

## **Report of the Quality Committee which met on 16<sup>th</sup> December 2011**

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## 1.0 Introduction

1.1 The Quality and Patient Safety Committee met for the fourth time on Friday 16<sup>th</sup> December 2011. This report provides a summary of key items discussed and decisions made.

## 2.0 Quality and Patient Safety Committee Work areas

2.1 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.

2.2 The Committee has identified the following hotspot areas as areas where there is concern about quality, patient safety and patient experience – derived from reports to the committee since its inaugural meeting in September 2011: These include:

2.2.1 Maternity Services: in particular the consequences of a sub-optimal care environment

2.2.2 District Nursing: reflected particularly in the incidence of Grade 3 and 4 pressure ulcers in Haringey and pointing to concerns around management arrangements and care management processes for this service

2.2.3 HMP Pentonville Healthcare: inherent in the high risk population served

2.2.4 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

2.2.5 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.

2.2.6 Achievement of NHSLA Level 1 where progress is encouraging but the risks of failure to achieve are significant

2.2.7 Falls

2.2.8 Mandatory training – raised more than once in this forum and being monitored by Audit Committee and managed by Executive Committee.

2.3 The December 2011 meeting identified the following issues which have been highlighted across a number of service areas from audit reports , score cards and dashboards

**2.3.1 The measurement and reporting of Falls and the need to achieve a significant reduction**

**2.3.2 The lack of measurement of community indicators on the Patient Safety and Quality Dashboard**

The following reports were presented to the Committee at its meeting on Friday 16<sup>th</sup> December 2011.

## 3.0 Safeguarding Adults Report/Six Lives Progress Report (Appendix 2)

The Deputy Director of Nursing presented the Safeguarding Adults Report. She outlined the following

- 3.1 A Whittington Trust Safeguarding Adults at Risk Committee has been established
- 3.2 The Trust is represented on both the Haringey and Islington Borough Safeguarding Adults Boards and Sub Committees
- 3.3 There has been a focus across the Trust on training of staff regarding safeguarding adults at risk
- 3.4 A work plan for the safeguarding adults committee has been developed and one of the key priorities is to focus on increasing the number of safeguarding alerts made by the ICO where there is suspicion or evidence of neglect/abuse of vulnerable adults
- 3.5 Peter Freedman, Non Executive Director, agreed to champion this work on behalf of the Trust Board
- 3.6 Progress has been made in the area of meeting the needs of people with a learning disability who require care in hospital. The Trust is working towards signing up to the charter 'Meeting the Needs of People Who Have Learning Disabilities in Hospital'.
- 3.7 The following initiatives of good practice were cited:
  - 3.7.1 A number of workshops for staff focused on raising awareness on the needs of people with a learning disability in acute hospital settings have been held
  - 3.7.2 The Trust has employed a Learning Disability Specialist Nurse to work along side hospital staff to assist them to understand the needs of people with a learning disability
  - 3.7.3 A working group has been established to champion this work and the secretariat is to be provided by a client with a learning disability if possible
  - 3.7.4 A number workshops have been held for staff and have been attended by patients who have a learning disability or their carer(s)

After discussion about this important piece of work with a potentially very vulnerable group of patients it was agreed that a paper on progress should be presented to Trust Board in March 2012.

It was noted that the ICO had been successful in securing a bid worth £200k from the Burdett Trust to improve care for people with dementia.

#### **4.0 Surgery, Cancer and Diagnostics Divisional Quality Report**

The committee was attended by the Division's Medical Director, The Operational Director and Head of Nursing and Governance.

Dr Martin Kuper, Medical Director of the Division presented the report. He outlined the following:

- 4.1 The Trust's current position in England as having the lowest Standardised Mortality Rate confirming the Whittington Hospital as one of the safest Hospitals in England/UK
- 4.2 The Trust is currently on target to achieve a 50 % reduction in deaths as a result of Cardiac arrest – Whittington Hospital is the only Trust in London to have signed up for this target as a CQUIN
- 4.3 Enhanced Recovery Programme, the overall aim of which is to get people better quicker – Whittington Health is leading on this programme across London and has to date been able to demonstrate a reduction in length of stay by 2 days since April 2011 for patients who have had hip and knee surgery
- 4.4 The Trust, through the Surgery, Cancer and Diagnostics Division, will pilot a shared decision making pilot – “No Decision about me without me”
- 4.5 Whittington Health is leading on an innovative piece of work on the use of an Oesophageal Doppler Monitor

- 4.6 Progress is being made with ensuring Consultant Surgeon presence in the hospital 12 hours per day 7 days per week
- 4.7 The high quality Community Dental Services provided by the Trust which is evident in the number of additional contracts won by this service

Areas of concern in relation to patient Experience and Quality were highlighted by Deborah Clatworthy Head of Nursing as follows:

- 4.8 Patient Experience of the Trust's Outpatient service – It was noted that a full report on the outcome of the recent Outpatients Satisfaction Survey would be made to this committee in February/March 2012
- 4.9 Cancer Patients Experience – It was noted that a number of key work streams had been initiated, including:
  - Mapping of clinical nurse specialist roles to medical consultant job plans
  - a review of how patients can contact specialist nurses when required
  - the appointment of a Urology Specialist Nurse
  - the appointment of an additional Breast Care Specialist Nurse. Commencing in January 2012
  - the appointment of a Lead cancer Nurse, commencing in February 2012
  - the development of a business case to support the installation of a Macmillan Information Centre in the Trust
  - the identification of a dedicated area in Out-patients for patients with cancer who are attending hospital appointments

The cancer patient experience survey is due to be repeated in January 2012

- 4.10 Quality of care in Victoria Ward was indicated as a potential concern by the ward dashboard and other audit reports, which identified high vacancy rate, high use of agency/bank staff, development of a grade 3 pressure ulcer on a young immobile patient and so on – Deborah outlined that she had undertaken a rapid review of complaints and incidents and other audits of care on Victoria Ward and would continue to monitor the situation. She advised that the vacancy rate is improving with the return of a number of staff from long term sick leave and the appointment of new staff who commenced with the Trust during November and December 2011.
- 4.11 Bariatric Services - an unexpected death of a patient following bariatric surgery is currently subject to a Serious Incident Root Cause Analysis and Coroner's Inquest

The following areas for inclusion in future reports from the division were identified

- Quality indicators for the imaging department
- Endoscopy waiting times
- Anaesthetic Quality indicators
- Compliance with ventilator care bundles and central line bundles in ITU
- VTE screening
- Evidence of the 7 day consultant working

The committee thanked the Division for such a comprehensive report and requested that the committee be kept informed of the outcome of the RCA into the unexpected death of the patient following Bariatric Surgery and any ongoing evidence of concern regarding the quality of care in Victoria Ward.

## **5.0 The Quality and Safety Dash Board (Appendix 3)**

Maria daSilva Chief Operating Officer presented the Divisional Quality and Patient Safety Dash Board

- 5.1 In relation to patient feedback it was noted that not all areas in the Trust are compliant with the use of the patient feedback tools. Jennie Williams Assistant Director of Nursing and Patient Experience advised that this will now be monitored by the patient Experience Group which has divisional representation
- 5.2 It was noted that there had been a huge improvement in both the responsiveness and quality of responses to complaints – the committee congratulated Cassie Williams Head of PALS and Complaints for the progress made in hits area.
- 5.3 In relation to the division of Integrated Care and Acute medicine the following points were made
  - 5.3.1 Falls – A revised action plan to reduce falls is being introduced and progress will be monitored
  - 5.3.2 Re-admissions – A working group has been established in the division to address this and will report to the performance management board
- 5.4 In relation to Women Children's' and families Division the following points were noted
  - 5.4.1 The levels of staff sickness and the impact on patient safety and patient experience are currently being closely monitored by the Division and the COO
- 5.5 The patient safety and quality issues for the Division of Surgery Cancer and Diagnostics were discussed in detail as above.

## 5.0 NHSLA

Bronagh Scott presented the update report on progress towards the NHSLA assessment. She informed the committee that good progress is being made and that the Trust is on track for meeting NHSLA level 1 standard in February 2012.

## 6.0 Effective Care Report (Appendix 4)

In the absence of Dr Ihuoma Wahmuo, Chair of the Effective Care Committee, Senga Steel, Assistant Director of Quality and Innovation presented the Quarter 2 Report. The following points were noted:

- 6.1 The Trust is strongly compliant with national audit standards
- 6.2 Future reports should focus less on audit processes and more on audit outcomes and actions arising from audit
- 6.3 There is a need to develop the audit program further to include community services, which is being addressed by the committee.

## 7.0 Quality Strategy Report

Celia Ingham Clark the Trust's Medical Director presented the 2<sup>nd</sup> draft of The Whittington Health Quality Strategy. Although many of the priorities outlined in the strategy seemed sensible, the committee requested that further work be done to ensure that the strategy is more explicitly aligned with the overall Trust Clinical Strategy. The quality strategy needs to describe the contribution that it will make to achieving overall Trust vision and objectives. Celia Ingham Clark advised that the strategy will continue to be developed in line with the

Quality Accounts work being led by Senga Steel and Dr Caroline Allum and will incorporate significant user involvement and consultation. The next draft will be considered by the committee at its March 2012 meeting.

## **9.0 Workforce and Development Report**

Paul Campbell Assistant Director of Workforce presented the Quarter 2 report which comprised three sections:

- The development of the workforce strategy
- The establishment of the Trust's workforce and development group January 2012
- Workforce metrics

The workforce and development group is to have its inaugural meeting in January 2012 and will focus on workforce strategy, performance and governance issues. The main vision of the group is to establish a learning culture in the Trust.

Particular emphasis will be placed on developing volunteers within the Trust.

Paul Campbell also advised that the work force strategy will be discussed at a Trust Board Seminar in January 2012.

Mandatory training is being managed through divisions to ensure that 75% of staff have completed mandatory training by end of March 2012 and that this target will be increased to ensure that by end of March 2013 90% of all staff will have completed mandatory training.

## **10.0 Patient Experience Report Quarter 2 (July-September 2011)**

Jennie Williams Assistant Director of Nursing and Patient Experience presented the Quarter 2 report.

### **10.1 Patient Experience Group Report**

Jennie reported that the newly established Trust Patient Experience Group had met in November 2011 and had been well attended and represented by the Divisions. The group is addressing the following key areas as priority:

#### **10.1.1 Outpatients**

The outcome of the 2011/12 Outpatients satisfaction survey has recently been received by the Trust. A presentation on the results will be made to the Trust QIPP Board in January 2012. A cross divisional working group has been tasked with developing an action plan for improvement and will report through the Patient Experience Group to the Quality Committee in March 2012.

#### **10.1.2 Emergency Department**

A working group has been established in ED to address patient experience issues and an action plan is being developed. This group will report into the Patient Experience Group and through it will provide an update on actions and outcomes to the Quality Committee in March 2012.

#### **10.1.3 Patient Experience Standards**

The Patient Experience Group will be developing a Trust patient Experience Strategy which will incorporate key standards for behaviour, communication and attitude for all staff in the Trust. The strategy will be widely communicated and monitored with reports through the Patient Experience Group to the Quality Committee in its Quarterly report.

## **10.2 Complaints and PALs Incidents and Claims Report Quarter 2 (Appendix 5)**

Jonathan Rowe presented the above report outlining the following

**10.2.1** There had been a small decrease in the number of complaints compared to Quarter 1.

**10.2.2** Both response times and the quality of response are improving

**10.2.3** The main themes highlighted through complaints continue to be attitude of staff, communication and quality of care and treatment

**10.2.4** Specifically in relation to the Emergency Department there have been a number of complaints related to possible missed diagnosis. This is being addressed by the Medical Director

It was noted that a number of work streams are being led by the Patient Experience Group in relation to standards for staff behaviour and attitude.

In relation to inquests issues related to communication had been highlighted by the coroner.

In relation to incidents the following points were noted:

**10.3.1** There had been a small increase in incidents compared to quarter 1

**10.3.2** There remains a problem with the signing off of High Risk Incidents and action plans at divisional level although this is improving and is being monitored by the Patient Safety Committee which will give a more detailed update in its next report to the Quality Committee. This relates to the drive to improve the quality of action plans developed in response to high risk incidents.

**10.3.3** The Executive Serious Incident Panel now meets monthly and improvements in meeting NHSL response times and quality of investigation and action plans are evident.

In discussion following the presentation of the reports the following points were made by the committee:

- The report should be less repetitive and more comprehensive with some contextual information.
- Links should be made if possible between:
  - the number of complaints/incidents which lead to claims against the Trust
  - the number of people dissatisfied with their care and treatment and the number that then go on to be a claim
  - the number of potential missed diagnosis in ED and the number of claims

## **11.0 Care Quality Commission**

### **11.1 Quality and Risk Profile Quarter 2**

David Williams presented the Quarter 2 Quality and Risk Profile from the Care Quality Commission and made the following points:

- 11.1.1 The QRP is received ten times per year and is used by CQC to determine areas of concern for investigation.
- 11.1.2 Red areas refer to those areas where the Trust at a point in time is not where it would be expected to be, however this judgment tends to be based on somewhat historic information and does not at this point take account of any new information or measurements.
- 11.1.3 There has not been deterioration in any of the areas flagged red
- 11.1.4 The Trust does not have a red flag for any overall criteria.
- 11.1.5 The red flags are attributed to sub criteria and these have been highlighted and discussed with relevant service leads.

## 11.2 Care Quality Commission Visit

Jennie Williams reported that the draft report of the visit by the CQC in October 2011 had been received by the Trust and is currently being checked for accuracy. The report is generally very positive about the standard and quality of care measured against the essential standards. The Trust will now respond on points of accuracy following which the final report will be published by the CQC. At this point the report will be widely publicised and an action plan to address any points of improvement will be developed. A full report will be presented to Quality Committee in early 2012.

## 12.0 Policies

The following policies were noted for approval by the committee.

- Policy on Procedural Documents
- Record Keeping
- Resuscitation