Site</th>
<th>Year</th>
<th>Patient Safety:</th>
<th>Clinical Effectiveness:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCH</td>
<td>2011/12</td>
<td>• Identification and management of the deteriorating patient;</td>
<td>• Protect the quality of care and dignity of patients with dementia;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prevention of venous thromboembolism – undertaking risk assessment and appropriate preventative treatment for all patients admitted to a community hospital;</td>
<td>• Improving dental pathways for patients with Learning Disabilities with an emphasis on prevention and dental hygiene.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Prevention and Management of Pressure Ulcers;</td>
<td></td>
</tr>
<tr>
<td>Bodmin NHS Treatment Centre</td>
<td>2011/12</td>
<td>• Addressing falls and falls related injury, Never Events and Venous Thromboembolism;</td>
<td>• Ensuring effective pathways of patient care particularly for patients with cognitive impairment and dementia. Patient information;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Improving the patient experience within the Community Hospitals and in wider community services.</td>
</tr>
<tr>
<td>Duchy Hospital</td>
<td>2011/12</td>
<td>• Compliance with the surgical safety checklist. Bar coding for patient identify bands;</td>
<td>• Improving outcome and improving patient experience in relation to ambulatory day care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• VTE assessment;</td>
<td>• Improving national benchmarking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Never Events;</td>
<td>• Improving ward efficiency by adopting the Productive Ward Initiative – more time to care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Real time reporting;</td>
<td>Improving patient information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• National Joint Register;</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Critical care competencies;</td>
<td></td>
</tr>
</tbody>
</table>
• Blood transfusion competencies;
• Safeguarding;
• Staff satisfaction.

Clinical effectiveness:
• Ambulatory day care. Group pre-assessment. Improving national benchmarking;

Patient experience:
• Increasing the use of PROMS. Patient satisfaction survey.

Main risks, mitigating action being taken, and whether resolved:

Quality Accounts
The introduction of Quality Accounts became compulsory for acute and mental health providers of NHS care in 2010. This has since been extended to providers of community services, and all Primary Care Trusts are encouraged to produce Quality Accounts covering the period 2010/11, with the statutory duty to publish in June 2012, for the period 2011/12.

By publishing quality accounts in June each year, healthcare providers report on their services for the previous year, describing progress on previously identified improvement priorities, or explaining why such priorities are no longer being pursued. In addition there is a new requirement for providers to demonstrate how the review of services and patient and public involvement has identified areas of improvement for the coming year. CIOSPCT provides comment on priorities and produces a statement on accuracy and interpretation of data. The priorities identified by our main providers, in their Quality Accounts for 2011/12, are listed in the table above.

Providers are currently consulting on priorities for the 2012/13 Quality Accounts.

<table>
<thead>
<tr>
<th>Accreditation of GPwSI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation:</td>
<td>Year:</td>
</tr>
<tr>
<td>PCT</td>
<td>2010-12</td>
</tr>
</tbody>
</table>

Main risks, mitigating action being taken, and whether resolved:

GPwSI managed within provider trusts or individual practices and should be managed through commissioning contract to ensure compliance with national guidance. Who completes the accreditation process is not clear as yet. CCG and LAT informed.
Other Quality Data

**National Cancer Peer Review**
RCHT will be peer reviewed in March 13 against Head and Neck, Gynae, Chemotherapy and Acute Oncology. The peer review team will advise the commissioning organisations areas of concern and publish a final report in near future

**Acute Oncology:** Hospitals need to develop a more systematic approach to dealing with cancer related emergencies. This includes developing acute oncology services to ensure that patients who are admitted are quickly managed in the most appropriate way and have rapid access to hospital cancer specialists.

**Head and Neck and Gynae:** (see SCG below): Peer review will assess RCHT and PHT and provide assurance they are compliant with Improving Outcome guidance for Gynae and Head and Neck cancers. Joint MDT between RCHT and PHT have been established and the teams are developing joint policies and protocols. Progress has been monitored through the PCN Executive Committee which has now disbanded.

**Data Quality:** The ability to drive quality improvements is undermined by poor quality data. Hospital cancer services spend a significant amount of time collecting and sending data but this effort is wasted if that data is not deemed to be accurate and relevant by the same hospital’s clinicians. Commissioners should use financial incentives to ensure that all mandated information is of a high quality. The National Cancer Director has particularly highlighted the importance accurate staging data (“no stage – no pay”). RCHT is uploading data but this is not complete. (It was subject to CQUINs in 2010/11).

**CQC QRP August 2012**
- Outcomes rated as green are: 2, 7, 8, 10, 11, and 21
- Outcomes rated as neutral are: 1, 4, 5, 6, 9, 12, 14, 16 and 17
- A risk profile has not been calculated for outcome 13 (insufficient data)

**Royal Cornwall Hospitals NHS Trust – March 2012**
Royal Cornwall Hospitals Trust was registered with the CQC without conditions as at 1 April 2010. The Quality Monitoring Schedule for RCHT is monitored through the monthly contract review processes, attended by the Strategic Health Authority, and through the provision of a monthly quality report.

The CQC QRP relating to March 2012 records the following position:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Title</th>
<th>QRP Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respecting and involving people who use services</td>
<td>Low neutral</td>
</tr>
<tr>
<td>2</td>
<td>Consent to care and treatment</td>
<td>Low green</td>
</tr>
<tr>
<td>4</td>
<td>Care and welfare of people who use services</td>
<td>High green</td>
</tr>
<tr>
<td>5</td>
<td>Meeting nutritional needs</td>
<td>Low neutral</td>
</tr>
<tr>
<td>6</td>
<td>Co-operating with other providers</td>
<td>Low green</td>
</tr>
<tr>
<td>7</td>
<td>Safeguarding people who use services from abuse</td>
<td>Low green</td>
</tr>
<tr>
<td>8</td>
<td>Cleanliness and infection control</td>
<td>Low green</td>
</tr>
<tr>
<td>9</td>
<td>Management of medicines</td>
<td>Low neutral</td>
</tr>
<tr>
<td>10</td>
<td>Safety and suitability of premises</td>
<td>Low neutral</td>
</tr>
<tr>
<td>11</td>
<td>Safety, availability and suitability of equipment</td>
<td>Low green</td>
</tr>
<tr>
<td>12</td>
<td>Requirements relating to workers</td>
<td>Low green</td>
</tr>
</tbody>
</table>
The results indicated above are, in some cases, based on historic information.

**Peninsula Community Health**

Peninsula Community Health registered with the CQC without conditions on 1 October 2011. The contract is monitored monthly, demonstrating a consistent approach to the commissioning of services. Contract review meetings primarily monitor, on a monthly basis, the delivery of services in line with the contract for services commissioned from Peninsula Community Health by NHS Cornwall and Isles of Scilly. The CQC are not currently publishing Quality and risk Profiles for non NHS Trusts.

In January 2012 the Care Quality Commission undertook a visit to Edward Hain Hospital in St Ives and observed how people were being cared for, looked at records of people who use the services, talked to staff and talked to people who use services. The CQC determined that Edward Hain Hospital was meeting all the essential standards of quality and safety but, to maintain this, suggested that some improvements were made relating to the following outcomes:

- Outcome 04: Care and welfare of people who use services;
- Outcome 09: Management of medicines.

Improvement actions were identified in the following areas:

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation and Outcome</th>
<th>Concerns identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>People experience safe and appropriate care. The system for care planning needs to be developed further to ensure that all aspects of care, including discharge planning, are met.</td>
</tr>
<tr>
<td></td>
<td>Outcome 04: Care and welfare of people who use services</td>
<td></td>
</tr>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</td>
<td>On the whole staff manage medication safely, however some of the information about giving medication is unclear and may place people at risk of receiving medication they do not need.</td>
</tr>
<tr>
<td></td>
<td>Outcome 09: Management of medicines</td>
<td></td>
</tr>
</tbody>
</table>

Action plans have been developed to address the outcomes. The action plan is monitored at monthly performance meetings.

**Cornwall Partnership NHS Foundation Trust**

Cornwall Partnership NHS Foundation Trust registered with the Care Quality Commission, without conditions, in April 2010. In November 2011 a Technical Working Group was established to review aspects of the contract, feeding into the Contract
Monitoring Group. The purpose of the Group is to allow time and flexibility to review the quality and performance of Cornwall Partnership NHS Foundation Trust. A recent addition to the Contract Review Meetings has been presentations from Service Line Leads.

The CQC QRP relating to March 2012 records the following position:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Title</th>
<th>QRP Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Respecting and involving people who use services</td>
<td>High green</td>
</tr>
<tr>
<td>2</td>
<td>Consent to care and treatment</td>
<td>Insufficient data to calculate risk estimate</td>
</tr>
<tr>
<td>4</td>
<td>Care and welfare of people who use services</td>
<td>Low neutral</td>
</tr>
<tr>
<td>5</td>
<td>Meeting nutritional needs</td>
<td>Low neutral</td>
</tr>
<tr>
<td>6</td>
<td>Co-operating with other providers</td>
<td>Low green</td>
</tr>
<tr>
<td>7</td>
<td>Safeguarding people who use services from abuse</td>
<td>Low green</td>
</tr>
<tr>
<td>8</td>
<td>Cleanliness and infection control</td>
<td>Insufficient data to calculate risk estimate</td>
</tr>
<tr>
<td>9</td>
<td>Management of medicines</td>
<td>High neutral</td>
</tr>
<tr>
<td>10</td>
<td>Safety and suitability of premises</td>
<td>Insufficient data to calculate risk estimate</td>
</tr>
<tr>
<td>11</td>
<td>Safety, availability and suitability of equipment</td>
<td>Low neutral</td>
</tr>
<tr>
<td>12</td>
<td>Requirements relating to workers</td>
<td>Low neutral</td>
</tr>
<tr>
<td>13</td>
<td>Staffing</td>
<td>High neutral</td>
</tr>
<tr>
<td>14</td>
<td>Supporting staff</td>
<td>Low green</td>
</tr>
<tr>
<td>16</td>
<td>Assessing and monitoring the quality of service provision</td>
<td>Insufficient data to calculate risk estimate</td>
</tr>
<tr>
<td>17</td>
<td>Complaints</td>
<td>Low neutral</td>
</tr>
<tr>
<td>21</td>
<td>Records</td>
<td>Low green</td>
</tr>
</tbody>
</table>

**Patient Experience Strategy:**

The Patient Experience Strategy 2009-2012 was developed to enhance NHS Cornwall and Isles of Scilly’s ability to assure the quality of services offered to local patients and ensure that patient experience of care continues to improve. The strategy identified the following key areas that are considered to impact upon patient safety, experience and the quality of services:

- Serious Untoward Incidents;
- Infection Prevention and Control;
- End of Life Care;
- Patient Feedback;
- Complaints and Patient Advice and Liaison Service;
- Dignity in Care;
- Delivering Same Sex Accommodation;
- Workforce Development;
- Whole System Demonstrator;
- Equality and Diversity;
- Disabled Children;
- Children and Maternity;
- Dementia;
- Neurological Conditions.
Successful implementation of the strategy should demonstrate improved outcomes for patients and a consistent high quality patient experience across the care pathway, wherever possible, first time every time. Outcomes are reported to the Board 6 monthly.

**Dignity in Care**

One of the ways in which patient experience is assessed by CIOSPCT is through the programme of unannounced visits conducted by Dignity in Care Assessors. The role includes visits to care facilities commissioned by CIOSPCT in order to undertake privacy and dignity audits of those facilities. The role of the Dignity in Care assessor was created to facilitate patients and service users being treated with dignity and respect. Clear privacy and dignity standards are set out in service level agreements with providers.

The assessors' remit for 2010/11 was to carry out planned, but unannounced, visits to a variety of NHS funded care providers in the county, particularly hospital wards at Royal Cornwall Hospital Trust, community hospitals and nursing homes.

To facilitate the assessment visits, an audit tool was used by the assessors. Completion of this tool ensured the essential elements of care were audited and provided a consistent approach to the assessment of each care setting. Information gathered from the audit tool was collated into a report and sent to the care provider visited, for their information and action, where appropriate.

In 2011/12 CIOSPCT continued to promote and facilitate the recruitment of new members to the group to increase the number of visits and the scope of work undertaken. Implementation of actions identified following visits are discussed at the assessors bi-monthly meetings. These discussions are led by the provider involved to enable the assessors to see that actions have been taken where necessary to address concerns raised at the visits.

The assessors have completed a number of visits from the 2011/12 visiting schedule. These included visits to a number of wards and departments at Royal Cornwall Hospitals Trust and West Cornwall Hospitals and to locations run by Peninsula Community Health. Unannounced visits to care homes commenced in September 2011. If the Care Quality Commission (CQC) require providers to undertake any actions to improve services, providers will be required to submit an action plan to the CQC which will be monitored to ensure that the actions has been taken. Reports relating to each inspection undertaken are published on the Care Quality Commission website.

A new schedule of visits for 2012/13 has been agreed and recent visits include a number of wards at Cornwall Partnership NHS Foundation Trust and Peninsula Community Health.

**Commissioning for Quality and Innovation (CQUINs)**

Commissioning for Quality and Innovation (CQUINs) is a national framework for locally agreed quality improvement schemes, which rewards excellence. The framework is intended to encourage a culture of continuous quality improvement in all providers by linking 1.5% of income to the achievement of ambitious local quality improvement goals and innovations, agreed between the commissioner and healthcare providers, with active clinical engagement.
A CQUIN scheme should reflect innovation and address the three domains of quality:

- Patient safety;
- Patient experience;
- Clinical effectiveness

The local schemes are aligned to wider commissioning intentions and priorities to ensure that agreed goals are targeted at the areas most in need of improvement.

Details of CQUIN targets set for the year 2012/13 are as follows:

**Royal Cornwall Hospitals Trust:**
- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
- Improve responsiveness to personal needs of patients
- Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting
- Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE
- Achieve progress against indicators relating to avoidable emergency admissions
- Achieve progress on indicators relating to avoidable elective admissions

**Peninsula Community Health:**
- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
- Implement the nursing metric system across community hospitals to include patient survey showing an improvement in patient experience
- Improve awareness and diagnosis of dementia, using risk assessment, in a community hospital setting
- Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE
- Reduce avoidable emergency admissions of frail elderly patients
- Improve outcomes for 2 specific conditions (to be defined) by 10%
- Assistive Technologies (High Impact Innovation) Increase the Telehealth install and coaching
- Reduce the length of stay at Liskeard Hospital
- Increase COPD Rehabilitation in line with NICE Guidance.

**Cornwall Partnership NHS Foundation Trust:**
- Improve patient experience of community mental health services
- Improve composite indicator on responsiveness to personal needs for inpatient service
- Improve diagnosis of dementia
- Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE
- Achieve an organisational autism specific quality assurance framework
- Routine use of national mental health clustering tool (HoNOS) PbR) to establish baseline data, in preparation for activity based contracting including Improving the quality and timeliness of care clustering
• Develop a new model for community based dementia care
• Take a lead role in developing, with commissioner, service specification for Medically Unexplained Symptoms and implement
• Design and implement a RAID in full Psychiatric Liaison model
• Implement the Productive Mental Health Ward
• Achieve 5% reduction in emergency admissions for respiratory, gastro-intestinal and minor injuries in children

**Bodmin Treatment Centre:**
• Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
• Appropriate prophylaxis for VTE
• Improve responsiveness to personal needs of patients
• Ensure that not more than 10% of patients felt that more should have been done to manage the pain more effectively
• Comply with World Health Organisation (WHO) Surgical Safety checklist

**Duchy Hospital:**
• Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)
• Improve responsiveness to personal needs of patients
• Improve collection of data in relation to pressure ulcers, falls, urinary tract infection in those with a catheter, and VTE
• Reduce clinical risk to patients by undertaking Medical Early Warning Assessments

**Probus Surgical Services:**
• Venous-thromboembolism: To reduce avoidable death, disability and chronic ill health from VTE.
• Patient Experience: Improve responsiveness to personal needs of patients.
• Dementia: Improve awareness and diagnosis of dementia, using risk assessment, in an acute hospital setting.
• To measure and quantify the experience of patients who are referred to the new cataract service through patient satisfaction surveys and audit.
• Comply with World Health Organisation (WHO) Surgical Safety checklist

**Details of CQUIN targets set for the year 2011/12 are as follows:**

<table>
<thead>
<tr>
<th>Royal Cornwall Hospitals Trust:</th>
<th>Met</th>
<th>Not Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE)</td>
<td>Met</td>
<td>Not Met</td>
</tr>
<tr>
<td>Improve responsiveness to personal needs of patients. The indicator is a composite calculated from 5 national patient survey questions</td>
<td>Not Met Target 77.8 Actual 76.60</td>
<td></td>
</tr>
<tr>
<td>Improve the quality of pre, intra and post-operative care for patients undergoing major elective surgery through implementation of the enhanced recovery model of care.</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>Improve quality outcomes and productivity through implementation of The Productive Operating Theatres</td>
<td>Met Q1, 2 &amp; 3 Not Met Q4 Target 100% Actual 97%</td>
<td></td>
</tr>
<tr>
<td><strong>Peninsula Community Health:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE) through risk assessment</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>Implement the nursing metric system across community services to include patient survey</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>Increase number of patients who have expected deaths and are placed on the Liverpool Care Pathway in community Hospitals</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>90% patients over the age of 75 screened for frailty and case managed</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>Improve personalisation of care planning and self-management</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>100% of all in patients in community hospitals should have Community Medical Early Warning Systems (CMEWS) in full completed according to local policy</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>Offer patients with stroke a minimum of 45 minutes of each active therapy that is required for a minimum of 5 days a week.</td>
<td>Met</td>
<td></td>
</tr>
<tr>
<td>Complete full (Level 2) Medicines Reconciliation for 95% of inpatients within 72 hours or admission to the Community Hospital</td>
<td>Met</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Cornwall Foundation Trust:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the responsiveness to personal needs of patients in Community Mental Health settings</td>
<td>75% Achievement</td>
</tr>
<tr>
<td>Improve quality outcomes and productivity through implementation of The Productive Mental Health Ward</td>
<td>Met</td>
</tr>
<tr>
<td>Assess 95% people who are referred by GP to community services and either take on for treatment or signpost to universal services.</td>
<td>Met</td>
</tr>
<tr>
<td>Ensure all young people with a learning disability have a transitional plan and named key worker by their 17th birthday.</td>
<td>Met</td>
</tr>
<tr>
<td>Improve the quality of provision for people with an autism spectrum disorder by achievement of full Autism accreditation:</td>
<td>Met</td>
</tr>
<tr>
<td>Improve children’s mental health and emotional well being outcomes by reducing CORC in full scores by 17 %.</td>
<td>Met</td>
</tr>
<tr>
<td>Improve the level of awareness of peri-natal mental health issues</td>
<td>Met</td>
</tr>
<tr>
<td>Improve awareness of Medically Unexplained Symptoms (MUS) in full in Primary Care</td>
<td>Met</td>
</tr>
<tr>
<td>Improve numbers of service users gaining employment and returning to employment</td>
<td>Met</td>
</tr>
</tbody>
</table>

**Children’s Community Services:**
- Identify children experiencing night time enuresis at school entry assessment. | Met |
- Identify young carers at Year 7 assessment. | Met |
- Ensure 60% of parents (of children whose weight is above the 91st BMI centile) at the 2 year check are assessed for “readiness to change” and are provided with low level interventions by Health Visitors. | Met |

**Bodmin Treatment Centre:**
- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE) | Met |
- Appropriate prophylaxis for VTE | Met |
- Improve responsiveness to personal needs of patients | Met |
- Ensure that not more than 10% of patients felt that more should have been done to manage the pain more effectively | Met |
- Comply with World Health Organisation (WHO) Surgical Safety checklist | Met |

**Duchy Hospital:**
- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE) | Met |
- Appropriate prophylaxis for VTE | Not Met Did not undertake National Survey |
- Improve responsiveness to personal needs of patients | Not Met Did not undertake National Survey |
- Ensure that not more than 10% of patients felt that more should have been done to manage the pain more effectively | Met |
- Comply with World Health Organisation (WHO) Surgical Safety checklist | Met |

**Probus Surgical Services:**
- Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE) | Met |
- Appropriate prophylaxis for VTE | Met |
- Improve responsiveness to personal needs of patients | Met |
- Ensure that not more than 10% of patients felt that more should have been done to manage the pain more effectively | Met |
- Comply with World Health Organisation (WHO) Surgical Safety checklist | Met |
### Specialised Services (services directly commissioned by Specialised Commissioning Group)

<table>
<thead>
<tr>
<th>Other quality data</th>
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</table>

#### Radiotherapy

Royal Cornwall Hospitals Trust (RCHT) is currently implementing IMRT. RCHT has received a national grant of £130,000 to assist with implementation. The national standard is for 25% of patients to receive their radiotherapy on the IMRT machine.

Service Risks: Delays in radiotherapy capacity and ability to achieve cancer waiting times. RCHT in process of submitting business case to increase capacity.

#### Specialised Skin Cancer Services - MOHs

Royal Cornwall Hospitals operate a MOHs service approved through the Peninsula Cancer Network. RCHT is one of two centres in the Peninsula.

Service Risks: Local tariffs for RDE and RCHT (RCHT believe service may not viable unless increase in funding). Numbers treated by RCHT clinicians lower than nationally recommended. PCN requested that Plymouth ensure patients are referred to RCHT for treatment as appropriate.

#### Spinal Dorsal Rhizotomy

Cornwall and Isles of Scilly have approved 4 of these through the exceptional treatment panel. However the requests did not include the specialist intensive physiotherapy required post operative by local services and this has been commissioned separately at a significant cost. Until April 13 when the SCG will directly commission services and receive requests, the PCT will only consider requests for this surgery where post operative physiotherapy costs have been included and with evidence of support from local services as appropriate.

#### Specialised Pain Management Services

The PCT has received many requests for patients to attend the inpatient pain services at Bath. Each request has been considered by the SCRP exceptional clinical need however due to a cohort of patients and lack of evidence submitted by the Bath Pain services few are approved. The Bath Pain centre was asked to provide long term evidence but have failed to do so. Due to the number submitted across Devon and Cornwall, the PCT has written to the SCG in 2012 asking them to consider a policy for inpatient pain services.

#### Specialist Gynaecological Cancer Services

RCHT and PHT operate a joint multidisciplinary team meeting. Led by Tito Lopes RCH. This service has been subject to review in line with Improving Outcome Guidance. The changes and service developments were monitored and a final presentation to the Peninsula Cancer Network (PCN) Executive Committee took place.
in Dec 2012 where the committee approved the progress made. The service is being peer reviewed in March 13 to ensure meets standards and IOG compliance.

**Specialist Head and Neck Cancers**

RCHT and PHT operate a joint multidisciplinary team meeting. Led by Phil Hughes Plymouth Hospitals. This service has been subject to review in line with Improving Outcome Guidance. The changes and service developments were monitored and a final presentation to the PCN Executive Committee took place in Dec 2012 where the committee approved the progress made. The service is being peer reviewed in March 13 to ensure meets standards and IOG compliance.

**Individual Funding Requests / Cancer Drugs Fund**

Cornwall and Isles of Scilly PCT operate a monthly Specialist Cases Review Panel (SCRP) to consider individual funding requests for exceptional clinical need. The PCT policy has been revised and submitted to the KCCG governing body to ensure seamless continuation after April 13. However many of these requests (including all cancer drugs) will be directly commissioned by the Specialised Commissioning Group from April 1. The process to be implemented by the SCG has not yet been published.

Risk 1: The CIOS PCT panel will continue to consider request until April 13 however need to ensure drugs are not funded by two different organisations

Risk 2: No process or communication to providers or commissioners regarding the changes to date. In 2011 the number of applications received was 168 in total of which 46 were CDF related, 57 related to specialised prescribed services with 65 non-specialised. In 2012 the number of applications received was 177 in total of which 81 were CDF related, 44 related to specialised prescribed services with 52 non-specialised.

**Travel Abroad Policy**

CIOS PCT have developed a travel abroad policy in line with national guidance. It is expected that this function will transfer to NCB.

Communication from Phil Harper (Policy Manager – Partnerships, NHS Commissioning Board Authority) stated: from April 2013, the NHS Commissioning Board will be responsible for picking up some of the EU cross border healthcare administrative functions that are currently carried out by PCTs. Specifically, this relates to receiving and processing requests for funding for healthcare in Europe, in addition to meeting the requirements of the EU cross border healthcare directive.

Process and procedure yet to be published

**Haemophilia**

Haemophilia network model of care for the Peninsula adult service at the
Comprehensive Care Centre (CCC) level is not finalised. SCG working with UH Bristol to consider an outreach model for the Peninsula for provision of the CCC service.

Specialised Rehab Services for Brain Injury

The Royal National Hospital for Rheumatic Diseases FT is closing its neuro-rehab service. The SCG has notified all OSCs that it will be developing proposals for re-provision and will engage on these proposals. There are currently no CIOS patients placed at RNHRD.

Specialised Cardiology and Cardiac Surgery (adult)

The maximum take identification rules for cardiac electrophysiology do not include K59.6 (Implantation of cardioverter defibrillator using three electrodes). This code is used for a significant number of procedures undertaken at RCHT. To ensure that all ICD activity is included in the maximum take baseline all activity on K59 needs to be included and charged to the NHSCB in 2013/14 together with the associated device costs.

In 2012/13 the PCT has worked closely with the Heart & Stroke Network and the SCG to improve the access for urgent non elective cardiac surgery transfers to Plymouth Hospitals Trust. This has been an issue for CIOS for many years with patients having to be transferred from RCHT to out of area cardiac surgery providers (mainly The Heart Hospital in London) for cardiac surgery rather than being treated locally. Since action was taken to address this issue in the summer 2012 there have been no CIOS patients transferred out of area, 31 patients were transferred from RCHT to PHT September to January.

Specialised Ear Services

RCHT provide Bone Anchored Hearing Aids for a small number of patients. These were excluded from the minimum take at the request of RCHT. SCG to consider governance around low volume service.

Morbid Obesity Services

Access to bariatric surgery is through specialist weight management clinics (SWMC). CIOS PCT have in place a prior approval process for all referrals for bariatric surgery. This will be reviewed before handover to the KCCG as it may now be appropriate to have a notification system instead of prior approval.

CIOS PCT has provided the SCG with details around the commissioning intentions for bariatric surgery based on information gained from the approvals process and tracking patients through to surgery. The RCHT SWMC has had issue with capacity and a backlog of patients awaiting dietetic assessment built up. Additional resources have now been made available to the service to address the backlog and to ensure a smooth, timely flow of patients through the assessment process. The impact of the additional activity in the SWMC on bariatric surgery was estimated for 2012/13, however, due to a delay in resourcing the SWMC the anticipated conversion to surgery has not materialised in 2012/13. Additional non-recurrent funding of c£400k was added to the SCG baseline in 2012/13 for this anticipated non recurrent backlog.
activity (61 cases). Recurrent activity for 2012/13 is also below plan with a total forecast outturn variance at Month 9 of £630k under-spend. There have been 59 operations at RCHT to end of January 2013 against a plan for the year of 96 (excluding the non recurrent activity). The number of patients approved for referral to surgery has increased significantly from 2011/12 from 80 to 146 (April to mid February for comparison), it is unknown at this stage how many of these additional approvals are as a result of starting to clear the dietetics backlog.

The recurrent baseline should be adequate but additional activity will need to be commissioned non recurrently for 2013/14 and into 2014/15 to cover the additional patients generated into the system as a result of clearing the dietetics backlog.

Risk 1 – A clear understanding is required of which organisation will act as gatekeeper for referral into bariatric surgery and what the process will be.

Risk 2 – Additional non recurrent capacity needs to be commissioned from RCHT for the backlog of SWMC patients that will flow into surgery.

Risk 3 - The recurrent baseline is likely to be set by the SCG based on 2012/13 activity which has been suppressed due to delays still in the SWMC assessment process. This is likely to be insufficient going forward.

Specialised Neuro Rehabilitation

There are currently 8 individual placements for neurological rehabilitation for people from Cornwall who have had a brain injury, plus a further 5 individuals receiving specialist care for other neurological conditions e.g. Huntingdon's and epilepsy with a learning disability.

The neuro rehab placements following brain injury are in inpatient settings out of county, involving 6 different providers, 1 of which is NHS, the rest are independent sector. There are no formal contracts in place other than the NHS provider, with whom there is a block contract.

The majority of the placements have been in place more than 6 months; 2 placements have been in place for more than a year (1 of which is an exceptional case in terms of funding route).

The annual budget is £281,000 (2012/13), with a forecast overspend of £643,251.

The Specialised Commissioning Group will have responsibility for level 1 and 2 neurological rehabilitation placements from April 2013.

Background
Pre-April 2012, there was a lack of governance and local intelligence around this area of commissioning. There was no formal approval process and no administration around individual placements. There is now an interim approval process based on the mental health Individual Funding Request system (see attached), but there is no formal review panel.

There is now a system to track individual placements and payment of invoices.
Assessment
There is currently a financial risk to NHS Kernow around the budget overspend, which has been flagged to the Finance Director and raised on i-Risk.

Following a conversation with a senior commissioner from SCG on 14/2/13, there seems to be a lack of clarity around where regional and local responsibility lies for this area of commissioning.

From the SCG’s point of view, a level 1 or 2 rehab placement shouldn’t last for more than 6 months, but the majority of the current placements are more than 6 months.

The SCG would have no contact with or knowledge of individual cases - it is not clear how this would work with independent sector providers with whom there is no contract at present.

The process of gathering and maintaining local knowledge around individual placements and tracking progress in terms of funding requests for extended periods and discharge to the community is time consuming. It is unlikely that the SCG will be involved at this level and there is a risk that single placements with single providers will be ‘lost’.

Recommendations
1. Seek further clarity on roles and responsibilities from April 2013, including where the budget will sit.
2. Seek further clarity on the handover process.

Childrens Specialised Services
Issue: Availability of T4 beds for CAMHS.

Plymbridge is constantly full so children as young as 13 are being to be transported to London or further afield.

Transport in terms of getting them there and also for parent to visit them is an issue and rests with the CCG but should be included in the packages picked up by the SCG.

Specialised Vascular Surgery

In 2012 the Plymouth and Cornwall Vascular Network were reviewed by a panel of clinical experts and specialised commissioners against national guidelines (VSGBI) and the draft national service specification. The panel concluded the Network would need to develop further options to meet the national VSGBI guidelines including how the services will look in 3-5 years time and involvement of patients, public and CCGs in developing the options. The NHS CB will be taking this work forward.

7.3 Performance Management
Provider contracts include additional explicit requirements for the quality and safety of clinical care.

- Monthly exception reports are requested that cover:
  - Quality Scorecard;
  - Care Quality Commission position;
  - Health Care Associated Infections;
  - World Health Organisation Surgical Checklist compliance;
  - Complaints and Patient Advice and Liaison Service activity;
  - Incidents;
  - Clinical audits/clinical governance systems;
  - Clinical risks;
  - Safeguarding Adults and Children;
  - Central Alert System/National Institute for Clinical Excellence compliance;
  - Mortality rates;
  - Serious Incidents Requiring Investigation/Never events;
  - Patient experience;
  - Delivering same sex accommodation standards;
  - Business and emergency planning;

- Monthly contract monitoring meetings are held between the Trust and its providers where current performance information received by the Trust is reviewed and actions for future progress discussed and agreed;

- Commissioning Quality and Innovation (CQUIN) indicators are monitored with performance related payments being made at agreed intervals if the set targets are achieved.

Through robust contract monitoring, and the appropriate triangulation of hard and soft intelligence, the PCT plays a vital role in detecting and preventing serious failures at an early stage, as well identifying areas of good practice to hand over to new organisational structures.

7.4 Reporting

Quality information is reported each month to the Board within the Finance, Performance and Quality report covering the areas of:

Patient safety:
- Serious Incidents/Never Events;
- Safety Alerts;
- Healthcare Associated Infections;
- Mortality Rates;
- Safeguarding adults and children;
- Quality, Effectiveness and Safety Trigger tool;
- Workforce assurance.

Patient Experience:
• Delivering Same Sex Accommodation;
• Dignity in Care.

Clinical Effectiveness:
• Care Quality Commission Registration;
• CQUINs.

7.5 **Excellence in Quality**

CIOSPCT as an organisation, or its staff, has been recognised in the following ways:

• National pilots/projects
• Newquay Integrated Care Pilot
• North Cornwall Integrated Care Pilot
• Whole System Demonstrator
• Medical Revalidation
• Family Nurse Partnership
• NHS Equality Partner
• Beacon site for Social Marketing
• Stonewall Healthy Lives Programme
• Dementia Peer Support
• National exemplar site for our supported self-care programme
• Department of Health Pacesetters programme
8. SIGNATURES

Carol Williams  
Cluster Director of Nursing

Shelagh McCormick  
Cluster Medical Director
APPENDICES:

Appendix 1  Friends & Family Test: RCHT, PCH
Appendix 2  LINK4Scilly: Isles of Scilly Snapshot of health and health services
Appendix 3  PCT Statutory Functions and Expected Destinations
Appendix 4  PCT Function Map
Appendix 5  Risk Register
Appendix 6  CIO/SPCT Cluster Quality Framework 2011/13
Appendix 7  Contract Quality Schedule
Appendix 8  Clinical Audits – CFT, RCHT
Appendix 9  Face-to-Face handover meetings (evidence)