Maintaining Quality through Transition

Quality Handover Document

FINAL

22nd March 2013
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1. **CONTEXT**

This Quality Handover Document (QHD) is an appendix of the overall Corporate Handover Document: Appendix one. It provides details of the key clinical quality issues for the attention of all receiver organisations and covers all aspects of quality, effectiveness, safety and patient experience. It includes a risk profile based on analysis and triangulation of all available quantitative and qualitative data from various sources.

The information contained in this document needs to be considered in the context of established governance arrangements that are already in place with key partner organisations and stakeholders including the Clinical Commissioning Groups (CCGs) on Teesside. This has enabled NHS Tees to constructively engage with vital parties in order to address clinical quality issues and continually monitor and review activity and contemporaneous information as part of the transfer of commissioner functions, statutory responsibilities and accountabilities.

The focus on maintaining and improving quality during the transition is inherent in this document. The Quality work stream of NHS Tees Transition Programme was responsible for ensuring this document was reviewed and updated on a monthly basis. This commenced in October 2012 and involved planned updates to NHS Tees Consolidated Board and CCG’s Governing Bodies until the formal handover in March 2013 to successor bodies.

2. **TRANSITION LEAD & CORPORATE RESPONSIBILITY (QUALITY)**

Celia Weldon       Director of Corporate Affairs
Jackie White       Acting Director of Corporate Affairs
Bev Reilly         Board Nurse NHS Tees
James Gossow       Senior Medical Advisor NHS Tees

**Authors:**

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3. EXECUTIVE SUMMARY

Introduction

The primary purpose of the Quality Handover Document (QHD) is to ensure that hard and soft intelligence on quality and safety is not lost to the system and that the quality and safety of patient care is sustained during the transition under the NHS reforms from Primary Care Trusts (PCT) to Clinical Commissioning Groups (CCG).

The two over-riding principles that underpin this document are that the patient comes first – not the needs of any organisation and that quality is everybody’s business for both ‘sender’ and ‘receiver’ organisations.

This QHD document has been developed using the National Quality Board guidance ‘HOW TO: Maintain Quality during the Transition; ‘Preparing for handover’ published in May 2012, which makes clear, the expectation that the discipline and rigour that occurs in financial handovers should be applied to matters of quality. It describes a form of ‘clinical due diligence’ and details the formal handover requirements for ‘sender; and ‘receiver’ organisations, to ensure that organisational memory on quality issues are captured, written down and communicated to the receiving body.

Quality is complex and depends upon many different parts of the system working together. In this QHD we have described and measured quality through triangulation of data both qualitative and quantitative from various organisations and data sources, identified with information and data presented throughout the document.

The PCT captured hard intelligence such as Serious Incidents and Never Events, reported by the providers onto the Strategic Electronic Information System (STEIS), data collected by the Care Quality Commission in the Quality Risk Profiles (QRP) and triangulated data with patient feedback and performance metrics to hold provider organisations to account in Clinical Quality Review Groups (CQRGs). Contract monitoring meetings which also monitor quality were held with all commissioned services, whilst collaborative working with Local Authorities enabled quality assurance to take place with care homes via a robust Clinical Quality Assessment (CQA) framework.

The PCT carried out provider-announced and -unannounced visits to review services to identify both quality concerns and good practice. In addition the PCT captured soft intelligence about safety concerns that may be anecdotal yet, when recorded and triangulated with hard data, alerted the PCT of the need to take corrective action. The soft intelligence were reported to the ‘receiving’ organisations via face to face meetings prior to the formal handover of this document.

Context

Core business for a commissioning organisation is to obtain assurance that commissioned services are provided by organisations and individuals in an environment of the highest standards of quality as defined by:

- Patient Safety
- Clinical Effectiveness
- Patient Experience

This QHD includes assurance data and intelligence gathered for North Tees & Hartlepool NHS Foundation Trust (Acute and Community); South Tees NHS Foundation Trust (Acute and Community); Tees Esk and Wear Valleys NHS Foundation Trust (Mental Health Provider); Care Homes contracted via
the local authority; Specialised Commissioning; Independent Commissioned Services; Third Sector Care Services; Screening Programmes, Offender Health and areas of joint commissioning, Ambulance Services.

Assurance data and information for Primary Care Medical, Dental, Optometry services on Tees will be reported by the Primary Care Services Authority (PCSA). NHS Tees PCT have received assurance of this via formal notification to the Director of Finance.

**Patient Safety**
The development and maintenance of a patient safety culture has been integral to NHS Tees commissioning arrangements with all providers. Our acute and community providers signed up to Safer Care NE (2011) and the National Department of Health Safety Express. The main providers of NHS care have signed up to measuring harm-free care via the Patient Safety Thermometer and CQUIN targets. The PCT has been actively engaged in regional patient safety forums and assurance groups including those for infection control and safeguarding.

**Clinical Effectiveness**
The role of the commissioning PCT has been to ensure that providers have in place systems to measure and improve their clinical care and patient outcomes. The assurance processes in place for NHS Tees included: Clinical Quality Review Groups (CQRGs); National and Local CQUINs (Commissioning for Quality & Innovation) National Institute for Health and Clinical Excellence (NICE), including the monitoring of NICE guidelines and quality standards, implementation by providers and clinical audit.

**Patient Experience**
This has been a cornerstone of NHS Tees’s vision and an integral part of the wider quality agenda. The clinical quality team within NHS Tees has been the focal point for the triangulation of patient experience information, where quantitative and qualitative data from complaints and the Patient Advice & Liaison Service (PALS), LINks (Local Involvement Networks) and NHS Choices, Patient Reported Outcome Measures (PROMs) and Patient Surveys have been monitored and in some cases challenged with providers via CQRGs and contract monitoring meetings.

NHS Tees have ensured patients have been actively engaged in shaping the planning and delivery of services and to make ensure their needs and wants have been met appropriately. We have had a broad range of mechanisms to ensure patient and public engagement was in the planning and delivery of local services which included our arrangements for handing over provider plans for the ‘friends and family test’.

**Quality Handover Document Structure**
This QHD highlights main risks and positive issues for the providers on Tees. It details those issues requiring deeper exploration and issues which are subject to a watching brief. It also confirms the action being taken where appropriate.

The last section summarises those areas of quality for which the PCT alone is accountable. Complaints sent to the PCT regarding commissioned services, STEIS incident management, Whistle-blowing, Safeguarding Adults and Children statutory responsibilities, development and monitoring of CQUIN, NICE management and continuing health care funding.
4. THE ORGANISATION SYSTEM

4.1 Introduction

NHS Tees PCT cluster has been a commissioning organisation comprising of Hartlepool Primary Care Trust (PCT), Stockton on Tees Primary Care Trust (PCT), Middlesbrough Primary Care Trust (PCT) and Redcar and Cleveland Primary Care Trust (PCT). The total population it served is 561,600 with an annual budget of £1,074,780,000.

4.2 Population Demographics & Health Profiles

An overview of the population demographics and health profiles of each of the four localities on Teesside are described. Each PCT is co-terminous with its Local Authority with individual population figures as given in figure 1.

Fig 1: Population Demographics for NHS Tees
Hartlepool
The health of people in Hartlepool is generally worse than the England average. Deprivation is higher than average and about 5,500 children live in poverty. Life expectancy for both men and women is lower than the England average.

Life expectancy is 12.3 years lower for men and 8.2 years lower for women in the most deprived areas of Hartlepool than in the least deprived areas. Over the last ten years, all-cause mortality rates show no clear trend. The early death rate from heart disease and stroke has fallen but is worse than the England average.

Fig 2: Health Profiles 2012 - Hartlepool

Data Source: www.healthprofiles.info; Health Profiles are produced by the English Public Health Observatories
Stockton-on-Tees

The health of people in Stockton-on-Tees is mixed compared with the England average. Deprivation is higher than average and about 8,400 children live in poverty. Life expectancy for both men and women is lower than the England average.

Life expectancy is 15.3 years lower for men and 11.3 years lower for women in the most deprived areas of Stockton-on-Tees than in the least deprived areas.

Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and the former is worse than the England average.

Fig 3: Health Profiles 2012 – Stockton on Tees

Data Source: www.healthprofiles.info: Health Profiles are produced by the English Public Health Observatories
Middlesbrough

The health of people in Middlesbrough is mixed compared with the England average. Deprivation is higher than average and about 9,800 children live in poverty. Life expectancy for both men and women is lower than the England average.

Life expectancy is 14.8 years lower for men and 11.3 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.

Over the last ten years, all-cause mortality rates show no clear trend. The early death rate from heart disease and stroke has fallen but is worse than the England average.

Fig 4: Health Profiles 2012 - Middlesbrough

Data Source: www.healthprofiles.info: Health Profiles are produced by the English Public Health Observatories
Redcar and Cleveland

The health of people in Redcar and Cleveland is mixed compared with the England average. Deprivation is higher than average and about 6,700 children live in poverty.

Life expectancy for women is lower than the England average. Life expectancy is 13.1 years lower for men and 8.4 years lower for women in the most deprived areas of Redcar and Cleveland than in the least deprived areas.

Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and the former is worse than the England average.

Fig 5: Health Profiles 2012 – Redcar & Cleveland

Data Source: www.healthprofiles.info; Health Profiles are produced by the English Public Health Observatories
4.3 Strategic Vision & Local Plans

NHS Tees has worked collaboratively with the two CCGs on Teesside (Hartlepool & Stockton on Tees CCG and South Tees CCG) the four Local Authorities (Stockton, Hartlepool, Middlesbrough and Redcar & Cleveland), and stakeholders, to develop a shared vision of improving the quality of health care services based on an understanding of the local health needs. Integral to informing this vision has been the Joint Strategic Needs Assessment (JSNA), completed in each Local Authority area. Reference to the JSNA is also reflected in both Hartlepool & Stockton-on-Tees and South Tees CCGs’ Clear and Credible Plans (CCPs) 2012 – 17.

The Clear and Credible Plans set out the commissioning intentions of the CCGs and are consistent with NHS Tees Integrated Strategic Operational Plan (ISOP) 2011- 2014 also referred to as Tees PCT’s Integrated Cluster Plan. The Integrated Standard Operating Procedure (ISOP) outlines how the PCTs will ensure the delivery of national, regional and local priorities ensuring financial stability and improved levels of service performance whilst at the same time facilitating the transition to clinical commissioning.

4.4 Functions

There are a number of statutory functions that will transfer to receiver organisations listed in the Corporate Handover document, of which this QHD is Appendix 1. PCTs currently have a statutory duty to make arrangements to secure continuous improvement in the quality of health care that it commissions. NHS Tees has worked with the CCGs on Teesside to embed and ensure quality is at the heart of all commissioned services on behalf of the people of Teesside and agreed the following core principles:

- Robust, comprehensive quality assurance mechanisms will be in place designed around open, constructive, positive and respected relationships with our providers
- Well established processes for improving quality such as thorough contracts and contract management (including Commissioning for Quality and Innovation (CQUIN) schemes/ Local Quality Indicators & requirements and service re-design will be maintained
- To continue to support the current systems in place to ensure that high standards of quality are maintained particularly during times of transition.
- Clinicians are committed to increasingly driving the quality agenda across primary, secondary, tertiary and social care through the CCGs.
5. **WHO IS WHO**

The following staff possess knowledge of the issues contained within this Quality Handover Document:

- Dr James Gossow, Senior Medical Advisor  
  Corporate responsibility Quality Handover document (Board Member)
- Bev Reilly, Board Nurse  
  Corporate responsibility Quality Handover document (Board Member)
- Peter Kelly, Executive Director of Public Health
- Celia Weldon, Director of Corporate Affairs, Complaints, Human Resources (HR), Organisational Development/Workforce Destination

**Fig 6: NHS Tees Board Members**

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<thead>
<tr>
<th>Name</th>
<th>Position in Sending Organisation</th>
<th>New destination &amp; position</th>
<th>Contact details</th>
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<tbody>
<tr>
<td>Chris Willis</td>
<td>Chief Executive</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Celia Weldon</td>
<td>Director of Corporate Affairs, Complaints, Human Resources (HR), Organisational Development/Workforce</td>
<td>Not applicable</td>
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<tr>
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<tr>
<td>Audrey Pickstock</td>
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</tr>
<tr>
<td>Steve Wallace</td>
<td>Non-Executive Director, Chair</td>
<td>Not applicable</td>
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<tr>
<td>John Bentley</td>
<td>Non-Executive Director</td>
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<td>Leo Gillen</td>
<td>Non-Executive Director</td>
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<td>Peter Hadfield</td>
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<td>Claire Hunter</td>
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<td>Malcolm Walker</td>
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<tr>
<td>Peter Race MBE</td>
<td>Non-Executive Director</td>
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6. GOVERNANCE

The Patient Safety Quality and Safeguarding Committee (PSQS) a subcommittee of Tees Consolidated Board monitored the production of this Quality Handover Document (QHD), and NHS Tees Board were provided with regular updates. The final QHD was submitted to NHS Tees Consolidated Board for board members approval at the public meeting on the 20th March 2013.

The CCG’s governance arrangements are in place and ready for the handover on the 1st April 2013. The Quality Handover Document will be submitted to the first public board meeting of Hartlepool & Stockton CCG and South Tees CCG. The National Commissioning Board and the four Local Authorities will determine their own arrangements for receiving this document and ensuring the public are made aware.

7. TIMEFRAME

This Quality Handover Document document was submitted for approval to NHS Tees Consolidated Board at the public board meeting on the 20 March 2013: Minutes from this meeting can be viewed on NHS Tees website, until it is shut down in September 2013.

http://www.stockton-on-tees.nhs.uk/content/page.aspx?page=26
8. QUALITY PROFILE

8.1 Commissioning – Maintaining and Improving Quality

NHS Tees, as a commissioning organisation obtained assurance from all its commissioned services, of their delivery of high quality health care. During the transition there was a requirement to gain assurance that the services it commissioned continued to take into consideration the new health landscape and the key requirements of quality which are patient safety, patient experience and effectiveness of care as outlined in ‘High Quality Care for All’; the NHS Outcomes Framework 2011/2012; and Maintaining and Improving Quality during the Transition: Safety, Effectiveness, and Experience Part 1- 2011/12.

NHS Tees’ approach to quality has already been outlined in this QHD. This approach was continually reviewed and refined during the transition to ensure that it remains fit for purpose.

Fig 8 & 9 below show how the five domains of the NHS Outcomes Framework map into the three key elements of quality.

Fig 8 The Quality Improvement System

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NHS Outcomes Framework

- 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: Ensuring that people have a positive experience of care
- Domain 5: Treating & caring for people in a safe environment and protecting them from avoidable

NICE Quality Standards

Commissioning Outcomes Framework

Commissioning Guidance

Provider payment mechanisms

Commissioning / Contracting

NHS Commissioning Board – certain specialist services and primary care
NHS Tees’ commitment in driving forward quality improvements was to ensure:

- Patients were at the centre of every aspect of our work
- Continued working with key partner organisations to collectively consider risks to quality
- Delivery of all robust handover to successor organisations ensuring no loss in corporate memory on issues relating to quality

Quality Mechanisms have been in place to monitor quality with all providers. Local Quality Requirements were incorporated into contracts and ‘Commissioning for Quality and Innovation (CQUIN) schemes’ to deliver continuous quality improvement have been developed with input from a broad range of stakeholders, particularly clinicians. The CQUIN schemes incentivise quality improvement in priority areas. Quality assurance was gained at Clinical Quality Review Groups (CQRGs) that were held quarterly with the main health trusts and via quarterly performance contract management meetings with other contracted providers. These meetings provided a forum where providers were challenged in relation to evidence provided regarding the delivery of quality standards.

A Quality Assurance Framework has been developed within NHS Tees to enable the organisation to monitor the quality of services across all providers whose services NHS Tees commissioned. The first phase included secondary care services and the second and third phases focused on primary care and nursing care homes.

From 1 September 2011 the management of serious untoward incidents transferred from the NE SHA to the NHS Tees. This allowed commissioners a further opportunity to influence provider performance and have a closer understanding of the patient safety and quality issues that are identified and ensure recommendations and action plans are implemented.

### 8.2 The Provider Landscape

The main providers of acute and community care across Teesside are South Tees NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust. Tees Esk and Wear Valleys NHS Foundation Trust is the main provider for mental health and learning disability services.

Independent organisations that provide NHS services locally include the Nuffield Hospital which is contracted to undertake elective surgery, Ramsay Health Care at Tees Valley Treatment Centre, which
provides day case treatments and procedures and Assura which delivers sexual health services across Teesside.

NHS Tees also commissioned NHS care from the 3 local hospices, Butterwick, Teesside and Hartlepool to provide palliative and end of life care. Specsavers and The Outside Clinic (AQP adult hearing), Middlesbrough MIND, Hartlepool MIND, Alliance, “MHCO”, Mental Health Matters (AQP IAPT), Lasercare, BPAS and Everyday Language Solutions, to provide relevant services.

Offender Health was commissioned on behalf of NHS Tees by the North East Offender Health Commissioning Unit, which is hosted by NHS County Durham and Darlington. Care UK holds the contract as the provider of healthcare within prisons across the North East.

The Primary Care Services Agency (PCSA), hosted by NHS South of Tyne & Wear, commissioned services from all Independent Contractors on behalf of NHS Tees. It managed the contracts, the Performers Lists, and dealt with any professional performance issues for all GPs, Dentists and community pharmacists across the North East. The PCSA also managed and monitored the out of hours GP services, Northern Doctors Urgent Care (NDUC)

North East Ambulance Service (NEAS), hosted by NHS North of Tyne has been the Lead commissioner responsible for managing and monitoring these services on behalf of NHS Tees.

NHS funded care packages in community settings on Teesside and out of area were provided by a number of providers including care homes with nursing, learning disabilities, elderly mentally inform (EMI) or mental health & physical disability nursing expertise, independent hospitals and nursing agencies.

The number of contracted providers is detailed within the Corporate Handover Document.

8.3 Quality in Commissioned Services

The quality profiles contained within this document cover all aspects of quality; safety, effectiveness, and patient experience. The summary profile is based on analysis and triangulation of available quantitative and qualitative data. South Tees NHS Foundation Trust, North Tees & Hartlepool NHS Foundation Trust and Tees Esk and Wear Valleys NHS Foundation Trust have agreed their quality profiles.
### 8.4 North Tees and Hartlepool NHS Foundation Trust

**Commissioning Arrangements:**

Lead commissioner: **NHS Stockton-On-Tees**

Associate commissioners: **NHS Hartlepool, NHS Redcar & Cleveland, NHS Middlesbrough, Cumbria PCT.**

**Summary of Provider:**

North Tees and Hartlepool NHS Foundation Trust was formed on 1 April 1999 and was authorised as North Tees and Hartlepool NHS Foundation Trust on 1 December 2007. They provide hospital and community based health care to approximately 365,000 people living in East Durham, Hartlepool, Stockton-on-Tees and surrounding areas and part of Sedgefield. Their breast and bowel screening service extends further than this, taking the total population they serve for screening services to approximately 400,000.

There are two hospitals

- **The University Hospital of North Tees**
- **The University Hospital of Hartlepool**

Total number of available consultant led beds is 627.

The workforce is over 5000 staff.

### Acute:

**Services Provided:**

- Accident and Emergency
- Breast surgery
- Children's and Adolescent
- Cardiology
- Diagnostic
- Endocrinology and Metabolic Medicine
- Gastroenterology and Hepatology
- Gynaecology
- General Surgery
- General Medicine Inc Diabetology
- Haematology
- Maternity
- Trauma and Orthopaedics
- Pain Management
- Rheumatology
- Respiratory Medicine
- Urology
- ENT
- Paediatrics
- Geriatric Medicine
- Clinical Oncology
- Radiology
- Pathology

### Community:

**Services Provided:**

- Community Nursing
- Community Cardiac Nursing
- Community Respiratory & Management Service (CRAMS) Hartlepool
- Cardiac Rehabilitation
- Child Protection
- Continence
- Primary care ENT
- Health Visiting
- School Nursing
- Speech & Language
- Community Heart Failure Rehabilitation
- Respiratory Nursing
- Podiatry
- Phlebotomy
1.0 Patient Safety – (NTHFT)

1.1 PRESSURE ULCERS – (NTHFT)

The following table illustrates an increase in the reporting of pressure related damage, which the provider acknowledges and attributes to the implementation of the mandatory STEIS reporting requirements of the National Patient Safety Agency (NPSA) 2010; guidance which was effective from 01.4.11 relating to grade 3 and 4 pressure ulcers. There has also been an increase in staff awareness and compliance with the mandatory requirements.

The numbers of pressure sores previously reported to the PCT through Clinical Quality Review Groups were prior to the revised categories and therefore have excluded many of the pressure ulcers where the origin was not clear. As part of the process for revising the categorization of pressure ulcers NTHFT have reviewed the records of the unattributed cases (with cross reference to System1 / HCR’s where appropriate) and then assigned them accordingly.

Although the numbers now appear to be much larger, they are consistent with the Trusts Complaints, Litigation Incident PALs (CLIP) reports, and demonstrate a comprehensive and transparent reporting culture.

1.1.1 Risks: known risks following analysis and triangulation of information.

Fig 10: Pressure Damage 1 October 11 to 31 December 2012

<table>
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<tr>
<th></th>
<th>11/12 Q3</th>
<th>11/12 Q4</th>
<th>12/13 Q1</th>
<th>12/13 Q2</th>
<th>12/13 Q3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Active D/N Caseload</td>
<td>116</td>
<td>136</td>
<td>136</td>
<td>118</td>
<td>125</td>
<td>631</td>
</tr>
<tr>
<td>Not on D/N Caseload</td>
<td>58</td>
<td>80</td>
<td>68</td>
<td>100</td>
<td>95</td>
<td>401</td>
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<tr>
<td>Hospital Acquired</td>
<td>53</td>
<td>57</td>
<td>82</td>
<td>87</td>
<td>90</td>
<td>369</td>
</tr>
<tr>
<td>Discharged or transferred from Other Trust</td>
<td>7</td>
<td>10</td>
<td>8</td>
<td>9</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>Totals</td>
<td>234</td>
<td>283</td>
<td>294</td>
<td>314</td>
<td>314</td>
<td>1439</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>11/12 Q3</th>
<th>11/12 Q4</th>
<th>12/13 Q1</th>
<th>12/13 Q2</th>
<th>12/13 Q3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>G3 and above On Active D/N Caseload</td>
<td>28</td>
<td>30</td>
<td>25</td>
<td>21</td>
<td>22</td>
<td>126</td>
</tr>
<tr>
<td>G1/2 on Active D/N Caseload</td>
<td>88</td>
<td>106</td>
<td>111</td>
<td>97</td>
<td>103</td>
<td>505</td>
</tr>
<tr>
<td>G3 and above Not on D/N Caseload</td>
<td>10</td>
<td>13</td>
<td>20</td>
<td>18</td>
<td>23</td>
<td>84</td>
</tr>
<tr>
<td>G1/2 Not on D/N Caseload</td>
<td>48</td>
<td>67</td>
<td>48</td>
<td>82</td>
<td>72</td>
<td>317</td>
</tr>
<tr>
<td>G3 and above Hospital Acquired</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>G1/2 Hospital Acquired</td>
<td>45</td>
<td>50</td>
<td>76</td>
<td>84</td>
<td>85</td>
<td>340</td>
</tr>
<tr>
<td>G3 and above Discharged or transferred from Other Trust</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>G1/2 Discharged or transferred from Other Trust</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>Totals</td>
<td>234</td>
<td>283</td>
<td>294</td>
<td>314</td>
<td>314</td>
<td>1439</td>
</tr>
</tbody>
</table>

1.1.2 **Positive Issues**: areas of excellent practice, innovation etc

A high impact intervention group was set up to address the root cause of the incidents and provide detailed reports by ward/incident type and origin on a monthly basis. A detailed action plan is also in place developed by the Pressure Ulcer Task & Finish group, of which the Commissioner was an active member.

A new assessment tool “Proficiency Pressure Ulcer Management Competency Assessment” has been produced by the Clinical Development Lead and being piloted for use as part of the Root Cause Analysis (RCA) investigation for all STEIS reportable pressure ulcer incidents. If the tool proves effective it will be utilised throughout the Trust.

1.1.3 **Matters being explored**: Areas which may need further clarification and possible deep dives and Action Plans

The patient safety risk related to pressure ulcers has been overseen by the High Impact Action Group “Your Skin Matters”, who have also reviewed and overseen the Trust action plan. There has been risk assessments on each Directorate risk register related to pressures ulcers, with the exception of Anaesthetics and Paediatrics. This has been raised with the Patient Safety Co-ordinators and General Managers. The Trust provided progress against this issue to the Commissioner at the CQRG in March 2013.

1.1.4 **Watching Brief**: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has been aware of the 2010 NPSA guidance and appreciated that there will be an increase in reporting of pressure ulcers. However, the issue has been closely monitored at CQRG meetings and through the Local Quality Requirements in the providers NHS standard contract.

<table>
<thead>
<tr>
<th>1.2 HEALTH CARE ASSOCIATED INFECTIONS (HCAI): Cdiff - (NTHFT)</th>
</tr>
</thead>
</table>

The Commissioner and Provider agreed a trajectory for the 2012/13 contract of 44 hospital acquired Cdiff cases.

1.2.1 **Risks**: known risks following analysis and triangulation of information.

As at 27 February 2013 the provider reported through their Contracting KPI report a figure of 59 cases.

The Trust also reports community acquired cases and as at 05 March 2013 the number of cases reported was 89.

1.2.2 **Positive Issues**: areas of excellent practice, innovation etc

RCAs have continued to be completed with regard to community acquired C-diff with information regularly collated, reviewed and analysed by the PCT Patient Safety and the Medicines Management teams. An article has been written in partnership with NTHFT regarding findings from RCAs which includes considerations for the management of C-diff in primary care.

The article was received by the PCT Medicines Management sub-committee on 13 September 2012 and approved. It has been circulated via the prescribing newsletter, and contractor’s chronicle, direct to all practices.

The Trust, supported by non-recurrent funding from the Commissioner, developed a programme to reduce the number of C-diff cases in the Community. This work won a National Nursing Times Award 2012-2013.
1.2.3 **Matters being explored**: Areas which may need further clarification and possible deep dives and Action Plans

The Trust and the Commissioner agreed the following actions:

**Actions for NTHFT**
- Environmental screening to ensure basic IPC measures are robust
- Testing must be senior clinician led in collaboration with IPC nurse
- Lab staff must verify all tests are appropriate and any samples less than grade 5 should be rejected as not appropriate for testing
- Senior clinical (consultant) decision to treat / not treat
- Concentrate these actions to high prevalence areas: Gastro-intestinal (GI) unit and elderly medicine
- Antibiotic champions to be identified for each ward at Specialist Registrar level

**Actions for PCT**
- Work with IPC Nurse to agree a universal RCA tool for use across the system
- Liaise with Medicines Management with regards to prescribing and community pharmacy
- Liaise with Health Protection Agency on all changes to be implemented to ensure acceptable

1.2.4 **Watching Brief**: Areas of concern, that the Commissioner will maintain an on-going interest.

Cdiff has been an area of concern across the health care economy which merits close monitoring by the commissioner.

### 1.3 HEALTH CARE ASSOCIATED INFECTIONS (HCAI): MRSA – (NTHFT)

The Commissioner and Provider agreed a trajectory of 1 case, for the 2012/13 contract.

#### 1.3.1 **Risks**: known risks following analysis and triangulation of information.

1 reported case of MRSA in Q2. However the Commissioners real time data as at 06.02.2013 was 2 cases.

#### 1.3.2 **Positive Issues**: areas of excellent practice, innovation etc

Prior to this latest 2 reported MRSA case, there were over 535 days without any MRSA reportable incidences. The Trust has been reviewing its strategies to see if lessons can be learned and improvements introduced.

The Trust also developed a dashboard which enabled analysis of trends and identification of best practice to support and drive quality improvements.

#### 1.3.3 **Matters being explored**: Areas which may need further clarification and possible deep dives and Action Plans

The Commissioner and the Trust committed to work together to drive forward improvements at both ward and organisational level.

#### 1.3.4 **Watching Brief**: Areas of concern, that the Commissioner will maintain an on-going interest.

MRSA is an on-going watching brief; the trajectory for 2013-14 being zero cases.
1.4 SERIOUS INCIDENTS (SI's) – (NTHFT)

1.4.1 Risks: known risks following analysis and triangulation of information.

Low response rate in relation to compliance with 45 days for completion of incident investigation, submission of final report and all actions completed.

1.4.2 Positive Issues: areas of excellent practice, innovation etc

SIs and Incidents – the Trust had a positive reporting culture in relation to incidents, and a proactive programme of undertaking RCA’s and sharing lessons learned within the Trust.

1.4.3 Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans

The Commissioner has reviewed its Standard Operating Procedures (SOPS), and has held the Provider to account when in breach of deadlines. The Commissioner has also undertaken an internal review of the ‘closure’ of reports, and its own ability to ensure these are undertaken in a timely manner and in accordance with timescales.

1.4.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner and Provider committed to work together to ensure the SOPs are adhered to. SIs in accordance with best practice will always remain a watching brief.

1.5 NEVER EVENTS – (NTHFT)

1.5.1 Risks: known risks following analysis and triangulation of information.

An elective orthopaedic patient admitted to hospital for a LEFT total knee replacement received a RIGHT femoral component.

1.5.2 Positive Issues: areas of excellent practice, innovation etc

The Chief Executive of the Trust mandated a comprehensive review of all DH listed never events and requested assurance in relation to the whole system. This was revisited six months later at the Trust Directors Group.

Data Source: Communication from NTHNHSFT 06.03.2013

1.5.3 Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans

Completion of RCA and associated actions.

1.5.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

Never Events in accordance with best practice will always remain a watching brief.
1.6 SAFEGUARDING CHILDREN – (NTHFT)

1.6.1 Risks: known risks following analysis and triangulation of information.
N/A.

1.6.2 Positive Issues: areas of excellent practice, innovation etc.

Safeguarding arrangements have been good and notably safeguarding children supervision has been exceptionally good. There have been well-embedded quality assurance processes with commendable case file auditing.

NTHFT has contributed to a child protection serious case review in 2011/2012. As part of this they completed an Individual Management Review dated 31/01/2011 and submitted an action plan. The overview report and action plan was been accepted by Ofsted and the LSCB and its implementation has been monitored by the LSCB.

Childrens Safeguarding training figures as of November 2012 were excellent with Level 1 compliance at 86%, Level 2 at 91% and Level 3 at 90%.
Data Source: NTHFT CQRG Presentation 13 December 2012.

1.6.3 Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans.
N/A

1.6.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
Safeguarding Children in accordance with best practice will always remain a watching brief.

1.7 SAFEGUARDING ADULTS – (NTHFT)

1.7.1 Risks: known risks following analysis and triangulation of information.
NA

1.7.2 Positive Issues: areas of excellent practice, innovation etc

The Trust appointed a Specialist Nurse (Adult Safeguarding). It also secured additional non-recurrent funding 2012/13 from the Commissioner to implement a programme focused on increasing awareness and understanding of adult safeguarding entitled ‘Passionate about Safeguarding’. The outputs and outcomes of this programme have been monitored by the Commissioner.

The Winterbourne Report proved to be the vehicle to expedite on-going work around capacity and dementia. The Trust had developed training via their ‘Passionate about Safeguarding’ project. A CQUIN scheme was agreed for 2012/13 which centred on the recording of best interest decisions for people with a diagnosis of dementia and/or a diagnosis of a learning disability.

Mental Capacity Act

The MCA DoLs responsibilities of PCT’s as a Supervisory Body will transfer to Local Authorities on 01 April 2013. NHS Tees agreed section 75 Partnership agreements with each of the four Local Authorities on Tees to manage the MCA DoLs function. All managing authorities on Tees are familiar with local arrangements and requirements and such an arrangement will support and enable a smooth transition.

1.7.3 Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans.
N/A

1.7.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
Adult safeguarding in accordance with best practice will always remain a watching brief.
2.0 Clinical Effectiveness

2.1 MORTALITY – (NTHFT)

NEQOS: NHS North East Hospital Mortality Monitoring Report 14; April 2011-March 2012; published November 2012, concluded that Trusts in the North East continue to perform well on mortality indicators, this includes North Tees & Hartlepool NHS FT. The report suggested the burden of preventable deaths is still substantial across the North East region and further analysis locally is required by each Trust to attempt to identify those areas where there may be systematic and correctable shortcomings in care that contribute to preventable deaths.

Data reported in the Trust Board report – January 2013 – was taken from the October 2012 Dr Foster data, which provides mortality data till September 2012. The overall relative risk for all deaths from October 2011 to September 2012 was reported at 98.9, maintaining a stable position when compared to the National Mortality ratio of 100.

The overall relative risk for HSMR for October 2011 to September 2012 was reported at 98.6. SHMI provides Mortality data relating to deaths within 30 days of discharge from hospital and does not adjust for end of life care. The latest data available is for the 12 month period ending March 2012 when the Trust SHMI was 110.28, which remains within the ‘as expected’ range.

2.1.1 Risks: known risks following analysis and triangulation of information.

Care Quality Commission Quality Risk Profile data published for the Trust is rated as red in the following (SHMI) areas on the QRP report 31/10/2012:

<table>
<thead>
<tr>
<th>Description</th>
<th>Data Source</th>
<th>Period Start</th>
<th>Period End</th>
<th>Comparison with Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardised in hospital mortality rates by health resources group chapters: H – musculoskeletal system (HRG v3.5). -</td>
<td>Standardised in hospital Mortality rates by health resources group chapters: H – musculoskeletal system (HRG v3.5). -</td>
<td>01/04/11</td>
<td>31/03/12</td>
<td>Worse than expected</td>
</tr>
<tr>
<td>Standardised in hospital mortality rates by health resources group chapters: N - obstetrics &amp; neonatal care (HRG v3.5). -</td>
<td>Information Centre for Health &amp; Social Care (IC), Hospital Episode Statistics (HES)</td>
<td>01/04/11</td>
<td>31/03/12</td>
<td>Much worse than Expected</td>
</tr>
<tr>
<td>Standardised in hospital mortality rates by health resources group chapters: S - haematology, infectious diseases, poisoning and non-specific groupings (HRG v3.5). -</td>
<td></td>
<td>01/04/11</td>
<td>31/03/12</td>
<td>Much worse than Expected</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: B - Eyes and periorbita -</td>
<td></td>
<td>01/01/11</td>
<td>31/12/11</td>
<td>Worse than expected</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: F - Digestive system -</td>
<td></td>
<td>01/01/11</td>
<td>31/12/11</td>
<td>Much worse than Expected</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: H – Musculoskeletal system -</td>
<td></td>
<td>01/01/11</td>
<td>31/12/11</td>
<td>Much worse than Expected</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: N - Obstetrics &amp; neonatal care -</td>
<td></td>
<td>01/01/11</td>
<td>31/12/11</td>
<td>Much worse than Expected</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: S - Haematology, infectious diseases, poisoning &amp; non-specific groupings -</td>
<td></td>
<td>01/01/11</td>
<td>31/12/11</td>
<td>Much worse than Expected</td>
</tr>
</tbody>
</table>

Data Source: CQC QRP report 31/10/12
2.1.2  Positive Issues: areas of excellent practice, innovation etc

Fig 12: NTHNHSFT: CQC: Areas or Excellence

<table>
<thead>
<tr>
<th>Description</th>
<th>Data Source</th>
<th>Period Start</th>
<th>Period End</th>
<th>Comparison with Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardised in hospital mortality rates by health resources group chapters: E - cardiac surgery and primary cardiac conditions (HRG v3.5). -</td>
<td>Information Centre for Health &amp; Social Care (IC), Hospital Episode Statistics (HES)</td>
<td>01/04/11</td>
<td>31/03/12</td>
<td>Tending towards better than expected</td>
</tr>
</tbody>
</table>

Data Source: CQC QRP report 31.10.2012

The Trust has maintained a very positive overall risk grading according to the CQC 31.10.12 QRP.

2.1.3  Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans.

The Trust Board Report - January 2013 – provided analysis of the QRP and confirmed the following:

The CQC QRP report at 31 October 2012 has used HRG 3.5 whereas the trust uses HRG 4.0 on Dr Foster. As this report was unexpected, the Trust analysed the data by the CQC using HRG 3.5.

The analysis undertaken using HRG 3.5 using the same time period of January 2011 to December 2011 in the Dr Foster national database, demonstrated no evidence that the Trust has performed much worse than expected – see tables:

Fig 13 NTHNHSFT: CQC Quality Risk Profiles October 2012

<table>
<thead>
<tr>
<th>Description</th>
<th>On CQC QRP Report (Comparison with Expected)</th>
<th>Dr Foster 3.5HRG - Jan 11 to Dec 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: B - Eyes and periorbita -</td>
<td>Worse than expected</td>
<td>HRG 3.5 Chapter</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: F - Digestive system -</td>
<td>Much worse than expected</td>
<td>B Eyes and Periorbita</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: H – Musculoskeletal system -</td>
<td>Much worse than expected</td>
<td>F Digestive System</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: N - Obstetrics &amp; neonatal care -</td>
<td>Much worse than expected</td>
<td>H Musculoskeletal System</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: S - Haematology, infectious diseases, poisoning &amp; non-specific groupings -</td>
<td>Much worse than expected</td>
<td>N Obstetrics &amp; Neonatal Care</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: S - Haematology, infectious diseases, poisoning &amp; non-specific groupings -</td>
<td>Much worse than expected</td>
<td>S Haematology, Infectious Disease, Poisoning &amp; Non-Specific Groupings</td>
</tr>
</tbody>
</table>

Data Source: North Tees and Hartlepool NHS Foundation Trust Board Report January 2013

In the table, for categories B – Eyes and Periorbita and F – Digestive System, the number of deaths has exceeded the Expected, but this was not statistically significant (see above).

However, for:

- H – Musculoskeletal system
- N - Obstetrics & neonatal care
- S - Haematology, infectious diseases, poisoning & non-specific groupings

The data demonstrates that the number of deaths did not exceed the number of expected deaths and therefore should not be categorised as much worse than expected.
When analysing more recent data using HRG 3.5 (time period of October 2011 to September 2011) in Dr Foster, there is no evidence that the Trust has performed much worse than expected in any of the categories.

**Fig 14 NTHNHSFT: CQC Quality Risk Profiles October 2012**

<table>
<thead>
<tr>
<th>Description</th>
<th>On CQC QRP Report (Comparison with Expected)</th>
<th>Dr Foster 3.5HRG - Oct 11 to Sept 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: B - Eyes and periorbita -</td>
<td>Worse than expected</td>
<td>B Eyes and Periorbita 0 0.4 0 0 899</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: F - Digestive system -</td>
<td>Much worse than expected</td>
<td>F Digestive System 129 150.9 85.5 71.4 101.5</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: H – Musculoskeletal system -</td>
<td>Much worse than expected</td>
<td>H Musculoskeletal System 68 73.8 92.1 71.5 116.8</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: N - Obstetrics &amp; neonatal care -</td>
<td>Much worse than expected</td>
<td>N Obstetrics &amp; Neonatal Care 7 33.5 29.8 11.9 61.3</td>
</tr>
<tr>
<td>Total 30 day mortality rates by Health Resources Group chapters: S - Haematology, infectious diseases, poisoning &amp; non-specific groupings -</td>
<td>Much worse than expected</td>
<td>S Haematology, infectious Disease, Poisoning &amp; Non-Specific Groupings 106 117.1 90.5 74.1 109.4</td>
</tr>
</tbody>
</table>

Data Source: North Tees and Hartlepool NHS Foundation Trust Board Report January 2013

The Trust presented an update relating to the above analysis to CQRG in March 2013. The Commissioner and Provider continue to work together to understand mortality data across the whole care pathway through analysis and triangulation of information.

**2.1.4 Watching Brief:** Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner monitored the hospital mortality reports and assessed the impact of any changes through routine analysis, receiving assurance from the Trust at quarterly CQRG meetings.

**2.2 CQUIN (Exception Report for Quarter 1 2012/2013) – (NTHFT)**

**2.2.1 Risks:** known risks following analysis and triangulation of information.

No risks identified

**2.2.2 Positive Issues:** areas of excellent practice, innovation etc

Community services achieved all targets for Q1.

**2.2.3 Matters being explored:** Areas which may need further clarification and possible deep dives.

The acute services failed to achieve the following targets in quarter 2, in 2012/2013:

- **LD:** Reasonable adjustments - Target 50% Achieved NTHFT 29% An action plan was put in place to drive forward improvement. The Commissioner supported the Trust with funding to employ specialist learning disability staff to lead on delivering high quality care and support to people with learning disabilities.
- **Stroke Bundle part 12,** 8 out of 12 targets achieved. Targets set by stroke team, commitment to achieve & improve.

The reports of progress on CQUIN have been received at the CQRG groups held on a quarterly basis.

**2.2.4 Watching Brief:** Areas of concern, that the Commissioner will maintain an on-going interest.

NA
2.3 WORKFORCE (NTHFT)

2.3.1 Risks: known risks following analysis and triangulation of information.

Sickness absence: Data Source: NHS Midlands and East Quality Observatory Acute Trusts Quality Dashboard Winter 2012/2013

In relation to the following staff groups sickness absence has been higher than the national mean:

- Nurse: NTHFT 5.8% compared to national average of 4.8%
- Other staff group: NTHFT 6.0% compared to national average of 4.7%

2.3.2 Positive Issues: areas of excellent practice, innovation etc

The Trust demonstrated better results in the DH Staff Survey in 2011 when compared to 2010 in 5 key findings. There was an increase in all areas, showing above/better than average:

- Percentage of staff appraised in the last 12 months
- Percentage of staff appraised with personal development plans in the last 12 months
- Percentage of staff receiving health and safety training in the last 12 months
- Percentage of staff saying hand washing materials are always available
- Percentage of staff having equality and diversity training in the last 12 months

Data Source: NTHFT CQRG Presentation September 2012

Staff recommendation of the Trust as a place to work or receive treatment. On both these key findings we were ranked better than average when compared to other acute Trusts.

Data Source: NHS Midlands and East Quality Observatory Acute Trusts Quality Dashboard Autumn 2012

2.3.3 Matters being explored: Areas which may need further clarification and possible deep dives.

The Commissioner has monitored the Trust in order to understand the implications of the sickness absence data and the Trusts improvement plans. The Commissioner has continued to seek assurance in relation to the Trusts performance against all the findings above and the actions being progressed by the Trust at the CQRG meeting.

In addition, the Trust reported in the September 2012 CQRG presentation the following, which has been explored by the Trust and will be reported upon at the December 2012 CQRG meeting:

- Percentage of staff reporting good communication between senior management and staff
- Staff recommendation of the Trust as a place to work or receive treatment (although both these findings were ranked better than average when compared to other acute Trusts).
- Staff motivation at work (where we were ranked average when compared to other acute Trusts).

The Trust demonstrated a worse than average result in the following areas, detailed in the DH Staff Survey in 2011 when compared to 2010:

- Effective team working
- Percentage of staff suffering work-related injury in last 12 months
- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- Percentage of staff experiencing physical violence from staff in last 12 months
- Percentage of staff reporting good communication between senior management and staff
- Staff recommendation of the Trust as a place to work or receive treatment, KF35. Staff motivation at work

2.3.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has routinely monitored the workforce and received progress reports at quarterly CQRG meetings.
2.4 PROMS – (NTHFT)

Patient Reported Outcome Measures (PROMs):

PROMs measure quality from the patient perspective and calculate the health gain after surgical treatment using pre and post-operative surveys. Initially covering four clinical procedures: 1) hip replacements, 2) knee replacements, 3) hernia and 4) varicose veins.

2.4.1 Risks: known risks following analysis and triangulation of information.

- The percentage of patients reporting an improvement following hip replacement (Apr – Dec 2011) was 83.9%, which is slightly lower than the national average of 87.0%.
  - The percentage of patients reporting an improvement following a hernia procedure (Apr – Dec 2011) was 40.0% which is more than 10% lower than the national average of 51.6%.

Data source: NHS Midlands and East Quality Observatory Acute Trusts Quality Dashboard Autumn 2012

The CQC QRP reported that the “Comparison of observed to expected number of elective hip replacement admissions with an emergency readmission within 28 days of discharge” at 31.03.2011 was “Much worse than expected”.

2.4.2 Positive Issues: areas of excellent practice, innovation etc

- The percentage of patients reporting an improvement following knee replacement (Apr – Dec 2011) was 82.1%, which is above the national average of 78.7%.
- The percentage of patients reporting an improvement following a vein procedure (Apr – Dec 2011) was 57.1% which is above the national average of 52.0%.

2.4.3 Matters being explored: Areas which may need further clarification and possible deep dives.

Further work has been progressed by the Trust in collaboration with NEQOS in relation to PROMS and updates have been provided to the PEPG and CQRG.

In relation to PROMs (hips) the Trust undertook a review of records (33 hip cases) and commenced 17 reviews (52%) completed by the end of December 2012.

Of the 17 cases reviewed, all 17 (100%) had a decrease in their overall Health scores post operation. The decrease in post operation Health scores ranged from 1 to 36 points (see 3.8). Overall health gain refers to the patient perception of their overall health (includes conditions unrelated to the hip operation). From the 17 cases reviewed, 14 (82%) indicated a vast improvement in hip pain and stated that they have benefitted from their operation.

The remaining 3 (18%) patients reported that they have some pain and discomfort with their hip post operation.

One of the 14 cases that has indicated a vast improvement in hip pain, did show a pre-operation overall health score of 84 followed by a post operation score of 48, a decrease of 36 points. The patient reported some stiffness, however also reported being able to walk miles and undertake gardening tasks following the surgery, both of which they were unable to do pre-surgery.

Case notes reviews have continued on the remaining cases through January and February after which a final report has been completed.

Data Source: North Tees and Hartlepool NHS Foundation Trust Board Report January 2013

2.4.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has routinely monitored PROMS and has received progress reports at quarterly CQRG meetings.
3.0 Patient Experience – (NTHFT)

3.1 Complaints, PALS, Incidents and Litigation Activity – (NTHFT)

3.1.1 Risks: known risks following analysis and triangulation of information.
NA

3.1.2 Positive Issues: areas of excellent practice, innovation etc
The Trust has been reviewing the complaints process, protocols and timeframes. The Trust has been proactive in its approach and focused on driving forward Trust wide improvements in relation to dealing with complaints. The Trust encouraged complainants to contact the Patient Relations Department if they remained dissatisfied following the initial response to their complaint, required clarity or wished to ask further questions. The Patient Relations Department recognised that meetings were particularly successful towards achieving resolution.

Lessons learnt from complaints have been shared with the Commissioner and opportunities are have been explored with the Trust to share lessons learned across the health and social care economy.

3.1.3 Matters being explored: Areas which may need further clarification and possible deep dives.
N/A

3.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
Complaints in accordance with best practice will always remain a watching brief.

3.2 Patient Surveys – (NTHFT)

3.2.1 Risks: known risks following analysis and triangulation of information.
NA

3.2.2 Positive Issues: areas of excellent practice, innovation etc
The Trust has an excellent approach to involving volunteers in the acute hospital. In 2011/2012 16 new volunteers were recruited. Volunteers have assisted with patients at meal times, and provide general support to patients on the ward and in other areas of the hospital. The Trust intend to extend their volunteer programme to include community services.

The Trust has also achieved positive feedback from patients in a number of national surveys in 2011. These are highlighted below:

National Cancer Survey (DH, 2011) snapshot of improvements:
Percentage of patients whose health got better or remained same whilst waiting Improved from 74% to 84%
Constant monitoring of cancer waiting times to ensure patients are seen within 2 weeks for breast or as per site specific pathway.
Percentage of patients receiving information about financial help Improved from 55% to 64%
All information is included in patient packs, information to ward staff and the Macmillan publication “Helping with the Cost of Cancer” offered to all patients

National Inpatient Survey (CQC, 2011) snapshot of improvements:
Ensure all patients receive help with eating their meals should they need it Improved 6.8 to 7.5
Productive ward rollout providing patient support for meal times. On-going awareness raised by senior nurses as part of the Rounding Process. MUST nutritional assessment tool to highlight patients who need assistance
Overall the NTHFT inpatient survey results 2011 provided positive assurance from 437 respondents involved, the Trust achieved a 53% response rate directly comparable to the national response rate of 53%.

**Improve clear written information about medicines:**

**Improved 8 to 8.4** Increase awareness with medical and nursing staff particularly if medication is changed.

National Outpatient Survey (CQC, 2011) snap shot of improvement:

**Improved 38 to 73** Increase number of copies of letters sent between hospital doctors and patients’ GP

*All directorates adopting new practice of sending copy letters as standard unless dictating clinician specifically requests this is not done*

NTHFT gave a comprehensive presentation at the CQRG meetings held in June/July 2012 regarding the findings and actions/outcomes of their patient experience activity. This provided assurance to the Commissioner that patient experience is a priority and there is focused attention on driving forward improvements involving patients and their carers/families.

Overall the NTHFT Outpatient survey results 2011 (published February 2012) provided positive assurance. Overall results suggested that the Trust were within the range of the top 20% of best performing Trusts.

The Trust has also been committed to driving forward quality improvements in patient experience via CQUIN.

**CQUIN - Local Patient Experience Indicator 2012/2013**

The Trust fully achieved the local patient experience indicator in both acute and community settings in Quarter 1, confirmed by the Commissioner at the CQRG meeting in September 2012.

The Trust had a well-established patient experience programme and welcomes involvement from LINKs, Local Authority and other partners. NHS Tees has established Patient Experience Programme Group (PEPG) which focuses on the following: Quality requirements in contracts relating to patient experience (surveys, etc.).

In addition, NHS Choices provides evidence of patients receiving a positive experience of care. On the NHS Choices Website 27 out of 35 (77%) people would recommend University Hospital North Tees Hospital to a friend. 21 out of 23 people would recommend University Hospital Hartlepool.

**Announced and Unannounced Validation visits**

The Trust has positively engaged with the Commissioner in a programme of announced and unannounced visits, to provide assurance in all aspects of quality.

**3.2.3 Matters being explored:** Areas which may need further clarification and possible deep dives.

N/A

**3.2.4 Watching Brief:** Areas of concern, that the Commissioner will maintain an on-going interest.

Patient Experience in accordance with best practice will always remain a Watching brief. There are no issues at present that would give rise to any concerns.
4.0 National Inquiries – (NTHFT)

NTHFT have provided the Commissioner with information from their Board Report - January 2013 – that they have considered and appropriately responded to;

- **Airedale** – actions pertaining to this inquiry have been implemented
- **Francis 1** – the findings have been fully discussed throughout the Trust at all levels and information disseminated to staff. The Trust has initiated plans in preparation for the Francis 2 report (released 06 February 2013). Board seminars and Director Development days have focussed on Francis.
- **Winterbourne View** - recommendations have been discussed and appropriate actions are being progressed

The Commissioner is seeking an assurance of implementation of actions in response to Francis and Winterbourne at the CQRG meeting in March and will be monitoring implementation on an on-going basis through the CQRG.

**Fig 15: NTHNHSFT: Actions following Francis & Winterbourne Recommendations**

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Culture</th>
<th>Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear roles and responsibilities at all levels</td>
<td>Nursing and midwifery strategy developed by front line staff, patients, stakeholder groups</td>
<td>Red rules for nurse staffing embedded</td>
</tr>
<tr>
<td>Appraisal for all staff</td>
<td>Patient experience strategy developed by front line staff, patients, governors and stakeholder groups</td>
<td>Changes to clinical staffing models must be signed off by the (Medical/Nursing) director</td>
</tr>
<tr>
<td>Intentional rounding</td>
<td>Use of patient stories in development programmes both within directorates and corporately</td>
<td>RN development day focus on quality and patient experience; accredited by Teesside University</td>
</tr>
<tr>
<td>Educational supervision</td>
<td>RN/M development days to focus on duty of care and learning from national and local reviews</td>
<td>Modern Apprentice programme ensures that HCA development is robust and embeds the organisational values and culture. MA programme also provides a route into nurse training at Teesside University.</td>
</tr>
<tr>
<td>Patient Experience and Quality Standards Panels include governor and non-executive directors</td>
<td>Evening board seminars to include speaking to patients and visitors</td>
<td>Supervision for all registered staff</td>
</tr>
<tr>
<td>Regular director discussions with patients, visitors and staff regarding quality of care</td>
<td>Development of dashboards for front line staff to use to enhance quality of care</td>
<td>Nursing dashboards link outcomes to staffing</td>
</tr>
<tr>
<td>Integrated nursing and midwifery board to oversee standards of care and professional regulation of nurses and midwives</td>
<td>Proactive utilisation of the Family’s Voice (carers diary) to understand carers perception of how we manage pain, nausea, restlessness, quality of care and compassion in end of life care</td>
<td>6-monthly staffing reviews and benchmarking undertaken by the Director of Nursing</td>
</tr>
<tr>
<td>Out of hours board meetings</td>
<td>Use of staff surveys and staff feedback to effect improvements in job satisfaction and patient care</td>
<td>Personal development plans for staff as part of annual appraisal</td>
</tr>
<tr>
<td>Employment of specialist</td>
<td>Positive reporting and learning</td>
<td>Targeted educational support in</td>
</tr>
<tr>
<td>Safeguarding teams and specialist nurses</td>
<td>Culture</td>
<td>Response to learning from complaints or incidents</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>The Trust is represented on local safeguarding boards and other key multi-organisational committees</td>
<td>Education and training programmes linked to incidents and complaints</td>
<td>Robust HR processes prior to, during and after recruitment to Trust posts</td>
</tr>
<tr>
<td>Band 6/7 development programmes</td>
<td>Trust is working with NHS Innovations and with the Patient’s Association to further develop and disseminate good practice nationally</td>
<td>Strong corporate and local induction for all staff</td>
</tr>
<tr>
<td>Leadership programmes delivered to senior and middle management by Durham University</td>
<td>Student nurses are invited to attend PEQS panels and to be an observer at IPNMB in order to help them understand the rationale for the high standards we set.</td>
<td>Service line management develops and empowers front line staff to lead and manage their services - the quad style is that of collaboration between clinical leaders and management to ensure a balance between quality, safety, financial performance and operational efficiency</td>
</tr>
<tr>
<td>Junior staff invited to participate with senior staff in mortality reviews</td>
<td>Shining Stars Awards presented to staff nominated for their good work</td>
<td>External reviewers speak to staff including commissioners, LINKs, CQC</td>
</tr>
<tr>
<td>Internal and external reviews and audits commissioned in relation to key focus areas (including safeguarding, incidents and PEQS)</td>
<td>The Chairman, CEO and Board members regularly meet with staff and patients in their workplace or in seminars/meetings</td>
<td>Staff encouraged to report any concerns, errors and incidents from induction.</td>
</tr>
<tr>
<td>PS&amp;QS sub group process for mandatory training planning based on incidents, claims and complaints</td>
<td>Development of simulation linked to incidents</td>
<td>Pending focus on behaviours over training</td>
</tr>
<tr>
<td>Multi-disciplinary leadership and development programmes</td>
<td>Customer care charter for Directorates</td>
<td>Revalidation for all medical staff</td>
</tr>
<tr>
<td>Quality and corporate governance with self-certification of Board functions</td>
<td>Culture of being open to patients and staff with learning from when things go wrong</td>
<td>Risk assessments are used throughout the organisation demonstrate risk, mitigation and impact</td>
</tr>
<tr>
<td>Third party assurance and schedule of control via internal and external audit</td>
<td>Board to ward culture</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: North Tees and Hartlepool NHS Foundation Trust Board Report January 2013
## Summary

**Fig 16: NTHNHSFT: Quality Profile Summary**

<table>
<thead>
<tr>
<th>Quality</th>
<th>Risk Areas</th>
<th>Matters being Explored Y/N</th>
<th>Watching Brief Y/N &amp; Why</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Safety</strong></td>
<td>HCAI</td>
<td>Y</td>
<td>Y – Trajectories</td>
</tr>
<tr>
<td></td>
<td>SI report /action plan completion</td>
<td>Y</td>
<td>Y – targets/outcomes</td>
</tr>
<tr>
<td></td>
<td>Never Events</td>
<td>N</td>
<td>Y – Best practice</td>
</tr>
<tr>
<td></td>
<td>Pressure Ulcers</td>
<td>Y</td>
<td>Y – Best practice</td>
</tr>
<tr>
<td><strong>Clinical Effectiveness</strong></td>
<td>Mortality</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>Workforce</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROMS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td>None</td>
<td>N</td>
<td>Y - Best Practice No issues identified</td>
</tr>
</tbody>
</table>


## 8.5 South Tees Hospitals NHS Foundation Trust

**Commissioning Arrangements:** Lead commissioner: **NHS Middlesbrough**  
Associate commissioners: **NHS Redcar & Cleveland, NHS Stockton-On-Tees, NHS Hartlepool, NHS County Durham and Darlington, NHS Cumbria**

### Summary of Provider:
South Tees Hospitals NHS Foundation Trust offers a full range of general healthcare services and specialist services, with expertise in heart disease, cancer, trauma, neurosciences, renal (kidney) and spinal injuries. They operate in a modern environment at two main hospitals sites – The James Cook University Hospital in Middlesbrough and the Friarage Hospital in Northallerton - and operate community services from Hambleton, Richmondshire, Middlesbrough and Redcar and Cleveland. This includes services at four community hospitals:

- Redcar Primary Care Hospital
- Guisborough Primary Care Hospital
- Carter Bequest Hospital in Middlesbrough
- East Cleveland Primary Care Hospital in Brotton
- The Rutson Rehabilitation Unit in Northallerton
- Friary Community Hospital in Richmond
- Lambert Memorial Community Hospital in Thirsk.

### Acute:

**Services Provided:**
Accident and Emergency, Audiology, Breast Surgery, Children's and Adolescent, Cardiology, Cardiac Rehabilitation, Cancer, Dermatology, Diabetic Medicine, Diagnostic, Ear, Nose and Throat, Endocrinology and Metabolic Medicine, In/Fertility, Gastroenterology and Hepatology, Gynaecology & Obstetric, Geriatric Medicine, General Surgery, General Medicine, Haematology, Infectious Diseases, Intensive care Maternity, Neonatal Medicine, Nephrology, Neurology, Neurosurgery, Ophthalmology, , Orthodontics, Orthotics, Orthopaedics, Ophthalmology, , Older People's, Pain Management, Pharmacy, Physiotherapy, Pathology, Plastic Surgery, Radiology, Rheumatology, Renal, Rehabilitation, Respiratory Medicine, Sleep Medicine, Spinal injuries, Speech & Language, Urology services, Vascular surgery.

### Community:

**Services Provided:**
Health Visiting, Child Protection, School Nursing, Paediatric Physiotherapy, Paediatric Occupational Therapy, Speech & Language, Intermediate Care, Day Hospital, End of Life Care, Continence, Specialist Nursing, Podiatry, Stop Smoking, Musculoskeletal, Diabetic Medicine.
1.0 Patient Safety (STFT)

1.1 SERIOUS INCIDENTS (STFT)

1.1.1 Risks: known risks following analysis and triangulation of information.
The Trust had a low response rate in relation to compliance with 45 days for completion of incident investigation, submission of final report and all actions completed. There has been an increase in numbers of SIs relating to those patients that experience sudden deterioration. This has been linked to the auditing of unplanned admissions to ITU which is identifying these issues. There have been 2 SIs in this category in the year to date.

1.1.2 Positive Issues: areas of excellent practice, innovation etc
The Trust have already sought to improve compliance with reporting arrangements for SI’s and numbers have increased. The Trust had a positive incident reporting culture. RCAs have been completed in relation to all incidents and lessons learned shared with the Commissioner.

1.1.3 Matters being explored: Areas which may need further clarification and possible deep dives.
The Commissioner has reviewed its Standard Operating Procedures (SOPS), and has held the Provider to account when in breach of deadlines. The Commissioner has also undertaken an internal review of the ‘closure’ of reports, and its ability to ensure these were undertaken in a timely manner and in accordance with timescales.

1.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
The Commissioner and Provider have worked together to ensure the SOPs are adhered to. SI’s in accordance with best practice will always remain a Watching brief.

1.2 NEVER EVENTS (STFT)

1.2.1 Risks: known risks following analysis and triangulation of information.
There has been one never event for a retained swab reported in Q1 2012/2013 although the incident itself occurred in February 2012 (Q4 2011/2012). An additional 2 never events have been reported by the Trust since December 2012. These relate to the retention of a guide wire in one patient and a retractor in another patient.

1.2.1 Positive Issues: areas of excellent practice, innovation etc
A rigorous RCA was undertaken and lessons learned shared throughout the Trust in relation to the first never event. Improvement actions have been implemented. RCA’s are being completed, a 24 hour and initial report has been received for the never event reported in December and February.

1.2.3 Matters being explored: Areas which may need further clarification and possible deep dives.
Information has been shared by the Trust at the CQRG meeting in March 2013. The Commissioner expected the Trust to provide the RCA and Action Plan prior to this meeting.

1.2.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
Never Events in accordance with best practice will always remain a watching brief.
1.3 PRESSURE ULCERS (STFT)

1.3.1 Risks: known risks following analysis and triangulation of information.

There has been an increase in the reporting of pressure related damage, which the Provider acknowledges and attributes to the implementation of the mandatory STEIS reporting requirements of the National Patient Safety Agency (NPSA) 2010; guidance which was effective from 01.04.2011 relating to grade 3 and grade 4 pressure ulcers.

1.3.2 Positive Issues: areas of excellent practice, innovation etc

The Trust have undertaken a thematic review of pressure ulcers and have identified a number of actions and opportunities to implement lessons learned. The Trust has undertaken bi-annual prevalence audits to assess progress in the treatment and prevention of pressure ulcers. The Trust underwent a pressure ulcer prevalence audit in September 2012 which demonstrated that the low prevalence of pressure ulcers was maintained across the acute and community setting.

1.3.3 Matters being explored: Areas which may need further clarification and possible deep dives.

Following the thematic review the Trust will be taking forward actions which may result in focused attention on specific areas.

1.3.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has been aware of the 2010 NPSA guidance and appreciated that there will be an increase in reporting of pressure ulcers. The issue was being closely monitored at CQRG meetings and through the Local Quality Requirements in the NHS standard contract.

1.4 FALLS (STFT)

1.4.1 Risks: known risks following analysis and triangulation of information.

The number of falls incidents reported in the first 6 months of 2012/2013 was very similar to the previous year (1050 compared to 1039 respectively). However, the rate of falls per 1000 bed days had increased and was 6.91 for the current year to date compared to 6.73 for the previous year.

The table below illustrates this:

Fig 17: STNHSFT: Falls incidents 2008-2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls incidents</td>
<td>2,426</td>
<td>2,181</td>
<td>2,162</td>
<td>2,076</td>
</tr>
<tr>
<td>reported in hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls per 1000 bed days</td>
<td>6.88</td>
<td>6.24</td>
<td>6.14</td>
<td>6.67</td>
</tr>
</tbody>
</table>

Source: STHFT Trust wide Governance Report Quarter 2 July – Sept 2012

1.4.2 Positive Issues: areas of excellent practice, innovation etc

The Trust was a pilot site for the safety thermometer and is implementing this effectively across the entire Trust receiving 100% of data. Falls is included and audits are actively undertaken. New falls risk assessment documentation has been rolled out across the Trust in October 2012. The impact of which may lead to a reduction in falls.
1.4.3 **Matters being explored**: Areas which may need further clarification and possible deep dives.

The Trust will provide progress updates to the Commissioner at CQRG meetings.

1.4.4 **Watching Brief**: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has a watching brief.

### 1.5 HEALTH CARE ASSOCIATED INFECTIONS (HCAI, Cdiff, MRSA) (STFT)

1.5.1 **Risks**: known risks following analysis and triangulation of information.

N/A

1.5.2 **Positive Issues**: areas of excellent practice, innovation etc

**Health Care Acquired Infections (HCAI): Cdiff and MRSA**

Fig 18 illustrates the Trust’s positive performance in relation to HCAI. (Cdiff, MRSA)

<table>
<thead>
<tr>
<th></th>
<th>2009/2010 (Acute Hospitals)</th>
<th>2010/2011 (Acute Hospitals)</th>
<th>2011/2012 (Acute and Community Hospitals)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MRSA bacteraemia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual target</td>
<td>24</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Number reported</td>
<td>9</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>% reduction compared to previous year</td>
<td>25% decrease</td>
<td>33% decrease</td>
<td>67% decrease</td>
</tr>
<tr>
<td><strong>Clostridium difficile infection</strong></td>
<td>2009/2010 (Acute Hospitals)</td>
<td>2010/2011 (Acute Hospitals)</td>
<td>2011/2012 (Acute and Community Hospitals)</td>
</tr>
<tr>
<td>Contractual target</td>
<td>280</td>
<td>116</td>
<td>112</td>
</tr>
<tr>
<td>Number reported</td>
<td>141</td>
<td>125</td>
<td>67</td>
</tr>
<tr>
<td>% reduction compared to previous year</td>
<td>47% decrease</td>
<td>11% decrease</td>
<td>46% decrease</td>
</tr>
</tbody>
</table>

Data Source: STHFT Teeswide Governance and Quality Report (2012)

1.5.6 **Matters being explored**: Areas which may need further clarification and possible deep dives.

N/A

1.5.7 **Watching Brief**: Areas of concern, that the Commissioner will maintain an on-going interest.

HCAI in accordance with best practice will always remain a watching brief.
1.6 SAFEGUARDING CHILDREN (STFT)

1.6.1 Risks: known risks following analysis and triangulation of information.

Training – Children’s Safeguarding

The Trust has not been fully compliant with the CQC requirement regarding the number of its staff trained at safeguarding children level 3. Compliance is in accordance with the Intercollegiate document.

In relation to training – STHFT have provided quarterly updates on meeting this requirement at CQRG meetings.

1.6.2 Positive Issues: areas of excellent practice, innovation etc

The Trust had the following in place:

- Well-established quality assurance processes.
- Child protection supervision has been well embedded.
- Arrangements for Named Professionals for Safeguarding have been appropriate and met national requirements
- Safeguarding arrangements have been good, specifically within the Accident & Emergency Department and in working in partnership to protect the unborn child. Specialist Midwife Safeguarding Children has made significant progress in improving safeguarding practice across maternity services
- Supervision in safeguarding children practice have been well developed by STHFT. A flexible and robust approach means that any practitioner working with families where a child protection plan or child in need plan is in place has accessed regular one to one supervision

1.6.3 Matters being explored: Areas which may need further clarification and possible deep dives.

The requirements to ensure the Trust comply with level 3 training has proved challenging. The Trust are providing regular progress updates at CQRG.

1.6.4. Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner is maintaining a watching brief

1.7 SAFEGUARDING ADULTS (STFT)

1.7.1 Risks: known risks following analysis and triangulation of information.

N/A

1.7.2 Positive Issues: areas of excellent practice, innovation etc

STHFT has developed a robust programme to lead improvements in adult safeguarding both at a strategic and operational level. The Trust has a specialist nurse for adult safeguarding who has also been responsible for implementation of the Mental Capacity Act (MCA) and ensuring compliance with MCA Deprivation of Liberty Safeguards. The Trust agreed a CQUIN target in 2012/2013 which centred on the recording of best interest decisions for people with a diagnosis of dementia and/or a diagnosis of a learning disability
1.7.3 Matters being explored: Areas which may need further clarification and possible deep dives.

N/A

1.7.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

Adult Safeguarding in accordance with best practice will always remain a watching brief.

<table>
<thead>
<tr>
<th>1.8</th>
<th>INCIDENTS (STFT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8.1 Risks:</td>
<td>known risks following analysis and triangulation of information.</td>
</tr>
</tbody>
</table>

Due to winter pressures a number of potential concerns that may constitute incidents have been identified by the Commissioner. These relate to the identification of a number of medical outliers and delayed discharges.

1.8.2 Positive Issues: areas of excellent practice, innovation etc

The Trust has actively worked in partnership with stakeholders as part of a whole system to address winter surge.

1.8.3 Matters being explored: Areas which may need further clarification and possible deep dives.

The Commissioner has worked with the Trust to support implementation of an effective response to the demands of the current system. This was addressed on a regular basis involving the Area Team.

1.8.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

Commissioner will maintain a watching brief during the winter period.
2.0 Clinical Effectiveness

2.1 WORKFORCE (STFT)

2.1.1 Risks: known risks following analysis and triangulation of information.

Workforce

STHFT sickness absence in relation to the following staff groups has been higher than the national mean.

<table>
<thead>
<tr>
<th>Group</th>
<th>Trust average</th>
<th>National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>1.87%</td>
<td>1.25%</td>
</tr>
<tr>
<td>Nurse</td>
<td>6.0%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Other</td>
<td>5.1%</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Data Source: NHS Midlands and East Quality Observatory Acute Trusts Quality Dashboard Winter 2012/2013

2.1.2 Positive Issues: areas of excellent practice, innovation etc

The Trust has been transparent in reporting on its workforce issues.

2.1.3 Matters being explored: Areas which may need further clarification and possible deep dives.

The Trust has provided progress reports to CQRG in relation to workforce

2.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has a watching brief.

2.2 MORTALITY (STFT)

2.2.1 Risks: known risks following analysis and triangulation of information.

N/A

2.2.2 Positive Issues: areas of excellent practice, innovation etc

The Trust has been identified as a “CHKS” top 40 hospital for the 11th year running. The Trust continues to maintain a very positive overall risk grading according to the CQC 31.10.12 QRP.

2.2.3 Matters being explored: Areas which may need further clarification and possible deep dives.

CQC Quality Risk Profile (QRP). The following key areas have been explored with the Trust.

Standardised emergency re-admission ratio within 30 days of discharge for cases in HRG Cardiac surgery and primary cardiac conditions)

Proportion of fracture of neck of femur admissions that do not have a related procedure within 2 days of admission on a Friday or Saturday.

2.2.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has a watching brief for the areas of mortality.
2.3 General areas for Clinical Effectiveness

2.3.1 Risks: known risks following analysis and triangulation of information.
N/A

2.3.2 Positive Issues: areas of excellent practice, innovation etc

The following areas have also been identified as examples of positive practice:

Clinical Audit
STHFT has a well structured clinical audit programme which adapts to the needs of the Trust and now includes the Community Services Division.

CAS
- 24 Medical Device Alerts Received
- 100% alert compliance of acknowledgment, action and closure within the period
- Trusts STARS system utilised for divisional distribution and management

NHSLA
The Trust is at level 2 for the maternity risk management standards and was recently re-inspected at level 1 for the general risk management standard. The Trust was unable to be assessed at level 2 against the general standards due to the policy alignment work needed following integration of acute and community services. The Trusts scored 50/50 in the level 1 assessment.

2.3.3 Matters being explored: Areas which may need further clarification and possible deep dives.
N/A

2.3.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
N/A

3.0 Patient Experience

3.1 PATIENT SURVEYS (STFT)

3.1.1 Risks: known risks following analysis and triangulation of information.
N/A

3.1.2 Positive Issues: areas of excellent practice, innovation etc

The Trust has also achieved positive feedback from patients in a number of national survey’s in 2011. These are highlighted below:

STHFT CQC Outpatient survey results 2011 (published February 2012) provided positive assurance. Overall results suggested that the Trust were within the range that best fit into the top 20% of best performing Trusts.
STHFT CQC Inpatient survey results 2011 provided positive assurance. Overall results identified the Trust as one of the best performing Trusts. Of the 488 respondents involved the Trust achieved a 59% response rate comparable to the national response rate of 53%.

**CQUIN – Local patient experience**

STHFT achieved the full value of their CQUIN National Patient Experience indicator in 2011/2012. STHFT also completed successfully their local Patient experience programme related to CQUIN.

The Trust has been actively engaged in a number of areas of innovation to drive improvements in patient experience.

3.1.3 **Matters being explored**: Areas which may need further clarification and possible deep dives.

N/A

3.1.4 **Watching Brief**: Areas of concern, that the Commissioner will maintain an on-going interest.

Patient Experience in accordance with best practice will always remain a watching brief. There are no ongoing issues that would give rise to any concerns.

### 4.0 National Inquiries (STFT)

STHFT has provided the Commissioner with information which has been considered and appropriately responded to;

- **Airedale** – actions pertaining to this inquiry have been implemented
- **Francis 1** – the findings have been fully discussed throughout the Trust at all levels and information disseminated to staff. The Trust have initiated plans in preparation for the Francis 2 report (released 06 February 2013).
- **Winterbourne View** - recommendations have been discussed and appropriate actions are being progressed
  - The Commissioner is seeking an assurance of implementation of actions in response to Francis and Winterbourne at the CQRG meeting in March and will be monitoring implementation on an on-going basis through the CQRG.

#### Fig 19: STNHSFT: Quality Profile Summary

<table>
<thead>
<tr>
<th>Quality</th>
<th>Risk Areas</th>
<th>Matters being Explored Y/N</th>
<th>Watching Brief Y/N &amp; Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>SI report / action plan completion</td>
<td>Y</td>
<td>Y - Trajectories</td>
</tr>
<tr>
<td></td>
<td>Never Events</td>
<td>Y</td>
<td>Y – Best practice</td>
</tr>
<tr>
<td></td>
<td>Pressure Ulcers</td>
<td>Y</td>
<td>Y – Best practice</td>
</tr>
<tr>
<td></td>
<td>Safeguarding Children</td>
<td>Y</td>
<td>Y - compliance</td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>Workforce</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>None</td>
<td>N</td>
<td>Y - Best Practice</td>
</tr>
</tbody>
</table>

No issues identified
Tees Esk & Wear Valley (TEWV)  
Summary Quality Profile

### Commissioning Arrangements:

**Lead commissioner:** NHS Tees  
**Associate commissioners:** NHS Tees only commissions MH/LD on behalf of the Tees population

### Summary of Provider:

The majority of mental health and learning disability services are commissioned from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) which provide a wide range of mental health, learning disability services to a population of 1.6 million people working from multiple sites. NHS Tees has a contract with TEWV totaling c£70m out of a total MH/LD spend of circa £115m.

Tees, Esk and Wear Valleys NHS Foundation Trust was created in April 2006, following the merger of County Durham and Darlington Priority Services NHS Trust and Tees and North East Yorkshire NHS Trust. In July 2008 they became the North East’s first mental health trust to achieve foundation trust status. It has an annual income of circa £270m.

### Main in-patient sites:

- Roseberry Park, Middlesbrough  
- Auckland Park Hospital, Bishop Auckland  
- Sandwell Park Hospital, Hartlepool  
- Lanchester Road Hospital, Durham  
- West Lane Hospital, Middlesbrough  
- West Park Hospital, Darlington  
- Ward14/15, Friarage, Northallerton  
- The Briary Wing, Harrogate General Hospital  
- Cross Lane, Scarborough

### Services Provided:

TEWV provides a range of mental health, learning disability and substance misuse services to a population of 1.6 million people living in the North East of England covering: Adult Mental Health, Children & Young People’s, Older People’s, AMH and LD Forensic, Learning Disabilities, Substance Misuse
In relation to Mental Health and Learning Disability Trusts, information on quality and performance has not previously been available on a National level, and the diversity of structures and services within mental health provider organisations means that benchmarking and comparison has been a very difficult process. However, NHS Midlands and East Quality Observatory have published an ‘experimental’ scorecard which comes with a multitude of caveats. The scorecard identifies a number of areas where the Trust has performed well, in line with and below the national average compared to other trusts. An analysis of the score card did not identify any significant areas of Risk in relation to quality. Areas performing below the expected average caveats have been applied to TEWVFT in order to understand its relevance and context.

In addition NHS Tees has interrogated information submitted by the Trust to CQRG and triangulated information to clarify the Trusts Quality Profile. The areas identified are detailed as follows:

<table>
<thead>
<tr>
<th>1.0 Patient Safety (TEWV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 SAFEGUARDING CHILDREN &amp; ADULTS (TEWV)</td>
</tr>
</tbody>
</table>

1.1.1 Risks: known risks following analysis and triangulation of information.

Training – Children’s Safeguarding

The Trust is not fully compliant with the CQC requirement regarding the number of its staff trained at safeguarding children level 3. Compliance is in accordance with the Intercollegiate document.

In relation to training – TEWVFT are providing quarterly updates on meeting this requirement at CQRG meetings.

1.1.2 Positive Issues: areas of excellent practice, innovation etc

There is excellent Board assurance on safeguarding practice across the organisation. TEWVFT Safeguarding Children Team increased its number of posts and have been supported by a network of link professionals who have recently completed specialist safeguarding children supervision.

Recent Ofsted inspections in Teesside have identified a number of positive practice in relation to TEWVF.

- Quarterly supervision to Crisis teams, liaison psychiatry teams and CAMHS teams
- Delivery of the new training strategy for safeguarding children in line with the Intercollegiate Document (2010)

The Trust has significantly developed its strategic and operational approach to safeguarding adults. It has invested in specialist roles to lead and support the broader safeguarding agenda which has strengthened its ability to effectively implement an increasingly complex and challenging agenda.

1.1.3 Matters being explored: Areas which may need further clarification and possible deep dives.

N/A

1.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
Children’s Safeguarding

TEWV has been involved in two serious case reviews within the last year linked to parental mental ill health. Learning from these reviews has identified the need for professionals from adult services to always consider the child(ren) of a parent/carer with mental illness. As a result a pathway to help practitioners to assess the needs of child(ren) of an adult with mental illness has been implemented along with a training programme in its use. Learning has further identified the need for improvements to staff supervision practice.

The progress made with reference to the use of the pathway and staff supervision is being monitored by Commissioners and updates provided at CQRG meetings. The LSCB is also being provided this assurance, feedback being provided by both Commissioners and provider.

An external peer review of safeguarding children services, September 2012, identified that within Hartlepool there is a major concern from partners that CAMHS is not meeting the needs of children and young people and is poor on partnership working. Issues were raised of long waiting lists, sharing of information was problematic and there was a lack of communication.

Progress in relation to this area of development has been monitored by the LSCB but updates have also been provided at CQRG meetings.

Adults Safeguarding

In accordance with best practice adult safeguarding remains a watching brief.

2 Clinical Effectiveness

This section sets out the known risks to clinical effectiveness utilising information from:

National and Local CQUIN, Quality Observatory, NICE compliance, Clinical Audit (Planned/Responsive), Performance Data, Workforce data on staff training/appraisal/revalidation.

2.1 WORKFORCE (TEWV)

2.1.1 Risks: known risks following analysis and triangulation of information.

N/A

2.1.2 Positive Issues: areas of excellent practice, innovation etc

The Trust’s sickness absence rate has been below 5%.
The Trust has been transparent in reporting on its workforce issues.

2.1.3 Matters being explored: Areas which may need further clarification and possible deep dives.

The Trust identified the potential difficulty in recruitment of a consultant in adult services at the CQRG meeting in September 2012.
The Trust has provided progress reports to CQRG in relation to workforce and will ensure any issues are raised with the Commissioner.

2.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has a watching brief.
3.1 COMPLAINTS (TEWV)

3.1.1 Risks: known risks following analysis and triangulation of information.
N/A

3.1.2 Positive Issues: areas of excellent practice, innovation etc
The Trust had been transparent in reporting on complaints. The Trust had robust systems in place to respond to complaints and has been proactive in reviewing and ensuring learning from complaints is shared widely within the Trust. The Trust has implemented a number of actions which demonstrate excellent practice including: a Learning Lessons project

3.1.3 Matters being explored: Areas which may need further clarification and possible deep dives.
N/A

3.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
The Trust received an increase in the number of complaints in Quarter 1, reported to CQRG, compared to the same period last year 2011/12. The majority of these related to adult mental health services. The Trust has progressed and has been pursuing a number of actions as part of its commitment to learning and driving forward continuous improvements.
The Commissioner has a watching brief.

3.2 PATIENT SURVEYS (TEWV)

3.2.1 Risks: known risks following analysis and triangulation of information.
N/A

3.2.2 Positive Issues: areas of excellent practice, innovation etc
The Trust had an excellent patient experience strategy and programme of innovation. All CQUIN targets in relation to patient experience were achieved in Quarter 1.

3.2.3 Matters being explored: Areas which may need further clarification and possible deep dives.
N/A

3.2.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.
Patient Experience in accordance with best practice will always remain a Watching brief. There are no ongoing issues that would give rise to any concerns

Additional Positive areas:
The Trust has continued to maintain a very positive overall risk grading according to the CQC 31.10.12 QRP.
The Trust were recently awarded NHSLA level 2 status.
4.0 National Inquiries (TEWV)

TEWVFT have provided the Commissioner with information that they have considered and appropriately responded to:

- **Francis 1** – the findings have been fully discussed throughout the Trust at all levels and information disseminated to staff. The Trust have initiated plans in preparation for the Francis 2 report (released 06 February 2013).
- **Winterbourne View** - recommendations have been discussed and appropriate actions are being progressed. The Trusts Board report – 29 January 2013 – details TEWVFT response and includes an Action Plan

The Commissioner is seeking an assurance of implementation of actions in response to Francis and Winterbourne at the CQRG meeting in March and will be monitoring implementation on an on-going basis through the CQRG.

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### Fig 20: Quality Profile Summary

<table>
<thead>
<tr>
<th>Quality</th>
<th>Risk Areas</th>
<th>Matters being Explored Y/N</th>
<th>Watching Brief Y/N &amp; Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>Children’s Safeguarding Training</td>
<td>Y</td>
<td>Y - Compliance</td>
</tr>
<tr>
<td>Clinical Effectiveness</td>
<td>None</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>None</td>
<td>Y</td>
<td>Y - Best Practice No issues identified</td>
</tr>
</tbody>
</table>
Commissioned Services

Primary Care Profile

General Practice
Breakdown of GP practices across Tees:

- **Hartlepool** - Services are provided from 16 main surgeries and 2 branch surgeries. As at 01.04.2011, General medical services are provided to a registered population of approximately 94,000. Practices range in size from the largest with 15,109 patients to the smallest with 1,222 patients.

- **Middlesbrough** - Services are available to 154,024 registered patients from 25 main surgeries and 3 branch surgeries. Practices range in size from the largest with 13,664 patients to the smallest, newly opened, with 637 patients.

- **Redcar and Cleveland** - Patients can access services from 24 main surgeries. Practices serve a patient population of 134,563. Practices range in size from the largest with 13,243 patients to the smallest with 267 patients.

- **Stockton-on-Tees** - Patients can access services from 25 main surgeries and 3 branch surgeries. Practices serve a patient population of 192,571. Practices range in size from the largest with 20,915 patients to the smallest with 819 patients.

Dental
There are 78 dental practices: 12 Hartlepool, 28 Stockton-on-Tees, 18 Middlesbrough, 20 Redcar and Cleveland, providing general dental services. There are a number of specialist services: orthodontics (4 practices), minor oral surgery (1 practice) sedation (1 practice) and community dental services.

Data Source: NHS Tees Public Health Communication, February 2013

- There are also a number of public health initiatives delivered across NHS Tees to improve the oral health of children and increase access to services e.g. the oral health promoting practice scheme - the fluoride varnish programme, the 2nd birthday card scheme (improve access for young children), and linking all dental practices with local schools in their area.


- From 2013/14 primary and secondary care dentistry will be commissioned by the NHS Commissioning Board. Dental public health services will be the statutory responsibility of local authorities with specialist workforce support provided from Public Health England.

Optometry
General Optometric Services (GOS) are provided by 9 practices in Hartlepool, 12 in Middlesbrough, 27 in Redcar and Cleveland and 30 in Stockton-on-Tees. All provide general ophthalmic services in line with the provisions of the GOS contract.

Data Source: PCSA Quality Handover Document: Information updated @ end of August 2012

Community Pharmacy
- There are 121 community pharmacies with NHS contracts across NHS Tees: 19 in Hartlepool, 31 in Middlesbrough, 30 in Redcar and Cleveland and 41 in Stockton on Tees.
Primary care services have been commissioned by the Primary Care Services Agency (PCSA) on behalf of NHS Tees cluster. Contract compliance and quality assurance processes have been led and implemented by the PCSA and as such the responsibility for this work will be handed over to the NHS Commissioning Board. The PCSA produced a QHD on behalf of NHS Tees in relation to Primary Care Service. NHS Tees provided the National Commissioning Board Area team with a copy of this document.

In addition NHS Tees cluster has proactively undertaken specific activity in primary care to improve quality. This includes the development of a Primary Care Quality Assurance Framework, and a supporting dashboard, to enable the CCG’s to drive quality in primary care.

The NHS National Commissioning Board will be responsible for planning, securing and monitoring primary care services. The CCG’s will have a statutory responsibility to support the NHS NCB to improve the quality of primary medical care.

The areas mentioned below in this document, detail the current position for patient safety matters with regards to safeguarding adults and safeguarding children.

### 1.0 Patient Safety

#### 1. Safeguarding - Children and Adults

##### 1.1 Risks:
known risks following analysis and triangulation of information.

There are no risks currently identified in relation to safeguarding children and adults with regards to primary care in the following areas:

- Training & awareness
- Engagement and involvement in both the children’s and adults safeguarding agenda

##### 1.2 Positive Issues:
areas of excellent practice, innovation etc

**GP Practices**

**Safeguarding children**

NHS Tees has evidenced that virtually all of Tees GPs are appropriately trained in safeguarding children. Visits were made to all but two GP Practices across Tees in 2011, which have enabled NHS Tees to obtain a high level of assurance that the necessary safeguarding children arrangements are in place in primary medical care. Nearly all GPs now contribute appropriately to child protection conferences through submitting child protection reports and this important provision is closely monitored with feedback to GP Practices.

**Safeguarding adults**

All GP practices on Tees have been made aware of their responsibilities in relation to compliance with Teeswide Adult Safeguarding policy, procedures and training. GP practices have been provided with information about adult safeguarding and sign posted to trainers and providers offering awareness training. GP practices are aware that they will be required to register with CQC on 01.04.2013 and evidence compliance with safeguarding adults policy, procedures and training.
**Dental: Safeguarding children**

All dental practices had to register with the CQC by April 2011 and as part of the process have to comply with CQC’s safeguarding children standards. Each dental practice within Tees has been provided with a safeguarding children policy and has access to LSCB procedures. In addition each dental practice has ensured that as a minimum one member of its’ dental team has been provided with the required safeguarding children training and has appropriate update training.

**Dental: Safeguarding adults**

All dental practices on Teesside have been made aware of their responsibilities in relation to compliance with the Teeswide Adult Safeguarding policy, procedures and training. GP practices have been provided with information about adult safeguarding and sign posted to trainers and providers offering awareness training.

**Optometry: Safeguarding children**

Nationally the Optical Confederation in January 2012 began to embrace the safeguarding children agenda and produced its own guidance on safeguarding children. NHS Tees has provided all Tees optometrists with a procedure to follow when they are worried a child is being abused or neglected, which includes local contacts for advice and the web link to Tees LSCBs child protection procedures. Forty-two Teesside optometrists have been provided with safeguarding children training via NHS Tees and remaining optometrists have been encouraged to access e-learning safeguarding children training via the Optical Confederation.

**Optometry: Safeguarding adults**

All optometrist practices on Teesside have been made aware of their responsibilities in relation to compliance with Teeswide Adult Safeguarding policy and procedures, and training. GP practices have been provided with information about adult safeguarding and sign posted to trainers and providers offering awareness training.

**Community Pharmacy: Safeguarding children**

Contracts with pharmacists include emergency oral contraception, chlamydia screening and the dispensing of drugs to young people addicted to substance misuse. As a result safeguarding children training for Pharmacists needs to include the potential safeguarding issues associated with this work such as child sexual abuse/exploitation and substance misuse. Fifty-one pharmacists have been trained to date by NHS Tees Safeguarding Children’s training team.

**Community Pharmacy: Safeguarding adults**

All community pharmacies on Teesside have been made aware of their responsibilities in relation to compliance with Teeswide Adult Safeguarding policy, procedures and training. GP practices have been provided with information about adult safeguarding and sign posted to trainers and providers offering awareness training.

### 1.1.3 Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans

There are no issues that are being explored.

### 1.1.4 Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest.

The Commissioner has not identified any areas of concern currently. Childrens and Adult Safeguarding as best practice remains a watching brief.
JOINT COMMISSIONING –CARE HOMES

The Primary Care Trusts on Tees commission NHS funded nursing care in nursing care homes both on Tees and out of area.

Fig 21: The care home profile on Tees

<table>
<thead>
<tr>
<th>Locality</th>
<th>Nursing</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartlepool</td>
<td>9 of which 6 are due registered</td>
<td>22 of which 8 include Learning Disabilities, 1 Mental Health</td>
</tr>
<tr>
<td>Stockton</td>
<td>19 of which 1 provides Mental Health</td>
<td>28 Older People, 3 Learning Disabilities, 5 Mental Health, 1 Physical Disabilities</td>
</tr>
<tr>
<td>Middlesbrough</td>
<td>15 of which 1 is Learning Disabilities</td>
<td>15 Older People, 8 Learning Disabilities, 5 Mental Health and 2 Physical Disabilities/Sensory Loss</td>
</tr>
<tr>
<td>Redcar and Cleveland</td>
<td>15 of which 3 Mental Health</td>
<td>20 Older People, 17 Learning Disabilities, 1 Mental Health and Learning Disability, 3 Mental Health</td>
</tr>
</tbody>
</table>

Data source: Local Authorities Commissioning. Contract units March 2013

NHS Tees has agreed section 75 Partnership agreements with three Local Authorities and is finalising details with one Local Authority on Tees, which will be concluded by the 31 March 2013. This is to issue and monitor contracts on behalf of the NHS commissioner to those providers who deliver services to residents of Teesside in receipt of NHS funded care. The s.75 arrangements exclude those patients who choose to reside or have placements funded by NHS Tees outside of the Tees boundaries. The number of contracted providers of NHS funded care on Teesside is detailed in the Contract handover for NHS Tees. NHS contracts have been negotiated for all funded placements outside of Teesside. Total numbers are 40. CQUIN schemes have been offered to all of these providers of which only a small number have accepted.

Clinical Quality assessments (CQA) are undertaken in nursing care homes on Teesside, working collaboratively with each Local Authority to provide assurance to the Commissioner that services are safe, effective and of high quality. All NHS contracts for funded nursing care will include a CQA element which will require an announced/unannounced validation visit.

A Quality Assurance framework is in development to monitor the quality of care in relation to nursing care home providers reflective of the CQA audit tool and locally agreed quality indicators.

NHS Tees has been involved in care home provider meetings across Teesside, led and arranged by each of the Local Authorities who also involve CQC. The meetings focused on commissioning issues, performance management/contracts, compliance (including notification of CQC concerns) and enabled triangulation of information to manage and monitor risks. A total of 6 care homes have required intensive input and monitoring as a result of safeguarding concerns in 2011/2012 and 2012/2013. The decision to decommission nursing care was taken in respect of 3 care homes. Risks have been identified in relation to the limited number of EMI nursing placements available on Teesside.
Continuing Health Care

The PCT established a Task & Finish Group to lead on CHC issues, part of the work has focused on reviewing policy, procedures and practice and establishing robust systems and processes. Progress updates have been provided to through NHS Tees governance structures and also to the CCG’s, their Governing Body and NHS Tees Board. The Task and Finish Group will continue led by the North of England Commission service wef 01.04.2013.

The PCT has been processing 445 restitution cases. Arrangements are in place to ensure that the appropriate receiver organisation undertake to complete any outstanding beyond the 31.03.2013.

The PCT is considering the robustness of the implementation of the Out of Area protocol with a view to undertaking an audit in 2013/2014.

Mental Capacity Act Deprivation of Liberty Safeguards (MCA Dols)
The Supervisory Bodies responsibilities held by the PCT will be transferred to Local Authorities where the person has ordinary residence on the 01 April 2013.

Clinical commissioning groups (CCGs) from the 1st April 2013 will be responsible for commissioning services in hospitals that comply with the Mental Capacity Act and the Deprivation of Liberty Safeguards (DOLS)

CCGs will also retain responsibility for dealing with matters relating to authorisations granted by PCTs prior to 01 April 2013.

The PCT agreed section 75 agreements with all four Local Authorities on Tees from inception in relation to the delivery of the MCA Dols function.

In relation to the transfer to the Local Authorities the PCT has confirmed the number of cases that are:
- Open and where a review has been requested
- Closed but thought to be possibly subject to retrospective legal challenge.

The PCT has reported to the CCG, via its Mental Capacity Act lead, on risk of legal action from past and current authorisations it has been responsible for assessing

The PCT and receiving local authority supervisory body have had on-going dialogue regarding MCA Dols cases and will undertake a review 3 months post March 2013.

SPECIALISED COMMISSIONING

The Specialised Services Commissioning arrangements for the 12 primary care organisations in North East England, hosted by North Tyneside PCT and thus by NHS Tees. Responsibility for this work will be handed over to the NHS Commissioning Board.

NORTH EAST OFFENDER HEALTH SERVICES

The commissioning of Offender Health Services for the Tees population has been managed by the North East Offender Health Service on behalf of NHS Tees. Responsibility for this work will be handed over to the NHS Commissioning Board.
NORTH EAST AMBULANCE SERVICES

The commissioning of North East Ambulance Services for the Tees population has been managed by NHS North of Tyne on behalf of NHS Tees. There have been a number of commissioning organisations involved with this service and the CCG’s will continue to commission these services post 31 March 2013. NHS Tees has identified the following areas in relation to quality:

| Risks: known risks following analysis and triangulation of information. |

Performance at Hartlepool & Stockton CCG level along with that of the provider (NEAS) is above the national requirement of 75%. However this should be viewed in the context that local performance (at local authority level) is reported below 75% for Stockton locally (73.81% as at the December YTD position).

| Positive Issues: areas of excellent practice, innovation etc |

| Matters being explored: Areas which may need further clarification and possible deep dives. |

The service is currently undertaking an A&E review to configure ambulance crews which is expected to have an impact. NEAS are currently exploring sites in and around Ingleby Barwick to address the under performance and as an interim measure siting crews at emergency standby points in the vicinity.

| Watching Brief: Areas of concern, that the Commissioner will maintain an on-going interest. |

The CCG has continued to work with the provider throughout 2012/2013 in order to improve performance. Although the CCG continues to press the provider, along with CCGs from across the North East of England, the new national standard contract for providers of Ambulance Services does not support CCGs in ensuring that all patients in all localities are able to receive an urgent response (i.e. Cat A) within 8 minutes as the nationally mandated quality requirements are reported at provider level. Commissioners are seeking to secure local quality requirements around the delivery of these standards at locality level.

Data Source: Hartlepool & Stockton-on-Tees Clinical Commissioning Group Assurance Framework 2013/2014

PUBLIC HEALTH Profile

Under the configuration of NHS Tees from 2007 until 31 March 2013, the Executive Director of Public Health is the most senior advocate for public health across the population covered by NHS Tees and is a member of the NHS Tees board (and previously the four separate Tees PCT boards). This arrangement ceases on 31st March with the transfer of the majority of public health responsibilities to local government. Each of the four Tees PCTs have now jointly appointed a Director of Public Health with their co-terminous local authority which is listed in section 5 – Who is Who.

In addition, with effect from 01 April 2013, the four Local Authorities on Tees and Darlington Local Authority have agreed to form a public health shared service to support delivery in each of the five authorities in a cost-effective manner maximising the use of scarce public health expertise. The authorities agreed that Redcar & Cleveland will host the shared service. They have also agreed to form a shared service board, chaired by the host DPH with the other DsPH.
The key functions of the shared service across Tees are:

- To support each local authority in delivering the core public health offer to Clinical Commission Groups
- To provide specialist epidemiological and public health intelligence
- To lead on the health checks programme
- To lead on the management of the Tees-wide sexual health contract transferring to local government
- To support the management of public health contracts both across Tees and within each local authority as required

**Public Health – Dentistry**

The commissioning of NHS Dentistry in both primary & secondary care will be the responsibility of the NHS Commissioning Board and Local Authorities will be responsible for oral health programmes and oral health promotion services. The Dental Public Health Staff resource will be transferred to Public Health England.

There have been a number of public health initiatives delivered across NHS Tees to improve the oral health of children and increase access to services e.g. the oral health promoting practice scheme - the fluoride varnish programme, the 2nd birthday card scheme (improve access for young children), and linking all dental practices with local schools in their area.

The Tees Oral Health and Commissioning Strategy sets out the Delivery Plan for 2009-2014. From 2013/2014 primary and secondary care dentistry will be commissioned by the NHS Commissioning Board. Dental public health services will be the statutory responsibility of local authorities with specialist workforce support provided from Public Health England.

**Public Health Screening and Immunisation Programmes**

Since the commissioning of public health screening and immunisation programmes will be the responsibility of the NHS CB, there are on-going handover arrangements to ensure a seamless transition of these services. Handover templates have been produced across the North East and Cumbria for completion, to ensure consistency.

The process includes:

- Emerging teams attending relevant programme board and local planned meetings to get to know people and issues
- Formal, documented description of programmes using prescribed templates
- Formal face to face meetings between our current screening and/or immunisation leads and PHE emerging leads.

However, below are some areas worth highlighting:

- **Child Health Information Systems** – there is a difference in usage/standard between the North and the South of the patch. There is a current commissioned work to improve utilisation in the North.
- **Antenatal and Newborn screening** – there is planned introduction of Maternity Minimum Dataset by June 2013. A new Strategy Board is being formed to provide strategic overview.
- **There is room for improvement of uptake of both childhood and adult immunisations especially the at risk groups for flu.**
- **There is an ongoing programme of work to improve training and monitoring of sample takers in the cervical screening programme.**
1.1.1 Risks: known risks following analysis and triangulation of information.

There is limited specialist public health capacity across the Tees Valley local authorities – the shared service is one way of mitigating this risk to share expertise across the five authorities.

There is differential financial pressure upon each of the four Tees local authorities as receiving organisations for public health functions and teams. However, all are under severe financial pressure, and the over-arching risk is the impact of wider funding reductions on local government having a negative impact upon the wider determinants of health and well-being such as housing, employment, education, the environment etc as described in *Healthy Lives, Healthy People*.

The fragmentation of the existing system for both immunisations and screening poses significant risks. There are more vacancies than filled posts in the screening and immunisation team for the Commissioning Board Area Team covering this area. This has included the management of current infectious disease outbreaks.

The National Commissioning Board Area Team has identified a gap in funding for the child health information system for Middlesbrough and Redcar & Cleveland; there is a risk to the delivery of child health programmes if this is not resolved.

Dental public health does not have a recurrent budget in any PCT or now in local authorities. Programmes have all been funded with non-recurrent money on an adhoc basis. Unless funding is identified existing programmes will have to cease.

Specialist Stop Smoking Service decommissioning impact assessment undertaken. New services to be retendered

Drug & Alcohol Service: The main risks relate to a need to
- improving outcomes for clients leaving treatment (these are being dealt with via a new model)
- to the effective transfer of clients into new services as stage 2 (October 2013) of the treatment model
- Access to NHS data related to substance misuse

1.1.2 Positive Issues: areas of excellent practice, innovation etc

Each local authority has a DPH appointed, there are gaps in many parts of the country. Each local authority has a well established shadow Health and Well-Being Board and strategy. The specific ring-fenced public health budgets give an uplift of 5.7% over two years for each Tees authority

Drug & Alcohol Service: Services consistently score very high levels of client satisfaction and the new treatment model will build upon these strengths

1.1.3 Matters being explored: Areas which may need further clarification and possible deep dives and Action Plans

The following areas have been identified in relation to public health;
- How to maximise the potential of the shared service
- How to best work together on major contracts with NHS Foundations Trusts
- How to have the wider influence across local government as envisaged in *Healthy Lives, Healthy People*

Drug & Alcohol Service: Work continues in relation to improving outcomes. The new model will move towards a more outcome based approach and with a geographical focus.
1.1.4 **Watching Brief:** Areas of concern, that the Commissioner will maintain an on-going interest.

The following key areas are of ongoing interest:

1. The overall financial pressures within each council and any impact that may have upon ring fenced public health budgets

2. Staffing levels, particularly specialist public health staff

3. The Sedation Procurement is in the process of being finalised for a new service to commence in April 2013. All potential providers are new to the market therefore a watching brief will be needed to ensure there are no gaps in service delivery.

4. Smoking Cessation: Health Trainer / Health Improvement, Lack of performance data from provider an ongoing issue, service review to be undertaken in 2013 in order to inform 2014 commissioning intentions
Primary Care Trust – NHS Tees Cluster

The NHS Tees Cluster has been responsible for ensuring robust systems and processes are in place in relation to the following:

PALS, complaints, incident reporting, claims and clinical negligence.

The PCT annual report 2012/2013 will detail the number of complaints dealt with during 2012/2013 and outline the numbers of complaints which are on-going in terms of investigation and the lead organisation who will be involved beyond 31.03.2013.

The Patient Safety Quality and Safeguarding Committee (PSQS) a subcommittee of NHS Tees Board have received information in relation to serious incidents and clinical incidents during 2012/2013. NHS Tees Board received the minutes of all meeting of this subcommittee , and the minutes to the Board in March 2013 confirm the numbers of serious Incidents and clinical incidents that have been overseen and monitored by NHS Tees during this period and confirm any outstanding details for handover to Clinical Commissioning Groups .

Face to face handovers have been arranged for all claims with the appropriate receiver organisations before the 31.03.2013

The PCT’s statutory responsibilities in relation to safeguarding children and . safeguarding adults have been fulfilled with well-established systems and processes in place .Clinical Commissioning Groups on Tees are cognisant of the Department of Health accountability and assurance framework (September 2012) interim advice and have responded positively in establishing their CCG organisational structures which includes recognising the need for additional capacity to meet their statutory duties. These statutory duties will be met effectively wef 01.04.2013.

Medicines Management (MM)

The Medicines Management Team has strategic and financial responsibility for medicines management across Tees. The Tees Medicines Management Committee supports this agenda. The key priorities are:

- Contain spend on drugs within budget
- Work with key stakeholders to develop the MM strategy and outline its delivery
- Work with the provider MM team to ensure delivery of the MM strategy and QIPP agenda
- Performance manage medicines-related elements of acute trust contracts
- Maintain and improve prescribing performance against national targets
- Support the introduction of new drugs and local decision making
- Implement NICE guidance, technology appraisals and other national and local guidance
- Provide support to Public Health to develop and maintain Patient Group Directions (PGDs) for use in primary care
- Work to maintain and improve the quality and safe use of medicines across the Tees area including implementation of NPSA alerts
- Support the Controlled Drugs (CD) Accountable Officer (AO) to discharge his statutory duties in relation to the governance of CD
- Support medicines management issues at the community pharmacy interface including Electronic Transfer of Prescriptions (ETP) and contractual arrangements for community pharmacy enhanced services
- Support Public Health teams to publish and maintain statutory Pharmaceutical Needs Assessments for NHS Hartlepool, NHS Middlesbrough, NHS Stockton on Tees and NHS Redcar and Cleveland
Governance arrangements for the safe use and management of controlled drugs

In 2007, The Controlled Drugs (Supervision of Management and Use) Regulations 2006 were introduced as part of the Governments response to the Shipman Inquiry’s Fourth report in 2004 (1). The aim of these regulations was to strengthen the governance arrangements for the use and management of controlled drugs. The PCTs have been responsible for delivering the requirements of these regulations. As a consequence of passing the Health and Social Care Act 2012, the 2006 regulations have been revised to reflect the new architecture in the NHS in England. The Controlled Drugs (Supervision of Management and use) Regulations 2013 come into force in England on 01 April 2013 and the responsibilities of the PCT Controlled Drug Accountable Officer (CDAO) is transferred to the NHSCB and therefore each Local Area Team will be required to appoint an Accountable Officer to oversee these requirements. A resource pack providing relevant information will be handed over from the outgoing PCT CDAO to the nominated CDAO in the local area team after the final NHS Tees-led Local Intelligence Network which will take place on 13 March 2013.

Patient Group Directions

Patient Group Directions allow for the supply and administration of medicines, without the need for an individual prescription, by a defined group of health professionals

NHS Tees currently develops, maintains and authorises 18 PGDs to support the delivery of the following programmes in general practice:

- National Childhood Immunisations
- Travel Vaccinations (excluding Rabies and Yellow Fever)
- Influenza Vaccination programme
- Adult Vaccination programme
- Adrenaline PGD

and two PGDs to support the delivery of the influenza vaccination programme in community pharmacy. See Appendix one for full list.

There is a plethora of legislation and guidance supporting the development and authorisation by relevant bodies and this has been updated to support the new NHS architecture post April 2013.
9. **RISK REGISTER**

As of 22.3.2013 the PCT have migrated all risks to the appropriate receiving organisations. The Corporate handover document refers to risk management of corporate risks to receiving organisations.

10. **DOCUMENT CONTROL**

NHS Tees PCT complied with data storage and records maintenance systems, throughout the compilation of this Quality Handover Document. The document lists all data sources throughout and illustrates in section 11 a ‘At a Glance’ table for all data sources used. All data sources used can be found in the public domain.
11. ADDITIONAL DOCUMENTS

Links to other relevant material including names of authors / sources of additional information.
*(List in development)* The data sources have been referenced throughout the document, all of which are public information and can be found on the individual organisations websites

<table>
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<td>11. STHFT Teeswide Governance and Quality Report 2012</td>
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<td>- Hospital Mortality Reports</td>
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<td>30. Care Homes – CMT/CCG Minutes</td>
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<td>31. NHS Tees ISOP 2011 – 2014</td>
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<td>35. Community Health Profiles</td>
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<td>36. Strategic Health Authority North Acute Dashboard</td>
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12. FACE TO FACE COMMUNICATION

The Face to Face Quality Handover meetings took place on the 07th & 08th March 2013 with all receiver organisation to NHS Tees PCT, see appendix two for the cast lists and the agenda items discussed.

All matters were dealt with in accordance with the National Quality Board ‘How To’ guidance.

Signed by

Transition Lead

Jackie White

Approved by Medical and Nurse Directors

Bev Reilly

James Gossow
### Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AQP</td>
<td>Any Qualified Provider</td>
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<tr>
<td>IAPT</td>
<td>Improving Access to Psychological Services</td>
</tr>
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<td>BPAS</td>
<td>British Pregnancy Advisory Services</td>
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<td>C Diff</td>
<td>Clostridium Difficile</td>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Service</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>CCP</td>
<td>Clear &amp; Credible Plans</td>
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<td>CLIP</td>
<td>Complaints, Litigation, Investigation &amp; PALS</td>
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<td>CQA</td>
<td>Clinical Quality Assessment</td>
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<td>CQRG’s</td>
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<td>CQUIN</td>
<td>Commissioning for Quality and Innovation</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>EMI</td>
<td>Elderly Mentally Ill</td>
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<tr>
<td>ETP</td>
<td>Electronic Transfer of Prescriptions</td>
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<tr>
<td>GI</td>
<td>Gastro Intestinal</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HCAI</td>
<td>Health Care Associated Infection</td>
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<td>HCR’s</td>
<td>Health Care records</td>
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<td>HRG</td>
<td>Healthcare Resource Group</td>
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<td>HSMR</td>
<td>Hospital Standardised Mortality Indicator</td>
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<td>IPC</td>
<td>Infection Prevention and Control</td>
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<td>ISOP</td>
<td>Integrated Strategic Operational Plan</td>
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<td>ITU</td>
<td>Intensive Therapy Unit</td>
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<td>LINks</td>
<td>Local Involvement Network</td>
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<td>LSCB</td>
<td>Local Safeguarding Children’s Board</td>
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<td>MCA</td>
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<td>MCA DoLs</td>
<td>Mental Capacity Act Deprivation of Liberty Safeguarding</td>
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<td>MRSA</td>
<td>Methicillin Resistant Staphylococcus Aureus</td>
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<td>NCB</td>
<td>National Commissioning Board</td>
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<td>NDUC</td>
<td>Northern Doctors Urgent Care</td>
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<td>North East Strategic Health Authority</td>
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<td>North East Ambulance Service</td>
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<td>NEQOS</td>
<td>North East Quality Observatory</td>
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<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
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<td>NPSA</td>
<td>National Patient Safety Agency</td>
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<td>NTHFT</td>
<td>North Tees Hospital Foundation Trust</td>
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<td>PALS</td>
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<td>PCT</td>
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<td>PEPG</td>
<td>Patient Experience Programme Group</td>
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<td>Acronym</td>
<td>Description</td>
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<td>PGD's</td>
<td>Patient Guidance Directions</td>
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<td>PROMS</td>
<td>Patient Reported Outcome Measures</td>
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<td>QHD</td>
<td>Quality Handover Document</td>
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<td>QRP</td>
<td>Quality Risk Profiles</td>
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<td>RCA</td>
<td>Root Cause Analysis</td>
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<td>SHMI</td>
<td>Summary Hospital Mortality Indicator</td>
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<td>Si's</td>
<td>Serious Incident's</td>
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<td>SOP's</td>
<td>Standard Operating Procedure's</td>
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<tr>
<td>SpR</td>
<td>Specialist Registrar</td>
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<td>STEIS</td>
<td>Strategic Executive Information System</td>
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<td>STHFT</td>
<td>South Tees Hospital Foundation Trust</td>
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<td>TEWVFT</td>
<td>Tees Esk &amp; Wear Valley Foundation Trust</td>
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Appendix 1

Patient Group Directions Log
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<th>PCT Name</th>
<th>PGD Code</th>
<th>Title of PGD</th>
<th>Issues Precedent</th>
<th>PGD Issue date</th>
<th>Review Date</th>
<th>PGD Expiry Date</th>
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NHS Tees Quality Handover Document – Final Version 22.03.2013
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Appendix Two
<table>
<thead>
<tr>
<th>Sender</th>
<th>Receiver</th>
<th>Date &amp; Time of Meeting &amp; Venue</th>
<th>Agenda</th>
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</thead>
<tbody>
<tr>
<td><strong>PCT</strong></td>
<td><strong>NCB</strong></td>
<td>07 March 2013 14.30 – 15.30 Boardroom Room 1 Riverside house</td>
<td>1. Welcome &amp; Introductions Chair: Cameron Ward</td>
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<tr>
<td>Cameron Ward</td>
<td>Cameron Ward</td>
<td></td>
<td>2. Corporate Handover Joanne Smithson / Jackie White</td>
</tr>
<tr>
<td>James Gossow</td>
<td>Mike Guy</td>
<td></td>
<td>3. Quality Handover Provider Quality Profiles Bev Reilly/ Chris Brown</td>
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<tr>
<td>Bev Reilly</td>
<td>Bev Reilly</td>
<td></td>
<td>3.a Foundation Trusts</td>
</tr>
<tr>
<td>Chris Brown</td>
<td>Sue Metcalfe</td>
<td></td>
<td>3.b Independent Providers</td>
</tr>
<tr>
<td>Jane Sheehan</td>
<td>Bev Walker</td>
<td></td>
<td>3.c Primary Care GP performance Complaints Quality risks in primary care</td>
</tr>
<tr>
<td>Joanne Smithson/ Jackie White</td>
<td>Alison Smith</td>
<td></td>
<td>3.d Medicines Management/ Controlled Drugs/ Medicines Incidents Sue Weatherhead</td>
</tr>
<tr>
<td>Peter Kelly</td>
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<td>3.e Public Health Peter Kelly</td>
</tr>
<tr>
<td>Sue Weatherhead</td>
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<td>4 AOB</td>
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<tr>
<td><strong>PCT</strong></td>
<td><strong>Hartlepool &amp; Stockton CCG</strong></td>
<td>07 March 2013 17:00 – 19:00 Room 1 &amp; 2 The Durham Centre Belmont Industrial Estate</td>
<td>1. Welcome &amp; Introductions Chair: Cameron Ward</td>
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<tr>
<td>Cameron Ward</td>
<td>Ali Wilson</td>
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<td>2. Corporate Handover Overview Cameron Ward</td>
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<tr>
<td>Bev Reilly</td>
<td>South Tees CCG</td>
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<td>3.a Foundation Trusts</td>
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<td>Chris Brown</td>
<td>Amanda Hume</td>
<td></td>
<td>3.b Independent Providers</td>
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<td>Jane Sheehan</td>
<td>Henry Waters</td>
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<td>3.c Primary Care</td>
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<td>NECS</td>
<td>Stephen Childs</td>
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<td>3.d Medicines Management/ Controlled Drugs/ Medicines Incidents Sue Weatherhead</td>
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<td>Anne Greenley</td>
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<thead>
<tr>
<th>PCT</th>
<th>Local Authorities</th>
<th>08 March 2013 09.00 – 11.00 Redheugh House Stockton</th>
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<tr>
<td>Cameron Ward</td>
<td>Peter Kelly – Stockton LA</td>
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<tr>
<td>James Gossow</td>
<td>Louise Wallace – Hartlepool LA</td>
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<tr>
<td>Peter Kelly</td>
<td>Alyson Carmen – Chief Solicitor Hartlepool LA</td>
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<td>Bev Reilly</td>
<td>Julia Weldon – Redcar &amp; Cleveland LA</td>
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<td>Chris Brown</td>
<td>Edward Kunonga – Middlesbrough LA</td>
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<td>Jane Sheehan</td>
<td>Bryn Roberts – Principle Solicitor Middlesbrough LA</td>
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<tr>
<td>Joanne Smithson/ Jackie White</td>
<td>Toks Sangowawa – Shared Services (hosted by R&amp;C LA)</td>
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<td>Philippa Walters</td>
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<td>Margaret Kynoch-MacDonald</td>
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<tr>
<td>Public Health England</td>
<td>Peter Acheson, Consultant in Health Protection for Tees</td>
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<td>Hilary Hall</td>
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</tr>
<tr>
<td>NCB</td>
<td>Sue Metcalf</td>
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| 3.e Public Health    |                                                                                   |                                                       |
| 4 AOB                |                                                                                   |                                                       |

| 1. Welcome & Introductions | Chair: Cameron Ward                                                                 |
| 2. Corporate Handover    | Joanne Smithson / Jackie White/ Peter Kelly                                         |
| 2.a Emergency Resilience | Louise Wallace                                                                     |
| 3. Quality Handover      | Bev Reilly / James Gossow / Chris Brown / Peter Kelly                                |
| Medicines Management/ Controlled Drugs/ Medicines Incidents Complaints | Screening inc measles campaign                                                     |
| 4. AOB                  |                                                                                   |