

**Bath, Gloucestershire, Swindon & Wiltshire Area Team Quality Surveillance Group
Quality/Legacy Update Report Template**

Clinical Commissioning Group: **NHS Swindon**

Report Author: **Gill May**

Date: 13 June 2013

Principal Risk	Existing controls measures/mitigation being taken	Outstanding risks	Con	Like	Current Risk score
<p>Children's Safeguarding based on CQC/Ofsted Action Plans including Health Visitor Workforce.</p> <p>There is the potential risk to overlook the need to meet obligations regarding safeguarding when commissioning services.</p> <p>Inadequate staffing levels at Fromeside medium secure unit have put patient safety at risk.</p> <p>Other contributing concerns relate to the management of drug use by patients, patient absconding from the building and inappropriate escort arrangements for a patient who was on leave and subsequently died.</p>	<p>There is a clear statement of organisational responsibility for safeguarding and promoting the welfare of Children and Adults.</p> <p>There is senior management commitment to the importance of safeguarding at Governing Body Level</p> <p>There are Named professionals with clearly defined roles and responsibilities in relation to safeguarding.</p> <p>Safeguarding training programme in place.</p> <p>There is a robust safer recruitment process in place.</p> <p>There is commitment to interagency working.</p> <p>Executive membership at Board Level to the LSCB & LSAB</p> <p>There is a clear statement of organisational responsibility to share information relevant to safeguarding children and adults at risk in a secure manner.</p> <p>CCG lead nominated.</p> <p>CQC inspection and warning notice in respect Outcome 22, staffing levels.</p> <p>Regional Specialist commissioning team is sole commissioner for Fromeside.</p> <p>Risk Summit and Strategy meetings held 24th and 25th Jan 2013</p> <p>Bristol City Council has invoked safeguarding adults' procedures under BCC large scale investigation protocols.</p> <p>Workforce action plan seen.</p> <p>Inspection visit undertaken by CCG on 5th April 2013.</p>	<p>All commissioners to ensure safeguarding are a high priority at each stage of the commissioning process - i.e. tendering, actions prior to issuing contracts and contracts monitoring and compliance.</p> <p>Assurances to be sought from the Lead Commissioner that the workforce action plan is being implemented on a monthly basis.</p> <p>CCG meeting lead commissioner for Fromeside June 13</p>	<p>3</p> <p>4</p>	<p>2</p> <p>3</p>	<p>6</p> <p>12</p>

Principal Risk	Existing controls measures/mitigation being taken	Outstanding risks	Con	Like	Current Risk score
<p>Urgent Care and capacity.</p> <p>Surges in activity impact upon service providers' ability to manage patient flow which could result in greater length of stay and exceeding 4 hour waits.</p>	<p>Urgent Care Sub -committee monitors demand and activity across whole health and social care system monthly.</p> <p>Escalation plans reviewed weekly.</p> <p>Winter plan in place for winter 2012/13. Whole system escalation plan</p> <p>Performance and activity reviewed monthly.</p> <p>National profiles of activity used to predict demands.</p> <p>Contract management controls in place.</p> <p>A '4 hour' meeting was held on the 22/04/13 with SEQOL, GWH, AWP, GWAS to discuss contingency Plans.</p> <p>Performance Meeting held with SEQOL on 30/04/13 and issue raised of planning for the anticipated increase in workload for May 2013 Bank Holidays.</p>	<p>Activity and demand continue to be felt in the urgent care system</p> <p>CCG continue to work to a recovery plan with clear milestones for delivery,</p> <p>Whole system action plan in place to improve and achieve 4 hour target. Site visit to Chertsey, Surrey- to gain insight into what works well. QIPP meeting to build on work streams including extending attendance to include more clinicians.</p> <p>Impact of NHS 111- rectification plans in place</p>	4	5	20
<p>STEIS management, review and trend interpretation and application of learning.</p> <p>Escalation of serious incidents to Director on call and specifically to AO and CCG Chair.</p>	<p>On Call Director to inform Team.</p> <p>All Commissioning leads to inform Director immediately via telephone.</p> <p>Escalation and sign off process to be agreed at C4Q June 13</p>	<p>Escalation pathway continues to be developed.</p> <p>Agree robust processes to sign off and close.</p>	2	1	2
<p>Francis Report in particular relevance to Primary Care engagement and feedback.</p> <p>Datix system not working efficiently; not able to access all the system due to working via remote access. Unable to extract reports.</p>	<p>Uploading person details onto Datix to capture figures. Using word document in J:\Drive (Swindon network) to capture all contacts and associated documents.</p> <p>Use existing report format and manually collect and analyse data.</p>	<p>Identified problems incurred by PALS & Complaints team.</p> <p>Agreement with CSU regarding the use of Datix.</p>	2	1	2

Principal Risk	Existing controls measures/mitigation being taken	Outstanding risks	Con	Like	Current Risk score
<p>Delay in hard launch of NHS 111.</p>	<p>Joint Contract Board with Gloucestershire. CCG. Operational and Service redesign group in place. Minutes from the Operational and Service redesign group. Monitoring of compliance with Wilts / BANES / Gloucestershire. DoH central guidance. GP clinical lead appointed. Rectification plans in place</p>	<p>. Key risk remains that Harmoni will not meet expected contractual performance indicators and move to hard launch.</p>	3	2	6
<p>Primary Care complaints management. Patient engagement and understanding of Patient Choice may compromise ability to improve uptake in line with national policy.</p>	<p>PALS and Complaints Feedback Choose and Book Informed Choice Project leads for each QIPP initiative Integrated performance reports Executive team meet weekly and review performance as part of its brief Draft public engagement strategy in consultation Strengthen arrangements with Swindon Healthwatch - awaiting outcome of tender of health watch</p>	<p>PALS and Complaints feedback is monitored through monthly reports to Commissioning for Quality Group</p>	3	1	3

Principal Risk	Existing controls measures/mitigation being taken	Outstanding risks	Con	Like	Current Risk score
<p>Diabetic care across primary care.</p> <p>Continued poor outcome and experience for patients with Diabetes.</p> <p>Potential risk - gap in provision of consultant time.</p>	<p>Business case to deliver increased and more diverse support.</p> <p>Service Specification for Community Diabetes Interface Service and GP LES</p> <p>Clear outcomes and key performance indicators within specification including measures for monitoring mechanisms.</p> <p>Implementation plan developed and with service providers to deliver, including recruitment.</p> <p>CCG monitoring in place.</p> <p>VO and partnership agreement are with providers, giving confirmation of funding.</p> <p>Pathway planned on Optimise.</p> <p>Long Term Locum now identified and starts June 2013. Temporary Locum to cover Long Term Locum starts May 2013 and will focus on Urgent clinics.</p>	<p>Monitor service providers' delivery of Diabetes Community Services implementation plan.</p> <p>SEQOL to provide update on podiatry clinics for patients with diabetes at next SEQOL contract meeting (28th May 2013).</p> <p>SEQOL internal meeting to review podiatry service to be held (May 2013).</p>	3	3	9
<p>Local Mental health provision.</p> <p>Winterbourne View Report recommendations</p> <p>Risk of death or serious harm whilst under the care of AWP</p> <p>The risk is the ability of existing providers to meet the needs of some service users with high complex needs linked to the national Winterbourne review.</p> <p>This should also include mental health, challenging behaviour and autism.</p>	<p>Risk Summit held.</p> <p>Work with individual providers and CPA pathways on the services required to meet the needs.</p> <p>Detailed move on plans developed for all learning disability out of area specialist placements.</p>	<p>Greater assurance needed from Lead Commissioner.</p> <p>Internal – 2 dedicated workers identified - more continuity from dedicated provider with spot purchasing.</p>	3 4	3 1	9 4

Principal Risk	Existing controls measures/mitigation being taken	Outstanding risks	Con	Like	Current Risk score
Stroke performance. Concern over current performance of stroke targets.	Swindon and Wiltshire Stroke steering group. Joint action plan in place. GP engagement. Contract meetings scheduled Monthly dashboard and discussion at contract meetings.	Not achieving sustained improved performance.	2	5	10
Potential for not achieving national HCAI commissioning targets for local population. Breach of Health Care Associated infections – C.Diff threshold exceeded.	Weekly HCAI data received from local Trust laboratory for review. Monthly HPA data capture system report received. Provider IP&C plans monitored via quality review meetings. Monthly report to Commissioning for Quality meeting. Post Infection Review (PIR) processes in place for reported MRSA bacteraemias Follow up discussions with GPs and feedback of lessons learned in progress	Maintain and monitor weekly data. CCG and PH working together leading a provider / commissioner steering group. CCG lead to improve IP&C across care home providers and domiciliary agencies. Work with Area Team to support Primary care. 2 MRSA bacteraemias reported April 2013 – x1 acute onset and x1 community onset 0 reported May 2013	2	5	10
RTT and diagnosis waiting times. Delivery of 18 week Referral to Treatment target - there is a potential for underperformance of contract resulting in patients having to wait longer for appointments.	Contract and quarterly monitoring meetings with all service providers. Board Performance Reports National Indicators Choose and Book GWH have an action plan in place to address their 6 week breaches in diagnostic waiting times.	Maintain contract monitoring mechanisms to ensure target is met, with a specific focus on a diagnostic target of 6 weeks. Presentation by GWH at a future contract meeting on the progress made in relation to excessive waiting times.	3	3	9