

Whittington Health Trust Board

24 April 2013

Title:	Report of the Quality Committee held on Wednesday 20 th March 2013		
Agenda item:	13/057	Paper	3
Action requested:	For Noting		
Executive Summary:	<p>The purpose of this paper is to</p> <ul style="list-style-type: none"> inform Trust Board of the key issues discussed at the Quality Committee on Wednesday 20th March 2013 to advise of any concerns with regard to quality and safety and to provide assurance to the Board on the Trust's Governance systems. <p>The committee received quarterly reports from a number of sub committees, the details of which are outlined in the report.</p> <p>The committee received assurance on actions being taken to address concerns raised in the previous committee meeting in January 2013 related to:</p> <ul style="list-style-type: none"> Actions being taken to assure the Trust that sufficient Child Protection Training sessions at level 2 and 3 will be provided to ensure that the right numbers of staff have access to the right level of training. Improvements being made in meeting timescales for the completion of SI investigations – at end of March there will be no more than 3 outstanding reports <p>The following concerns were raised by the committee and escalated to the Trust Board at its meeting in March 2013.</p> <ul style="list-style-type: none"> The very poor compliance rates with level 2 and 3 Child Protection Training despite the provision of additional sessions and offers of bespoke training sessions The continued poor performance in meeting the timescales for responding to complaints in all divisions NHSLA Level 2 application – The Quality Committee approved a decision to cancel the mock assessment planned for June 2013 and to reschedule for September 		

	<p>2013 with a view to undertaking formal assessment in either December 2013 or February 2014</p> <ul style="list-style-type: none"> The decision taken by the Committee to consider the Quality Account in detail at a Trust Board Seminar in April 2013 with Quality Committee approving the final submission at its meeting in May 2013 ahead of the Trust Board. <p>Approval on behalf of Trust Board was given to the following:</p> <ul style="list-style-type: none"> The Annual Single Sex Declaration 						
Summary of recommendations:	The Quality Committee highlighted a number of hot spot issues which are shown in the report below. The Trust Board is asked to receive the report and to approve the recommendations made by the committee.						
Fit with WH strategy:	The Quality Committee is a sub committee of the Trust Board and assures the Trust Board on issues relating to Quality, Patient Safety and Governance.						
Reference to related / other documents:	Annual Single Sex Declaration						
Date paper completed:	4 th April 2013						
Author name and title:	Bronagh Scott – Director of Nursing and Patient Experience			Director name and title: Bronagh Scott		Sue Rubenstein Non Executive Director – Chair of Quality Committee	
Date paper seen by EC	16 th April 2012	Equality Impact Assessment complete?	N/A	Risk assessment undertaken?	N/A	Legal advice received?	N/A



Report of the meeting of the Quality Committee held on 20th March 2013

1. Introduction - Hot Spots

The Quality Committee met on Wednesday 20th March 2013 and received a number of reports from Divisions and sub-committees including:

- Safeguarding Children Report Quarter 3
- Serious Incidents Report
- Infection Prevention and Control Report Quarter 3
- Complaints, Incidents and Claims Aggregated Report Quarter 3
- Patient Experience Committee Report
- Safety Thermometer Report
- Nurse Staffing Levels Methodology Report

2. Background

The Quality Committee received divisional reports based on clinical risk, improvements and innovations. The committee has previously 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 that were discussed are summarised below.

3. Divisional Risks

3.1 ICAM

District Nursing – Awaiting Deep Dive with Islington and Haringey CCGs.

Bed Pressures and Medical Outliers – An extra ward - Bridges remains open to deal with ongoing winter pressures. The division is working on a plan to close the ward by end of April 2013.

Community Access and Waiting Lists – Waiting lists for MSK and Podiatry continue to be highlighted as areas of concern. The division is awaiting confirmation from CCGs regarding a deep dive exercise into both services to better understand the issues.

Emergency Department – A previous report to Quality Committee 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 had been undertaken. Dr Duncan Carmichael Clinical Lead for Ed presented preliminary findings of this review which have yet to be discussed with his divisional team. It was noted that complaints about ED had reduced significantly in Quarter 3, however the review of complaints had identified a number of areas for improvement which would be reported more fully to the committee in May 2013.

While improvements in Nurse staffing and reduction in use of agency staff in ED had been achieved in the past month there are ongoing concerns re sustained improvement going forward. A number of key senior management and nursing appointments had been made in recent weeks which would be monitored in terms of impact on patient experience.

Ongoing challenges in meeting the 4 hour access target continue to be experienced. However a review of the triage and streaming processes has been undertaken and it is hoped that changes currently being implemented will impact positively.

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 recent in-depth environmental audit of prison health facilities had been undertaken and highlighted a number of concerns related to the fabric of the building, hand washing facilities and standards of cleaning. An action plan has been developed and is being implemented and monitored by the Division's Patient safety committee and the Trust Infection Control Committee..

Concerns regarding difficulty in recruiting to prison nursing posts have also emerged in recent weeks. A clear action plan has been developed and will be monitored over the coming weeks. Ongoing difficulties and failure to fill posts will be escalated to the Director of Nursing and Director of Operations for ICAM.

Nurse Staffing Levels - A recent review with adjustments in nurse staffing levels had been implemented in the division. While the review had resulted in an increase in the number of qualified nurses in the older peoples wards and a reduction in qualified staff nurses in Nightingale ward, the staffing levels both numbers and skill mix ratios remain above the national benchmark. Some of the medical consultants have raised concerns about patient safety. However the senior nursing team and the Director of nursing are satisfied that the levels are safe and will remain under review with adjustments being made where necessary. A meeting with the consultants is being arranged to further discuss their concerns and agree a programme of annual reviews going forward. The Head of Nursing also advised that she is preparing a business case to introduce supervisory roles for ward managers across the Trust. This is a recommendation of the Francis Report into events at Mid Staffordshire Hospital and is being considered by a number of Trusts in London.

3.2 Surgery Cancer and Diagnostics

The Division highlighted the following clinical risks and mitigations:

Bariatric A restricted service has been reinstated and a review of the service is being undertaken which when complete will be reported to Quality Committee.

Cancer Targets and Endoscopy Waiting Lists – Both these issues are currently subject to review following a visit from the National Intensive Support Team. The final report will be presented to Quality Committee in May 2013.

MRSA Bacteraemia - The committee was informed that the RCA into the 2nd MRSA bacteraemia for the Trust this year had which had occurred in ITU had identified that the incident was avoidable and had occurred as a result of siting of an intravenous line in a infected site.. A number of issues including record keeping and communication between medical and nursing staff had been contributory factors and a number of actions had been agreed. The action plan will be monitored by the Divisional Patient Safety committee and the Infection prevention and control committee.

A risk pertaining to blood transfusion which had been highlighted in a previous report was discussed. It was noted that the mitigating actions suggested by the division to develop a business case for the vein to vein process was unachievable given the expense and the fact that it had only been implemented in 3 hospitals to date. The Division advised that a number of manual procedures are in place to manage the risk and a joint venture exercise with RFH and UCLH is currently being pursued.

Complaints and SIs – The Division reported a spike in complaints about the urology service in recent months which is being reviewed. An action plan is in place in the division and a plan is being implemented to improve performance in this area although it is unlikely that this will be achieved without additional resource which is currently being considered.

All outstanding SIs will be complete by end of March 2013 and plans are in place to ensure going forward that timescales are met.

3.3 Women Children and Families

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

Child Protection Training: While there was assurance that required targets for level one training are being maintained trust wide the same does not apply to level 2 and 3 training. Despite concerted efforts by Child Protection Nurse Specialists to provide additional training sessions, provide the rationale for the training and identify those staff requiring level 2 or 3 training compliance remains low 25.9% at level 2 and 38.6% for level 3 . The Child Protection Nurse Specialists have visited clinical areas and attended Divisional Boards in January/February to explain the different levels of training required and have offered to arrange a number of bespoke training sessions in areas where there is difficulty releasing staff from clinical areas. This has not received the required response. The chair of the committee and other committee members strongly expressed their concern at the lack of responsiveness to the efforts made by CPNS and advised that they are escalating this concern to the Trust Board and the Chief Executive for necessary action.

Maternity Unit Environmental Issues: Plans to upgrade the maternity lift have been agreed and this work will be completed under the capital works and facilities scheme in 2013/14.

Health Visitor Training/Recruitment: The current shortage of health visitors nationally and locally continues with less than required uptake across London of HV training places. This is having an impact on the Trust meeting the HV New Born Visits which have improved significantly across both boroughs of Haringey and Islington but which both remain below the

target. A London wide group under the leadership of Chris Fowler Managing Director of NECL LETB has been established and plans to recruit using innovative and new ways of working are being considered. Whittington Health is actively involved in this work.

Serious Incidents: The Division highlighted its continued progress on improvements with RCA of SIs. The Division is now up to date with all investigations and is also now achieving this with good quality reports. A recent SI currently being investigated pertains to the closure of the unit for a short period of time in February due to unanticipated pressures and attendances.

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 Savile allegations – An action plan was presented and a final report will be presented to the committee in May 2013 for sign off.

Patient Experience: The division highlighted a project introduced as a pilot in September 2012 and now being rolled out across the unit which allows fathers/partners to remain with the mother following the birth of the baby until both mother and baby are discharged.

4. Standing Monthly and Quarterly Reports

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 is predicted that the majority of outstanding investigations will be complete by end of March 2013 and a report on progress will be issued to the TDA. The Trust is expecting to have at least one and potentially three outstanding investigations at end of March. The sustainability of meeting the required timescales is dependent on additional resource for divisions and the central governance team which is currently being considered.

Infection Prevention and Control Committee Quarter 3 Report - This report highlighted the continued good progress on reducing health care acquired infection. However the MRSA bacteraemia target had not been achieved for 2012/13 with 2 cases against a trajectory of 1 for the year. It was particularly disappointing as the RCA of the incident had demonstrated that the root cause was avoidable. Actions have been identified and progress will be monitored by both the Surgery Cancer and Diagnostics division and the Infection Prevention and Control Committee.

Issues with environmental cleanliness and infection prevention control audits in Pentonville were also highlighted with an action plan developed to be monitored by Pentonville governance committee, ICAM patient safety committee and Infection prevention and control committee.

NHSLA Level 2: The report outlined that while progress is steady there is a considerable amount of work required to achieve compliance with level 2 criteria. It was agreed that given progress to date and the lack of 12 months evidence required for compliance that the mock assessment should be delayed from June 2013 until September 2013 with a view to completing the formal assessment in either December 2013 or February 2014. It was agreed that this decision should be escalated to Trust Board at its meeting on 27th March 2013.

Monitor Quality Governance Framework - This report was presented to the committee to outline progress against the action plan to reduce the rating to zero by end of March 2013. It

was noted that the Trust will complete a further self assessment with a formal review conducted by RSM Tenon in May 2013.

Quality Account - The draft Quality Account was discussed by the committee and agreed that a more in-depth discussion should be planned for a Trust Board Seminar in April 2013 with the final report being presented for approval by Quality Committee on behalf of the Trust Board in May 2013.

Care Quality Commission - The visit by CQC on 29th January 2013 was discussed and it was agreed that the final report would be discussed in detail at May Quality Committee. It was noted that while the over all report was positive the inspectors had expressed verbally concerns regarding the safety and welfare of acutely ill medical patients on outlying non medical wards. It is likely that the Trust will be found deficient in meeting this standard.

The recent QRP from CQC was also discussed which had highlighted a number of data quality issues which are being reviewed by the Trust's performance manager.

Safety Thermometer - This report was presented for the first time and will be presented at each meeting going forward. The thermometer is a point prevalence study which provides data on prevalence of 4 harms across the Trust at a set point in time each month. The harms measured are pressure ulcers, falls, VTE and urinary catheter related sepsis. The aim is to have organisations providing 95% harm free care. In the current period WH is achieving 92% harm free care across acute and community settings. The main area of concern is the prevalence of pressure ulcers. The Trust is not an outlier in this regard.

Nursing Staffing Levels Review – A report outlining a process to review nurse staffing levels in all wards across the Trust was considered and approved by the committee. It was noted that nurse staffing reviews would be considered by Quality Committee in line with this process.

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

5. Recommendations

The Trust Board is asked to note the key issues discussed at the Quality Committee on Wednesday 20th March 2013.