Patients, Practices, Partners

NHS
West Leicestershire
Clinical Commissioning Group

HEALTH
OVERVIEW AND SCRUTINY COMMITTEE: 10 JUNE 2015

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND LEARNING LESSONS TO IMPROVE CARE CLINICAL TASKFORCE

Purpose of report

1. The purpose of this report is to provide an update to Health Overview and Scrutiny members of the progress taken to address the findings and recommendations in the Learning Lessons to Improve Care report.

Background

2. In the summer of 2014 the Leicester, Leicestershire and Rutland (LLR) provider organisations (University Hospitals of Leicester (UHL), and Leicestershire Partnership NHS Trust (LPT)) and the three Clinical Commissioning Groups (CCGs) published the Learning Lessons to Improve Care report (LLtIC). 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. This is the second progress update since publication, outlining actions implemented to date and priority areas for the future activity of NHS organisations and the LLtIC Clinical Taskforce.

Findings and recommendations

3. In response to the findings a Five Point Action Plan was developed which included the following actions:

   - Clinical Leadership;
   - Public and Patient Involvement;
   - Integrated care pathways;
   - Acute care pathway review and redesign;
   - End of life care transformation.

This paper provides an update against these action areas.

Clinical Leadership

4. Clinical Leadership is an important aspect in delivering change across the system. We need to ensure that we have good clinical leaders who are empowered to effect change both in their organisations and across the patient pathway. The LLtIC Clinical Taskforce is fully integrated into the Better Care Together Programme (BCT), particularly the Clinical Leadership Group and is working to develop a clinical leadership programme to support clinical leaders.

5. In order to focus changes in clinical practice in the right direction, further thematic analysis of the system themes has identified a number of recurrent themes which need addressing:

    - Medicines Management: right patient, right medication, right dose, right route, right time, right documents, right reason, right response!
    - Managing the Deteriorating Patient: recognition, action, escalation.
    - Discharge Process: planning, documentation, follow up.
    - End of Life Care: planning, palliation, progression, patient choice
    - Clinical Responsibility: decision making (juniors), management (seniors)

6. UHL and LPT have developed and implemented their own actions to address the findings of the review. To ensure sustainability of those changes they have embedded the changes in their existing quality improvement mechanisms. Both organisations have reported progress against their plans to the LLtIC Clinical Taskforce and have been able to demonstrate changes good progress in addressing the concerns.

7. The LLtIC Clinical Taskforce has facilitated two clinical summits for clinicians from primary and secondary care to come together to share their experiences of delivering care in LLR and assist in the development of practical solutions; those solutions are either embedded in the BCT workstreams or the actions for the Clinical Taskforce.

8. In order to continually improve the care that we provide our patients we must ensure that we continually learn from the care we provide our patients, particularly when care goes wrong. The LLtIC Clinical Taskforce is working to further improve the reporting of incidents and serious incident and ensure that there is a mechanism for learning across the whole system rather than across individual organisations. The good incident reporting culture in UHL and LPT needs to be replicated across primary medical care, and CCGs are working to develop this work. UHL and LPT have reviewed their methods for undertaking morbidity and mortality reviews and are in the process of improving this across the two Trusts which will maximise the opportunities for learning across the whole healthcare system.

Patient and Public Involvement

9. Four patient and public engagement events have been held across LLR to gain a better understanding of what it feels like to receive care from our healthcare services. This information has been analysed by De Montfort University and has identified the following themes:

    - Improved communication
    - Requirement to be treated with dignity and respect
    - Increased consistency and continuity of care
    - Speed and access for care

10. This information correlates with other patient feedback that we have received as individual organisations. Despite this we will ensure that the findings and the recommendations from the analysis are embedded alongside the clinical actions required to make the changes needed.

11. In addition each of the individual communications teams are working to ensure that our staff are fully aware of the findings from these engagement events so that they can

understand the impact that their care has on the experience of patients using our services.

Integrated care pathways

12. One of the key aims following the publication of the review was to ensure that any actions to improve the care for patients were embedded in the BCT programme. To this end each of the workstreams are aware of the findings of the review and the actions they need to implement through their pathway changes to improve services for patients. This is a key piece of work to address the findings in the report associated with the fragmentation of care.

13. Work has been undertaken to improve the communication between primary care and secondary care clinicians, primarily through the improvement of discharge letters and referral letters. Following the first clinical summit, The Local Medical Committee (LMC) and UHL are developing an interface forum to enable primary and secondary care clinicians to come together to review patient pathways to ensure that the care was in line with best practice and current literature.

14. Work has also been undertaken to ensure that there is improved use of special patient notes and advanced care plans to support the continuity of care both in and out of hours.

Acute care pathway review and redesign

15. The BCT Urgent Care workstream and Urgent Care Board action plan have incorporated the findings and recommendations form the LLtIC report. This work has also been shaped by the Ian Sturgess report, and work is already underway to improve the urgent care pathway. A recent review by Ian Sturgess has indicated that some improvements starting to be seen but we acknowledge that further work is required.

End of life Care

16. UHL, LPT and the three CCGs have come together to work to address the care pathway issues identified for patients at the end of their lives. The following progress has been made regarding end of life care (EoL):

- Standardised terminology across healthcare organisations
- Unified approach to ‘Do Not Attempt to Resuscitate orders’.
- Unified advance care planning
    - Implementation of ‘green bags’ and ‘message in a bottle’ to ensure that medications and information is available to all healthcare practitioners
    - Personalised Care Plan: Deciding Right form has access to the Supportive and Palliative Care Indicators tool within it and is integrated into the EoL template across all 3 CCGs
    - Support in place for carers
- Unified approach to anticipatory care
    - Only anticipatory drugs to be included in the green bags – not all end of life medication
    - Out of hours access to anticipatory medications
- Access to equipment to aid care
    - Timely access to wheelchair provision for all EoL patients not just those in last days of life

- Methodology to support communication
    - All leaflets uniformed across LLR so the same source of information can be accessed to provide information to patients / carers and family

17. Further work is required on the end of life pathway and this is being addressed by the BCT end of life group.

Development of the outcomes framework

18. In order to monitor progress towards improvements in care across the system the LLtIC Clinical Taskforce are developing an outcomes framework. The following 5 indicators are currently being monitored as they are affected by whole system care:

    - Standardised Hospital Mortality (SHMI)
    - Deaths in the usual place of residence
    - Avoidable admissions
    - Admissions within 30 days of discharge
    - Friends and Family test (Patient experience)

19. Further work is underway to ensure that we can monitor the quality of care and culture changes required by the review.

Recommendations

20. The Health Overview and Scrutiny Committee is requested to note the progress of the Learning Lessons to Improve Care work.

Officer to Contact

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