

# Hot Spots Highlighted at Quality Committee

## Wednesday 16<sup>th</sup> January 2013

### Introduction

The Quality Committee met on Wednesday 16<sup>th</sup> January 2013 and received a number of reports from Divisions and sub-committees:

- Workforce
- Serious Incidents
- Pressure Ulcers
- Patient Safety Walk Abouts
- Learning Disability

Key areas of discussion included:

**Divisional reports** based on clinical risk, improvements and innovations – The committee had requested more comprehensive reports from Divisions outlining the actions being taken to mitigate all risks with a score of 12 or above. Further guidance was issued regarding the requirements by the committee following the meeting in November 2012. The main issues of risk highlighted include:

### Integrated Care and Acute Medicine

**District Nursing** –The Division presented the quarterly report on pressure ulcer incidence across the Trust. It was noted that national benchmarking indicates an average incidence of pressure ulceration across all Trusts in England ranges from 8-23%. Whittington Health has an incidence of 3% across acute and community settings. The quarterly report outlined an improvement in incidence of grade 3 & 4 ulcers in Community settings, notably Haringey, with more ulcers being identified at an earlier stage and therefore not progressing to grade 3 or 4.

A zero tolerance approach to hospital acquired grade 2/3 and 4 pressure ulcers is being introduced in Whittington hospital with the introduction of the SSKIN Bundle and the 100 day pressure ulcer free challenge. This commenced in November 2012 and is currently being introduced on a phased basis across all wards. It was noted in the report that the cause of ulceration has changed from being staff related to equipment related.

Vacancies in district nursing services with reliance on agency staff remains a concern in ICAM and a number of actions are currently underway to mitigate this risk including recruitment campaigns to fill permanent, temporary and full time/ part time posts. It was reported that a deep dive with commissioners is being arranged to fully understand the pressures facing the District Nursing Service.

**Bed Pressures and Medical Outliers** – An ongoing risk with the number of medical outliers on surgical wards was highlighted. Mitigation regarding the opening of an additional ward was currently being discussed and could proceed in the next few weeks with the employment of a pool of bank nurses who are currently completing their induction and mandatory training. Additional bed meetings are being held daily to review the position and discuss concerns with patient care. These meetings are chaired by the Head of Nursing in ICAM and are attended by all wards including those with medical outlying patients.

**Community Access and Waiting Lists** – Waiting lists for MSK and Podiatry were highlighted and it was reported that commissioners and the Trust will be meeting in the near future to carry out a deep dive in these areas to fully understand the issues and identify any capacity and demand issues along with patient pathway issues.

**Emergency Department** – The report highlighted concerns with the increase in complaints about experience in the ED. The Division reported that a comprehensive review of the complaints received in the past year is being undertaken and will be reported at the March meeting. Other concerns and risks include nurse vacancy rates and the high use of agency staff. The Division advised that it is currently undertaking a review of nursing skill mix in line with the outcomes of a recent benchmarking exercise with other Trusts in London in relation to nurse numbers and skill mix. It is likely that the ED could perform better following a revision of its skill mix and that posts at different skill levels will be easier to recruit to. A number of improvements in relation to patient flow in the ED are currently being introduced including Ambulatory care for frail older people and Rapid Assessment and Treatment processes for patients attending ED. Other concerns regarding Environmental cleanliness are currently being addressed.

**Pentonville Prison** – Risks remain in relation to the complexity of prison health care and the multi agency approach to delivering services which create governance issues around information sharing and support, the development of jointly owned policies and Standing Operating Procedures. All of these issues are being addressed through multi agency governance committees. A current high profile inquest into the death of a prisoner in Pentonville in 2010 is likely to attract criticism of the Trust by the coroner and could result in a Rule 43 being issued. It was noted that this death occurred prior to the Integrated Care Organisation when responsibility for the management of the prison lay with Islington PCT. However there is a strong likelihood of negative media attention for the Trust which now manages health care in Pentonville.

**Organisational Change** - The division outlined concerns in relation to the impact of the complex organisational change on staff morale.

### **Surgery Cancer and Diagnostics**

The Division highlighted the following clinical risks and mitigations:

**Bariatric Services:** Dr Nick Harper Divisional Director outlined the ongoing issues with the Bariatric service and advised the committee that a number of actions will be implemented to restart the service from 1<sup>st</sup> February 2013 including the provision of a consultant anaesthetist for each theatre session including those that occur as emergency out of hours. A number of additional guidelines have been introduced and an external review of the service has been commissioned.

**Reduction in the use of Agency Nursing Staff:** While this has been added as a risk to the divisional risk register there was recognition from the division that one of the main drivers to reduce the use of agency staff was to enhance the quality and safety of care. While the concern raised by the division related to the ability to provide staff for extra unfunded beds when in use there was recognition that the use of agency staff in itself raises concerns about quality and safety of care. The Director of nursing outlined a number of actions taken in the Trust to allow a zero use of agency in the general wards. These include additional recruitment to the internal bank, enhanced rate of pay for Trust Bank staff, employment of registered psychiatric nurses to the Trust nurse bank, employment of an internal pool of nurses for use when additional beds in use and during periods of increased sickness and increased acuity on wards.

**Non Compliance with Blood and Safety Quality Regulations:** The Division referred to the difficulties in complying with blood and safety quality regulations, however they pointed out that the introduction of the Electronic Patient Record would provide a Trust wide solution. In the mean time a number of manual procedures and checks are in place to provide assurance with compliance.

**Point of Care Testing:** This issue scores high on the divisional risk register and is being addressed through the revision of a number of policies and current recruitment to an additional post within the team to address capacity issues.

In terms of Innovation the Division highlighted the implementation of the SSKIN Bundle to reduce the incidence of hospital acquired pressure ulcers. During the past year the division has reported a 50% reduction in the incidence of grade 2 pressure ulcer acquisition and 75% reduction in grade 3 and 4 pressure ulcer acquisition.

In terms of cancer services the division has introduced an out of hours service which it believes is enhancing the quality of care for patients diagnosed with cancer. A One Stop Shop service has also recently been introduced for patients with a diagnosis of breast cancer and individualised information leaflets have been designed for patients undergoing chemotherapy.

### **Women Children and Families**

The main risks highlighted in the Women Children and Families Divisional clinical Risk report include:

**Child Protection Training:** While assurance that required targets for level one training are being attained Trust wide there are concerns regarding the level of training for level 2 and 3. A number of additional training sessions have been arranged for January- March with a plan to achieve 80% target by end of March 2013. The Child Protection Nurse Specialists will be visiting clinical areas and attending Divisional Boards in January/February to explain the different levels of training required and will arrange a number of bespoke training sessions in areas where there is difficulty releasing staff from clinical areas.

**Maternity Wards Environmental Issues:** It has been long recognised that the environment in the current pre and post natal wards is sub optimal. A bid has currently been submitted to the Department of Health to make improvements to the postnatal wards and the Trust Estates Strategy has identified a £10m scheme of modernisation over the next 5 years.

**Patient Experience:** The division highlighted an exercise undertaken by a Trust Governor to explore through narrative the experience of women who have had their baby in Whittington Hospital Maternity Unit. This along with the evidence from a number of complex complaints has informed a detailed action plan currently being implemented to improve the experience of women using the maternity services in Whittington Hospital.

**Serious Incidents:** The Division highlighted its previous poor compliance with NHSL timescales for the completion of SI investigations. However it reported that a plan is in place to ensure that the Division is compliant by end of February 2013 and is currently on track to meet this timescale.

**Children in Care Assessments:** The Division gave an update of actions being implemented to address the backlog of children in care assessments. While the number of children in care has recently decreased in Haringey the service had previously only been 50% compliant with health assessments required. Additionally two thirds of cases requiring assessments are out of borough. To address the unmet need the division has employed an additional nurse until the end of March

2013. A demand and capacity exercise is being undertaken currently along with a review of systems and processes. Progress at end of December has shown an improvement of compliance rates which are now at 75%. It is expected that the transformational review of the service referred to will identify the additional resource required to meet 100% compliance. Discussions are also ongoing with Commissioners regarding the review of out of borough assessments.

**Child protection Declaration:** The declaration was approved for publication on the Trust Web site (Appendix 2).

**Savile Allegations:** The division reported that it is currently reviewing all policies and processes in the Trust to take account of the lessons learned from the Saville allegations – An action plan will be presented to the committee in March 2013.

#### **Quarterly reports to the committee included:**

**Serious Incidents:** While compliance with timescales for the completion of reports remains an issue the report showed that this is improving and that the quality of the reports is also improving. It was noted that NHSL had congratulated the Trust on the quality of a recent SI investigation report and would be using it as an exemplar for other Trusts. Themes and Trends were identified with concerns about the apparent low level of reporting from the SCD Division. It was also noted that additional Root Cause Analysis Training sessions have been commissioned and that attendance from clinicians has improved significantly.

**Pressure Ulcers:** This report identified that the incidence of grade 3 and 4 pressure ulcers has declined in Haringey with Islington showing an increase in incidence. This is being examined by the Head of nursing in ICAM division and will form part of a deep dive into district nursing services with the Commissioner which is currently being arranged. The Trust strategy and implementation plan to drive down the incidence of grade 2, 3 and 4 pressure ulcer acquisition across acute and community settings was tabled. Discussion about the incidence of pressure ulcers identified a continued ambition to reduce these as much as possible. Current information on incidence would not highlight Whittington Health as an outlier in either acute or community settings. Current incidence of acquisition in Whittington Health is 3% with a national average of incidence ranging from 8-23% depending on the setting.

**Workforce and Development:** issues highlighted include the continued focus on mandatory training to achieve 95% compliance by end of March 2013 and appraisals to achieve compliance of 90% by end of March 2013. Current compliance is 83% for mandatory training and 47% for appraisals.

**Patient Safety WalkABOUTS:** The report identified the number of walkabouts that had been undertaken in the past quarter. The committee agreed that parameters should be set around cancellation of the walkabouts with the person cancelling being held responsible for identifying an alternate visit or an alternate member of staff to conduct the visit. Future reports will outline the issues identified during the walkabouts.

**Quality Visits:** Three visits were reported across each of the divisions.

**NHSLA Level 2:** The report outlined the changing nature of assessment from 2014. The Trust will therefore need to be compliant and assessed by February 2014 for level 2. A mock assessment has been arranged for June 2013. It was noted that the process of assessment of readiness is

identifying a number of risks which are related to patient safety and as these arise they are being added to the Trust risk register.

Other reports considered by the Committee included the Quality Account - progress with 2012/13 priorities; Quality Engagement Strategy – Approach for engagement with staff on quality related issues was approved; Quality Strategy Update; and Learning Disability update with action plan.

A number of policies for approval were noted and the minutes of a number of feeder committees were noted.