Agenda Item: Trust Board Paper F

TRUST BOARD – 5 MARCH 2015

Learning the Lessons to Improve Care
Quarterly Progress Update to Boards and Governing Bodies

DIRECTOR:	Kevin Harris
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DATE:	5 March 2015
PURPOSE:	To provide an update on the work undertaken in the last reporting period, and priority areas for the next quarter
PREVIOUSLY CONSIDERED BY:	Trust Board on 30.10.14
Objective(s) to which issue relates *	✓ 1. Safe, high quality, patient-centred healthcare ✓ 2. An effective, joined up emergency care system ✓ 3. Responsive services which people choose to use (secondary, specialised and tertiary care) ✓ 4. Integrated care in partnership with others (secondary, specialised and tertiary care) ☐ 5. Enhanced reputation in research, innovation and clinical education ✓ 6. Delivering services through a caring, professional, passionate and valued workforce ☐ 7. A clinically and financially sustainable NHS Foundation Trust ✓ 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	Please refer to the engagement, listening and action section of the attached progress report (section 2.3) and also Section 2 of the attached updated Joint Action Plan (patient and staff engagement, listening and action). These sections outline progress to date and future plans
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	• The Trust and the CCGs will work to support the NHS in fulfilling its obligations under the Equality Act 2010, and to promote services which are non-discriminatory on the grounds of any protected characteristics. • The Trust and the CCGs will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.
Organisational Risk Register/ Board Assurance Framework *	☐ **Organisational Risk Register** ☒ **Board Assurance Framework** ☐ **Not Featured**
ACTION REQUIRED *	For decision ☐ For assurance ☒ For information ☒

♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
♦ We focus on what matters most ♦ We are one team and we are best when we work together
♦ We are passionate and creative in our work

* tick applicable box

EXECUTIVE SUMMARY (to include the purpose of the paper):

1. In the summer of 2014 the Leicester, Leicestershire and Rutland provider organisations (University Hospitals of Leicester, and Leicestershire Partnership Trust) and 3 Clinical Commissioning Groups published the Learning Lessons to Improve Care report. The report detailed the findings of a clinical audit commissioned by health organisations in Leicester, Leicestershire and Rutland to examine the quality care of patients, and the action plan to address the areas of improvement identified.

2. This is the second progress update since publication, outlining action implemented to date and priority areas for the next quarter.

3. Key headlines are:

- The Learning Lessons to Improve Care (LLtIC) Clinical Taskforce is now integrated into the Better Care Together (BCT) Governance structure
- The Clinical Taskforce has revised its Terms of Reference to clarify three key functions: Assurance, Implementation, Facilitating Solutions & Action
- Progress has been made in all of the five workstreams. This is outlined in Section 2 of the report
- Planned activity in the next quarter is outlined in section 3 and includes holding a development workshop with Better Care Together colleagues to ensure complete alignment between the programmes, with the Lessons Learned as a 'golden thread' throughout Better Care Together
- An Outcomes Framework is being developed in the next quarter
- The 2nd Clinical Summit will be held in March 2015

1.0 INTRODUCTION

1.1 This is the second progress update since the Learning Lessons to Improve Care (LLtIC) report was published in July 2014. This paper:

- Highlights key activity since the last progress report in November 2014
- Outlines planned activity during the next quarter

1.2 The review was commissioned by health organisations in Leicester, Leicestershire and Rutland and examined the quality care patients received. It identified that of the 381 case notes audited, 208 (55%) were identified as having significant lessons to learn. Of these 89 (23%) were found to be below an acceptable standard. Thematic analysis of the findings identified 47 themes, the 'Top 12' being:

- DNAR orders
- Clinical reasoning
- Palliative care
- Clinical management
- Discharge summary
- Fluid management
- Unexpected deterioration
- Discharge
- Severity of illness
- Early Warning Score
- Antibiotics
- Medication

1.3 Many of the issues described by the review were already recognised locally and nationally as key areas for improvement and as such in many instances action is already being taken. Nonetheless the review has shown where, as a whole local health system, effort should be focused.

1.4 The local health organisations involved in the review have expressed regret over the findings and made a shared and public commitment to address the issues raised by the review and to do all in our power together and individually, to improve the quality and experience of care in Leicester, Leicestershire and Rutland.

2.0 Key activity during last quarter

2.1 General progress

- An interim Project Manager is in place to develop a range of outputs, including a Governance and Project Management Framework, an updated joint action plan, a draft Outcomes Framework and arrangements for the next review

- The Learning Lessons to Improve Care (LLtIC) Clinical Taskforce has further clarified its role and place in the system through confirming the inter-dependencies with Better Care Together (BCT) and revising its Terms of Reference. The purpose of the LLtIC work programme is to provide assurance that patient issues identified from the Learning Lessons to Improve Care Audit are being addressed across the whole health economy. The Terms of Reference have been revised to reflect three key functions:

    - Assurance: Where something is happening elsewhere
    - Implementation: When something isn't happening elsewhere
    - Facilitating Solutions & Action: Making action happen on the ground

  While the LLtIC Clinical Taskforce is developing mechanisms for assurance and monitoring of action plans, there are already good examples of how organisations are getting on and demonstrating good progress, and these are included in this progress report.

2.2 Clinical Leadership Workstream

- Learning the Lessons to Improve Care Clinical Leadership has been integrated with Better Care Together Clinical Leadership through the establishment of the BCT Clinical Leadership Group
- A phased approach to the work programme has been agreed, along with the associated Governance and Project Management Framework (Appendix 1 – Programme Timeline)
- Initial feedback from first Clinical Summit analysed to inform action planning
- Next Clinical Summit March 2015
- First draft of the updated joint action plan has been produced (Appendix 2). Responsibility for monitoring this plan and supporting plans is with the LLtIC Clinical Taskforce

2.3 Engagement, Listening and Action Workstream

- Thematic analysis of Listening into Action events with Professionals, Patients and the Public underway
- Produced Communication & Engagement Plan

2.4 Care across Interfaces Workstream

- Agreed that this is a workstream to which the Clinical Taskforce can particularly add value
- Facilitated action to address issues raised by clinicians that span primary and secondary care
- Increased data sharing being progressed

2.5 Emergency Care Workstream

- Linked this workstream with the work being undertaken as a result of the LLR Urgent Care Review and associated action plan

2.6 End of Life Workstream

- An End of Life Task and Finish Group was established in response to the findings of the Quality Review. The purpose was to effect swift change and action to ensure that standards of End of Life Care were improved and the LLR Health Community could work in a more collaborative way for the benefit of patients. Short term achievements were outlined in the first progress report. Longer term actions are captured in the Joint Action Plan.

3.0 Planned activity next quarter

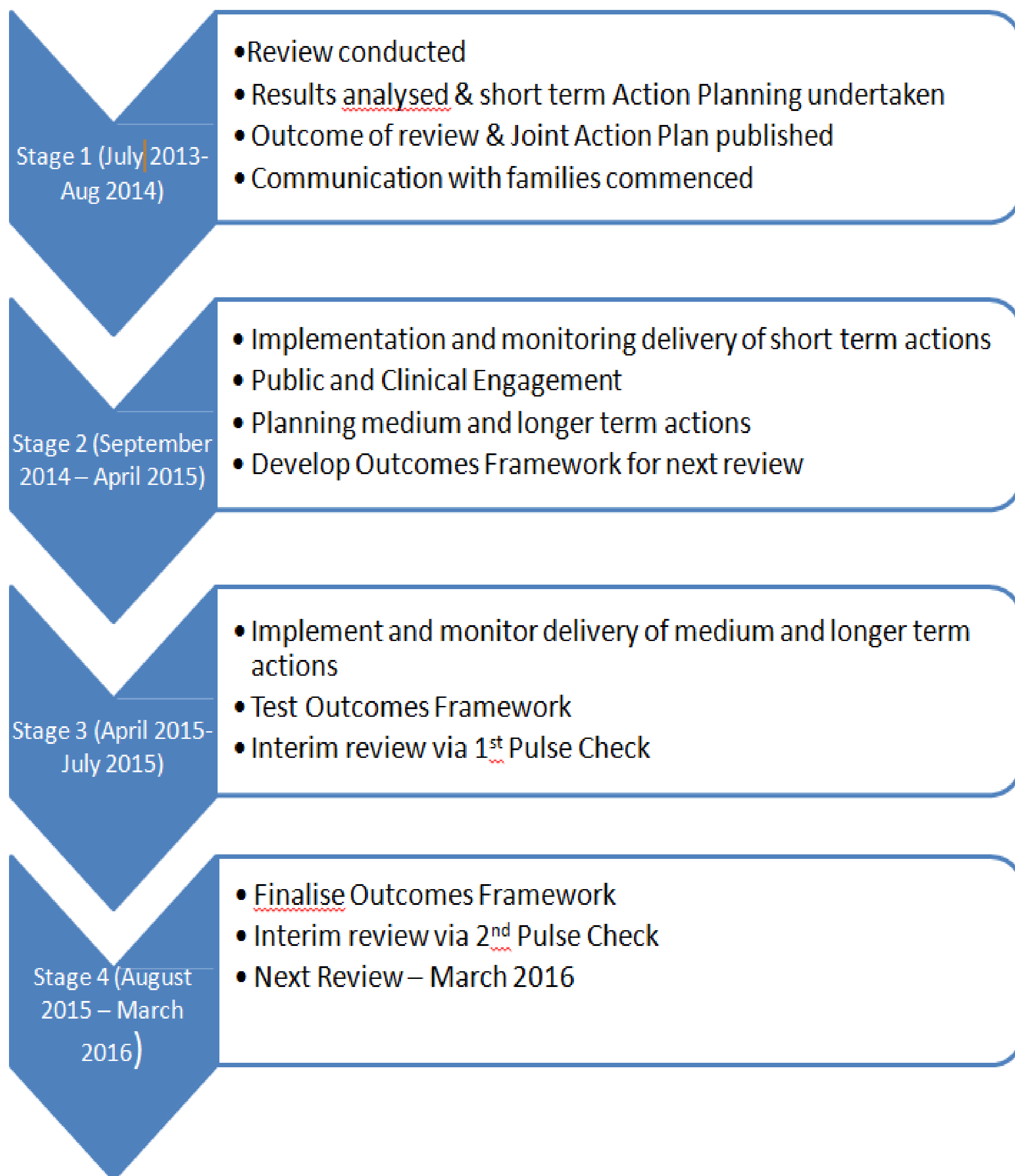
During the first quarter, short term actions were planned, implemented and monitored and medium and long term actions were shared. During the second quarter, the Governance & Project Management arrangements, along with the inter-dependencies with Better Care Together have been confirmed and aligned. During the next quarter, further progress is expected towards embedding the progress monitoring arrangements and developing the Outcomes Framework, particularly:

- Development workshop to be held between LLtIC Clinical Taskforce and Better Care Together leads to ensure complete alignment, with the Lessons from the Quality Review as a golden thread throughout Better Care Together
- Develop draft Outcomes Framework and arrangements for pulse check
- Receive and publish the report on themes identified from the LiA engagement events and incorporate into ongoing action plans
- Monitor and report on progress through Clinical Taskforce in line with new project management arrangements for the three new workstreams: The 12 System Themes, the 8 Challenges to Quality Improvement and the 5 themes in the Joint Action Plan
- First report to BCT Clinical Leadership Group in March 2015
- Host 2nd Clinical Summit in March 2015
- Website to be established
- Develop Business Case for ongoing support to the programme

4.0 Attachments:

App1 - Programme Timeline
App2 – Draft updated Joint Action Plan
App 3 – The 8 Challenges to Quality Improvement

Appendix1 – Programme Timeline



Leicester, Leicestershire and Rutland Quality Review Joint Action Plan

Supporting Plan

Purpose of plan: To provide assurance that patient issues identified from the Learning Lessons to Improve Care (LLtIC) audit are being addressed across the whole health community

Joint Action Plan Theme	Overarching Actions	Underpinning short term action (Completed)	Underpinning medium term/long term action (Planned)	Timescale
1. System wide clinical leadership to ensure that patient care issues are addressed across the health community	1.1-LLR clinical leaders commit to establish a system wide clinical leader task force. This will:	1.1 Establish LLtIC Clinical Taskforce to include membership from UHL, LPT, 3 CCGs, LMC, PH and Healthwatch 1.1 Agree role and remit of Clinical Taskforce and establish short term action plan 1.1 Integrate LLtIC Clinical Taskforce with Better Care Together Programme through - Clinical Leadership Group (CLG) as part of the BCT Governance structure -Confirming the place of the Clinical	1.1 Further actions to be the remit of the BCT Clinical Leadership Group	1.1 – Set up complete. Ongoing role for Leadership

		Taskforce within the BCT Governance structure; reporting into the Clinical Leadership Group **1.1 Agreeing the link between LLtIC and the BCT Clinical and Enabling Workstreams** **1.1 Ensuring link to Contracting Teams** **1.1 Working in the best interests of patients to address the key themes and lessons from the quality review has required organisations to work together. A number of examples of the benefit of this work are highlighted below to collectively improve and transform end of life care**		
	1.2-Monitor progress against the key themes identified within the quality review	**1.2 Clinical Taskforce monitors progress against the action plan and links to Contracts and Quality monitoring as appropriate** **1.2 First Quarterly Progress update (Q1) supplied to November 2014 Boards**	**1.2 Newly established BCT Clinical Leadership Group will oversee system wide programmes of work as agreed with Chief Officers e.g the LLtIC programme and plan** **1.2 Clinical Taskforce to receive highlight and exception reports from workstreams and to facilitate restorative action to address deviations from plan** **1.2 Commitment through LLtIC Clinical Taskforce, to provide progress updates to all partner Boards quarterly. March, June, September & December 2015**	**Ongoing from March-May 2015** **Routinely from March-May 2015** **Quarterly**

	1.3-Ensure there is collaborative system wide action taken to improve quality and safety	1.3 Thematic analysis of initial review findings undertaken, to inform individual organisation and joint action plans 1.3 Action plans developed within organisations to address the top twelve themes identified in the review	1.3Consider, via the Clinical Taskforce, whether any further action is required within and across organisations which will contribute to addressing the issues identified in the LLtIC review 1.3 In order to assess this, a Joint Workshop will be held between the LLtIC Clinical Taskforce and Better Care Together Leads, with the aim of ensuring that the issues identified in the review are being addressed. Attendance to include Clinical Taskforce members, BCT Clinical and Enabling Workstream Leads, BCT PMO Leads	March-May 2015 March – May 2015
	1.4-Commission a further independent review/evaluation	1.4 Agree to undertake another review/evaluation	1.4 Agree review/evaluation methodology, to incorporate ongoing pulse checks 1.4 Develop an Outcomes Monitoring Framework, against which to conduct the next review and measure improvement: -Design and agree questions/metrics/KPIs -Establish information/data requirements - Agree baseline - Conduct review - Analyse and report 1.4 Scope methodology for further review in March 2016	March – May 2015 March – May 2015 June – Aug 2015 onwards. Review March 16

			1.4 Commission technical expertise as required **1.4 Monitor SHMI regularly**	**March – Aug 2015** **Routinely**
	1.5-Oversee and receive ongoing patient feedback on LLR services	**1.5 See 2.2 below**	**1.5 LLTIC Clinical Taskforce will ensure ongoing opportunities for patient feedback, through listening events, pulse checks and the Outcomes Framework indicators, and linking with contract monitoring and patient safety**	**Routinely**
	1.6-We have a strategic plan to deliver optimum care across the health community – *Better Care Together*	**1.6 We have worked together to develop a 5 year strategy for our health services across LLR which aims to deliver best practice care pathways to people within LLR**	**1.6 Further Communication and Engagement events will be undertaken** **1.6 Implementation of BCT Strategy over five years** **1.6 LLtIC Clinical Taskforce will ensure that the themes identified in the LLtIC review are a golden thread** **1.6 Learning from the Outcomes Framework, Pulse Checks and Listening events to inform planning and implementation**	**Routinely** **Ongoing** **March – May 2015 and ongoing** **Ongoing**

2. Patient and staff engagement, listening and action	2.1-GP feedback systems on any quality care issues related in place across LLR	2.1 Feedback from first Clinical Summit informed planning for second Clinical Summit	2.1 Group to be established for purposes of communication and education, across primary and secondary care	March – May 2015
	2.2-Listening events across LLR for patients, the public and staff	2.2 Listening into Action events undertaken in Autumn 2014 – Clinical Summit and four public events. Thematic analysis in progress	2.2 Cascade results of analysis and incorporate into further iterations of the action plan(s) 2.2Commission website and feedback mechanisms/social media links 2.2 Ongoing engagement with patients, public and stakeholders 2.2 Pulse check as part of ongoing review process	March – May 2015 March – May 2015 Ongoing March – Aug 2015 and ongoing
	2.3-Adopt and promote specific patient campaigns across LLR	2.3 Campaigns have been rolled out including patient postcards	2.3 Review implementation of ‘Hello My Name Is’ and consider LLR wide roll out	Ongoing
3. Effective care across interfaces between providers of health services	3.1- Electronic transfer of information e.g. patient discharge summaries from secondary care to primary care i.e. from hospitals to GPs	3.1 Some progress has been made on electronic transfer of information	3.1 Sharing of data/care plans across health and social care in order to ensure holistic model of care for older people and those with multiple LTCs	Ongoing
	3.2-Review quality of patient discharge and referral documentation	3.2 Revised template available from February	3.2 Continuous improvement in the quality of patient discharge letters happening via the Discharge Letters Clinical Problem	Ongoing

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			Solving Group (CPSG)	
	3.3-Increased data sharing & monitoring across organisations to address current or potential gaps 3.4-Development and implementation of ambulatory care pathways (ambulatory care is where conditions can often be treated without the need for an overnight hospital stay)	3.3 Increased data sharing being progressed 3.4 Included in BCT Urgent Care Workstream	3.3 Receive update from BCT Workstream Lead 3.4 Receive update from BCT Workstream Lead	March – May 2015 March – May 2015
	3.5 -LLR wide sign up and commitment to National 'sign up to safety' campaign	3.5 All partner organisations are signed up		Set up complete, work ongoing
	3.6 -Introduction of individual care plans following identification of risk stratification (risk stratification is a clinical evaluation used to determine a person's risks when suffering a	3.6 Care plans in place for over 75s. Risk stratification rolled out through CCGs		Ongoing

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	particular condition) and Multi-Disciplinary Team planning for older people shared with health and social care providers			
4. Transforming emergency care in our wards, hospitals and communities	**4.1-Emergency Care pathway review** **4.2-Development of a community based comprehensive older peoples assessment service and support** **4.3-LLR-wide review of support which would allow older people to remain in their usual place of residence, including a falls support service** **4.4-Well-developed joint referral guidelines e.g. 2 week wait, Stroke/TIA, Urology with haematuria, acute retention of urine**	**4 Review completed and action plan produced**	**4 LLtIC Clinical Taskforce to support Implementation of action plan** **4 LLtIC Clinical Taskforce to ensure lessons learned from the LLtIC review are a golden thread** **4 Hold workshop described in 1.3 above between LLtIC Clinical Taskforce and Better Care Together Leads**	**March – May 2015 and ongoing**

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5. Transforming end of life care (EoL)	**5.1-LLR EoL Care working group is established to develop unified approach to EoL care across all LLR healthcare organisations and includes:** **5.2-Standardisation of EoL care plans & process for sharing key information across organisations** **5.3-Implementation of a joint EoL care pathway across LLR** **5.4-Design and implement training and development for GPs/Nurses/Care Homes on EoL care planning & DNAR orders** **5.5-Revision of guidelines & teaching of best practice for DNAR status**	**5 An EoL Task and Finish group was established in response to the findings of the Quality Review. The purpose was to effect swift change and action to ensure that the standards of EoL care were improved and the LLR Health Community could work in a more collaborative way for the benefit of patients. Achievements include:** • **Unified approach to Do Not Attempt Cardio Pulmonary Rehabilitation (DNA CPR)** • **A single DNACPR form in use across Leicester, Leicestershire and Rutland and available electronically for GPs and EMAS** • **Unified Advance Care Planning** • **Green bags and wallets in place to ensure all staff are aware of care plans** • **Anticipatory drugs** • **Location agreed to ensure all staff are aware of preferred location** • **Community access identified** • **Timely access to wheelchair provision for end of life patients** • **Standardising leaflets and terminology**	**5 EoL Workstream established in Better Care Together Programme. To be part of the joint workshop outlined in 1.3 above**	**March – May 2015 and ongoing**

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	5.6-Rapid discharge for EoL patients to named GP. Where DNAR orders in place flagged prominently on discharge summaries **5.7-'Electronic patient record' in fast track development to share EoL/discharge and patient management plans seamlessly across all organisations**			

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Appendix 3 – The 8 System Challenges

Challenge 1 – Convincing People that the Problem is Theirs

Challenge 2 – Convincing People that by Working Together a Solution can be Found

Challenge 3 – Getting Data Collection and Monitoring Systems Right

Challenge 4 – Making Changes that are Achievable and Sustainable

Challenge 5 – Shifting Organisational Context and Culture

Challenge 6 – Leadership, Oversight and Co-ordination

Challenge 7 – Maintaining Momentum

Challenge 8 – Considering the Side Effects of Change

Adapted from Dixon-Woods M, McNicol S, Martin G. (2012) *Overcoming challenges to improving quality. Lessons from the Health Foundation's improvement programme evaluations and relevant literature* (available at http://www.health.org.uk/public/cms/75/76/313/3357/overcoming%20challenges.pdf?realName=HGHuMk.pdf).