

**LEICESTER, LEICESTERSHIRE AND RUTLAND  
 PCT CLUSTER BOARD MEETING**

**Front Sheet**

<b>Title of the report:</b>	Quality and Patient Safety in UHL
<b>Report to:</b>	PCT Cluster Board Meeting
<b>Section:</b>	Public
<b>Date of the meeting:</b>	12 January 2012
<b>Report by:</b>	Liz Rowbotham, Director of Quality, Communication and Engagement
<b>Sponsoring Director:</b>	Liz Rowbotham, Director of Quality Aly Rashid, Medical Director Jude Hill, Director of Nursing
<b>Presented by:</b>	Liz Rowbotham, Director of Quality Aly Rashid, Medical Director Jude Hill, Director of Nursing

<b>Report supports the following corporate objective(s) 2011 – 2012:</b>			
Handing over a good legacy	√	Deliver the six identified transitional strands of work	
Manage Providers' performance against updated health goals and identified health inequalities	√	Develop and maintain an energetic stakeholder engagement programme throughout the transition	
Deliver agreed performance targets against the six identified transformation work streams			

**EXECUTIVE SUMMARY:**

Much discussion has taken place regarding the level of assurance of quality of care and patient safety in University Hospitals of Leicester (UHL). In order to assess the cluster level of confidence the Chief Executive reviewed our current levels of assurance and levels of concerns in a joint session with the Medical Director, Director of Nursing and the Director of Quality.

This group reviewed the current data and intelligence that is available through a number of routes which include the quality contract, the patient safety system, external sources and quality visits.

The conclusion from this review was that overall there is assurance related to many areas of service delivery and there was confidence in improvements over the past year in specific areas, for example, infection control and pressure ulcers. However the areas where there was less assurance related to patient experience and to the improvement plan related to the trends in serious incidents.

For these areas a mixture of actions were agreed varying from further requests to the trust for information; more planned and proactive communication with the executive directors and more support to enable the delivery of some of their plans.

The frequency of visits to specific areas will also increase as necessary as well as raising specific issues to the cluster and UHL board to board process.

### **Recommendations**

The PCT Cluster Board is requested to:

**NOTE** that the review has taken place and confirm their support for the actions outlined in the paper.

## **LEICESTER, LEICESTERSHIRE AND RUTLAND**

### **PCT CLUSTER BOARD MEETING 12 JANUARY 2012**

#### **Quality and Patient Safety in UHL**

##### **Introduction**

1. The following report describes the outputs of a review of the many reports related to the quality of care and patient safety in UHL. These reports are received through a number of routes and between them they create our understanding.

##### **Current Reporting Arrangements for Patient Safety and Contracts**

2. The current reporting of quality and patient safety in the cluster were reported to the Board in September (attached at Appendix 1). The key meeting arrangements are the Quality and Clinical Governance Committee and the Clinical Quality Review Group (the quality contract meeting).
3. The membership including clinical members is currently subject to the changes in transition to CCGs in particular in relation to contractual arrangements, cluster assurance and reporting may need to be reassessed.
4. The current quality schedule and CQUIN schedule are reported to the Performance Transition Management Team and the current position is reflected in the contract report

##### **5. Risks and associated actions**

- There are no significant risks being currently identified in the quality contracts.
- There are target risks in the main performance report including A&E, 62 day cancer, RTT and MRSA. These have potential for poor care. Appropriate actions are being taken through the contract framework and have been discussed in detail at the December board to board meeting with the trust.
- Aly Rashid has agreed to become more involved with the contractual process to support cluster assurance role. Equivalent representation to be identified for the LPT quality contract.

##### **Quality Visits**

6. As a part of the quality relationship with the trust quality visits take place on all 3 sites at a minimum of quarterly with additional visits if required. There is immediate feedback followed by a report and the trust responds through the quality contract meeting. The trust currently gets 24 hours notice of a visit but is

not informed of the areas until we arrive. Unannounced visits will be used for significant areas of concern.

7. Issues raised have been call bell responses, communication re complaints, cluttered wards, occasional infection control issues, and privacy and dignity issues.
8. The visits are organised to ensure cover of most of the CBUs but are targeted at areas of concern

### **9. Risks and associated actions**

- There are additional visits to the trust underway which are focussed on the base wards reporting a deterioration in patient experience, plus the emergency admissions areas following the implementation of the “push plan “ of patients being transferred from the ED to the admission units. Initial visits took place in December and will be followed up at the next round in January and February
- The profile of these visits and their findings need to be strengthened and in addition consideration needs to be given on how to engage CCGs in this process. It was agreed at the UHL board to board meeting that the outcomes of the visits will be reported at the trusts Governance and Risk Management committee (GRMC)

### **Current position regarding patient safety**

10. Patient safety intelligence comes from a number of sources. The major areas are from the Root Cause Analysis (RCAs) following SIs; the quality schedule report related to incidents in general: the comparison reports from the NPSA and specific thematic reviews such as medication incidents and pressure ulcers.
11. All serious incidents go through a rigorous process both in the trust and in the cluster. A RCA is undertaken on all SIs. The underlying causes or factors then form the basis of the action plan related to the individual event. These are analysed on an ongoing basis to identify if there are any common causes or factors or a trend across areas or types of incident
12. Concerns re underlying trends have been highlighted for some time with the trust. The trust has accepted the need to create a thematic plan related to patient safety and have a 5 point plan as follows:
  - Improving clinical handover
  - Relentless attention to EWS triggers and actions
  - Implement and embed mortality and morbidity standards
  - Acting upon results

- Senior clinical review, ward rounds and notation

### **13. Risks and associated actions**

- Traction on this plan seems slow and it is not clear how the success or progress will be measured. This has been raised with the trust through officers and in November directly at the UHL Governance and Risk Management committee. Since this there has been further information related to progress shared with the cluster. This was the subject of further discussion at the December board to board meeting.
- It has been agreed that a common performance framework for this action plan will be the subject of the next joint governance meeting between the cluster and the trust in January.
- There is an update on all 5 work streams from the trust and this is on the agenda of the Cluster Quality and Clinical governance committee in January.
- It is concerning that the trust does not seem to be giving as much attention to this plan as others. At the board to board in December further assurance was given that performance against it will be included in their performance report from now on and also be reported at their executive committee meeting.
- In addition there are other issues of concern including senior medical supervision which has been raised.
- The cluster last year highlighted medication errors to which there has been a good response including good action plan, introduction of electronic prescribing and a reduction in medication errors have been noted. This has been supported and confirmed in the most recent NPSA report.

14. NPSA reports were published in September. A review of these has shown that UHL have a positive assessment related to:

- Reporting of incidents
- Reporting times
- Low number of patient accidents
- Reducing number of medication incidents
- Low number of incidents related to treatment and procedures

15. However initial review also highlighted concerns related to:

- Implementation of and on-going monitoring of care
- Incidents related to infrastructure (staffing, facilities, environment)
- Increase in degree of harm (increase in last year and compared to average)

### **16. Risks and associated actions**

- A specific area of concern is SIs within the ED. These have been related to missed diagnosis and other areas included on the 5 themes action plan. Given the current pressure on the ED it is proposed to undertake a deep dive

with the clinical team in the ED. Initial evaluation work within the Quality team is underway. This is being arranged to take place in January.

- An area of concern with regards to patient safety is the effect of the CIP in UHL. This has led to on-going monitoring of specific metrics which are reported to the cluster board every month. An on-going concern is that although we have received information re nurse staffing levels, the trust does not seem to be systemically monitoring these. Further information has been requested re this and is expected in January.
- It is proposed that a routine meeting will be established of the Medical directors, Nurse Directors and Quality Director so that there is route for escalation of concerns if these are not being resolved through the contractual or other routes. Initial dates are being agreed.
- Further assurance will be sought from the trust in relation to the internal triangulation of themes from complaints, incidents PALS etc. This will be the subject of discussion at the first joint meeting described above

### **Current Position regarding Patient Experience**

17. Current national position shows the trust is in middle performing trusts although they have a stated ambition to be amongst the best performing regarding patient experience. Polling has been introduced in UHL on a routine and widespread basis as part of a wide-ranging patient experience programme.
18. A 10 point plan focussed on the ward based improvements has also been introduced this year. This plan was a response to the Ombudsman Report on care of the Elderly. Early indications of the programme were positive but recently progress has plateaued and of concern has deteriorated in a few poorly performing wards. These wards are part of the visits described elsewhere in this paper.
19. Concerns have been raised historically regarding documentation and a programme of ward metrics and monitoring of these is now embedded in the trust. These have been extended to include many other areas other than wards. Many of these have focused on nurses but the trust now plans to extend this to medical metrics.

### **20. Risks and associated actions**

- Care of the elderly patients requires ongoing scrutiny especially as the medical CBU has some wards where performance has deteriorated. It should be noted that the trust has taken action to provide additional support to these wards and early indications are that this month some of the metrics have improved.

- Judith Hill, Director of Nursing, is taking a lead on investigating how more emphasis can be brought to improving patient experience and in due course this will come to the board. She is in liaison with the trust lead.
- A further concern was raised at the board to board that patient experience did not feature in the high risks on the trust corporate risk register. This was acknowledged and will be reviewed

### **Current Position regarding Clinical Indicators**

20. Infection control and its associated plans have been the focus of significant work between the cluster and the trust. We now have a good plan supported by an open book arrangement on HII audits etc. MRSA is a challenge and the trust is focused on this, CDiff rates have improved a great deal although there is usually a seasonal variation related to these rates which tend s to increase in the winter. Pressure ulcers were of considerable concern last year. The cluster worked with the trust on a focussed plan in two halves; overall improvements and targeted support for those wards with high numbers. The position has improved a great deal.
21. Falls has had a similar review within the trust with a good associated improvement plan.
22. Never events remain a focus for the cluster and the SHA with two so far this year.

### **23. Risks and associated actions**

- Ongoing scrutiny is required focussed on the above areas including follow up on a deep dive basis re Never Events.
- The SHA has asked for further assurance related to the application of the WHO checklist in theatres and this will be addressed in January

### **Current Position Regarding Aspects of Care of the Elderly**

23. The Patient experience strategy and the 10 point plan are intended to have impact on care of the elderly. On an on-going basis scrutiny has been given to two areas; stroke and fractured neck of femur (#NoF).
24. Stroke performance has improved across a wide range of measures, this has been the subject of an in depth review in the cluster.
25. #NoF performance across the basket of best practice measures was some of the best in the country once data was published last year but pressure is still

being maintained to improve. The performance fluctuates which is of concern and much of this is due to theatre availability. Some fluctuations have been due to staff absence cover. The most recent report from the trust states that this has been resolved.

### **Current Position regarding Maternity**

26. SIs in maternity has been the subject of a joint review with the cluster with many agreed and actioned actions. Recruitment to fulfil midwifery numbers remains a challenge. Incidents related to staffing levels continue to be reported by the trust.

### **27. Risks**

- There is a recent CQC letter related to infection control rates and we are awaiting a copy of the trusts response which is due in January.
- There is a deterioration in the quality of SI reports in maternity which is currently under review and being followed up by the patient safety team.

### **Current Position regarding Paediatrics**

28. Emergency care pathway for children has been the subject of scrutiny by the cluster; updates related to this are needed but at present there are no specific causes of concern

### **Current Position in relation to Mortality Data**

29. SHIMI data has just been published and shows that the trust is at poor end of performance when assessed against its peers but not an outlier. This is being reviewed by the trust and will be shared with the cluster. In addition there is a member of the Quality Directorate on the trust Clinical Effectiveness Committee where mortality and clinical outcome data is reported.

30. Public health has been asked to support a review of the data as well for additional scrutiny.

31. A paper has been received at the Quality and clinical governance committee describing more fully the baseline position and another is expected (a joint paper between the trust and public health) when further actions are clear following analysis

### **Current Position regarding Communication and Discharge Communication**

32. Communication on discharge continues to be of concern. There is a plan for the roll out of electronic discharge letters which should improve the situation but this is an area of on-going concern especially to GPs.
33. More intelligence is required from primary care and a new system which is easier to use than cassius is being introduced.
34. In addition Professor Aly Rashid, Medical Director, proposes working with the trust and the CCGs to improve two way communication routes between primary and secondary care

### **Current Position in relation to Complaints**

35. Top themes from complaints continue to include communication and staff attitude. The Patient Association report in November highlighted a case in 2010 which reflects the issues raised in complaints. The trust is undertaking a full review of the case and this will be shared in full with the cluster. Initial review has highlighted internal issues within the trust but also communication related problems in primary care. This review should be complete by the end of January.

### **Conclusion**

36. The cluster has a comprehensive system of monitoring and assurance in place. There are no identified gaps in these processes which are augmented by attendance at Trust committees.
37. Analysis of the current levels of assurance reveals that whilst scrutiny may be appropriate, both the PCT Cluster and UHL aspire to be at the forefront in the provision of high quality and safe care to our population. It is therefore proposed that additional support be provided to UHL to assure the Cluster of better traction in achieving the 5 critical patient safety areas identified from SIs as well as improvements in patient experience.