

TRUST BOARD

Title:	QUALITY REPORT
Action:	FOR DISCUSSION AND APPROVAL
Meeting:	8 MAY 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 February 2018 and March 2019 (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 from which points of escalation are reported to the Board.

Recommendation:

The Board is asked to:

Note the information in this report with additional information relating to:

- Lampard update
- Learning from Deaths

Approve: The draft 2018/19 Quality Account and Learning from Deaths Policy

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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 2967 relating to providing outstanding care. 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	March 2019

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.							
To deliver customised training and development for staff to further improve awareness of diversity and inclusion.	Covered by the People Participation Committee							
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 February 2018 and March 2019). 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 was reported from our Luton based 0-19 team relating to a missed opportunity to identify failure to thrive. An investigation is underway and the case has been referred for a multi-agency Serious Case Review.

1.2.2 Pressures relating to staffing challenges and sickness continue to impact on service delivery. Of particular note are our 0-19 services in Luton and Cambridgeshire and details are highlighted in the safe staffing section (2.5). The Workforce bi-annual review is presented separately to the Board and gives a detailed summary of workforce plans, pressures across all services and mitigations in place to assure safety.

1.2.3 Our extremely positive friends and families response results continue with overall Trust result of 96.38% (section 4.2, target 90%) and reflect the outstanding care delivered by our services on a daily basis. Response to complaints continues to be timely although one response was sent outside the 25 day target. The 35 day target was achieved at 100% again for February and March.

1.2.4 A number of updates are outlined in the well led section including assurance relating to the Lampard Enquiry (section 2.2.8 & Appendix 2), Learning from Deaths (section 7 and Policy for approval at appendix 3) and our 2018 / 2019 draft Quality Account (section 7.3 and appendix 4).

1.2.5 The Board is asked to approve the revised Learning from Deaths Policy at appendix 3.

1.2.6 The draft 2018 / 2019 Quality Account is attached for approval ahead of receiving stakeholder comments which will be circulated to Board members ahead of final publication on 30 June 2019.

1.3 There are no indications of any 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 One Serious Incident (SI) was reported in March relating to a missed opportunity to identify failure to thrive and escalate safeguarding concerns within the Luton 0-19 Team. An investigation is underway and the case has been referred for a multi-agency Serious Case Review.

- 2.1.2 The Ambulatory Care Clinical Operational Board received an update in April regarding the detailed actions identified from the two recent Never Events involving incorrect coils fitted against an agreed plan. Learning has been shared across the iCASH service.
- 2.1.3 Other incidents are discussed in local governance groups and learning shared. A summary of those categorized as moderate harm during February and March is on page 1 of the data pack. A summary of medicines incidents for Q4 is outlined on page 6 of the data pack and highlights an increase in incidents attributable to other organisations. Work continues to highlight related issues directly with these organisations when they are reported.

2.2 Safeguarding

- 2.2.1 Risks rated 12 and above relating to safeguarding are overseen by the Strategic Safeguarding Group. There are no risks rated 16 or above.
- 2.2.2 The Trust wide risk relating to safeguarding team resource continues to be rated at 12 but is expected to reduce when the Named Nurses for Cambridgeshire are established in practice. Mitigating actions are in place to ensure the continued availability of staff support.
- 2.2.3 There are currently 20 Serious Case Reviews commissioned or active across our Children's service portfolio (page 2 Data Pack - these are managed by Local Safeguarding Children Boards). Staff contribute by providing chronologies of our involvement with the relevant case and attending practitioner learning events where cases are discussed. Learning is shared with partners at the end of the review and action plans are developed by our services. Training is then adapted to incorporate any areas of learning.
- 2.2.4 All elements of safeguarding children mandatory training have been met trust wide since August 2018 (target 92%). A review of current safeguarding adults training offering is being undertaken to ensure that the requirements outlined in the new Intercollegiate Document are met. The Strategic Safeguarding Group is responsible for agreeing any revisions to current provision.
- 2.2.5 In July 2018 the Mental Capacity (Amendment) Bill was passed and when this legislation is enacted, will reform the Deprivation Of Liberty Safeguards (DoLS) and replace them with a scheme known as Liberty Protection Safeguards which aim to give families swifter access to assessments and be less burdensome than the current process. We are reviewing the potential impact of the changes for our services.
- 2.2.6 Safeguarding supervision rates ended the year in March overall at 94%. The Trust has not meet the 95% target since August 2018 which has mainly been a result of continued pressures in the Cambridgeshire team (risk 2834) (section 2.2.2). The Bedfordshire Clinical Operational Board received an update regarding the issues relating to the Children's services supervision model. This has related to the different model in place with the previous employer and our expectation is that once the service redesign work is completed, we will move to an increased frequency of supervision that meets Intercollegiate requirements. Full compliance with the new arrangements is anticipated by end of Q2 2019.
- 2.2.7 Page 2 of the Data Pack highlights continued Trust wide compliance with the 85% Home Office target for the two levels of Prevent training (98% for basic Awareness and 88% for WRAP).

2.2.8 Following the Savile Inquiry, the subsequent Lampard Review (2015) identified key recommendations for safeguarding. We have undertaken a review of the recommendations and overall assurance can be given that the trust complies with the relevant recommendations (see appendix 2).

2.3 Infection Prevention and Control

2.3.1 The Trust's staff Influenza vaccination programme concluded with a final uptake of 65.71%. Planning for this year's campaign is underway.

2.4 Safety Thermometer – Luton (dashboard page 17 data pack)

2.4.1 The overall harm free result was 94.16% in March.

2.4.2 The new harm metric is more indicative of the care directly provided by our staff and this was 99.27% in March.

2.4.3 This metric is reported and overseen through the Bedfordshire & Luton Clinical Operational Board. Further details in relation to this are included in the escalation points from their last 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 as in previous reports, with detailed oversight by the Clinical Operational Boards. The sections below identify current areas which are 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 page 14 and 15 of the data pack). The bi-annual Workforce review summary is presented to the Board separately and gives a detailed summary of workforce plans, pressures across all services and mitigations in place to assure safety.

2.5.3 Luton Unit

2.5.3.1 Three Luton health Visiting teams reported continued QEWTT scores over 16 for February and March (South 20, Central 22 and west 20) mainly due to staff vacancies and absence. The Chief Nurse held a 'Clinical Conversation' session with the service to review mitigating actions and potential options for improving recruitment levels. A Business Continuity Framework has been agreed with Commissioners which is similar to that in place in our other Children's services across the Trust. Staff continue to prioritise safeguarding activity and focus on Universal Plus and Universal Partnership Plus interventions.

2.5.4 Bedfordshire Children's services

2.5.4.1 Three Children's Specialist services reported QEWTT scores above 16 in February due to staffing pressures – of these, Specialist School Nursing (16) and Children's Community Nursing (20) reduced scores

in March to 13 and 16 respectively. The third service – Children’s Continuing Care reported 20 for both February and March with continued challenges with staffing and a risk assessment has been undertaken.

2.5.4.2 Speech and Language Therapy services had an increased QEWT score from 15 in February to 19 due to staffing pressures and complaints about waiting times. The service has relooked at skill mix and is currently out to advert for a number of roles which should help alleviate staffing pressures. The service is also working with Commissioners to formulate a plan to improve waiting times.

2.5.5 **Cambridgeshire Children’s services**

2.5.5.1 The 0-19 Cambridge South locality continues to report high QEWT scores of 20 in February and 16 in March with a new risk related to this scored at 12. Commissioners have recently agreed a Business Continuity Plan for the service and they have met the threshold for stage 4 with a recovery plan identified. The service leads recently held a ‘Clinical Conversation’ session with the Chief Nurse to review current position and explore all options for improving staffing position. The team were very positive about potential solutions and are working on actions that emerged.

2.5.6 **Norfolk**

2.5.6.1 Norfolk based 0 - 19 teams report a similar position relating to overall sickness as in previous months with increased QEWT scores for City locality from 8 in January to 11 (February) and 18 (March) related to vacancies, short term sickness and other staffing issues. Mitigating actions are in place and activity is prioritised as per agreed escalation plans.

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. This service successfully and seamlessly transferred to North West Anglia NHS Foundation Trust on 31 March 2019.

2.5.7.2 SCBU reports a continued staffing position of 100% compliance with staffing levels with no SBAR escalation reports during February or March and the unit remained open to internal admissions from maternity services and restricted on 7 occasions externally to 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.

2.5.8 **Ambulatory Care services**

2.5.8.1 Although staffing pressures continue in a number of services, there are no escalation points for the Board.



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 7 of the data pack. The data is presented for the first time as SPC charts and is part of our work to enhance our trend analysis and use of data for improvement purposes.

3.2 Appraisal rates and mandatory training compliance shows no significant statistical change and are under control.

3.3 Rolling sickness and stability rates both require further investigation as the SPC data shows that there may have been a significant change in process during the timeframe of the data presented.

3.4 Assurance is based on the following:

3.4.1 Although services continue to be challenged by sickness absence, the Trust wide rates for short term, long term and rolling cumulative sickness absence rates have improved in March. Managers receive detailed HR information about staff sickness in order to support their management of individuals.

3.4.2 Overall mandatory training compliance has remained above the 92% target throughout 2018 / 2019 (95% for February and March) with Information Governance training reaching 96% at the end of March (target 95%).

3.4.3 Compliance with all individual elements of safeguarding adults and children training met the 92% target in March. Where compliance has not met the target in specific services, managers continue to support staff to complete the relevant training.

3.4.4 Moving & Handling and CPR / Resus training remain below target for a variety of reasons including cancelled sessions (both for trainer issues and insufficient attendees) and staff absence. The Workforce Development Team monitor bookings on a weekly basis to encourage attendance at specific sessions.

3.4.5 The percentage of appraisals completed has also exceeded the 92% target in March at 92.85%.

3.5 Research

3.5.1 A summary of our participation in active research is presented on page 16 of the data pack. We have maintained our recruitment to studies above the projected level set by the Clinical Research Network this quarter and continue supporting a high number of staff to obtain research fellowships and internships.



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

- 4.1.1 The patient experience story due to be discussed with the Board at this meeting is being shared by our Luton Children's Rapid Response Nursing team. The Board will hear from a parent about how the team successfully manages to avoid hospital admission for her son.

4.2 Friends and Families Test (FFT)

- 4.2.1 Results are highlighted on page 9 of the data pack including an overall score of 96.38%. 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 8.



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 10 and 11 of the Data Pack and highlights the continued improvements made in the handling of complaints during 2018. One response out of 6 was sent outside of the 25 day target in March (3 / 3 on time in February) by 1 working day with 100% of the more complex investigations for both February and March within the target timeframe of 30 days.
- 5.1.2 20 complaints and 51 concerns (informal complaints) were received in February and March. The complaints are being investigated to identify themes and appropriate actions.
- 5.1.3 The numbers of concerns has decreased in this reporting period from 79 to 51.
- 5.1.4 Themes for each service are identified on page 11 of the data pack.
- 5.1.5 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 12 / 13 of the 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.



6. Assurance opinion

The Board can be offered **Substantial** 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 2967 relating to quality of care and is rated at 4. This replaces risk 1320 from 2018 / 2019 relating to compliance with CQC standards.

6.1 Quality Early Warning Trigger Tool

This established tool (summarised on pages 14 - 15 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 17 - 18 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. Learning from Deaths

Q4 learning from Deaths is summarised below for information. This is routinely discussed at the Learning from Deaths Group and reported to Quality Improvement and Safety Committee (QISCom). Due to the revised timeframe for QISCom from April 2019, it has not yet received the Q4 report. A summary of points only is therefore highlighted below and full feedback will be included in the next report to Board.

7.1 Summary:

- We are working to constantly improve the baseline data and acknowledge the significant improvements over the last year.
- The policy was approved (including a revised screening tool and more appropriate process for reviewing deaths) and is for Board approval in May.
- The report identified that the majority of patients achieved their preferred place of death.
- It was noted that the Enhanced Models of Care activity in Luton may influence the number of patients 'known to us' at their time of death due to the population approach for this work. This will be monitored going forward.
- Learning from the deaths of children continues with similar themes to previous quarters, e.g increased incidence of suicide in young people, issues related to oversleeping in infants. The positive work undertaken by the Trust Emotional Health and Resilience practitioners in relation to suicide in young people was noted.
- Two detailed case discussions were undertaken and although one did not meet the threshold for Serious Adult Review, we are undertaking a Root Cause Analysis to determine any relevant learning.
- There is an ongoing review of Bereavement Information given to families (particularly in Luton) to ensure it is individualised and appropriate.

7.2 Policy

Work has been undertaken to review the Learning from Deaths Policy to ensure that a more practical and pragmatic approach is taken to screening information relating to the deaths of patients known to our services. The revised policy is attached as Appendix 3 and the Board are asked to approve the revised policy.

7.3 Quality Account 2018

- 7.3.1 The Trust's draft Quality Account is presented at appendix 4. This is currently out for consultation with stakeholders for their feedback which is required to be reported verbatim in the final version which will be published at the end of June.
- 7.3.2 The Board are asked to approve this draft version ahead of 30 June deadline. Stakeholder feedback will be circulated to Board members prior to final publication.
- 7.3.3 An Internal Audit review of the 2017 / 2018 Quality Account was undertaken. Substantial assurance was given for the indicators that were tested and it was noted that all mandated elements were reported. Auditors also benchmarked Quality Accounts produced by 4 similar NHS Trusts with our 2018 / 2019 Account for content, format, style and layout and our Account was determined to be similar in all areas to these comparators.

8. 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.
- 8.2 They are also asked to note the updates regarding assurance against the Lampard report recommendations and learning from deaths.
- 8.3 The Board is asked to approve the draft Quality Account 2018 / 2019 (external stakeholders commentary to be circulated when received post meeting).
- 8.4 The Board is asked to approve the revised Learning from Deaths Policy.

End of report

APPENDICES

- Appendix 1 – Quality Data Pack February – March 2019
- Appendix 2 – Lampard Enquiry Assurance Summary
- Appendix 3 – Learning from Deaths Policy
- Appendix 4 – Quality Account 2018