

Whittington Health Trust Board

26 June 2013

Title:	Report of the Quality Committee held on Wednesday 16th May 2013		
Agenda item:	13/087	Paper	4
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 16th May 2013 • advise of any concerns with regard to quality and safety • provide assurance to the Board on the Trust's governance systems. • identify examples of innovative and quality care <p>Innovative and Quality Care: - The following were noted:</p> <ul style="list-style-type: none"> • The Trust was awarded the national CHKs Patient Safety Award in April 2013. • The CAMH's team in Islington had been recognised for the team's friendly approach to service users. • A letter had been received from a young family outlining their gratitude to maternity unit staff whose quick and professional action saved the life of the father of a new born baby. He suffered a sudden and unexpected cardiac arrest while visiting his wife and newborn in the unit. The father went on to have cardiac surgery and is now fully recovered. • There has been a significant and sustained reduction in hospital acquired pressure ulcers across the SCD Division following the introduction of the SSKIN bundle • ICAM division identified a number of examples of innovative practice in Integrated care which will be published in the coming months <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 March 2013 including :</p>		

	<ul style="list-style-type: none"> • Actions 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. • Sustainable improvements being made in meeting timescales for the completion of SI investigations • Actions being taken to address the concerns raised by the CQC in relation to the safety and welfare of patients with acute medical conditions being cared for on outlying wards <p>The above concerns were raised by the committee and escalated to the Trust Board at its meeting in May 2013.</p>						
Summary of recommendations:	The Trust Board is asked to receive the report and 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:							
Date paper completed:	6 th June 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	11 th June 2013	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 16th May 2013

1. Introduction

The Quality Committee met on Wednesday 16th May 2013 and received a number of reports from Divisions and sub-committees including:

- Safeguarding Adults Report
- Serious Incidents Report
- Safety Thermometer Report
- Drugs and Therapeutics Annual Report
- Final CQC Report of Inspection January 2013.

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

The following risks were raised in the ICAM Report

Pentonville Prison – Given the complex nature of health provision in Pentonville Prison and the interrelationships between a number of organisations each with their own requirements there has been a review of working relationships and reporting mechanisms. A number of changes are being implemented to strengthen the governance arrangements which will be kept under review in the coming months. A further concern raised by the Division related to a current review of prison services which is underway and which may impact on health services. A Deep Dive into the arrangements in Pentonville is also being arranged. It was noted that the Prison is expecting a CQC inspection in the coming months. There was discussion about the many improvements made in Pentonville Prison Health Care since it became the responsibility of Whittington Health (previously Islington PCT).

Bed Pressures and Medical Outliers –The committee was advised that the extra medical Ward (Bridges Ward) which had been opened at end of January 2013 to cope with winter pressures had been closed at end of April 2013. There were ongoing pressures with medical outlying patients being cared for in surgical wards. A plan is in place for the medical outlying patients to be cohorted in Victoria ward and displaced surgical patients to be cared for in extra beds in Coyle ward. A number of surgical patients are also being cared for in Betty Mansell ward which has had increasing capacity to deal with surgical patients given the ongoing reduction in beds required for gynae patients. The three divisions are working together to develop a revised bed plan for the Trust based on the impact of ambulatory care and enhanced recovery care pathways for medical and surgical patients.

Emergency Department – The division highlighted a number of concerns in relation to Emergency services which had seen an unprecedented increase in daily attendances since the beginning of April 2013. It was noted that while this has been the experience of all EDs the impact on Whittington Health in terms of meeting the 4 hour target had meant that the Trust is now not performing in this regard and is in discussion with the Trust Development Authority regarding actions required to return to compliance. A number of specific issues in relation to alcohol related attendances and mental health issues has resulted in the Trust liaising with neighbouring mental health services to identify sustainable solutions.

Hanley Road Practice – Ongoing difficulties with recruitment to the vacant GP post in Hanley Road Practice continue to constitute a risk to service delivery to patients attending that practice. In mitigation the Division is ensuring the vacant post is covered by locum practitioners but that this in itself raises concerns for quality of service provision. It was noted that the Division would undertake a review of the options available for the continued management of this service by the Trust.

3.2 Surgery Cancer and Diagnostics

The Division highlighted the following clinical risks and mitigations:

Waiting Lists for Surgery and 18 week Target for Referral to Treatment (RTT) - The division outlined a number of actions currently being implemented to address the 18 week RTT target. A Trust steering group has been established to monitor the implementation of the actions required outlined by the Intensive Support Team. A clinical review group under the chairmanship of Dr Henrietta Campbell, from the NHS Commissioning Board London Office, has also been established.

Bariatric Services

The inquest into the death of a patient following bariatric surgery is due to be heard in early June 2013 the outcome of which will be reported to Trust Board in June 2013.

Cancer Targets and Endoscopy Waiting Lists –A number of actions are currently being implemented following a review of services by the National Intensive Support Team and these will be monitored by the Division in relation to impact on waiting times and patients. The management of Endoscopy Services has been transferred to the ICAM Division.

Medical Outlying Patients in Surgical Wards - This issue had been highlighted by the ICAM Division. In relation to managing risks in Surgical wards the Division outlined a number of actions being implemented and monitored to assure the safety of patients and the continuity of care by the assigned medical teams.

Innovative Practice - The Division highlighted the sustained improvements in the reduction of hospital acquired pressure ulcers across the Division. This had been achieved through the introduction of the SSKIN Bundle, a specific and recognised toolkit of actions to reduce the incidence of pressure ulcers.

3.3 Women Children and Families

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

Lack of second Obstetric Theatre – The impact of this is being monitored monthly by the Divisional board and the pending capital investment for the maternity unit will correct this in due course.

Upgrading of the Maternity Unit Lift – This remains on the divisional risk register but is included in the current year capital development programme

Child Protection Training – Level 2 and level 3 training remains an issue across the Trust. However recent monitoring has evidenced an increase in the uptake of training from 29% attendance in March 2013 to 73% in May 2013. A particular issue has arisen specifically in the WCF Division where all children’s services staff employed in Haringey now require refresher training. This is because staff in this area received training on block in 2010 which has now expired. It is expected that this will be fully addressed by end of quarter 2 (end September) 2013. It is expected that compliance with training by level by person will be available to Divisions with the weekly mandatory training update reports by the end of May 2013..

Health Visitor Recruitment – This is a national issue and the Trust is working closely with the LETB (Local Education and Training Board) to explore innovative solutions.

New Born Visits – While significant improvements have been made in meeting the 14 day target there had been a dip in performance at end of April 2013. The Division explained that this was a data quality issues and should be resolved for the next report.

Innovative Practice – The Division advised the Committee of a recent award won by the CAMH’s team for its user friendly service. This is particularly significant given the complex and difficult nature of the service. The division also highlighted a compliment received from the parents of a new born baby. Shortly following the birth the father felt unwell and collapsed suddenly in cardiac arrest. The midwives present resuscitated the young man who was subsequently transferred for cardiac surgery and is now recovered at home with his family.

4. Standing Monthly and Quarterly Reports

Serious Incidents Monthly Report: - This report outlined continued improvements with both the quality and timeliness of the completion of investigations into Serious Incidents. It was noted that the most significant outstanding investigation was that into the endoscopy waiting times. It was explained that there had been a change of investigator for this investigation which had been further delayed as one of the staff integral to the investigation had been on sick leave and had only returned at end of April 2013. It is expected that this investigation will be complete by end of May 2013.

During Quarter 4 (2012/13) January –March 2013, there had been an additional 23 Serious Incidents reported to NHS London. This was compared to 31 in the previous quarter October –December 2012. Of the 23 SIs reported 16 related to grade 3 or 4 pressure ulcers, 15 of which occurred in community settings and 1 of which had been acquired in hospital.

Learning emanating from the Serious Incidents included clinical leadership issues and training particularly for doctors in undertaking Root Cause Analysis Investigations; Documentation and record keeping is highlighted as a recurring issue and a number of initiatives and audits are in

train with particularly medical and nursing staff to improve performance in this area. It was noted that there had been partial assurance provided following a recent Trust wide audit of medical records. It was also noted that in response to the ongoing concerns regarding medical records and in response to the Rule 43 issued by the coroner at end of March 2013 a medical records management committee is being established under the chairmanship of Dr David Grant. A records management officer is also being recruited. The committee requested an in-depth report on the management of medical records from this committee in due course and no later than September 2013

NHSLA Level 2: The report outlined significant progress and the mock assessment has been planned for September 2013 with a view to having the final assessment in December 2013. While much work is required the report outlined that at this stage progress would suggest meeting these timescales.

Monitor Quality Governance Framework - Given the current assessed timeline for the Trust's application for Foundation Trust the Committee was advised that the Trust would be reassessing itself against the criteria in the Monitor Quality Governance Framework (MQGF) over the summer months with a view to submitting a reviewed self assessment to the Trust Board at a seminar in September. In keeping with this timescale RSM Tenon Independent assessors would then be invited to complete a formal assessment in October 2013. These timescales would be kept under review in line with the timeline for the Foundation Trust Application.

Quality Account - The draft Quality Account was presented to the Committee. It was noted that this had been discussed in detail at the Trust Board Seminar in April 2013 following which further consultation had taken place. The Committee approved the account for publication pending further discussion at Audit Committee in June 2013 in relation to issues of data quality and sign off by the auditors. The committee noted the plans for the publication of an easy to read summary document currently being developed by the Trust's Communications team.

Safety Thermometer - This monthly report was presented for April 2013 for which there had been 100% data collection in both acute and community settings. 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 Committee expressed concern regarding the on going incidence and prevalence of pressure ulcers particularly in community settings and requested that a future quality committee should be devoted to a deep dive to further understand the issue.

Patient Safety/Quality Visits - The report on recent safety walkabouts was presented to the committee. It was noted that due to capacity issues for individual directors and the governance team the recommended number of visits agreed by the committee in January 2013 had not been achieved. Those visits that had taken place were noted and the issues raised and actions on follow up were approved. It was agreed to refresh the programme with more realistic visits and timescales and committee members were reminded of their personal responsibility to sign p for a visit and to attend as required or arrange for a substitute should the arranged visit time no longer suit. It was also agreed to combine the patient safety walkabouts and quality visits.

Drugs and Therapeutics Annual Report - This report was presented and noted. The report outlined the work of the Joint Formulary Committee (JFC) which has been in existence since November 2013. The work of this committee is working well with the majority of drugs being used discussed in relation impact and costs. The report also outlined action taken in relation to NICE recommendations and confirmed that the requirement to publicise all NICE recommended drugs on the Trust's website was in place for Whittington Health. The report stated recent changes in the management of cancer drugs which are now recorded on a national list resulting in standardisation in the use of cancer drugs across the country. A number of other initiatives outlined in the report include:

- medicines safety committee reports which are presented to the D&T Committee
- the D&T committee quarterly newsletter on medicines safety
- the insulin passport approved by D&T and implemented
- E prescribing continues to be rolled out across the Trust and issues are monitored by the D&T Committee

Recent audits have shown a decrease by 13% in medication errors as a result of E Prescribing and this data is being presented at national conferences.

Final CQC Report and Trust Action Plan – The final CQC report of the unannounced inspection on 29th January 2013 is now available on the CQC public website. A communication had been issued to all Trust Staff signed by the Chief Executive and Chairman following receipt of the final report in April 2013. A number of actions in relation to the care and welfare of acutely ill medical patients on outlying wards had been developed and implemented. It is expected that the CQC will revisit the Trust in the coming weeks.

5. Recommendations

The Trust Board is asked to note the key issues discussed at the Quality Committee on Wednesday 16th May 2013.