

Leicester City CCG unannounced visits of University Hospitals of Leicester NHS Trust

Background and context

1. The independent (2010) and public inquiry (February 2013) into the failing of care at Mid Staffordshire Foundation Trust identified systemic failings within the trust that led to death and harm of many patients. There are many lessons for healthcare providers, commissioners and regulators from this inquiry, one of which is the importance of taking appropriate and timely action when concerns are raised about care.
2. There have been a number of concerns raised about the quality of care and patient safety over recent months at UHL, based on both soft and hard intelligence. As a result the CCG undertook unannounced visits of the Trust to examine issues raised in more detail.
3. It is of note that the PCT cluster raised concerns previously regarding culture within the organisation and as a result initiated an appreciative inquiry (April 2012). The outcome of this did not identify significant quality and safety issues.
4. The Care Quality Commission (CQC) have previously had concerns about aspects of care at UHL. However, recent visits have been positive from verbal feedback given (awaiting written reports).
5. The Leicester Royal Infirmary site was also visited in July 2012 by the Leicestershire County Overview and Scrutiny Committee (OSC) due to concerns about ED performance (report issued in October 2012). The OSC made a number of observations in relation to the current environment and patient throughput and recognised plans to ensure improvements.
6. The CCG has routinely conducted site visits on a quarterly basis to various wards at UHL since 2011 to date and have not previously identified any significant issues with the quality of care.

Analysis - What are the recent concerns?

7. A number of concerns have been raised about UHL quality and safety over the course of recent months. They include the following:
 - Poor performance in the emergency pathway over a significant period of time;
 - A review was undertaken of 439 UHL emergency readmissions in 2011-2012, which indicated that UHL contributed to 85% of avoidable readmissions and could do more to improve clinical assessment, management and discharge practice;
 - A report from 'Right Place Consulting' reviewing emergency pathways in the UHL emergency department has indicated that further work is required to improve patient pathways and processes within the trust. A work programme is under way to implement the recommended changes, which went live mid-February 2013;
 - At a clinical network meeting in January the UHL clinical executive directors raised concerns about quality of care and safety due to the on-going pressures

on the emergency pathways. As a result NHS England (Leicestershire and Lincolnshire) medical director and director of nursing convened a multi-agency clinical event. The purpose of this was to share these concerns and get agencies to consider how they could work together to support UHL. A plan was agreed with over 20 actions, with these being monitored by the Leicester, Leicestershire and Rutland (LLR) Emergency Care Network. To date ED Performance has not seen sustained improvement.

- There were concerns voiced recently by a number of GP CCG governing body members across LLR that their patients are experiencing poor quality care at UHL. This is anecdotal and based on a range of patient feedback reports.
- The reports from the Clinical Quality Review Group (CQRG), at which commissioners monitor the quality schedule (including CQUINS), has not identified or escalated any significant concerns. There have however been contract queries issued related to never events (there have been 12 since November 2009) and pressure ulcers (both the SHA ambition and local targets not met, however the trust has achieved a 50% reduction in pressure ulcers in the last year). These contract queries have been resolved and continue to be monitored via contract performance.
- The trust response time for patient complaints remains below trajectory (January / February CQRG). The trust net promoter score is 63.34 and this is an improving score. There is currently mixed feedback on Patient Opinion and NHS Choices web sites, both good and bad. This is currently being analysed.
- A report regarding UHL's Standard Hospitalised Mortality Index (SHMI) was reported to the previous PCT Cluster's governance committee in November 2012. This indicated that whilst the SHMI was 'as expected' there was a need to do more detailed work to understand these results.

Assessment of quality

8. Following discussions among the three CCGs in February it was agreed the following to undertake a CCG (LLR) level review to ascertain the scope and nature of concerns. This would include a clinician led 'desk top' review of the current information available, listening events for primary care and patient groups, and a number clinician site visits to the hospitals during February and March 2013. The information from the desk top review would inform quality visits to the Trust.

Quality visit findings

9. Visits took place on 27 February and 5 March to wards in the Leicester General Hospital (LGH) and the Leicester Royal Infirmary (LRI) that had been identified as an in need of further review following the desk top review. Ten ward areas and the discharge lounge were visited by teams including Gps, CCG board nurses and clinical managers.

10. Summary of findings:

- Majority of wards were found to be providing good care (8/10), although some of these wards did identify that there were occasionally issues with staffing and ward leadership;
- There were two wards where concerns regarding the quality of care provided remained. This related to staffing levels and gaps in care e.g., risk assessments not done, patients and staffing identifying concerns regarding staffing;
- Process issues existed, i.e. delays for patients using the discharge lounge, medication charts;

- It was felt that there was variable ability for staff to escalate issues, for example, acute medical wards felt unable to escalate concerns relating to staffing staffing, while the orthopaedic ward had escalated concerns and beds had been closed.

Actions following visit

11. Actions following the visit are as follows:

- A meeting has been held with the Trust to escalate the issues found on the two wards that had significant concerns identified. The meeting included senior representatives from the CCGs and UHL. The Trust was able to demonstrate that they had awareness of these wards and plans were already in place to address the staffing and leadership issues;
- CCG members felt that UHL's senior representatives were sufficiently aware of the situation and that their plans regarding recruitment and corporate oversight of the wards with known issues provided the assurance required;
- Information from the visit and subsequent actions has been shared with the NHS England local area team;
- Contact has been made with the CQC on an information sharing basis. The CQC has indicated that they will not be taking any action as a result of the information sharing at this point;
- Initial findings have been shared with the three CCG Boards;
- A paper has been provided by UHL to describe their actions regarding recruitments and support for wards identified as high risk ;
- John Adler, CEO of UHL, attended a feedback meeting with the CCGs to discuss the findings from the visits on 21 March 2013. At this meeting he discussed aspects of leadership, culture changes and corporate support for struggling wards. He also supported the need for more regular quality visits of this type to support the Trust in the work it is doing in relation to quality;
- A follow up visit to LRI took place on the 2 April 2013 to the two wards that had had significant concerns identified. The CCG members found these wards to be much improved.

Next steps

12. The following actions are in place:

- Communication message sent to member practices across all three CCGs;
- Full response to visits was reviewed at April's Clinical Quality Review Group (CQRG);
- On-going actions to be monitored via CQRG and concerns escalated to the three CCG's Performance Collaborative;
- Monthly quality visits by commissioners, informed by review of quantitative and qualitative data. Visits to take place at different days and times;
- A process for clinical discussions and problem solving has been developed between CCG and UHL clinicians regarding quality issues;
- CCGs have reviewed and refreshed the current arrangements for collecting intelligence from primary care and patients;
- Outcome of visits to be shared at Quality Surveillance Group meeting.