

## Briefing Paper for Southampton City Council's Scrutiny Panel B

### Introduction

In 2009/10 NHS Southampton City spent over £350m on healthcare services for around 250,000 Southampton people. As the local leader of the NHS our role is to work with partner organisations including providers to build and maintain a health system which delivers clinically safe and effective services for patients and the public as well as value for money for taxpayers.

NHS Southampton City spent most of this money commissioning services from other healthcare providers such as Southampton University Hospital Trust (SUHT), Hampshire Partnership Foundation Trust and our community provider arm Solent Healthcare Trust.

Southampton City Council's Scrutiny Panel B has been tasked by the Overview and Scrutiny Committee to undertake a six meeting Inquiry into health related topics. The topic agreed is "In context of the recently published White Paper – Equity and Excellence to examine how adult acute providers in the City respond to and learn from safety and adverse incidents where factors outside of the acute care setting have been a contributory factor."

To support the inquiry, this paper will outline the following: commissioning for quality in Southampton, quality assurance framework in place at SUHT, the challenges faced by the health economy to ensure that local services are safe and effective and actions being implemented moving forward.

### Commissioning for Quality in Southampton

There is an expectation, specified clearly in NHS Southampton City Commissioning Strategy and in our contracts with provider organisations including SUHT, that providers will maintain the position whereby quality remains the central principle of their population centred services. There are three quality requirements, linked with appropriate indicators, in the acute contract. The requirements with examples of linked indicators are:

- Patient Safety: Hospital Standardised Death Ratio, Falls resulting in serious harm (moderate/severe/death).
- Patient Experience: % of patients having more than 4 bed moves in a quarter, Inpatient Survey.
- Clinical Effectiveness : % of stroke patients admitted directly to stroke unit, % of patients that received primary angioplasty less than 90 minutes of arriving in the hospital.

There are also a range of other indicators in the contracts which underpin delivery of safe and effective services.

The requirements above are monitored and reviewed monthly by NHS Southampton City and Southampton University Hospital Trust monthly to ensure delivery of high quality acute services.

### **SUHT Internal Quality Assurance Framework**

There are various ways SUHT provides assurance on the way safety and safeguarding are managed effectively. This is predominantly through formal external regulation and through robust internal assurance processes.

#### External Assurance/regulation

- Through a comprehensive quality standard review process, which includes key safety criteria SUHT has been granted unconditional registration with the Care Quality Commission.
- As well as the PCT Commissioner ongoing review of safety and safeguarding as part of the contract monitoring framework. There are other reviews undertaken by the National Patient Safety agency, Royal Colleges linked to medical specialities and national audits linked to NICE guidelines.
- In addition South Central SHA through audit and data analysis review aspects of safety such as MRSA performance and pressure ulcer incidence on a regular basis. Feedback on all these reviews are included in comprehensive quarterly reports to Trust Board. Any action recommended is implemented by the Trust.
- As an aspirant Foundation Trust the organisation has been through a detailed quality assurance review by Monitor.

#### Internal Quality Assurance

- The Trust has a detailed Patient Improvement Framework (enclosed) which identifies annual priorities for safety, patient experience and patient outcomes. Detailed reports on each of these areas are provided on a quarterly basis to Trust Board with an associated RAG rating for each of the safety priorities against stretch improvement targets. Improvement action plans are closely monitored and scrutinised by the Trust's Audit and Assurance committee which is a sub group of Trust Board.
- Some areas have further detailed focus from the CEO, Medical Director and Director of Nursing where faster improvement is required and detailed reviews are undertaken with each clinical division on a regular basis. In many areas the Trust can demonstrate significant improvement such as MRSA rates and as a consequence is now cited as one of the best performing University Hospital Trusts in the country for achieving this target.
- The Trust takes incident reporting very seriously and has a detailed process which includes root cause analysis and on-going learning – Joint reviews where relevant are taken forward with other organisations such as PCTs and social care.

- The monthly quality governance steering group reviews all serious events and other aspects of quality to ensure clinical standards are followed and quality improvement is being systematically taken forward. The member's council, which is made up of predominantly lay people are developing their own processes to provide an independent view to the Trust Board on SUHT's quality improvement framework alongside other external groups such as LINKS.
- To ensure 'Board to ward' awareness a framework for executive, clinical and trust board reviews are in place whereby visits to clinical areas to review service delivery are undertaken on a regular basis.
- Finally, SUHT has produced its first annual quality account which has been widely consulted on with internal and external groups such as Links. This will become an annual assurance process which will be externally audited.
- For safeguarding there are two internal committees which report up to Trust Board via the Trust's executive committee and these cover adults and children respectively. Detailed work programmes include working closely with Social Care and other agencies are monitored on a regular basis.

### **Local Services: Challenges and actions being taken to maintain Patient Safety**

SUHT takes patient safety very seriously and has clear ambitions to be a top quartile performer however, there are significant challenges which can impact on the safety agenda which cut across the health and social care system, these include:

- Inappropriate admissions into hospital ] both can lead to high
- Delayed discharges ] bed occupancy
- Management of community wide infections such as noro-virus
- Limited community rehabilitation services/support in the home

Action plans are being implemented by the PCT, SUHT, SCC and other partner organisations to improve on the challenges mentioned above.

### **Conclusion**

Similar to many hospitals across the country SUHT recognises it is on a Quality Improvement journey and is determined to demonstrate year on year improvement. The organisation takes patient safety very seriously and it is a top priority for the Trust Board. Detailed action plans regularly monitored are in place to ensure effective and safe service.

There is evidence to support the belief that SUHT have an open culture with high patient safety reporting rates alongside a very detailed performance monitoring framework. The Trust is continually developing ways it can work with staff and patients to contribute to the improvement agenda and also

reviewing recognised areas of good practice in organisations external to the Trust so that improvement and learning becomes a continual process.

### **Recommendation**

Southampton City Council's Scrutiny Panel B is asked to note that SUHT, NHS Southampton City major acute provider, has a robust assurance framework in place. The framework is being implemented to maintain clinically safe and effective services.