

TRUST BOARD

Title:	QUALITY REPORT
Action:	FOR DISCUSSION, NOTING AND APPROVAL
Meeting:	9 JANUARY 2019

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.

Key risks related to each subject area are identified and mitigation actions highlighted. These areas of risk are identified, recorded on the Risk Register, managed and escalated where appropriate.

The report is supported by a data pack covering the period October and November 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.

Recommendation:

The Board is asked to:

Note the information in this report with additional information relating to Learning from Deaths

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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.
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 relating to maintenance of compliance with CQC standards. Individual sections have associated risks that are monitored by Clinical Operational Boards.

Legal and Regulatory requirements:

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

Previous Papers:

Title:	Date Presented:
Trust wide Board Quality report & Data Pack / appendices	November 2018

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.							
To introduce people participation in our diversity and inclusion initiatives to capture 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.							
To introduce wider diversity on recruitment selection panels.	This project is covered by the People participation Committee and forms part of the routine reporting to the Board. The Committee meets quarterly and has not been due to meet since the last Board meeting in November							
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Covered by the People Participation Committee but not specifically in this report for January Board							
Are any of the following protected characteristics impacted by items covered in the paper – No								
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	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 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 October and November 2018). 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 One Serious Incident (SI) was reported in our 0 - 19 service in Norfolk and one Never Event was declared in our iCaSH Suffolk service during October and November. A further Never Event was reported from iCaSH Peterborough and details are outlined in section 2.1.
 - 1.2.2 Trust wide compliance with safeguarding level 3 training has reached 98% for the first time this year (target 92%). All teams have met or exceeded the 92% threshold, also for the first time this year. Compliance with this training is particularly important as it is required for front line staff who have contact with children. Safeguarding Children supervision rates remain below the 95% target due to continued pressure in the Cambridgeshire team.
 - 1.2.3 The annual staff Influenza immunization programme continues with an uptake of 57.6% as of 20 December 2018. Work continues to encourage remaining staff to participate.
 - 1.2.4 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.
 - 1.2.5 Workforce metrics are highlighted in section 3.1 with a noted slight decrease in overall staff sickness rates across our services. The Clinical Operational Boards have detailed oversight of relevant services and look in detail at particular areas of challenge. Staff are encouraged to have their Flu jabs in preparation for the winter period. Appraisal rates continue below the 92% target at 90.54%.
 - 1.2.6 Our friends and families response results continue to reach 95% (section 4.1) and reflect the outstanding care delivered by our services on a daily basis. Response to complaints continues to be timely with the 25 and 30 day targets achieved at 100% again for October and November.
 - 1.2.7 Breaches of the 18 week RTT are outlined in section 5.2 with mitigating actions and plans overseen by the Clinical Operational Boards.
 - 1.2.8 The Learning from Deaths Q2 report is attached as Appendix 2 and the Board are asked to note the information next steps.
- 1.3** There are no indications of significant breaches of CQC fundamental standards.



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 One Serious Incident (SI) was reported during October relating to a failure to escalate safeguarding concerns from the East Locality team of the Norfolk 0 - 19 service. The incident involves a case of neglect and a multi agency Serious Case Review has been initiated due to a number of wider issues identified for health and social care services.
- 2.1.2 A Never Event relating to insertion of the wrong Intra Uterine Device was reported from our Suffolk based iCaSH service. This category of incident has recently been included in the NHS list of Never Events. A similar incident was subsequently reported retrospectively in December from our iCaSH service in Peterborough (having occurred in October). Comprehensive Root Cause Analysis investigations have been initiated and immediate learning shared.
- 2.1.3 Other incidents are discussed in local governance groups and learning shared. A summary of those categorized as moderate harm during October and November is on page 1 of the data pack.

2.2 Safeguarding

- 2.2.1 Page 2 of the Data Pack highlights trust wide compliance with the 85% Home Office target for the two levels of Prevent training (98% for basic Awareness and 91% for WRAP). The pilot being undertaken with our Bedfordshire based staff to determine if a new Home Office accredited e learning programme is suitable for our needs will be evaluated in January with the that this replaces WRAP face to face training from 2019.
- 2.2.2 Children – Every service has achieved Safeguarding Children level 3 training compliance above the 92% target with a trust wide compliance rate of 98%.
- 2.2.3 Supervision compliance remains below the 95% target at 91% due to the continued staffing capacity of the Cambridgeshire based team. This is described in risk 2834 which remains rated at 16 with a number of mitigating actions being implemented.

2.3 Infection Prevention and Control

- 2.3.1 The Trust's staff Influenza vaccination programme continues with varied uptake across our services. The national target is 75% this year and we have achieved 57.6% uptake of front line staff to date. We have introduced a number of incentives this year including prize draws and donation of jabs to UNICEF for each one given to our staff.
- 2.3.2 Efforts will resume in January to target the remaining front line staff still to receive the vaccine.

2.4 Safety Thermometer – Luton (dashboard page 18 data pack)

- 2.4.1 The overall harm free result improved in November (89%) from 80% in October.

- 2.4.2 The new harm metric is more indicative of the care directly provided by our staff and this increased to 97.5% in November (target 98%).
- 2.4.3 This metric is reported and overseen through the Bedfordshire & Luton Clinical Operational Board.
- 2.4.4 A detailed thematic review of pressure ulcers was presented to the Quality Improvement and Safety Committee in December. Work continues to prepare for compliance with the new NHS Improvement reporting requirements for pressure ulcers from April 2019.

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 as in previous reports, 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 (summarized on P14 – 16 of the data pack).
- 2.5.3 **Luton Unit**
 - 2.5.3.1 Community Paediatrics continue to experience the previously reported challenges but with compliance with the 18 week target expected for January 2019.
 - 2.5.3.2 Clinical prioritisation of referrals and reviews continues.
 - 2.5.3.3 The Audiology service has maintained compliance for the 6 week target and work continues to establish joint posts with Bedford Hospital to build resilience for the team.
 - 2.5.3.4 Luton adult services pressures previously reported from the Nightingale District Nursing cluster have improved with a QEWT score of 6 in November.
 - 2.5.3.5 Luton 0-19 teams report increased QEWT scores across 4 teams due to increased sickness rates and difficulties in recruitment. The service has recruited the students based with them and are supporting these with a structured preceptorship programme.
- 2.5.4 **Bedfordshire Children's services**
 - 2.5.4.1 Continuing Care – staffing in this team has stabilised since the last report with 100% of shifts fulfilled in November. Further staff are also due to start in January.
 - 2.5.4.2 A number of Bedfordshire therapy services continue with staffing pressures relating to challenges in recruiting to specialist roles.

- 2.5.4.3 The Paediatric OT service reported an increased QEWTT score to 19 in November due to unplanned absences and increased referrals for children with complex needs.
- 2.5.4.4 Speech and Language Therapy services had an improved QEWTT score in October due to improved recruitment and a compliant position with 18 week target is anticipated in January.
- 2.5.4.5 As previously reported, the 0 - 19 Single point of Access service in Bedfordshire continues with challenges in staffing, estates and telephony. All aspects are actively being managed as a long term solution to the estates issues is progressed.

2.5.5 **Cambridgeshire Children's services**

- 2.5.5.1 The 0-19 Cambridge and East Cambs team continue to report high QEWTT scores of 19 and 18 in October and November due to staffing pressures. Mitigating actions are in place.
- 2.5.5.2 The Safeguarding supervision rate remains below the 95% target at 70% for November. This is anticipated to continue whilst the Cambs Safeguarding team stabilizes risk (2834).
- 2.5.5.3 The overall staffing situation continues to be monitored by senior service leaders on a weekly basis alongside active sickness management with a number of actions in place as previously reported.
- 2.5.5.4 The Special School Nursing team reported an improved position from 16 to 11 in November as did the Children's Continuing Care team with a reduction from 15 to 13.

2.5.6 **Norfolk**

- 2.5.6.1 Norfolk based 0 - 19 teams report continued sickness pressures of 5.94% with the two teams based in Norwich City reporting high QEWTT scores in October and November. Previous mitigating actions continue.

2.5.7 **Paediatric Acute services**

- 2.5.7.1 Staffing compliance on the Acute Paediatric unit is reported on page 5 of the data pack
- 2.5.7.2 SCBU reports a continued improvement of 100% compliance with staffing levels with no SBAR escalation reports during October or November and the unit remained open both to internal admissions from maternity services and externally from the Neonatal Network.
- 2.5.7.3 Holly Ward reported a mixed picture of compliance for both day and night staffing with a number of periods of restriction to admissions due to staffing and acuity of patients. The unit is commissioned for one High Dependency Unit patients at any one time and there were 14 days within November where two or more patients required this level of care. Discussions continue with North West Anglia

Foundation Trust colleagues to ensure that the flow of patients through A/E is as responsive as possible.

2.5.7 Ambulatory Care services

- 2.5.7.1 iCaSH Bedfordshire report an improved staffing position although sickness remains a challenge. A reduction in complaints and concerns has resulted from a review of service provision.
- 2.5.7.2 Dental services continue to be challenged by staff sickness in October and November which increased to its highest this year at 8.70% (rolling cumulative rate). The Cambridge service is particularly challenged regarding recruitment and a number of initiatives are being implemented.



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 Overall mandatory training compliance has remained above the 92% target at 95% for November.
- 3.1.2 Overall compliance with safeguarding children training level 3 has improved to 98% with significant increase in compliance for our Bedfordshire Children's services.
- 3.1.3 A number of individual subjects remain below target for a variety of reasons (including cancelled sessions) which are monitored through the Clinical Operational Boards. Trust wide Information Governance training has seen a 1% increase in compliance but remains below the 95% target at 93%. Managers are informed of non compliance on an Individual basis.
- 3.1.4 The percentage of appraisals completed remains below the 92% target at 90.54%. Clinical Operational Boards continue to have detailed oversight of remedial actions.
- 3.1.5 Although the trust wide sickness rate has decreased to 5.10% in November, a number of services continue to be challenged with staff absent from work. The top reason for absence was cold, cough and flu and all staff have been encouraged to receive the jab through our staff vaccination programme.

3.2 Research

- 3.2.1 A summary of our participation in active research is presented on page 17 of the data pack. This new reporting format identifies highlights and impact from studies and work by staff with research Fellowships and Internships. Of note is the continued participation in research by our iCaSH services which has helped the trust to be presented with an award as top community NHS Trust for research recruitment.



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 Integrated Contraceptive and Sexual Health Service in Norfolk who have been supporting a patient through diagnosis and treatment.

4.2 Friends and Families Test (FFT)

4.2.1 Results are highlighted on page 8 of the data pack including an overall score of 96.24% with 20/21 services receiving some feedback. Comments relating to negative scores are reviewed by teams and details are outlined in the Data pack.

4.2.2 A selection of positive comments received regarding our services is included in the data pack on page 7.



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 Complaints information is outlined on pages 9 and 10 of the Data Pack and highlights the continued improvements made to the handling of complaints during 2018. One hundred percent of all standard complaints were responded to within the 25 day timeframe along with 100% of the more complex investigations which have a timeframe of 30 days.

5.1.2 Twenty five complaints and 66 concerns were received in October and November. Similar to the last report, themes include communication (spread across a number of services) and mostly related to assessment processes and appointment details. Work continues to encourage a local resolution process for our services so that patients and service users are offered timely contact to resolve any issues as soon as possible with the formal complaints process as an option if appropriate..

5.1.3 There were no professional practice issues identified from all the investigations conducted.

5.1.4 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 pages 11 / 12 data pack

5.2.1 Our Clinical Operational Boards focus on 18 week compliance and their updates give details of remedial actions. Specifically, Luton & Bedfordshire Community

Paediatrics and Bedfordshire therapy performance is highlighted in the Bedfordshire & Luton Clinical Operational Board report to the Board.



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. The main strategic risk associated with this section is 1320 relating to maintaining CQC standards. This risk score was reduced to 4 following our 2018 CQC Inspection and positive external Well Led review of our governance and risk arrangements by Deloitte.

6.1 Quality Early Warning Trigger Tool

This established tool (summarised on pages 14 - 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 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

A summary report for Q2 Learning from Deaths is attached as Appendix 2. This was reviewed by the Quality Improvement and Safety Committee in December. The Board is asked to note the report and particularly the next steps outlined in section 5.

8.0 RECOMMENDATION

8.1 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 – Data Pack
- Appendix 2 – Learning from Deaths Q2 report to Quality Improvement and Safety Committee Dec 2018