

Report of the Quality Committee which met on 16th March 2012

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1.0 Introduction

1.1 The Quality and Patient Safety Committee met Friday 16th March 2012. 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.

2.0 Quality Committee Priorities

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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 Falls

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

2.2.8 Training for Child Protection – Reliability of Information.

2.2.9 NHSLA Level 2 – Preparation Plan and progress

2.3 The March 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 Complaints – Actions and determination of those that are upheld

2.3.2 Hand Hygiene Compliance

2.3.3 Policy for Induction of Agency staff – This has also been highlighted in the recent NHSLA Level 1 assessment

3.0 The Quality and Safety Dash Board (Appendix 1)

- 3.1** The focus on the meeting was on information as a result of this a the agenda was purposefully lighter than usual, to enable committee members to give proper focus to the whole question of information – with consideration to content, form and the approach to gathering and reporting information.
- 3.2** Included with the dashboard report this month were quality indicators for children and adults, sexual health and dentistry as this was identified at a previous meeting the need for focus on wider service areas. Individuals at the committee identified that it would be helpful if the data provided allowed the committee to see changes from the previous month.
- 3.3** It was noted at the committee that the cleanliness indicators had moved downwards, showing as reds overall, yet not on the wards. Maria da Silva explained that the problem lay not with cleanliness per se, but with hand hygiene. Catherine McNally added that some of the wards were heavily reliant on agency staff, and she was aware that in her area it had been agency staff and a student nurse who had failed the audit – when re-audited they had scored 100%. Maggie Buckell added that wards under her division were being audited weekly to ensure they were back up to an acceptable standard.
- 3.4** Three key points were identified at the meeting: (1) To ensure consistency of data, (2) To view cleanliness as a composite measure/indicator following a wider earlier discussion, (3) To ensure monitoring is working as it then allows the trust to performance manage effectively.
- 3.5** Returning to the issue of agency staff, Anita Charlesworth asked whether the Trust's induction of that staff group was sufficiently robust. David Emmett asked whether there was any scope for imposing penalties on agencies. Catherine McNally replied that all policies were sent to the relevant agencies, and staff were expected to read them prior to coming to the work at the Trust, therefore the onus should be on the agencies.
- 3.6** The committee explored whether it was possible to drill down and see further definitions behind these measures, David Williams confirmed that the Information Department had created a data dictionary. This had been circulated to the committee but not yet formally presented, and it was agreed that this should happen at the April 2012 meeting with appropriate attendance from the Information Department.
- 3.7** The issue of staff sickness was discussed and Maria da Silva confirmed that there was now a workforce development committee chaired by Margaret Boltwood, which looked at all workforce issues and measured them in detail. She added that the Trust does have a target for reducing staff sickness, and Margaret was doing some benchmarking at present with other similar organisations. There was to be a campaign in place to reduce staff sickness, however Maria was confident that long-term sickness absence was being managed appropriately.
- 3.8** The committee in discussion identified that some lowering of morale is an inevitable side-effect of massive change within organisations, members and staff in attendance identified that areas were being managed effectively, but acknowledged consultations and ward closures did have an effect on morale. It was identified that there was also a long hours culture, which added to overload and pressure on staff.

- 3.9** Maria da Silva reported the committee had met within the divisions to talk about improving the communications channel with staff, it was acknowledged there was further work to be done around staff engagement. Suggestions were made about an annual staff conference, possibly in October, and an event for the top 50-60 senior managers and clinical leads in May or June. Mary Slow enquired whether it might be possible for the HR directorate to issue a statement assuring staff no redundancies would be made, however it was identified this would not be possible at this present time and allowing for the current position and challenges faced by the NHS. A further suggestion was made that a staff conference should also address customer focused training.
- 3.10** The committee moved onto a discussion concerning readmissions, Maria da Silva confirmed that some areas were still showing up as red, although the women, children and families division was categorised as green. An ambulatory care service had now begun, and the results were showing that readmissions were being prevented and the service was contributing to taking supporting discharge out of hospital.
- 3.11** Peter Freedman raised the issue of pressure ulcers, saying that the dashboard appeared to show positive progress, however when reviewing the detail there was still some cause for concern within the integrated care and acute medicine division as discussed earlier there was a need for quality checking of data to ensure informed reporting and discussion. Pressure ulcer care is being monitored via the Pressure Ulcer Panel with all cases of Grade 3 and above being investigated using Root Cause Analysis (RCA) methodology.
- 3.12** Anita Charlesworth informed committee members that she had seen the national PROMS (patient related outcome measures) data, and that this data had featured in David Flory's publication The Quarter, with reports of providers being 'named and shamed'. She asked why this information was not included in the dashboard, and Maria da Silva agreed to explore this as an action point.
- 3.13** The committee discussed data in general, focusing on the need for accuracy, consistency and a visible direction of travel. In answer to a query from Sue Rubenstein about ownership of data, Maria da Silva was clear that the responsibility for data rested within the three divisions, therefore ultimately with the divisional directors of operations. Caroline Allum added that these were also an issue for those involved in producing the Quality Account.
- 3.14** A brief discussion was held in relation to the recent never event involving a nasogastric tube. Caroline Allum confirmed that new guidelines had been put in place, and she described in detail the checks that had been done on training, the opportunities for e-learning, and the resulting tight holistic package in place. In answer to a question from Sue Rubenstein about the supervision of junior doctors, Caroline said that she would be conducting some additional sessions about imaging. Jennie Williams confirmed that as in any such case there would be a jury inquest.

Community Dental Services

- 3.15** Maria da Silva talked committee members through the report showing the high level key performance indicators within community dentistry. The committee were highlighted to problems currently experienced with one site, Ridge House in Enfield, where the premises are not fit for purpose, and stated that she was in correspondence with North Central London (NCL) over these issues, however it was identified the service would have to cease if a solution was not forthcoming, resulting

in an amber performance rating which would be escalated dependent on the outcome from NCL.

- 3.16** Maria da Silva responding to a question from Anita Charlesworth, confirmed that the Trust was delivering the required level of child fluoridisation. She added that this was just one of a huge variety of outcomes measured that could be shown in reports. The committee was unlikely to find every item reported pertinent to its work, so Maria suggested that next time the surgery, cancer and diagnostics division presented its report it could include a summary of what was available.

Community Children's Services

- 3.17** Referring to the data on community children's services, the committee was pleased to see the spectrum available for Islington services, and expressed they would like to see the same quality become available soon for Haringey. It was identified that in time it should be possible to streamline the two sources of information and the committee agreed that the timetable for production of the data and adding it to the dashboard should be placed on the action tracker, with a steer being given by the information department as to timescale.

Community Adults' Services

- 3.18** Fiona Yung informed the committee that the production of information for this area was a largely iterative process – retention of some data was a national requirement, but there was also a degree of local subjectivity. In addition, Islington and Haringey have different RIO systems. Anita Charlesworth said that the data presented constituted a good comprehensive list with clear targets. It was noted however that for District Nursing the committee could not gauge the reliability of the service, e.g. how many visits were cancelled by the Trusts. The measures collected for the contraceptive and sexual health service were also discussed and considered to be comprehensive.
- 3.19** The committee discussed the cross cutting elements of performance and quality information and agreed that the performance dashboard would also come to the quality committee for a time.

4.0 Patient Experience Report – Complaints, Claims and Litigation (Appendix 2)

- 4.1** The committee received the complaints, incidents and litigation report for Quarter (3) based on feedback from the previous committee the report included a high level summary for the meeting. From April 2012 the Trust would be reporting on one unified system (datix) which would simplify the process of creating reports (currently reporting from 3 legacy systems with multiple modules, varying coding structures resulting in time consuming data analysis). It was noted at the committee the high level summary was helpful and highlighted the apparent increase in the proportion of complaints related to clinical care. The committee debated this and highlighted it was also important to consider the outcome of complaints, for example whether or not complaints were upheld. A question was raised at the committee related to a cardiac arrest incident with staff having attended the wrong location, David Williams explained that all cardiac arrest incidents were subject to RCA investigations and the learning from this plus any systems changes would be implemented as a result of the investigation.

- 4.2 The committee identified the increase in the level of ownership and divisional responsibility and suggested that over time the cross referencing of reports could be developed; This is an area of development and will be explored across divisions once the new datix system is in place.
- 4.3 David Williams in response to a question raised by Anita Charlesworth about tracking of Serious Incidents Requiring Investigation (SIRI) replied that this was done at a divisional level. However the action plans are being monitored by the Governance team and also will be reviewed at the Patient Safety Committee which meets bi-monthly. David also identified that he has regular performance meetings for SIRI both with NHS London and NCL where any concerns in terms of organisational progress are addressed.

5.0 Patient Experience Steering Group (Appendix 3)

- 5.1 Jennie Williams (JW) presented the Report from the Patient Experience Steering Group, and identified to the committee reports are being regularly reviewed by the QIPP Board. In terms of compliance the Assistant Director for Nursing and Patient Experience will be attending the LINks AGM in order to talk about their input into the compliance agenda. JW explained the national cancer patient survey was in progress at the present and to date the response rate had been positive. JW then discussed the Emergency Department Survey (carried out between September-December 2011) the Trust is expecting to receive the results in April 2012.

JW discussed with the committee there had been a 63% rise in patient feedback data during January 2012 with JW facilitating a review of data capture mechanisms currently in use, it was reported that volunteers were also being used for feedback. Responding to a query about patient attitudes to surveys it was identified the feedback is varied and noted that for community services some patients will receive multiple contacts as they may be under multiple services and feel “bombarded”, this warrants further review as agreed at the committee.

- 5.2 The committee discussed what changes had been made as a result of patient feedback, it was agreed that this could be further explored outside of the meeting and invited members attendees to feedback in terms of the content of the report.
- 5.3 The committee moved onto a discussion about the outpatient satisfaction survey and action plan JW reported that she was supporting the divisions to develop their own action plans which would go to the divisional boards for approval and the divisional boards would provide help and support to implement them. It was highlighted the situation within outpatients was complicated and there are some real issues in terms of capacity impacting on patient experience which is now understood.
- 5.4 The chair raised the point that the committee would be expected to pay full attention to all dimensions of services provided, it was acknowledged the organisation had received some survey results which scored the organization as poor in some areas and as a result these were being given specific focus. The committee would need to give consideration as to how to make certain high quality services were being delivered and would as a result be asking divisions for scrutiny of outpatient services. Maria da Silva agreed to review this and give consideration as to the best approach to reporting this within the divisional reports.

6.0 Committee Terms of Reference

The Terms of Reference for Committees which report to the Quality Committee were reviewed. Minor comments were received and committee members were invited to send any further comments to Assistant Director of Governance. The Terms of Reference will be re-presented to the committee for final approval.