Report of the Quality and Patient Safety Committee of 21st October 2011

1.0 Introduction

2.0 Quality and Patient Safety Performance Management

2.1 Quality and Safety Dashboard

3.0 Integrated Care and Acute Medicine Divisional Quality and Safety Bi-Annual Report

3.1 HMP Pentonville

3.2 Community Nursing Services

3.3 Emergency Department

4.0 Clinical Effectiveness
Infection Prevention and Control

4.1 Quarter 1 & 2 2011/12 Whittington Hospital

4.2 Islington and Haringey Community Services Annual Report 2010/11

5.0 Policies approved

1.0 Introduction

The Quality and Patient Safety Committee met for the second time on Friday 21st October 2011. This report provides a summary of key items discussed and decisions made. It also provides a summary of key indicators and narrative on development of the Quality Dashboard.

1.1 Quality and Patient Safety Committee Work areas

The Quality and Patient Safety Committee covers three main domains, Safety, Clinical Effectiveness and Patient Experience. The Committee's programme of work is appended at **Appendix 1**. Each of these quality dimensions will be explored in depth through a cycle of reporting and bi-annual in depth quality meetings with each Division.

At its first meeting in September 2011 the information presented to the Committee (including complaints, serious incidents, litigation and audits) identified the following hotspot areas as areas where there was concern about quality, patient safety and patient experience

- Maternity Services: in particular the consequences of a sub-optimal care environment
- District Nursing: reflected particularly in the incidence of Grade 3 and 4 pressure ulcers in Haringey and pointing to concerns around management arrangements and ways of working in this service
- HMP Pentonville Healthcare: inherent in the high risk population served
- Emergency Department: reflected in poor performance against targets, low staff morale following a review of staffing levels, trends of poor performance in nursing audits and a high number of complaints
- Children's Services, to include Health Visiting, School Nursing and Child Protection: recent high turnover of medical staff in Haringey and a number of Islington cases are being heard in the High Court in October, November and December.

2.0 Patient Safety:

2.1 The Quality and Safety Dash Board (Appendix 2)

The Board will be pleased to see the first iteration of a Quality and Safety Dashboard. Further developments of this will include a narrative component provided by each division arising from its detailed consideration of the indicators on the dashboard.

The first populated and analysed report with narrative from divisions is planned to be presented to the Quality Committee in December 2011. The populated dashboard with narrative from divisions will in future (post December 2011) form the basis of the Quality report to the Trust Board.

3.0 Divisional Report

3.1 Integrated Care and Acute Medicine Divisional Report

The October 2011 committee was attended by key leaders from the Division of Integrated Care and Acute Medicine. On the basis of the Committee's assessment of risks to quality, the following areas were selected for closer scrutiny:

- District Nursing and management of pressure ulceration
- HMP Pentonville Healthcare
- Emergency Department

3.1.1 District Nursing and Pressure Ulcer Management

It was noted that different commissioning approaches had given rise to different service models across the two boroughs.

The committee was given detail of two key areas of work:

- A review of District Nursing services is currently underway across both Haringey and Islington Boroughs. The outcome will be reported to the Quality Committee at its next presentation in February 2012.

- The incidence of grade 3 and 4 pressure ulcers has been highlighted as an area of concern in a number of patient safety and serious incident reports. A pressure ulcer panel has been established to monitor and review the implementation of the pressure ulcer action plan.

The committee will receive regular reports on the action plan and evidence that improvements are being made and sustained.

3.1.2 HMP Pentonville Healthcare

It was noted that reporting structures for prison healthcare include DoH performance indicators, CQC, HMCIP, Partnership Board, Commissioners and Provider Side Committees which includes all information in relation to patient safety, governance and workforce.

The following points were noted as areas of concern.

- Death in Custody (DIC) – It was noted that there have been 2 DICs in 2011/12 compared to a total of 7 in 2010/11. The Committee sought assurance that actions identified in the Root Cause Analysis (RCA) conducted by healthcare staff and the relevant actions emanating from other investigations that are relevant to health care staff are implemented. The committee was advised that much work has been undertaken to make sure there are robust processes and procedures in place. All DICs as procedure go through the Coroners Office as well as Whittington Health. The Prison and Probation Ombudsman (PPO) also carries out an independent review. Action plans are shared and reviewed by the Partnership Board and Clinical Governance Committee for the prison. The healthcare RCA investigation and action plan is reported to the Trust's Patient Safety Committee and the ICAM division is responsible for insuring that all actions are followed through.

- Concerns were raised regarding the workforce and development of the workforce given the difficulties with recruiting to some prison healthcare posts. It was noted that a new Nurse Manager was recruited and took up post in October 2011. This post holder is responsible for ensuring all professional requirements are met by the nursing workforce and that professional standards are of a high and acceptable standard. The Nurse

Manager for Prison Health Care is a member of the Trust's Nursing Executive Team which meets monthly to review professional standards across all areas in the Trust.

- Concerns were raised by committee members regarding the communication lines across professional groups within the prison. The committee was assured that a service user group has been established with all stakeholders represented. This group meets bi-monthly and actions emanating from the meetings are discussed at the prison clinical governance committee.

- The committee requested that the quality indicators measured by healthcare staff in Pentonville are benchmarked with other prisons and reported on next time the ICAM division presents to the committee.

- Committee members requested information on the ethnicity of prisoners requiring health care and what arrangements have been made for meeting the health needs of ethnic minority groups in prison.

- In terms of records and record keeping and information the committee was advised that as all prisoners are registered through healthcare information systems there is a great deal of information on prison health needs available. In June the prison signed up to Systmone, the new electronic record keeping system used by all prisons and therefore records would be immediately available. GP registration clinics have been set up with the inclusion of CPA and substance misuse discharges which flow in to community services.

  The following points were noted:

  - There was recognition, both internally and externally, that significant progress had been made in prison healthcare since the Trust had taken the contract.
  - Prisoners would always be a high risk population to treat and care for
  - It will be important for the committee to be properly vigilant in its scrutiny of quality indicators including comparative information
  - The prevalence of incidents reported did not necessarily indicate poor services, more the high risk nature of the population cared for
  - There was a continuing need, for the committee to be assured that incidents and complaints were rigorously monitored and investigated.

3.1.3 Emergency Department (ED)

The following points were noted:

- Performance against national targets and quality indicators is currently poor and is being monitored through the Divisional Performance Board chaired by the Chief Operating Officer and the Trust's Executive Committee chaired by the Chief Executive.

- Patient Experience – The matron for ED reported on a number of actions being taken forward in the department both to inform the Trust of the patient experience of care and service in ED and to address the issues raised. A rapid review of the service from both staff and users' perspective is being undertaken and will be reported to the Patient Experience Steering Group. Issues arising from this will be contained in the Patient Experience Steering Group report to this committee in March and through the Division's next presentation to this committee.

- It was also noted that a review of environmental hygiene and Infection prevention and control practices is being undertaken following concerns emanating from recent audits. These would be monitored by the Division and infection control committee and actions taken as necessary

- The committee requested, in response to a concern regarding missed diagnosis which had been highlighted in some complaints, that the next ED report includes a quality indicator around the supervision of junior doctors by Senior Medical staff.

4.0 Clinical Effectiveness – Infection Prevention and Control

The Infection Prevention and Control Annual Report 2010/11 for Islington and Haringey Community Services) and Quarter 1 and 2 2011 reports for Whittington Hospital were presented. The Whittington Hospital Annual Report for 2010/11 had previously been presented to the Clinical Quality Assurance and Governance Board and is attached for information (**Appendix 3**). It was noted that in future the quarterly report will be a combined acute and community services report.

4.1 Whittington Hospital Quarter 1 & 2 (Appendix 4)

The main points from the report were as follows:

- MRSA Bacteraemia target of no more than 3 acute hospital acquired cases from 1st April 2011- 31st March 2012 is currently amber rated. There has been 1 MRSA bacteraemia acquired in hospital in July 2011. This case occurred in Coyle ward and resulted from an outbreak of MRSA colonisation. The main root cause was identified as lack of compliance with hand hygiene which has been addressed.
- C-Diff Target of no more than 36 cases of acute hospital acquired cases to occur from1st April 2011 – 31st March 2012. This is amber rated with 10 cases of c-diff being attributed to hospital acquisition. There is no pattern of acquisition and there is no evidence of transmission from one patient to another. Encouragingly there have been no cases to date in Cloudsley ward in which 30% of cases originated in 2009/10.
- Surgical Site Infection – The Trust continues to be an outlier in relation to SSI in Fractured Neck of Femur cases. A working group has been established to explore possible reasons for this and will report into the Infection Control Committee.
- Audit - An audit programme is in place which takes place weekly, fortnightly and 5 weekly. Results are presented in an infection control dashboard that covers wards and outpatient areas. Levels of compliance on hand hygiene on the wards have reduced from 92% to 80% in September. This is being addressed by staff responsible making sure that further audits are undertaken, and a programme of enhanced refresher hand hygiene training is being planned. Compliance is currently improving.

4.2 Islington and Haringey Community Services – Annual Report 2009/10 (Appendices 5.1 and 5.2)

4.2.1 Islington Community Services

The Islington Infection Control Annual 2010/11 was presented to the committee and provided an overview of achievements and activity for in relation to infection control. Islington as well as Community based services also has responsibility for a child adolescent in patient unit as well as Pentonville Prison.

It was noted that Islington community services are fully complaint with requirements set out by the Health Act with no restrictions on compliance or registration. The services are also able to demonstrate compliance in meeting the requirements for CQC.

Audit - An audit cycle is in place and audits carried out once in 12 a month period show 68% of services as being fully complaint. Much work has been undertaken within the Pentonville Prison, resulting in extensive refurbishment within healthcare areas.

MRSA bacteraemia – there were 3 pre 48 hr episodes of MRSA bacteraemia in this reporting period. RCAs have been undertaken.

4.2.2 Haringey Community Services

The Haringey Infection Control Annual report 2010/111 reflects the activities, substantial achievements and challenges faced by the Infection Control service in delivering the Infection Control Programme.

There have been no outbreaks of MRSA or C Diff within the in patient ward at St Ann's or community for this period.

Training – 98% of staff have attended mandatory hand hygiene training and a further 816 staff have attended face to face training as an update or bespoke training with managers requesting the training they required for their staff. Staff audited at these sessions were found to be demonstrating above 80% compliance.

An Audit cycle was in place and functioning well. Each area had an audit at least once in a 12 month period and in some areas every 3 months. The Trust also participated in the Annual PEAT inspection (*Patient Environment Action Team*) which is mandatory for Trusts.

Concerns were raised regarding GPs' non involvement in infection control services/training and it was agreed this should be raised with the Commissioners. Susan Tokley and Kris Khambhaita would raise this with the Commissioners.

5. Policy Approval

A number of policies were noted for approval having been ratified at the appropriate committees.

6.0 The next meeting of the committee was scheduled for Friday 18th November 2011.