

Report of the Quality Committee which met on 17th February 2012

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1.0 Introduction

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

2.0 Quality Committee Priorities

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 February 2012 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 Training for child protection – reliability of information

2.3.2 NHSLA Level 2

The following reports were presented to the Committee at its meeting on Friday 17th February 2012

3.0 The Quality and Safety Dash Board (**Appendix 2**)

Maria da Silva Chief Operating Officer presented the Divisional Quality and Patient Safety Dash Board. The main issues raised were the need to triangulate the quality and safety indicators with Finance and performance. She advised the committee that this is being considered by the Executive Committee at its away day in March 2012 and she would report back to the next meeting on a way forward.

There was also concern raised about the lack of quality and safety indicators for community services. MdS advised that the divisions are currently addressing this with the information department and she is hopeful that there will be further indicators on the dashboard in March 2012.

Concern was raised by committee members about Falls Incidents and pressure ulcers but acknowledged that separate reports would be presented later in the meeting.

MdS also highlighted issues related to readmissions and advised that this is being reviewed in detail at the performance board.

The VTE indicator and staff sickness levels were also highlighted as areas of concern. MdS reported that the next workforce report would look more closely at the sickness levels but that the Trust has had low sickness levels for sometime and has met all targets related to sickness levels. In relation to VTE Celia Ingham Clarke advised that the issue is again related to the electronic recording of the VTE assessments and does not necessarily reflect the current situation.

4.0 NHSLA

The committee was informed that the NHSLA level one assessment had taken place on Wednesday 14th February and the outcome had been positive. The Trust comfortably attained level one and plans are now being drawn up to lead the Trust to a successful NHSLA Level 2 application in the first or second quarter of 2013. The committee acknowledged the commitment of staff in achieving level one within 10 months of the ICO being formed.

Bronagh Scott advised that Claire Topping will continue to lead the Trust in its application for level 2 and that Claire will provide progress reports to the Quality committee on a quarterly basis.

5.0 Child Protection Quarterly Report – Quarter Three (Appendix 3)

Jo Carroll (JC) Named Nurse for Child Protection for Whittington Hospital presented the Trust Child Protection Quarterly Report for Quarter three – October-December 2012.

The main issue of concern for the Child Protection Committee is related to the reliability of the data recorded for staff child protection training. At present the data is not reliable and therefore the Trust is unable to provide assurance to the Board that adequate levels of staff training have been achieved. JC explained that when the three legacy Trusts merged in April 2011 there was a problem with the merging of data sets through the Electronic Staff Record (ESR). As a result all manual records are being scrutinized in an attempt to provide the required data, however manual records have not been kept in all cases. JC advised that she and the other named nurses are working closely with the Information department and that the reliability of the data is changing and improving daily. Committee members voiced their concerns about the reliability of the data and charged the Chief Operating Officer with getting to the bottom of the problem with the ESR.

JC further advised that his requirements for child protection training has changed and an exercise has recently been undertaken by the Child Protection Department to map level of training to staff groups.

JC also presented the Child Protection Risk Register and highlighted that the main concerning risk is related to Health Visitor vacancies in Haringey. BS advised that there has been agreement with NHS London and Haringey PCT to increase Health Visitors in Haringey and Islington, a plan to recruit to posts is currently being agreed. She further advised that there will be a discussion on Haringey Children Services at the private session of Trust Board on Wednesday 21st February 2012.

BS further advised that NCL Commissioners are developing a sector wide Quality and Performance Dashboard for Children's services and Whittington Health have been invited to be a pilot site.

JC completed her report by advising that OFSTED/CQC had recently conducted an announced inspection of Children's Services in London Borough of Islington including Whittington Health. Verbal feedback had been positive and the formal report is expected in mid March 2012.

6.0 Serious Incident Report – Quarter Three (Appendix 4)

David Williams (DW) presented the Serious Incident Report for Quarter three, October – December 2011. He pointed out that the main concerns in themes and trends continue to be Pressure ulcers grade 3 and 4 in community services – which will be reported on separately.

He added that maternity services continue to be high reporters of Serious Incidents given the thresholds for reporting.

DW advised that all SIs are reviewed by an executive panel prior to being submitted to NHS London which has resulted in significant improvements in the quality of the investigations and the reports being submitted..

7.0 Drugs and therapeutics Bi Annual Report

Helen Taylor Chief Pharmacist presented the report of the Drugs and Therapeutics Committee.

She highlighted the main work of the committee in the first 6 months of 2011/12 had been to

- Reconstitute the committee to reflect the ICO,
- Review of the new drugs formulary and assess the financial impact
- Harmonization of policies across the ICO for NHSLA Assessment

She advised that Electronic Prescribing is being introduced into the Trust during March 2012 and it is expected that this will make significant contributions to improved prescribing, reduction of prescribing errors and will contribute to the speed of preparation of drugs for patients awaiting discharge.

8.0 Care Quality Commission – Compliance Report

Jennie Williams presented the report on compliance with CQC standards which had followed the CQC inspection in October 2011. It was noted that this report will also be presented to Trust Board on 22nd February 2012.

The committee congratulated the Trust on the attainment of such a positive report but noted the areas for improvement and looks forward to reviewing the action plan to address the areas highlighted by the CQC.

Jennie Williams confirmed that the action plan will be presented to the Quality Committee in March 2012 and also to Trust Board in March 2012.

9.0 Falls Action Plan

Tina Jegede matron for Older People Services presented the first Falls Action Plan report. She advised that a revised action plan had been developed and enhanced training and education of all staff in the reduction of falls was being rolled out in the Trust. She outlined some of the work currently being undertaken by the newly constituted Falls Reduction Group which is currently being led by Kara Blackwell Head of Nursing for Integrated Care and Acute Medicine Division. She advised that the group had been in place since January 2012 and that there will be quarterly update reports to the Quality Committee. To date there had been a focus on developing the assessment protocols and training staff and it is hoped that by the next report significant reductions in the incidents of falls would be reported. CIC highlighted the need to differentiate between Falls that resulted in injury/harm and those that don't. TJ advised that the definition of what constitutes a fall and the reporting of falls is currently being reviewed.

10.0 Pressure Ulcer Action Plan for Community Services

Sarah Hayes, general manager for District Nursing, Claire Davies and Jane Preece Tissue Viability Nurses presented the action plan for reduction in pressure ulcers in community services.

The main issue of concern is related to the incidence of pressure ulcers in community services and the lack of reliable bench marked data.

It was however noted that a lot of work had been undertaken to improve the situation particularly in Haringey and that there is evidence of a reduction in the incidence of these ulcers.

It was acknowledged that the reporting of the incidence of pressure ulcer acquisition in community services is relatively new and highly complex given the variability of factors involved, however the Tissue Viability Nurses accepted that it is good practice to report investigate and learn from incidents and that they are providing support to staff in terms of assessment and recognition of the progress from intact skin to a grade ¾ ulcer and what interventions are required to prevent such progression. They advised the committee that their mantra is to report and act and that the main intervention in preventing progression is based on good assessment, documentation and communication among the care team, the patient and relatives.

It was noted that there has been a reduction in the incidence of new grade ¾ pressure ulcers in Haringey in recent months and that this will be kept under review.

11.0 Policies

The following policies were noted for approval:

Venous Thrombo Embolism
Discharge Planning
Bed Management and Transfer Policy
Deteriorating Patient Policy