TRUST BOARD

Title:	**QUALITY REPORT**
Action:	**FOR DISCUSSION AND NOTING**
Meeting:	**WEDNESDAY 11 JULY 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 April and May 2018 (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 3 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 with additional information relating to our recent CQC inspection, response to the Cambridgeshire and Peterborough Suicide Prevention Strategy and Guardian of Safe Working report.

	Name	Title
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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 organization
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. This report highlights a focus on safe staffing, related risks and mitigating actions. 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	Examples of patient and service user engagement continue to be highlighted in the data pack.
Using the national 'A Call to Action on Bullying and Aggression', internally take action to promote our Zero tolerance policy and address bullying and aggression when it occurs.	Service the 17/18 staff survey results are with our teams to formulate actions – this is outlined on page 20 of the data pack
Ensure that the Workforce Race Equality Standard is embedded and undertake proactive work around any areas of under-representation identified. In particular, we will seek innovative methods to have co-opted representation on the Trust Board from more diverse backgrounds.	Not specifically included in the report this time

Are any of the following protected characteristics impacted by items covered in the paper – not directly impacted but the patient story summary demonstrates consideration of a number of the characteristics No

Age	Disability	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
☐	☐	☐	☐	☐	☐	☐	☐	☐

1. EXECUTIVE SUMMARY / KEY POINTS

1.1 The Board can take Substantial assurance overall 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 April and May 2018) and by the final report received from CQC rating our services as ‘Good’ overall with one element of ‘Outstanding’ for caring in our Dental service. There were no significant concerns raised regarding the Trust’s controls upon which we rely on to manage our identified risks.

1.2 Key points:

1.2.1 Two Serious Incidents (SIs) were reported during April and May, one from Dental services reported as a Never Event and one from iCaSH services regarding lack of appropriate escalation of a safeguarding issue. A further Never Event has since been reported by Dental services as well as an SI in iCaSH relating to failure to carry out appropriate assessments as per clinical guidelines. Details are outlined in section 2.1.

1.2.2 A focus on safe staffing is highlighted in section 2.5. This identifies those services which are experiencing continued staffing pressures and the mitigating actions to keep patients and staff safe.

1.2.3 The Board will note the publication of the Gosport Memorial Hospital report highlighted in the media last week and our initial assurance and response to this.

1.2.4 The final report from our recent CQC inspection is outlined in section 6.1 with an overall rating of Good with Dental services receiving Outstanding for the Caring Key Line Of Enquiry (KLOE).

1.2.5 Section 7 identifies our response to the Cambridgeshire and Peterborough Suicide Prevention Strategy

1.2.6 Section 8 summarises key points from our Quality Improvement and Safety Committee (QISComm).

1.2.7 The Guardian of Safe Working report is attached as Appendix 3. The overall view is that the Trust continues to meet the demands of the new contract for doctors and dentists in England and that there is no evidence that the current working practices amongst trainees at the Trust are unsafe.

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 (including Information Governance)*

2.1.1 Two Serious Incidents (SIs)were reported during April and May – one involving a dental patient where a wrong tooth was extracted was categorised as a Never Event and a comprehensive investigation is underway. The service is liaising with the patient to fully fund corrective treatment.

The second involved our iCaSH service where a safeguarding concern was not raised appropriately for a service user. This is also currently under investigation. For each of these, immediate actions were taken.

2.1.2 Subsequent to the reporting of the incidents in 2.1.1, a further two SIs have been declared. One involves iCaSH Norfolk where failure to carry out assessments for a patient as per clinical guidelines has potentially impacted on the health of the service user. The second relates to a further Never Event in our Dental services involving wrong teeth extraction. Both of these are undergoing full investigation.

2.1.3 As a reminder for the Board, an external, expert, independent review was commissioned after the previous Never Events which identified an open culture of reporting and appropriate management and investigation of the incidents. The two subsequent incidents will be considered collectively alongside these to ensure that all opportunities are explored to minimize the risk of future incidents occurring. The service is currently planning a comprehensive programme of redesign looking at a range of aspects of care and the processes undertaken across all teams to ensure consistency of best practice.

2.2 *Safeguarding*

2.2.1 Page 3 of the Data Pack highlights continued Trust wide compliance with Home Office targets for Prevent training with Basic Awareness at 99% and WRAP training at 92% (national Home Office target 85%). Plans are continuing for our Bedfordshire services to ensure consistency of approach.

2.2.2 Children – Safeguarding Children level 3 training compliance has improved across a number of services with a trust level of 91% but remains below the 92% target for 2018/19. Support has been targeted to specific teams with the model of delivery adapted to offer maximum opportunity for compliance.

2.2.3 Supervision compliance was 100% in Cambridgeshire and Luton in May with an overall position of 89% due to an 86% return for Norfolk. This reflects an increased sickness rate in Norfolk teams and staff turnover in the local safeguarding Team. An improved position is expected for June. Progress will be monitored through the Clinical Operational Boards.

2.2.4 The impact of a previously reported risk (2731) is being monitored relating to a national change to our SystmOne clinical records system functionality provided by TPP which removed our ability to view records for patients / service users who do not consent to share their health information. This is important in the work of our safeguarding children nurses who require access to background information when referrals are received into Multi Agency Safeguarding Hub (MASH) situations. The Safeguarding Group will collectively review the impact and risk at the next meeting on 19 July 2018.

2.3 *Infection Prevention and Control*

2.3.1 Page 6 of the data pack notes that one patient was not screened for MRSA in May on Holly Ward following transfer from another acute hospital. This was an error, however, the ward procedure for receiving such patients was followed which minimized risk to other patients by caring for the patient away from others.

2.4 *Safety Thermometer – Luton (dashboard page 23 data pack)*

2.4.1 The overall harm free result fluctuated in April (92%) and May (88%)

2.4.2 The new harm metric is more indicative of the care directly provided by our staff and this increased to 100% in April but decreased to 94% in May. This was due to a small number of patients surveyed who had fallen and 5 new pressure ulcers.

2.4.3 NHS Improvement have published their revised expectations for NHS Trusts who manage patients with pressure ulcers regarding measurement and reporting:

https://improvement.nhs.uk/resources/pressure-ulcers-revised-definition-and-measurement-framework/

The Luton based 'Thinking Differently about Pressure ulcers group is due to meet on 6 July 2018to review progress of work to prevent and manage pressure ulcers. It will consider and determine changes required in light of the report and report progress to the Luton Clinical Operational Board.

2.5 *Safe Staffing*

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

2.5.2 Staffing pressures continue in a number of services with detailed oversight by the Clinical Operational Boards. The sections below identify current areas under most pressure and the mitigating actions that are being taken to maintain both patient and staff safety. This includes, as previously reported, use of bank and agency staff and a variety of approaches to recruitment. Where relevant, Quality Early Warning Trigger Tool scores are highlighted.

2.5.3 **Luton Unit**

2.5.3.1 Community Paediatrics continue to report challenges in service delivery due to increased demand and staffing absence. The current breaches in 18 week waiting time continue to rise and the related risk has been increased from 12 to 16. The QEWTT score also reflects this position having increased to 21.
The Clinical Operational Board received an update in June regarding the agreed additional funding and a number of actions that are in process which should positively impact the waiting time for appointments.
Appropriate clinical prioritisation of children receiving controlled medication has continued which has also contributed to the increased number of breaches.

2.5.3.2 The Audiology service continues to report 6 week diagnostic breaches. The situation has been compounded by staff sickness and increased referrals reflected in the increased QEWTT scores for April and May to 12 and 11 from 10. All actions continue as previously reported.

2.5.3.3 Luton 5-19 team are experiencing pressures due to increased numbers of safeguarding cases and staff absence, therefore a risk rated at 16 has been recorded. Their QEWTT score in May does not reflect the current situation (8) and is expected to rise significantly in July. The team have put a number of Standard Operating

Procedures in place to support staff regarding prioritising case conferences for families with highest need.

Three out of four 0 - 5 teams in Luton have reported improvements to their QEWTT scores due to successful recruitment of Health Visitors (including a number of our current students).

2.5.4 **0 - 19 services (Cambridgeshire and Norfolk)**

2.5.4.1 The Cambridgeshire based 0 - 19 service continue to experience staffing challenges due to difficulty recruiting to vacant posts. Mitigating actions continue including the implementation of a duty desk in Fenland and re-prioritising service leaders time to support the clinical delivery of the service. Service leads monitor staffing on a weekly basis and re deploy staff appropriate to highest need. A comprehensive service redesign programme is underway.

2.5.4.2 Previously reported issues are slowly resolving relating to increased workload pressures due to late electronic notifications of children who transfer into an area by the new Child Health Information system provider (Provide). This was reportedly due to process issues with NHS Digital. This required clinical review of a significant number of records and subsequent contacts if required.

2.5.5 **Norfolk**

2.5.5.1 Pressures with staffing in Norfolk based 0 - 19 teams continue with Business continuity plans in place where teams are unable to fulfill complete Healthy Child Programme commitments and prioritise safeguarding cases and supporting the most vulnerable families.

2.5.5.2 Breckland and City Teams continue to report high QEWTT scores although slightly reduced from March and April and the West locality has reported an increase from 10 to 16 due to staff sickness and demands on the service. Oversight of mitigating actions is undertaken at the Children and Young People Clinical Operational Board.

2.5.5.3 Staffing compliance on the Acute Paediatric unit is reported on page 6 of the data pack.

2.5.5.4 SCBU reports successful recruitment to its funded establishment and restrictions to admissions only due to the planned deep clean of the unit in April.

2.5.5.5 Holly Ward reported three short periods of restrictions to admissions due to a number of issues. The successful recruitment to vacancies is beginning to take effect and their current QEWTT score of Recruitment has been successful for remaining vacancies. Their May 2018 QEWTT score has reduced to 3.

2.5.6 **Ambulatory Care services**

2.5.6.1 iCaSH Bedfordshire QEWTT score has decreased in May to 11 (from 16 in March) due to a number of factors including successful recruitment to a number of leadership posts.

2.5.6.2 As previously reported, Dental services continue to be challenged by staff sickness which has impacted on a number of workforce metrics. Their QEWTT scores remain stable due to a number of mitigating actions including an increase in temporary staff. Their appraisal rate has increased to 93% from 79%.

2.6 **Gosport report**
The Board may be aware of the recent publicity surrounding the care of patients at Gosport War memorial Hospital. This related to over 400 patients regarding inappropriate prescribing of Opiods and use of outdated Graseby MS16/MS26 syringe drivers. Assurance has been given by our clinical services and our Medical Devices servicing contractor that we do not use these models and have none in stock. Clinical leaders from the Trust reflected together at our leadership forum on 2 July 2018 regarding applying professional curiosity across our services and ensuring that checks and balances are in place through audits etc to identify outlying clinical practice which warrants further investigation.

Effective

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

3.1 ***Workforce metrics*** are outlined on page 8 of the data pack and assurance is based on the following:

3.1.1 Overall mandatory training compliance has remained above target (92%) for April and May at 95%.

3.1.2 The exceptions are Level 3 safeguarding which has improved at 91%, CPR / resuscitation and Deprivation of Liberty at 91%. Moving and Handling People has decreased to 85% from 90% and a number of additional sessions have been arranged in Luton to ensure we have appropriate capacity.

3.1.3 Individual service rates of compliance are monitored by the Clinical Operational Boards.

3.1.4 The percentage of appraisals has dipped from 91% in April to 89% in May against the target of 92%. Clinical Operational Boards have detailed oversight of remedial actions.

3.1.5 Sickness rates across services remain a challenge as previously reported. The principle reason cited by staff this period was gastrointestinal problems. Managers and HR staff continue to support teams with assisting staff to return to work safely after periods of illness.

Caring

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

4.1 ***Patient story***

The patient experience story due to be discussed with the Board at this meeting is being shared by our 0-19 service in Norfolk and involves a mother who was supported during very challenging times.

4.2 *Friends and Families Test (FFT)*

4.2.1 Results are highlighted on page 11 of the data pack including an overall score of 97.52% with all services that received feedback, reaching the 90% target. Comments relating to negative scores are reviewed by teams.

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

4.3 *CQC assessment*

The final CQC report has been received (see section 6.1 for summary) and rated our Dental services as 'Outstanding' for Caring due to their person centred approach with particularly some staff learning Makaton and simple British sign language to improve communications with patients.

Responsive

5. Assurance opinion

The Board can be offered ***Substantial*** assurance that servces are organised to meet people's needs beacuse of the following:

5.1 *Complaints*

5.1.1 One complaint final response out of eleven sent during April and May was beyond the 25 day timeframe due to a delay in the service allocating an investigator.

5.1.2 Five of the complaints related to waiting times for appointments. The three in Luton relate to the Community Paediatric service where the recent increased demand has exceeded capacity of the service (see section 2.5.3.1). A number of mitigating actions have been underway including:

5.1.3 Actions / learning from investigations are highlighted in the Trust's Governance Log which is circulated weekly to members of the Leadership Forum to ensure appropriate oversight and monitoring by service leads. Themes are also shared on the staff intranet learning pages where a high level themed summary of all complaints is also highlighted.

5.2 *Access to our services* page 14 data pack

5.2.1 Our Clinical Operational Boards focus on 18 week compliance and their updates give details of remedial actions. Specifically, the Luton Community Paediatrics performance is highlighted in the Luton Clinical Operational Board report to the Board.

5.2.2 6 week waiting time breaches continue as previously reported with the Luton Paediatric Audiology service. A system wide approach to delivering this small, specialized service is currently being explored.

Well-led

6. Assurance opinion

The Board can be offered ***Sustantial*** 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 Care Quality Commission

6.1.1 The final report has been received from our recent CQC Inspection giving an overall rating of Good with an Outstanding judgement for Caring in our Dental service.
The inspection involved visiting our Community services for Adults in Luton and Community Dentistry services in Cambridge, Huntingdon and Wisbech alongside a review of the Trust overall in the Well Led Key Line of Enquiry.

The report can be accessed at :
https://www.cqc.org.uk/provider/RYV

The report outlined a number of great examples of staff delivering high quality care including:

- Our dental services were rated as 'Outstanding' for 'Caring' – including some staff learning Makaton and simple British sign language to improve communications
- the Luton respiratory team interventions reducing the prevalence of TB locally by 10% per year in the last three to four years
- introduction of The Think Pink campaign in Luton (including a pink wristband) which is ensuring patients already known to community services receive speedy resumption of services on discharge from hospital or avoid a hospital admission altogether
- The Luton community discharge team working closely with the hospital and GPs to anticipate patients who may need additional support before discharge and to triage GP referrals to help avoid unnecessary admissions.
- The Oliver Zangwill Centre was commended for its involvement in a number of innovative practices including the development of an external memory aid 'NeuroPage'
- Each of the Trust's Board meetings include a patient story to set the tone of the meeting and staff were invited to have lunch with the Board following the meeting

There were no 'Must Do' actions identified - Areas for improvement included a number of 'Should Do' actions :

Trust-wide

- The Trust should improve the time taken to resolve complaints in line with its own policy.

Adult community services – Luton

- The Trust should ensure it revises its clinical waste disposal policy and that staff follow the correct procedure for the disposal of clinical waste in patient's homes.
- The Trust should ensure that community nursing staff have time scheduled for daily handover meetings.

Community dental services – Cambridgeshire and Peterborough

- The Trust should review the storage of patients' dental care records to ensure they are held securely and confidentially at the Brookfields location.
- The Trust should review the process around medicine management and daily medicine fridge temperature monitoring, to improve consistency across the whole service.

Actions relating to the areas of improvement are monitored through the relevant Clinical Operational Board.

6.2 ***Quality Early Warning Trigger Tool***

This established tool (summarized on pages 17 & 18 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.

6.3 ***Patient Engagement***

A number of examples of service improvements following feedback and patient engagement activity are included on page 19 of the data pack.

6.4 ***Staff Engagement***

Page 20 of the data pack highlights the continued focus on staff engagement throughout April and May.

6.5 ***Research***

6.5.1 A summary of our active participation in research studies is highlighted on page 21 of the data pack. Of note is the continued active involvement of our services in research activity

6.6 ***Quality Dashboard***

The Trust wide dashboard (pages 22 - 23 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 ***Suicide Prevention***

The Cambridgeshire and Peterborough Health and Well Being Board have asked Providers to consider the Suicide Prevention strategy (Appendix 4.2) in relation to their services.

Our Medical Director has considered our approach and states the following:

'The trust supports the ambition for zero suicide as outlined in the annexed policy. Our work in children's services, to identify children and young people with mental health issues and where there are safeguarding concerns, supports this policy in striving to identify children and young people who may be at risk of self-harm'.

8.0. ***Summary from Quality Improvement and Safety Committee***

8.1 The Committee met on 27 June 2018. There was one point for escalation at the time of the meeting relating to a risk that had been highlighted as part of the overall summary of Quality related risks across the Trust.

8.2 This was Risk 2747 relating to Display Screen Equipment requirements. Subsequent to the meeting, this has been reduced to 9 and therefore does not require escalation.

The following items are for information:

- The Committee noted the two Serious Incidents reported during April and May (these are described in section 2.11), the actions taken and on-going investigations.

- The 6 monthly Safeguarding Report was discussed and noted the detailed example of how we are sharing learning from one area of focus from Serious Case Reviews (neglect). It also highlighted the successful transfer into the Trust of the Safeguarding Children Team in our Bedfordshire services. The report was not able to offer full assurance regarding our participation in all safeguarding adult and children reviews nor that all learning from these reviews is transferred to practice as the report offered targeted information. An assurance map of underpinning sources of assurance will be developed and reported back to the committee.

- The Professional Education Annual Report was received and of note were the new standards of Proficiency for Registered Nurses and the implications for us as a provider of placements, the arrangements for CPD funding from Health Education England (HEE) for 2018/19 and the positive results of our self assessment against HEE standards for providers of clinical placements for learners.

9.0 Guardian of safe Working report

9.1 Following the introduction of the new contract for doctors in training, the post of Guardian of Safe Working was established. Our Guardian is a shared appointment with Cambridgeshire and Peterborough Foundation trust (CPFT) (Dr Jorge Zimbron) and his report is attached as Appendix 4.3.

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. Section 6.1 also highlights key aspects of our recent CQC report.

10.2 The Board is also asked to note the Trust's response to the Cambridgeshire and Peterborough Suicide Prevention Strategy and Guardian of Safe Working report.

End of report

APPENDICES

- Appendix 1 - Quality Data Pack
- Appendix 2 - Suicide Prevention Strategy (Cambridgeshire and Peterborough)
- Appendix 3 - Guardian of Safe Working report