Whittington Health NHS

Trust Board Meeting

ITEM: 08

DATE:	July 2012

TITLE:	Quality Committee Report June 2012

SPONSOR: Sue Rubenstein Non Executive Director	**REPORT FROM:** Bronagh Scott Director of Nursing and Patient Experience

PURPOSE OF REPORT: To Receive the Report

EXECUTIVE SUMMARY: This report gives an account of the issues discussed at the Quality Committee held on Friday 15th June 2012.

The June 2012 committee received the following reports

- **Quality and Patient Safety Dashboard** –The discussion centred around indicators in each division that had been highlighted red for three months or more. Across all divisions the following indicators were discussed – Re-admissions, Staff Sickness Rates, Mandatory Training. Foe Integrated Care and Acute Medicine division specific red rated indicators include Falls, Community Physiotherapy and Podiatry waiting times, 7-day working and emergency care standards; IN Surgery Cancer and Diagnostic division specific red flag indicators include Falls.

- **Surgery, Cancer and Diagnostics Quality and Safety Report –** Other key developments highlighted in the divisional report include – Improved recovery of patients following colo-rectal surgery; Reduction in Length of Stay for patients having breast surgery; Reduction in surgical site infections; 50% reduction in deaths related to in-hospital cardiac arrest; Low patient mortality rates in ITU; Community Dentistry Fluoride Varnish programme in Islington reducing tooth decay in children; Enhanced patient experience for patients following the colorectal cancer pathway

- **Enhanced Recovery – Fractured Neck of Femur Improvement Project -**
  This project highlighted significant improvements for patients in relation to reduced length of stay, reduced surgical site infections, improved protocols for partnership working with London Ambulance Service and increased district nursing visits post discharge. All are associated with improved communication across professional and organisational boundaries and this project is a good example of how being an Integrated Care Organisation can improve the experience for patients.

- **Incidents, Complaints, PALs and Litigation Aggregated Quarterly Report -** Issues highlighted in this report included: Plans to establish a Trust Wide Complaints Review Panel to share learning across the organisation; Understanding how developing a culture of openness and transparency can lead to increased reporting of incidents – work is required t o analyse the information gained from the increased reporting to ensure that themes trends and real increases in the rate of incidents are understood.

- **Patient Experience Report –** This report highlighted the work of the Patient Experience Steering Group highlighting the key areas of focus which include: preparation for the Friends and Family Test to implemented across all wards from April 2013; Methods of collection of data and analysis of that data from users of community services;

Establishment of a Trust Wide Out-Patient Improvement Action Group and the establishment of Patient Panels to illicit information on experience and how things could be improved; and patient stories from women who had used the Whittington Hospital Maternity Services.

- **Falls Reduction Project –** This project commenced in January 2012 and by end of May 2012 had demonstrated a 25% reduction in falls across all wards in the hospital. The challenge remains to sustain this improvement.

- **Patient Safety Committee Report –** This report outlined the work of the committee over the past quarter and committee members were asked t o consider the report and its use to the committee

- **Hand Hygiene Strategy –** This strategy was noted.

- **CQC – Report from Announced Visit to Inspect Mental Health Services March 2012** - the report while generally positive highlighted a number of issues related to partnership working with Camden and Islington Mental Health Foundation Trust, the quality of record keeping and the provision of evidence t o demonstrate policies were being followed.

- **Policies for Approval –** There were no policies for approval

PROPOSED ACTION: For Noting

APPENDICES:
Appendix 1 - Quality and Safety Dash Board

DECLARATION
In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

This report relates to the Following Trust Strategic Objectives –

- Deliver effective services that improve outcomes
- Improve the health of the local people
- Change the way we work by building a culture of innovation and continuous improvement

And complies with the Trusts requirement for CQC registration in relation to assuring the Board of the Trust's ability to provide safe and effective care and to question and challenge where there are concerns. As the committee that approves all clinical related policies it provides evidence and assurance as required by NHSLA.

Report of the Quality Committee which met on 15th June 2012

1.0 Introduction

2.0 Quality Committee Priorities

3.0 Quality and Patient Safety Dashboard

4.0 Surgery, Cancer and Diagnostics Quality and Safety Report

5.0 Incidents Complaint Pals and Litigation Report for Quarter 4 2011/12

6.0 Patient Experience Quarterly Report

7.0 Falls Reduction Project Report

8.0 Patient Safety Committee Report

9.0 Hand Hygiene Strategy

10.0 CQC Reports and Actions

11.0 Reflection and Review

12.0 Policies Approved

1.0 Introduction

1.1 The Quality and Patient Safety Committee met on Friday 15th June 2012 and this report provides a summary of key items discussed and decisions made

2.0 Quality Committee Priorities

2.1 The Quality Committee covers three main domains, Safety, Clinical Effectiveness and Patient Experience. 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 2 in financial year 2013/14
- **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.
- **2.2.9** Training for Child Protection – Reliability of information
- **2.2.10** The currency and reliability of performance data
- **2.2.11** HCAI – In light of the MRSA bacteraemia identified on 20th April 2012 which means that any additional cases throughout the year breaches the Trust's target.
- **2.2.12** Outpatients
- **2.2.13** ESR

2.3 The June 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 The need to provide analysis of information drawn from the various data bases in the Trust

The following reports were presented to the Committee at its meeting on Friday 15th June 2012:

3.0 The Quality and Safety Dash Board (Appendix 1)

Discussion of the Quality and safety Dash Board focused on those areas that had been red flagged for at least 3 months in a row for each division. These included

Women Children and Families –

- Readmissions – There continues to be data validation issues and ongoing discussions with Commissioner regarding the definition of readmission to agree those readmissions that are planned and justifiable. It was noted however that there has been significant improvement in reducing the numbers of unplanned readmissions
- Staff Sickness – There continues to be a high number of long term and genuine sickness within the maternity unit although this position is improving.
- Mandatory Training – While the division is still significantly below the Trust target the majority of the shortfall is related to the previously identified issues with ESR.
- Complaints – The number and severity of complaints has reduced significantly and the Division has taken a zero tolerance approach to complaints related to the poor attitude of staff. The majority of complaints in the last quarter related to clinical care were associated with waiting times for access to the labour ward which is related to increased births being accommodated, and the closure of the birthing unit in relation to pressures in the labour ward. A number of actions have been implemented to improve the situation including the introduction of Consultant of the Week in Labour Ward
- Serious Incidents – The Committee questioned the high level of reporting of SIs which is related to the low threshold set by NHSL. Working with NHSL to review SI definition for admission to ITU/HDU. There was discussion about the learning associated with the investigations into the Never Events in maternity reported over the past 6 months
- Claims – There a number of open claims related to maternity and Obstetrics approximately 6 of which have been received in the last quarter

Integrated care and Acute Medicine

- MRSA - There was an update on the situation related to MRSA colonization acquisition on Meyrick Ward which had now resolved. A number of key learning points had been identified and the implementation of an action plan would be monitored by the Infection Control Committee
- Falls – Although this indicator remains red there has been a significant reduction in the number of falls over the past few months. It was noted that the Division has recently implemented a Divisional Patient Safety Committee which meets monthly and reviews all complaints and incidents and other indicators related to patient safety, quality of care and experience
- Readmissions – It was noted that the Ambulatory Care Consultant is now in post and it is expected that this area of performance will improve over the coming months with the full implementation of a number of key actions
- Physiotherapy and Podiatry Community Waiting Times – These are locally set targets and remain difficult to achieve given the funding provided by the commissioner – discussions are ongoing between the Trust and NCL re appropriate targets for this area.
- 7 day Working – This indicator will be audited nationally in July 2012 and it is unlikely that the Trust will be in a position to meet it until after August following recruitment of Consultants to key posts
- Emergency Care – Performance in this area is variable. A number of issues related to patient discharge and patient flow have been identified and actions including the introduction of daily ward Board rounds are likely to improve patient discharge before 11am in the coming weeks. The emphasis is being placed on improving the quality of care for patients through appropriately timed and well managed discharge. This programme is being over seen by the Medical Director supported by the Director of Nursing
- Complaints – The response rate to complaints continues to improve. The increase in the number of complaints received during quarter 4 is related to complaints from Pentonville Prison. Weekly drop in sessions have been reinstated in the Prison and it is

hoped that this will allow for quicker local resolution and a drop in the number of complaints. Although the number of complaints has not reduced significantly in ED there has been no increase. A lot of work is ongoing in the department to address issues through on the spot local resolution and patients are being encouraged to advise the department of their experience good or bad.

- Serious Incidents - The highest number of SIs reported in the Division in Quarter 4 relate to Grade ¾ pressure ulcers in Community services. A detailed action plan is currently being implemented and monitored via the Divisional Safety Committee.
- Claims – There a number of open claims currently in process. During the last quarter there was an increase in claims related to ED.

Surgery Cancer and Diagnostics

- Falls - Although this indicator remains red there has been a significant reduction in the number of falls over the past few months. Trends are being reviewed and the Falls Action Plan is currently being implemented
- Readmissions – The 25% target for emergency readmissions has not been met. Actions being taken to improve performance include a pilot in Urology services to improve direct access to the urology nurse specialist by patients post discharge. A Pod Cast is also being prepared by Urologists to inform patients of what to expect following surgery and discharge from hospital etc
- Staff Sickness – This target remains red and actions are being focused on returning long term sick leave staff to alternative areas if they are not fit to return to their normal work area
- Mandatory Training – This target was missed by 0.7%. Action plans have been developed to meet the current 90% target by end of December 2012. A trajectory of performance is currently being developed t o move performance from red – amber – green within the timescale
- Complaints – Performance in relation to complaints responses and number is improving and it is expected that this will be green on the next dashboard. The main theme identified is waiting times and cancellation of appointments which are reducing.
- Serious Incidents – A small number of outstanding serious incidents are being investigated and reviewed by the Executive Serious Incident Review Group
- Claims – It was noted that the last quarter showed an increase in claims related t o orthopedics – This is currently being reviewed.

4.0 Surgery Cancer and Diagnostics Quality and Safety Report

Dr Martin Kuper introduced the Divisional report and pointed put that in terms of patient safety and quality he had invited staff to present the outcome of the Fractured Neck of Femur Enhanced Recovery Pathway Project which he stated demonstrates how being an Integrated care Organisation can make the patient experience better:

The Enhanced Recovery Pathway for patients with Fractured Neck of Femur was presented to the committee. The following improvements through better communication across the pathway from admission t o follow up after discharge were highlighted:

- Reduction in Length of Stay (LOS) from 23 days to 15 days
- Reduction in the incidence of Surgical Site Infection (SSI)
- Protocol being developed for London Ambulance Service to bypass ED when the patient is known/suspected to have a fractured neck of femur
- Increased input from Ortho Geriatrician
- Appointment of Enhanced Recovery Nurse
- Increased District Nursing Visits post discharge

Further Improvements to be achieved through the next stage of the project include

- Further reduction in LOS to 6 days – This will require additional resources in community services
- National Advisory Board on Enhanced Recovery to suggest the learning to be shared with other care pathways
- Achievement of CIPs related to reduction in LOS and reduction in readmission post discharge
- Continued improved communication and relationships across organisation boundaries

There was discussion about how the learning from this project could be shared and implemented into other pathways. It was agreed that Whittington Health should aspire t o become an enhanced recovery organisation – Martin Kuper agreed to lead further thinking on this within the organisation.

Other Key developments within the Division that had improved the safety quality and experience of patients include

- The LOS for Patients admitted for treatment to Hips and Knees has reduced as a result of stream lined pathways and the successful management of the pre-assessment clinic
- Transformed surgery techniques have improved the recovery of patients following colorectal surgery
- Day Care Breast Surgery rates at The Whittington Hospital are the best in the NCL sector with the lowest LOS
- A significant reduction in SSI – The Trust is no longer an outlier in this indicator
- A 50% reduction in the past year of deaths associated within inhospital cardiac arrests through improvements in the recognition of deteriorating patients, development and implementation of treatment escalation plan, Implementation of End of Life pathway where patients have the opportunity to discuss how they would like their end of life care to be – This work is currently being implemented in local nursing homes led by a Trust Consultant
- Mortality rates in ITU remain among the lowest in the country – This is audited through national audit programmes
- An issue of concern is related to the delay, at times, associated with discharging a patient from ITU to a general ward due to the lack of availability of beds
- Community Dentistry – The service has been awarded the contract for Fluoride varnish programme in Islington schools and children's centers – Islington borough has the highest incidence of tooth decay in children in London and stark inequalities exist across the borough. Fluoride varnish treatment has been proven to prevent tooth decay
- Colorectal Cancer Pathway – The committee commended this project and the use of experience based design and emotion mapping methodologies used. The division was encouraged to share this work with other divisions in the Trust, GPs and Commissioners

5.0 Incidents, Complaints, Pals and Litigation Report for Quarter 4 2011/12

The main issues in this report had already been highlighted and reported by each of the Divisions in their reports on performance. The following points were highlighted:

- A Trust wide review group is currently being established to share the learning from complaints and Incidents
- Future reports will provide a more comprehensive analysis of the themes and trends emanating from complaints incidents and claims reported
- A review and analysis to understand the increase in incidents will be provided

- A plan to improve the completion of RCAs into Incidents will be developed and shared

6.0 Patient Experience Quarterly Report

Jennie Williams Assistant Director of Nursing and Patient Experience presented the quarterly patient experience report.

She highlighted that there had been 9 inquests requested in Quarter 4, 5 of which had been heard in the quarter. There had been no Rule 43s issued and on a number of occasions the Trust had been commended by the coroner for the quality of Investigation where necessary and the actions highlighted following investigation.

A draft policy on the Trust's approach to a management of cases referred to inquest is currently being consulted on.

Jennie went on to report that the Patient Experience Steering group had met twice since the last report and the following issues are currently being addressed by the Group

- Friends and Family Test – Questions on the Patient Experience Trackers (PETs) are being aligned with the CQUIN requirements for patient experience and the requirement to measure the Friends and Family Test/Net Promoter score by ward area from April 2013
- Issues with PET and retrieval of information is currently being addressed in preparation for the 2013 timescale
- Community data currently not being analysed – This is being addressed with Information services to resolve
- Out-Patient Departments – Action plan developed following the out-patient satisfaction survey was presented to Trust Board in May 2012 and is currently being implemented. This will be monitored via the Trust Wide Out-Patient Improvement Group being chaired by Matthew Boazman Director of Operations for Surgery Cancer and Diagnostics
- Patient Panels are currently being established
- Patient stories from a number of women who experienced care in the Whittington Hospital Maternity Unit have been complied and will be shared in the first instance with the Head of Midwifery the Women Children and families Divisional Board and the Patient Experience Steering Group

7.0 Falls Reduction Project Report

Lekon Bello Project Manager for the Falls Reduction Working Group presented this report.

He advised that the work commenced in January 2012 and had an initial objective of reducing the in hospital falls by 25%. This was achieved in May 2012.

He outlined the project plan which included

- Increased awareness of falls
- Reduction across all wards and departments
- Introduction of a focused approach to culture change towards falls prevention
- Staff training on falls prevention activities
- Identification of Falls reduction resources
- Target Wards with high falls
- Identification of falls champions on each ward
- Leadership of falls prevention to be provided by Ward Managers
- Therapist involvement in assessment
- Review of Datix coding
- Graphs demonstrating trends shared with ward staff

The project and the simplicity of the report were commended by the committee. It was noted that the challenge now lies in sustaining the momentum and ensuring that falls prevention

and improvement is now embedded. The committee asked that a further report be provided in 3 months.

8.0 Patient Safety Committee Report

The Patient Safety Committee report was presented by Phillipa Marszall for noting. Comments on the presentation and content of the report are to be forwarded to Phillipa from Committee members

9.0 Hand Hygiene Strategy

The Hand Hygiene Strategy was noted

10.0 CQC – Reports and Actions

Kara Blackwell presented the report of the recent announced CQC Mental Health Visit to Whittington Hospital which took place in March 2012. She reported that verbal feedback on the day of the visit had been generally positive. The written report however only dealt with issues of concern raised by the CQC Inspector and were related to record keeping and ongoing working relationships with colleagues from Camden and Islington Mental Health Foundation Trust. The issues raised by the CQC related to one patient on a surgical ward and highlighted concerns she raised in relation to her rights under the mental health act.

Actions had been identified and the Trust is working closely with C&IMHFT to implement these. The action plan will be monitored via the Divisional Board and the Patient Experience Group and an update on progress will be provided to Quality Committee via the Patient Experience quarterly report.

11.0 Reflections and Review

This issue will be fully discussed at the July meeting of the Quality Committee

12.0 Policies for Approval

There were no policies for approval.