

TRUST BOARD IN PUBLIC	Date: 25th July 2013	
	Agenda Item: 2.3	
REPORT TITLE:	Medical Director and Chief Nurse report	
EXECUTIVE SPONSOR:	Des Holden, Medical Director	
REPORT AUTHOR:	Des Holden and Sally Brittain	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		
Purpose of the Report and Action Required:		(√)
	Approval	
	Discussion	√
	Information/Assurance	√
Summary: (Key Issues)		
To note new national instructions in relation to the Liverpool Care pathway, and care of patients who are receiving palliative care. To discuss the Keogh reviews of the 14 investigated hospitals in the context of learning for SaSH. To note release of surgeon-specific outcomes on national website. To receive an update on leadership development work with GE.		
Relationship to Trust Corporate Objectives & Assurance Framework:		
To provide safe high quality care		
Corporate Impact Assessment:		
Legal and regulatory implications	none	
Financial implications	none	
Patient Experience/Engagement	Opportunity for improvement	
Risk & Performance Management	Opportunity for improvement	
NHS Constitution/Equality & Diversity/Communication	Opportunity for improvement	
Attachments:		
Appendix		

Liverpool care pathway

An Independent Review of the Liverpool Care Pathway (LCP) published its findings on 15th July 2013 in response to concerns raised about poor care experienced by patients who were put on the LCP. The Review resulted in a number of recommendations that have a bearing on NHS and other health and care sector organisations and for those who wish to read the full report it is available at: <https://www.gov.uk/government/publications/review-of-liverpool-care-pathway-for-dying-patients>

The report recognises that the principles of care underpinning the LCP are sound and, when used appropriately, the LCP supports good care for the dying. However, it also identifies specific instances of poor practice and poor quality care, with families and carers not being properly involved and supported. Going forward the Government will be working with partner organisations, stakeholders and charities across health and care to inform a full system-wide response to the Review's recommendations in the autumn with the intention that the Liverpool Care Pathway is to be phased out over the next 6-12 months. The LCP will then be replaced with an individual approach to end of life care for each patient including a personalised care plan backed up by condition-specific good practice guidance and a named senior clinician responsible for its implementation.

In addition, the Care Quality Commission will be undertaking thematic work on end of life care, and the three new Chief Inspectors – of Hospitals, Social Care and General Practice – will consider end of life care issues as they develop their new approach to inspections.

While these measures are put in place it is acknowledged that the report raises serious concerns on potential implications for the current quality of patient care and therefore Trusts are asked to put into immediate effect the following measures:

- undertake a clinical review, led by a senior clinician, of each patient who is currently being cared for using the LCP or a similar pathway for the final days and hours of life, to ensure that the care they are receiving is appropriate and that the patient, where possible, and their family is involved in decisions about end of life care.
- assure themselves that a senior clinician is assigned as the responsible clinician to be accountable for the care of every patient in the dying phase, now and in the future.
- Ensure that people who have a complaint about the care given to a dying patient on the LCP or a similar pathway have their concerns investigated properly. Under the existing NHS complaints procedure, it is open to patients, their families and carers to ask the Trust to appoint an independent assessor who is agreed by them and the trust. All trusts must provide this option for complaints, to support this option; the Department of Health will shortly publish a list of independent experts who will be available to patients, their families and carers, and trusts.
- Trusts should consider whether new evidence exists that would warrant a re-examination by the Trust of past complaints about the LCP or similar pathway. The principle must be that families feel that they can have their concerns considered afresh in the light of today's report.

- To provide assurance on the standard of end of life care, Trusts must appoint a Board member with the responsibility for overseeing any complaints about end of life care and for reviewing how end of life care is provided.

These immediate measures are to ensure that all patients are receiving the care that is appropriate to their individual circumstances and to reassure patients, relatives and carers that good principles of end of life care are being followed in all cases.

Trust Response

- A clinical review of all patients on the LCP or similar within the Trust was undertaken on 19th July 2013 by utilising an audit tool. Senior Nurses undertook the audit to ensure it was independent and unbiased. Due to the timing of the Board Papers the results of this audit will be fed to the Board as soon as they are available with verbal update by the Interim Chief Nurse at the Board Meeting.
- To provide guidance to staff in order to ensure that patients nearing the end of their life receive high quality care in light of this report senior nursing and medical clinicians were sent a copy of NHS England 'Guidance for doctors and nurses caring for people in the last days of life' for discussion and dissemination. (Appendix A)
- The Medical Director is appointed as the Board Member with responsibility for overseeing any complaints about end of life care; he will be supported by the Deputy Chief Nurse.
- The Complaints team have been advised of the recommendations in relation to the management of complaints about end of life care and in addition have been requested to review the last 12 months complaints data to identify complaints related to end of life care. These complaints will be considered by the Medical Director and Deputy Chief Nurse in light of the report.

The Board will be kept abreast of developments in relation to end of life care on a regular basis going forward.

Keogh Reviews

Professor Brian Jarman (Imperial College) identified 14 hospitals on the basis of concern about mortality (HSMR and SHMI) and as a consequence Sir Bruce Keogh ordered investigations into service these provided (February 2013). The format was an initial review of mortality and other performance related information already in the public sector, followed by two on site reviews, one announced and one unannounced, by teams of inspectors comprising clinicians, patients, commissioners and regulators. This team (the rapid response review) conducted interviews with staff, held listening events with patients and their representatives, held focus groups with GPs and observed care delivery. The written output of this was then considered in a third stage review by a central panel (the risk summit).

There are many areas of concern described across the 14 hospitals who had 'Keogh reviews', but within this there are certain recognisable themes. A strong theme is out of hours working, with many pathways not functioning at night and at weekends in a similar

way to during the day. This effect is worsened through staff vacancy (with over-reliance in particular on consultant locums) and was seen in the junior doctor GMC surveys amongst other places. Another group of issues could be called intelligence about safety. Various hospitals had poor performance in relation to the safety thermometer, healthcare acquired infections, coronial rule 43 letters, learning from litigation, complaints and incidents. For many hospitals these issues were not owned at the service delivery level of the organisation. A third theme was disconnect between senior management and the workforce, manifest as strategy and delivery being set separately, use of risk registers not truly representing real clinical risk, and how governance links (or didn't link) these issues together. In most cases a need for a clear safety strategy based on local and comparator evidence was missing.

There were very specific themes on the deteriorating patient (in respect of acting on early warning scores and on ability to review such patient out of hours), and discharge planning. Another consistent theme was change within the senior (executive or Board) team. Within the focus groups and directly observed there were issues with patient experience, with trusts not seeking feedback in meaningful ways, not acting on formal and informal complaints and intelligence to improve generally and make things right in specific situations, and in general not being perceived as good listeners.

All hospitals have something to take from these reviews which appear to have looked in a very effective and relevant way at the performance of hospitals identified through high mortality rates. SaSH has an HSMR and SHMI respectively of 90 and 94 but nonetheless the reviews give a very useful framework for taking through specific pieces of work on aligning clinical and safety strategies, using patient experience and incidents to drive learning.

SaSH Surgical Consultant Performance

The first batch of consultant treatment outcomes data were published for the following groups at the start of July:

Surgery	Number of Surgeons	Outcomes
Vascular surgery (surgery on veins and arteries)	2	Outcomes (mortality rates) in the expected range. Lowest rates for any Trust in SE Coast region.
Interventional cardiology (heart disease treatments carried out via a thin tube placed in an artery)	4 PCI operators	No concerns about the observed MACCE (major adverse cerebrovascular or cardiovascular event) rates. All well below top of 95% confidence range.
Orthopaedic surgery (surgery for conditions affecting bones and muscles)	7 – all performing both Hip and Knee operations.	Hips - All surgeons in line with expected mortality rates, most in or around national average, with two surgeons well below national average. Knees - All surgeons in line with expected mortality rates, most in or around national average, with two surgeons slightly above the national

		average but well within expected range.
Urological surgery (surgery on the kidneys, bladder and urinary tract)	1	Outcomes for mortality and transfusion rate below national average. Complications slightly above but well within expected range.

Adult cardiac surgery (heart surgery)	Not carried out at SaSH
Thyroid and endocrine surgery (surgery on the endocrine glands)	* not done in sufficient numbers at sash
Bariatric surgery (surgery to treat obesity)	Not carried out at SaSH

A further 3 will be published later in the year:

Colorectal surgery (surgery on the bowel). **To be published in autumn 2013**

Upper gastrointestinal surgery (surgery on the stomach and intestine). **To be published in autumn 2013**

Head and neck cancer surgery. **To be published in autumn 2013**

**** = drawn from the British association of Thyroid Surgeons data returns**

Health Scrutiny Committee

On the 4th July 2013 The Interim Chief Nurse and Deputy Chief Nurse represented the Trust at the Health Scrutiny Committee at Kingston Town Hall in order to present and discuss the Trust response to the Francis Report. There was also representation from Ashford & St Peters Hospitals NHS Foundation Trust, Epsom & St Helier Hospitals University NHS Trust, Frimley Park NHS Foundation Trust and Surrey & Borders Partnership NHS Foundation Trust.

The Committee received a verbal update on actions subsequent to the publication of the Francis report that was supported by a paper and a copy of the Action Plan. Following the presentation the Trust representatives were asked to identify the most important change it has made as a result of the report, how it monitors quality and safety and asked to describe how staff are informed of and encouraged to adhere to its duty of candour. Trusts were also requested to allow the Health Scrutiny Committee access to complaints data.

The Trust welcomed the opportunity to observe what other Trusts had put in place resultant to the report and listen to innovative ways in which Trusts had sought to improve safety and quality and empower its workforce.

The reports from the Trust were favourably received by the Health Scrutiny Committee with the leaflet the Trust developed and attached to all staff payslips commended.

Recommendations from the Health Scrutiny Committee:

1. That the representatives be thanked for their reports and attendance at the Committee.
2. The Committee is pleased with the level of response across the providers, and to ensure continuing engagement.
3. Members are requested to ensure monitoring of these plans forms part of the Quality Account Member Reference Group discussions
4. Providers are encouraged to share information, including complaints data, with the Committee when appropriate..
5. Providers encouraged Members to encourage their residents to engage with their local hospitals.

Synbiotix

Synbiotix is an electronic system which has been procured to enable nursing staff to audit quality practice at ward/Divisional level by providing real-time data in identifying areas of best practice and areas that require support. A multidisciplinary steering group agreed metrics in relation to indicators such as infection prevention and control, nutrition, falls, urinary catheter care, safeguarding, patient experience and workforce. This is to enable triangulation of all data currently captured within the Trust, data is rag rated on the system. I pads have been purchased to allow data collection at the patient bedside however these are currently not active in all areas due to problems with Wi-Fi connectivity. This has been mitigated by data collection on ward PC's.

As described within the Nursing and Midwifery Strategy, Friday afternoons will provide the forum for analysis and discussion of the ward synbiotix dashboards to demonstrate practice ward by ward and examine why some wards are doing better than others in different areas of practice and quality.

The system rolled out within the Trust from 1st June 2013 as a trial when various issues were identified, these are in the process of being rectified.

It is anticipated that a full months data will be available on the first Friday in August for review of July data however some data entry is compromised by capacity issues within the Divisions. These will be resolved by successful recruitment to Divisional Customer Care posts.

GE leadership work

We are working with a team from GE on developing the Executive and Clinical leadership of the organisation to improve patient care. This project is scheduled to last 8 months and was visibly commenced on 4-5th July when 35 senior leaders spent two days working with the GE team. At this meeting information provided from the staff survey and from a

structured questionnaire administered to staff by GE (n=250) was used to demonstrate some of the positives and negatives perceived by staff and leaders, to look at these attributes in relation to high performing health care providers internationally and to agree some of the priorities for work going forwards. Amongst the priorities were:

- creating a well understood and publicised business cycle to align intelligence (clinical demand, activity, commissioning intentions, performance data), attendance and effort
- having meaningful values
- demonstrating the values through appropriate behaviours
- understanding reward and development needs
- using data that was accurate and as real time as possible
- managing and working in the microsystem

The work shop was evaluated highly by participants and the steering group are now maintaining momentum through comms and through a structured piece of work on refreshing and mandating our values using another cross section of staff from within the organisation.