

TRUST BOARD

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| Title: | QUALITY REPORT |
| Action: | FOR DISCUSSION AND APPROVAL |
| Meeting: | WEDNESDAY 9 MAY 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 February and March 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, the focus Learning from deaths, research, 2017/18 Quality Account and our recent CQC inspection and the actions planned to address areas needing improvement.
- **Approve** the CQC Statement of Purpose

| | Name | Title |
|--------------------|---|---|
| Author: | Julia Sirett Anita Pisani David Vickers | Chief Nurse Deputy CEO and Director of Workforce Medical Director |
| Executive sponsor: | Julia Sirett Anita Pisani David Vickers | Chief Nurse Deputy CEO and Director of Workforce Medical Director |

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. 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 and a number of risks related to staffing in section 2.6.

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. | Results from the 17/18 staff survey are included in the data pack and reference work to address areas of concern | | | | | | | |
| 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. | Reference in data pack re relevant staff survey sections | | | | | | | |
| 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 <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 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 February and March 2018).

1.2 Key points:

1.2.1 One Serious Incident (SI) was reported. This related to an elderly gentleman, living at home who sustained an injury to his arm when he attempted to get out of bed. The care input from our teams involved routine visits for monitoring pressure ulcer prevention. A number of actions were initiated immediately including audit of other patients on the community nursing caseloads with similar equipment in place.

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 overall appraisal target of 91% has been met in March which confirms that the Trust has met this performance measure for 2017/18.

1.2.4 Section 6.1 gives a brief summary of our recent Inspection by the Care Quality Commission (CQC) and timings for receiving the final report.

1.2.5 Section 6.1.3 highlights the revised CQC Statement of Purpose for approval from the Board following recent changes to our service portfolio with a number of Bedfordshire Community services joining us in April.

1.2.6 Section 6.5 demonstrates the significant quantity of research activity undertaken throughout the Trust and Appendix 3 outlines the annual plan for the Easter Clinical Research Network, of which we are a key partner.

1.2.7 Our summary of learning from deaths from January to March 2018 is included in section 7 (Appendix 5).

1.2.8 Key issues from the Quality Improvement and Safety Committee are highlighted in section 8.

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 One Serious incident (SI) was reported relating to an elderly gentleman, living at home who sustained an injury to his arm when he attempted to get out of bed. The care input from our teams involved routine visits for monitoring pressure ulcer prevention.

The Root cause Analysis investigation is ongoing with immediate actions including a caseload review of all patients under the care of our Adult Community services to ensure that appropriate reviews of equipment are undertaken.

2.2 Safeguarding

- 2.2.1 Page 2 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 86% (national Home Office target 85%).
- 2.2.2 Children – Safeguarding Children level 3 training compliance remains below the target at 88% despite continued efforts to improve. The named Nurses are working with their locality teams to ensure that appropriate training is offered.
- 2.2.3 Supervision compliance has also dipped in March with an overall position of 91%. This reflects increased sickness rates across Childrens and Young Peoples services and subsequent cancellations and re booking of supervision sessions. Progress will be monitored through the Clinical Operational Boards.
- 2.2.4 There has been a national change to our SystmOne clinical records system functionality provided by TPP which has removed our ability to view records for patients/service users who do not consent to share their health information currently held by GPs (risk 2731). 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 resulting impact is loss of time taken to contact GPs to obtain the information rather than direct access to inform timely safeguarding decisions. Despite the escalation of our concerns at national level this function was removed at the end of April. We are monitoring the impact for each of our localities.

2.3 Infection Prevention and Control

- 2.3.1 Page 5 of the data pack highlights the final uptake position of 62.4% for the staff Seasonal Influenza Vaccination Programme 2017/18. This forms the basis for our national CQUIN relating to this programme and we have achieved over 60% for both Luton and Cambridgeshire / Peterborough CCG commissioned services which will result in a 50% payment.
- 2.3.2 It has been identified that some of our Community Nursing staff were unaware of the local procedure in Luton for arranging disposal of infected clinical waste from patients' homes. This has been recomunicated and the clinical waste policy and local procedures are subsequently being revised for clarity.

2.4 Safety Thermometer – Luton (dashboard page 22 data pack)

- 2.4.1 The overall harm free result fluctuated in February (94%) and March (85.95%).
- 2.4.2 The new harm metric is more indicative of the care directly provided by our staff and this increased to 98.1% and 98.35%.
- 2.4.3 The Clinical Operational Board in Luton received an update on work to prevent and reduce the incidence of pressure ulcers for our patients. There has been an increase in prevalence nationally since September 2017 which is reflected in the position for Luton. The Tissue Viability Team are now focusing on those patients with suspected deep tissue injury to determine if they go on to develop into

pressure ulcers or heal as a result of care provided. This is an important aspect of the preventative work to understand factors that prevent deterioration into a pressure ulcer.

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.

A number of teams were negatively impacted during February and early March through adverse weather conditions. Services utilized their business continuity plans to ensure patient and staff safety.

2.5.3 **Luton Unit**

2.5.3.1 Community Paediatric services continue to report service pressures due to increased demand with associated clinical concerns for safe review of children on medication. A business case was presented to Commissioners in April and discussions are ongoing in establishing a system wide solution to manage the pressures of related clinical pathways.

The QEWT score has increased from 12 to 15 in March due to increased demands and staffing pressures. Mitigating actions continue as before with prioritisation of clinical activity and cleansing of waiting list data to ensure no children are lost to follow up. There is constant adjustment of clinical resource and ongoing monitoring of clinical capacity.

2.5.3.2 The Audiology service continues to report 6 week diagnostic breaches. The situation has been compounded by sickness and increased referrals. All actions reported previously continue to be in place with successful recruitment to the Audiology Support Worker but no success with the Clinical Scientist. Luton and Dunstable Hospital have been approached to take a provider alliance approach to this service as there is limited clinical interest in community provision. The QEWT score remains constant at 10.

2.5.3.3 0-19 Teams in Luton continue to experience staffing pressures due to sickness and recruitment challenges. The QEWT scores for all four teams range 13 - 16. Mitigating actions currently include continued targeted recruitment, continuation of Recruitment and Retention Premium and recruitment at risk of 4 Health Visiting Students ahead of funding confirmation from Health Education England.

2.5.3.4 One Community Nursing team reported an increased QEWT score from 12 to 21, however the service manager reports inaccuracies in completion and the score reduced to 11 on review and 7 in April.

Work to refresh team leaders' understanding for completion of the tool is planned for a number of teams.

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

- 2.5.4.1 The Cambridgeshire based 0-19 services report a slightly improved picture in March with a range of reduced QEWTT scores (5-19 team reduced from 22 to 17 and Health Visiting City and South team reduced from 17 to 15) despite continued sickness and recruitment challenges. Mitigating actions continue and the service is currently undergoing a robust service redesign programme.
- 2.5.4.2 There has been a significant impact on workload for these teams relating 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 has required clinical review of records (over 1200 in Cambridgeshire) and our health visiting teams are currently prioritising assessments for children.

2.5.5 **Norfolk**

- 2.5.5.1 Pressures with staffing in Norfolk based 0-19 teams have increased with City and Breckland localities reporting higher QEWTT scores in March (17 and 21). Breckland locality continues to be supported by increased leadership resource to provide capacity, support and development within the team.
- 2.5.5.2 These teams have also experienced the issues with late notifications of children who transfer into the area by Provide (see 2.5.4.2). The backlog of assessments is now clear and Provide have given assurance that the problems with their processes are now resolved.
- 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 which is expected to assist with the slight reduction in Registered Nurses on duty on night for March (98%). This resulted in one restriction to admissions from the Neonatal network during this time.
- 2.5.5.5 Holly Ward reported restrictions to admissions on 7 occasions in March due to a number of issues including adverse weather impacting on capacity and staffing ratios. Recruitment has been successful for remaining vacancies. Their current QEWTT score is 6.

2.5.6 **Ambulatory Care services**

- 2.5.6.1 iCaSH Bedfordshire (QEWTT 16 in March) continue to report staffing pressures due to increased sickness rates. A positive impact is anticipated from work to change the clinical and operational leadership structures and rebalancing the subcontract to enable the transfer of clinical posts to CCS. 94% of staff have an up to date appraisal, achieving the target of 91% for the first time in 2017/18.

- 2.5.6.2 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 previously reported mitigating actions.



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 and assurance is based on the following:

- 3.1.1 Overall mandatory training compliance has remained above target (91%) for March at 94%.
- 3.1.2 The exceptions are Level 3 safeguarding which remains static at 88% and Information Governance which dipped in March to 92%. Remedial actions continue as previously reported.
- 3.1.3 Individual service rates of compliance are monitored by the Clinical Operational Boards.
- 3.1.4 The overall appraisal target of 91% has been met in March. Non-compliant services have plans in place to complete appraisals.
- 3.1.5 Sickness rates across services remain a challenge as previously reported. The principle reason cited by staff this period was coughs, colds and influenza. Work will continue into 2018/19 to raise awareness with staff of the influenza vaccination programme and responsibilities to their patients, families and themselves. HR Advisors work closely with our services to support staff who are absent from work.

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 discussed with the Board at this meeting is being shared by the parent of a young adult who has successfully moved from being cared for by our Childrens Continuing Care Team into our Adult services in Luton. The detailed planning involved helped to minimise the impact of transferring to services where care is provided differently. This is a great example of our staff taking a person centred approach to individual patients that we care for.

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

- 4.2.1 Results are highlighted on page 12 of the data pack including an overall score of 95.7%. 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 11.



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 A small number of complaint final responses continue to be sent to patients / service users beyond the 25 day target we have set. Work continues to improve this position.

5.1.2 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 to which the 18 week Referral to Treatment timings apply, is outlined on page 15 of the data pack.

5.2.1 All consultant-led services continue to operate above the 92% target.

5.2.2 The previously reported backlog of patients waiting longer than 18 weeks to be seen in Community Paediatrics and Paediatric physiotherapy has been cleared.

5.2.3 6 week waiting time breaches continue with the Luton Paediatric Audiology service – a summary of mitigating actions is given in section 2.5.3.2.



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 Care Quality Commission

6.1.1 We were pleased to welcome a team of CQC Inspectors to two of our services in March 2018 (Dental and Luton Community services for Adults). The initial feedback was extremely positive regarding the great patient centred care delivered by staff, positive interactions with many patients and multi disciplinary team working and that we have a great team of staff at all levels, people work well together and are proud of their work and achievements. A small number of areas for improvement were highlighted and we have completed a number of these since the inspection. A draft report is expected towards the end of may when a final publication date will be agreed.

6.1.2 The second part of the inspection focused on an assessment of Key Lines of Enquiry relating to whether we are Well Led as an organisation. Again initial feedback was positive and we await the draft report as above.

6.1.3 CQC Statement of Purpose (Appendix 2)
A revised Statement of Purpose is attached as Appendix 2 following transition of a number of Bedfordshire Community services into the Trust on 1 April 2018.

This version also contains updated information relating to changes to a number of staff bases.

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 February and March. The key highlights are the actions regarding our staff survey results.

6.5 Research

6.5.1 Clinical Research Network (NIHR)

6.5.2 The Trust is a partner in the Eastern Clinical Research Network which is the local arm of the National Institute for Health Research, which oversees research in the NHS. Matthew Winn is the current chair of the Partnership Board.

6.5.3 The Trust in 2017-18 more than doubled its recruitment target into NIHR funded studies. Even allowing for this, the Trust is one of the most cost effective organisations in the Eastern Region in relation to cost per recruited patient.

6.5.4 During 2017-18 the Trust has made the research posts supporting this work permanent, providing a firmer platform to further develop our research portfolio. In addition we have been successful in acquiring support for several team members to develop their research skills.

6.5.5 The summary annual plan of 2018-19 is attached as Appendix 2 for information. The board is asked to note this, and approve ongoing engagement with the research network.

6.5.6 A summary of our active participation in research studies is highlighted on page 21 of the data pack. Of note is the increased recruitment in a number of studies and increased success in staff achieving research based Internships and Fellowships.

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.

6.7 Quality Account 2017/18

The draft 2017/18 Quality Account is attached as Appendix 4. This has been reviewed by the Quality Improvement and Safety Committee prior to distribution to external stakeholders for their comments for which they have 30 days to return to us for inclusion. These are mandated to be included in the final published Account which is required to be

published via our website and NHS Choices by 30 June 2018. The Board will receive the external commentary prior to publication once received.

7.0 Learning from Deaths

7.1 As previously reported, the National Quality Board published a new national framework for NHS Trusts - 'National Guidance on Learning from Deaths' in 2017. The purpose of the new framework is to introduce a more standardised approach to the way NHS Trusts report, investigate and learn from patient deaths, which should lead to better quality investigations and improved embedded learning. The guidance is specifically aimed at Trusts with adult Inpatients however, we have taken the approach to develop a community based programme in order to identify learning from patients who die whilst under the care of our services. We have undertaken reviews of a number of deaths during 2017/18 in order to test our policy, associated screening tool and process to review. The Learning from Deaths Group will oversee amendments to the policy and ensure learning is disseminated across our services to inform improvements to practice.

7.2 Appendix 5 gives a detailed summary of the review of deaths and associated learning in our Luton adult services from Jan – March 2018.

8.0. Summary from Quality Improvement and Safety Committee

8.1 The Committee met on 25 April 2018. There was one point for escalation at the point of the meeting:

- Risk 2456 regarding capacity and increased workload of our safeguarding teams. This has subsequently been reviewed post meeting and reduced to 12 due to work to gain additional resource to support a number of activities undertaken by the teams including safeguarding legal advice and completion of court reports. Further mitigation includes planned service redesign.

The following items are for information:

- The committee members reviewed and suggested revisions for the draft Quality Account 2017/18 prior to distribution to stakeholders for their comments. This revised version is attached at Appendix 4
- The annual Clinical Audit & Effectiveness report was received and highlighted the improvements to the systems for recording and monitoring of audits and assurance regarding NICE. The committee highlighted that the Ambulatory Care Operational Board will have oversight of re audits from Dental services relating to the Never Events i.e Surgical check list audits. There are good levels of engagement from a number of services across the Trust with the improved process which is based on our Datix system. It was identified that additional support is required for Luton adults services to enable further development of their audit plan for 2018/19. The overall plan for all services for 2018/19 will be brought to the June meeting.
- A summary of research activity across the Trust was received and the high number of staff supported to achieve related academic qualifications and funding was noted.
- Three Quality related Internal Audit reports were received:
 - Clinical Audit (actions complete)
 - Management of clinical incidents (actions complete)
 - Safeguarding Children supervision (actions in progress)

9. RECOMMENDATION

- 9.1** 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.
- 9.2** The Board is also asked to note the particular focus on Learning from Deaths, Research, 2017/18 Quality Account and our recent CQC inspection.
- 9.3** The Board are asked to approve the revised CQC Statement of Purpose.

End of report

APPENDICES

- Appendix 1 - Quality Data Pack
- Appendix 2 – CQC Statement of Purpose
- Appendix 3 - Clinical Research Network annual plan
- Appendix 4 - 2017/18 Quality Account
- Appendix 5 - Learning from Deaths summary