

TRUST BOARD

Title:	QUALITY REPORT
Action:	FOR DISCUSSION AND NOTING
Meeting:	10th January 2018

Purpose:

This report gives an overview of Quality related areas of practice and an opinion regarding the level of assurance that the Board can take from the underpinning information. The assurance opinion categories reflect those utilised in the Internal Audit programme, namely substantial, reasonable, partial or no assurance.

The report is supported by a data pack covering the period October and November 2017 (with any relevant key current updates) and is focused on the CQC five Key Lines of Enquiry. The information is triangulated with our clinical services to ensure a holistic judgement is made.

Detailed local analysis of quality performance is undertaken within the three Clinical Operational Boards and points of escalation reported to the Board.

Key areas of risk are identified, recorded on the Risk Register, managed and escalated where appropriate.

Recommendation:

The Board is asked to:

- **Note** the information in this report and the actions planned to address areas needing development.

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Trust Objectives

Objective	How the report supports achievement of the Trust objectives:
Provide outstanding care	The data pack demonstrates a good understanding of quality across the organisation
Collaborate with other organisations	A number of sections reference collaboration with relevant partners and stakeholders
Be an excellent employer	Staffing pressures are escalated using our early warning trigger tool and managed at an early stage by teams to prevent negative patient impact. A safe staffing section is included to collate relevant underpinning data. A number of staff engagement activities are highlighted which demonstrate an increased focus on this area of support.
Be a sustainable organisation	Patient feedback is consistently high and where concerns are identified, learning is identified and improvements to practice made.

Trust risk register

This report refers predominantly to actions associated with Board risk 1320

Legal and Regulatory requirements:

All CQC Key Lines of Enquiry and fundamental standards of care are addressed in this report.

Equality and Diversity implications:

Objective		How the report supports achievement of objectives:						
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require		Compliance with the 18 week Referral to Treatment target is included in the Responsive section of the supporting data pack						
Enhance our approach to involving and capturing the experience of hard to reach / seldom heard / varied community groups		A People Participation Strategy was approved at the last Board and examples continue to be presented in the data pack.						
Support staff to reduce the incidents of staff from minority groups experiencing abuse / aggression violence or discrimination from service users, carers, colleagues or managers.		Reported via staff survey at appropriate points during the year – 2017 survey completed by staff and results awaited.						
Ensure that the Race Equality Standard is embedded and undertake proactive work around any areas of under-representation		Not referenced in this report						
Are any of the following protected characteristics impacted by items covered in the paper - yes								
Age <input type="checkbox"/>	Disability x	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>	Pregnancy and Maternity <input type="checkbox"/>	Race <input type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

1. EXECUTIVE SUMMARY / KEY POINTS

1.1 The Board can take reasonable assurance from the data presented and consideration of the systems and processes in place to support the delivery of high quality care. This is supported by the information referenced throughout this report from Appendix 1 (Quality Data Pack for October and November 2017).

1.2 Key points:

1.2.1 One Serious Incident (SI) was reported in the Norfolk 0-19 service (Breckland locality) relating to the professional judgement of a Health Visitor. A previous, similar SI was reported from the same locality and a number of actions are being undertaken both to support staff and review the cases to ensure all relevant learning is identified. The Safeguarding Group will review the outcomes to ensure learning is shared across our services.

1.2.2 The overall rates for individual elements of mandatory training have met the Trust's target of 91% across all subjects in November for the first time during 2017/18 except Information Governance which has increased to 93% from an October position of 91%. A number of actions are being taken to increase compliance.

1.2.3 Section 3.2 highlights actions that we have committed to in order to maintain our Disability Confident Employer status.

1.2.4 Section 7 outlines our approach to learning from deaths and our agreed screening process for identifying those requiring a Root Cause Analysis investigation. Initial learning from expected deaths within our Macmillan Team in Luton has been identified and will be shared across our services.

1.2.5 Dr Jorge Zimbron will attend the Board to present his Guardian of Safe Working report which is attached at Appendix 2.

1.2.6 Key issues from the Quality Improvement and Safety Committee are highlighted in section 9.

1.3 There are no indications of significant breaches of CQC fundamental standards.



Safe

2. Assurance opinion

The Board can be offered **Reasonable** assurance overall that patients are kept safe and protected from harm due to the following information:

2.1 Management of patient safety incidents

2.1.1 One Serious incident (SI) was reported relating to failure by a Health Visitor to analyse information, make a professional judgement regarding risks and vulnerability, escalate concerns and complete SystmOne documentation in a timely manner.

This occurred in the Breckland locality where staffing pressures have increased and the teams are working under their business continuity plan. The SI is currently under investigation and the Locality Lead, Service Manager and Head of Safeguarding have reviewed the details to seek any similarities to the previous

SI and ensure that appropriate actions are being undertaken and support given to staff.

Learning will be reviewed by our Safeguarding Group so that wider learning can be shared from a safeguarding perspective.

2.2 Safeguarding Adults and Children

2.2.1 Adults – There have been no inquests or Serious Adult Reviews during this period that have related to the Trust's services. We continue to be active partners in Local Safeguarding Adult Boards.

Page 2 of the Data Pack highlights Trust wide compliance with Prevent training.

2.2.3 Children – We continue to be active members of three Safeguarding Children Boards and their operational sub groups. Operational pressures continue for the Safeguarding Teams with nine open Serious Case Reviews and an increasing volume of advice sought by staff in our clinic based services.

We will undertake a 'stock take' of current safeguarding provision and complexity of cases/advice required in order to determine if any improvements to staffing levels or working practices are required.

2.3 Information Governance

There are no issues to escalate relating to Information Governance (IG). The IG Steering Group continues to monitor preparedness for the revised General Data Protection Regulation (GDPR) legislation due in May 2018.

2.4 Infection Prevention and Control

2.4.1 Page 4 of the data pack highlights the progress with the Seasonal Influenza Vaccination Programme with an uptake position of 56.14 % of frontline staff vaccinated as at 31 December. A number of incentives are in place to encourage staff and weekly progress is reported to NHS England.

2.4.2 The Luton Clinical Operational Board has been monitoring the good progress with the backlog of BCG vaccinations which initially totaled 4156 in June 2017 and has reduced to 2663 at the end of November as planned. Discussions continue to enable the transfer of this activity to the Luton & Dunstable Hospital as the most appropriate organization able to deliver this.

2.4.3 The 2016/17 annual report was discussed at the Quality Improvement and Safety Committee in December. Follow up information regarding the environment audit results at the Peterborough Dental Access Centre is included in the data pack (page 4).

An end of year Infection Prevention & Control Assurance statement for 2017/18 will be provided to the Board in March 2018.

2.5 Safe Staffing

The Board can be offered **Reasonable** assurance that patients are kept safe and protected from harm due to the following information related to staffing:

2.5.1 Staffing pressures have continued since the last report in a number of services with oversight by the Clinical Operational Boards.

2.5.2 Luton Unit - Community Paediatric services reported continued service pressures which have been monitored by the Clinical Operational Board for several months. Good progress has been made with Commissioners who are actively supporting a business case for an increased establishment of clinicians to manage demands on the service.

Three of the four Health Visiting teams report continued staffing pressures related to recruitment and sickness. This is being monitored and mitigating actions have been put in place.

2.5.3 Norfolk 0-19 teams show an overall improvement with a reduction in pressures for two of the three teams previously reported due to successful recruitment. Breckland locality continues to experience workforce challenges and the team is working within their business continuity plans.

2.5.4 The Cambridgeshire School Nursing service reported increased risk due to the impact of staffing and service demands. An improvement is anticipated as mitigating actions take effect including the recruitment of a strategic lead (now in post), a more targeted recruitment programme and the launch of Chat Health.

2.5.5 Staffing compliance on the Acute Paediatric unit is reported on page 5 of the data pack.

Holly Ward reported restrictions to admissions on one occasion in October and three in November due to capacity and staffing ratios. The service will imminently have access to the North West Anglia Foundation Trust staff bank which will increase the possibility of sourcing registered nurses at short notice to cover sickness absence which has been a key factor in episodes of restricted admissions.

2.6 **Safety Thermometer (Quality data pack p18)**

2.6.1 The overall harm free target has not been met in the Luton Unit for the past three months. This includes all harms recorded on a specific day each month by our District Nursing and Community Matrons teams. A smaller number of patients were surveyed during this time than for the previous period which affects the overall percentage. The percentage dipped again in December to 91%. The teams review all of the safety thermometer data monthly to determine learning.

2.6.2 The new harm free metric is more indicative of the care provided by our staff and this dipped in November for the first time since April due to a patient fall (these are recorded as new harm) and one grade 2 pressure ulcer. The updated metric is 100% for December.

Effective

3. **Assurance opinion**

The Board can be offered **Reasonable** assurance that all elements of this Key Line of Enquiry are being actively managed.

3.1 **Workforce metrics** are outlined on page 6 of the data pack and assurance is based on the following:

3.1.1 The overall rates for individual elements of mandatory training have met the Trust's target of 91% across all subjects in November for the first time during

2017/18 except Information Governance (IG) which increased to 93% from 91% (the target for IG training is 95%). A number of actions are being undertaken to increase compliance.

- 3.1.2 The overall stability rate identifies staff that have been employed by the Trust for 12 months or more. This decreased by 3% to 84% in November and on further analysis a number of services had a high proportion of new starters in October and November who had therefore not had 12 months service. This can also look disproportionate in smaller teams.

3.2 **Disability Confident Scheme**

The Board is asked to note the following update:

- 3.2.1 The Disability Confident Scheme was introduced by the Government in 2017 and replaces the Positive About Disability (Two Tick) scheme that the Trust was already signed up to.
- 3.2.2 There are three levels within the scheme, those being 'Committed', 'Employer' and 'Leader'. On 14 June 2017 the Trust was awarded Disability Confident Employer status. This award is valid for two years and expires on 12 June 2019. The award entitles us to use the Disability Confident Employer branding on our recruitment adverts and other paperwork as an aid to recruitment
- 3.2.3 There are two themes to this award. Theme 1 is 'Getting the right people for your business' and theme 2 is 'Keeping and developing your people'.
- 3.2.4 As a Disability Confident Employer we are committed to the following core actions under the two themes:

Theme 1 – Getting the right people for your business

- Actively looking to attract and recruit disabled people.
- Providing a fully inclusive and accessible recruitment process.
- Offering an interview to disabled people who meet the minimum criteria for the job.
- Flexibility when accessing people so disabled job applicant have the best opportunity to demonstrate that they can do the job.
- Proactively offering and making reasonable adjustments as required.

Theme 2 – Keeping and developing your people

- Promoting a culture of being Disability Confident.
- Supporting employees to manage their disabilities of health conditions.
- Ensuring there are no barriers to the development and progression of disabled staff.
- Ensuring managers are aware of how they can support staff who are sick or absent from work.
- Valuing and listening to feedback from disabled staff.
- Reviewing this Disability Confident employer self-assessment regularly.

Caring

4 **Assurance opinion**

The Board can be offered **Reasonable** assurance that staff treat people with compassion, kindness, dignity and respect due to the following:

4.1 **Patient feedback**

The patient experience story due to be presented to the Board at this meeting has been developed following the experience of a patient with our Musculoskeletal (MSK) service in Huntingdon.

4.2 **Friends and Families Test (FFT)**

4.2.1 Results are highlighted on page 9 of the data pack. Children's acute services in Cambridgeshire received three responses to the FFT in the reporting period comprising one result each that was positive, neutral and negative. The service undertakes a more child friendly survey Tops to Pants and the outcomes will be shown alongside the mandated FFT results going forward.

4.2.2 A selection of positive comments received regarding our services is included in the data pack on page 10.



Responsive

5. **Assurance opinion**

The Board can be offered **Reasonable** assurance that services are organised to meet people's needs because of the following:

5.1 **Complaints**

5.1.1 In November all responses to complaints were sent within the 25 day timeframe for the first time.

5.1.2 Page 10 of the data pack summarises the 12 complaints received in October and November. No themes were identified.

5.2 **Access to our services** to which the 18 week Referral To Treatment timings apply, is outlined on page 11 of the data pack.

5.2.1 All consultant-led and non-consultant-led services are operating above the 92% target. Paediatric OT performance improved to 100% as expected since the last report.

5.2.2 Although 6 week waiting time breaches continue with the Luton Paediatric Audiology service, plans are in place to meet the target by the end of January 2018.



Well-led

6. **Assurance opinion**

The Board can be offered **Reasonable** assurance that the leadership, management and governance of the organisation assures the delivery of high quality person centred care, supports learning and innovation and promotes an open and fair culture.

6.1 **The CCS Quality Way**

6.1.1 The Leadership Forum received an update of progress with embedding The Quality Way and learning from the initial Quality Review.

- 6.1.2 A comprehensive programme of further visits is underway to support teams to evidence their practice and to identify areas for improvement.
- 6.1.3 Luton CCG has undertaken a number of Quality visits to the following services during 2017:
- TB service
 - Community Respiratory service
 - Anticoagulation and DVT service
 - Community Nursing

Individual summary reports based on the CQC Key Lines of Enquiry have been received and although they do not give an overall judgement rating, each highlights good practice and confirms that standards have been met.

6.2 Quality Early Warning Trigger Tool

- 6.2.1 This established tool (summarized on pages 15 & 16 of the data pack) is based on a number of metrics that mainly relate to staffing pressures and the impact on quality when staffing is compromised. The details are covered in section 2.5 (safe staffing) of this report.
- 6.2.2 A number of teams continue to report issues with IT connectivity and relate this to inability to complete clinical records in a timely way. A deep dive will be undertaken to investigate this and ensure that appropriate actions are being taken.

6.3 Patient engagement

A number of examples of patient engagement activity are included on page 15 of the data pack.

6.4 Staff engagement

Page 16 of the data pack highlights the continued focus on staff engagement throughout October and November. Key highlights include the completion of the staff survey for 2017/18 with results anticipated in February/March.

6.5 Research

A summary of active participation in research studies is highlighted on page 17 of the data pack.

6.6 Quality dashboard

The Trust wide dashboard (pages 18-19 of the data pack) is underpinned by service level data which is utilised at both local and Trust level to give an overview of a number of areas of quality performance. These metrics have been used to inform analysis throughout the report.

7.0 Learning from Deaths

- 7.1 As previously reported, The National Quality Board issued guidance on Learning from Deaths in March 2017 with the expectation that all inpatient deaths would be reviewed to elicit learning.
- 7.2 We have been working to establish a community based review process that is appropriate and proportional for patients in the settings in which we operate. This involves a SystemOne based screening tool which can be used to review records from all patients seen by our services up to one month prior to death. This has now been established and

screening for deaths Community Matrons and District Nursing services in Luton will be undertaken.

- 7.3** The table below shows the number of patients within this category for Q1 & Q2 2017 (includes six deaths relating to children in Norfolk which are subject to the formal Serious Case Review process).

Date of Death	April	May	June	July	August	September
Total	36	33	31	39	35	31

Data for Q3 will be available during January and the above review process will then be undertaken with a full summary presented to the Board in March.

There were no Serious Incidents or Coroners Inquests reported or undertaken relating to deaths in our services from April – December 2017.

- 7.4** We are also reviewing learning from expected deaths such as patients on palliative care pathways to ensure that we identify areas for improvement.

The Luton Macmillan Team has identified a number of points including:

- The importance of early recognition that a patient is dying in an acute setting which enables timely referral wherever possible to the most appropriate community based support service. Our service lead therefore regularly attends the Luton and Dunstable Hospital's Mortality Review Group to raise awareness of this.
- There are sometimes conflicting messages given to patients and families by staff within different parts of our community services. A series of training and awareness sessions are planned for teams to ensure that a consistent approach is undertaken. This also includes awareness of the need for early discussions with families of patients with dementia about their wishes for end of life care.

8.0 Guardian of Safe Working report

- 8.1** Following the introduction of the new contract for doctors in training, the post of Guardian of Safe Working was established. Our Guardian, a shared appointment with CPFT (Dr Jorge Zimbron) is attending the Board to discuss his role and answer any questions on his work supporting doctors in training. His report is included at **Appendix 2**.

- 8.2** Dr Zimbron recommends that the Trust continues to support training needs and these are not overtaken by service needs. In addition, continue to encourage trainees to use the exception reporting process where they are required to work in excess of their contracted hours.

9.0. Summary from Quality Improvement and Safety Committee

- 9.1** The Committee met on 25 October 2017. There were no points for escalation. The following items are for information:

- A summary of Serious Incident trends was presented which included learning from pressure ulcers, dental incidents and safeguarding related incidents.

- An update was received detailing work relating to the prevention and management of pressure ulcers. A detailed action plan and full report will be presented to the Luton Clinical Operational Board in February
- The infection Prevention and Control annual report was received and an update re the Peterborough Dental Access Centre environment was requested (this has been included in the data pack at page 4).
- A position statement was endorsed by the Committee which outlines our commitment to enabling non-medical prescribers to be able to prescribe appropriate products. This is in response to a number of CCGs nationally who have indicated their intentions to stop supporting the prescribing of over-the-counter products by GPs (which also effects a number of our clinical staff who are able to currently prescribe these).
- The Committee's Terms of Reference were revised and approved. These will be incorporated into the wider review of all Terms of Reference which will be presented to the Board for final approval in March.
- An update from the Learning from Deaths Group was received and a full report will be discussed at the March Board which includes Q1-Q3 data.

10. RECOMMENDATION

- 10.1** The Board is asked to note the assurance given relating to each of the 5 Key Lines of Enquiry based Quality topic areas of this report and the actions being taken to address areas of concern.

End of report

APPENDICES

- Appendix 1 - Quality data pack
- Appendix 2 – Guardian of safe Working report