

Whittington Health Trust Board

25 September 2013

Title:	Report of the Quality Committee held on Wednesday 24th July 2013		
Agenda item:	13/118	Paper	3
Action requested:	For noting.		
Executive Summary:	<p>The purpose of this paper is to :</p> <ul style="list-style-type: none"> • inform the Trust Board of the key issues discussed at the Quality Committee on Wednesday 24th July 2013 • advise of any concerns with regard to quality and safety • provide assurance to the Board on the Trust's governance systems and, • identify examples of innovative and quality care. <p>Innovative and Quality Care: - The following were noted by the committee</p> <ul style="list-style-type: none"> • The Trust received a positive report from CQC following an unannounced inspection of hospital services on 3rd June 2013 with compliance against all standards being achieved. • The annual Infection Prevention and Control Report demonstrated that the Trust had a nine per cent reduction in the number of C-Difficile cases and was significantly below the target of 21 cases for 2012/13. There were only two episodes of avoidable MRSA bacteraemia cases in 2012/13. • An information hub for people with cancer has been commissioned in partnership with Macmillan Cancer Support. This will be installed in the main entrance of The Whittington Hospital to provide timely and understandable information for people with cancer. • The Friends and Family Test introduced by the government in April 2013 has been well received by patients with overnight stays in The Whittington Hospital. However more work is required to improve both the response rate and satisfaction with the Emergency Department (ED). • The 2012/13 in-patient satisfaction survey demonstrated further improvements in overall patient experience for people using Whittington Hospital services. 		

		<ul style="list-style-type: none"> The annual clinical audit and effectiveness report identified that there continued to be an excellent record of national audit and confidential enquiry participation. <p>The committee received quarterly reports from a number of sub committees, the details of which are outlined in the report.</p> <p>In addition, the committee received and approved the following annual reports 2012/13 - Clinical Audit and Effectiveness; Infection Prevention and Control; Safeguarding Children which will be reported to the Trust Board in September and October 2013.</p> <p>The committee received assurance on actions being taken to address concerns raised at previous committee meetings in relation 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. Sustainable Improvements being made in meeting timescales for the completion of SI investigations 					
Summary of recommendations:		The Trust Board is asked to receive the report and to approve the recommendations and decisions 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 August 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 24th July 2013

1. Introduction

The Quality Committee met on Wednesday 24^h July 2013 and received a number of regular reports from the divisions and sub-committees including:

- Quarter 4 2012/13 Aggregated Complaints, Incidents and Claims
- Quarter 1 2013/14 Safeguarding Children, Infection Prevention and Control (IPC) and Patient Experience Report, CQC QRP report
- Bi-monthly - NHSLA Progress Report, Serious Incidents Report, Safety Thermometer
- CQC Report of Inspection June 2013
- Saville Allegations Update report
- Pressure Ulcer Strategy
- Patient Safety Walk About Report

The following annual reports were received and approved:

- Infection Prevention and Control (to be presented to Trust Board in September 2013)
- Safeguarding Children (to be presented to the Trust Board in October 2013)
- Clinical Audit and Effectiveness

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 on their divisional risk register 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 Integrated Care and Acute Medicine (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 may impact on health services.

It was noted that the contract for providing healthcare in Pentonville prison from April 2014 is currently out for tender and that the Trust is bidding for the contract. As a result of the tender process the Trust is currently reviewing its operational and governance arrangements. The tenders close in September 2013. It was agreed that a small group of Quality Committee members would arrange a quality visit to the prison in October/November 2013 with the division providing a deep dive review of the services to the committee at its November meeting.

There was discussion about the ongoing environmental issues that had been highlighted by the Infection Prevention and Control team during their audit several months ago. The report

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had been considered at the monthly partnership governance meeting and escalated to NHS England, the prison health care commissioning body. Some money is being released by NHS England and the prison to address issues raised. However the lead nurse for IPC advised that at present the standards for infection prevention and control in health care settings are not being met. The Divisional Director for Operations agreed to raise the concerns of Quality Committee at the next partnership board and to ascertain a date from the prison when the standards will be met.

Bed Pressures and Medical Outliers –The committee was advised that the additional extra medical beds in surgical wards are no longer open. However, medical outliers do remain in surgical wards with a number of surgical patients displaced to Betty Mansell ward. Work is ongoing with clinicians to determine the agreed bed base of medical and surgical wards.

Emergency Department – The division highlighted a number of improvements in performance in ED in relation to access targets. However, it was noted that the experience of patients as reported through the Friends and Family Test is poor.

Improvements in the environment have also been made and an environmental audit will be completed by the IPC team in the coming weeks once the works have been signed as completed. The complaints backlog in ED is now cleared and the division has put in place measures to maintain and sustain the improvement. In relation to ED, there was discussion about the impact of the ED being a designated place of safety and the implications this has for partnership working with healthcare staff, social care and security staff including the police. The Head of Nursing acknowledged the complexity of the situation not just in ED but across the Trust. She informed the committee of a piece of work currently ongoing to strengthen the assessment process with joint input from clinical, security and mental health staff and the development of a clinical escalation policy to support both clinical and security staff when dealing with difficult situations. A rapid response team approach is being developed to ensure adequate and appropriate response. She also outlined the safeguarding alert system in place with the local authority where any party can formally raise safeguarding concerns.

Serious Incidents – The division reported improvements in reporting and quality of reporting in relation to serious incidents. Outstanding areas for further improvements both in reporting and timescales are the death in custody root cause analysis (RCAs) which are dependent on co-operation from the prison staff. This has been raised with the prison governor. Learning from the RCAs into pressure ulcers acquired in community settings is also an area of concern. The Trust is currently participating in a collaborative learning set with a number of other Trusts led by McKinsey. A deep dive into pressure ulcer acquisition and prevention is planned for the September Quality Committee.

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 and outlined by the Intensive Support Team. A clinical review group under the chairmanship of Dr Henrietta Campbell, from the NHS England London Office, has also been established. The division outlined the progress made and confirmed that the backlog of

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patients to be seen will be completed by end of September 2013. In response to a query, it was confirmed that new processes and systems are being implemented that will prevent this situation occurring in future. The new performance report being introduced will outline clearly the position with the 18 week target to the Trust Board monthly. In relation to patients harmed by delay, the division outlined the robust process in place to determine the extent of this, which is minimal to date. Each case of delay will continue to be reviewed and, if there is evidence in the future that a patient suffered harm as the result of delay, this will be investigated as a serious incident and reported through the STEIS reporting system.

Bariatric Services - The inquest into the death of a patient following bariatric surgery was heard in June 2013. While there was no criticism of the Trust, the coroner did raise concerns in relation to the surgeon. It was noted that investigations involving the Royal College of Surgeons, General Medical Council and the Trust are ongoing.

Medical Outlying Patients in Surgical Wards - This situation continues and is monitored daily. As reported by the ICAM division, work is ongoing with clinicians to determine the required bed base and bed location.

Serious Incidents and Complaints - The unexpected death of a surgical patient on Betty Mansell Ward is being investigated as a serious incident. Progress with completion of complaints investigations is ongoing and, with renewed processes, the division hopes to be meeting the target response times by the end of September 2013.

Innovative Practice – The implementation of the Macmillan Cancer Support information unit was noted as good practice with the availability of up-to-date information for patients with cancer. A further innovation noted by the committee is the funding available for a scalp cooling unit for patients undergoing chemotherapy.

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. Current provision of safeguarding training has been increased to support the large numbers of staff in the Women, Children and Families Division who require their bi-annual training at the same time

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.

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New Born Visits – While significant improvements have been made in meeting the 14 day target, further progress is required to meet the 95% target. It is hoped that the planned recruitment into health visitor vacancies in September will impact on this.

CQC - The committee was advised of a planned CQC inspection of district nursing and health visiting services in Islington in July 2013. Feedback has not yet been received.

Innovative Practice – The Electronic patient Record (EPR) has been implemented in the division and is currently working well. A review of structures in the division has seen the addition of a senior quality manager post which will support the division and managers.

4. Standing Monthly and Quarterly Reports

NHSLA Level 2 – The report outlined the changes currently being implemented by NHSLA. In line with these changes the report outlined a proposal to halt its current process to achieve level 2 by the end of the year and to refocus attention on its policy approval process ensuring that the principles required for NHSLA level 2 are incorporated within the Trust's processes. This has been agreed by the Executive Team and was noted by the committee.

Safety Thermometer – This monthly report was presented for June 2013 with a 100% data collection in both acute and community settings. The thermometer is a point prevalence study which provides data on prevalence of four 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, we are achieving 94.1% harm free care across acute and community settings. The main area of concern is the prevalence of pressure ulcers. A CQUIN has been agreed to reduce the incidence of healthcare acquired pressure ulcers grade 2-4 by 50% in 2013/14. A pressure ulcer strategy has been developed and was presented to the committee for approval.

Safeguarding Children – The report to the committee concentrated on training. Improvements were noted and work is ongoing to meet the target of 80% compliance at level 2 and 3 by end of September 2013. Current performance is Level 1 - 83%, Level 2 –44%, Level 3 – 48%.

Infection Prevention and Control Quarter 1 Report – The report was presented by the lead nurse IPC. Attention was drawn to the C-Difficile target of 10 per year and the zero MRSA bacteraemia target. To date, the Trust has had 7 health care acquired C-Diff cases and 1 post 48 hour MRSA bacteraemia. A renewed focus on hand hygiene training and audits has been approved by the Trust Operational Board and a business case to improve the visibility of hand hygiene stations is being developed.

Serious Incidents – A verbal report was presented which outlined that since the Quality Committee meeting In May 2013 there had been 10 serious incidents reported through STEIS:

- 1 unexpected admission to ITU following childbirth;
- 1 attempted suicide in Pentonville
- 1 delayed diagnosis
- 1 death following a fall

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- 1 unexpected admission to neonatal unit
- 1 unexpected death.

A number of actions have been implemented to reduce the number of falls and the Trust is participating in a learning collaborative led by the McKinsey group to reduce the incidence of community acquired pressure ulcers.

Complaints, Incidents and Claims – The report was noted and discussed in divisional reports. It was noted that while claims have been rising month-on-month, the increase is not significant and is in line with other trusts. The focus of future reports will be on learning from complaints incidents and claims and the report will also include inquests to give an overall trust-wide view of issues and learning required. An annual report will be presented to the committee at its November 2013 meeting.

Patient Experience – The main focus of this report was Friends and Family Test and Inpatient Satisfaction Survey 2012/13. In terms of Friends and Family, the Trust performed well on response rates at 36% from inpatient wards and an overall net promoter score of 66 in in-patient wards. However, the ED performance was poor with a response rate of 5.6% at the end of quarter 1 and an overall net promoter score of 14.6. Increased effort is being applied in the ED to both improve uptake and response rates and to improve the feedback from users. The majority of negative feedback related to long waiting times and lack of information.

The Inpatient Satisfaction Survey for 2012/13 showed continued improvements in a number of areas. The areas where the Trust had not scored well include quality of hospital food, noise at night, doctors and nurses talking about patients as if they weren't there, emotional support and someone to talk to about worries and fears, information provided to patients, information provided to family and carers, patients being involved in decision making, side effects of medication and delays in discharge. An action plan to address these issues has been developed and will be monitored by the patient experience steering group.

5. Annual Reports

Director of Infection Prevention and Control (DIPC) Annual Report 2012/13

This draft report was written by the Director of Infection Prevention and Control (DIPC) Dr Julie Andrews and was presented by the Lead Nurse IPC Patricia Folan. It was reported that the Trust was ahead of the C-Diff target for 2012/13 with 16 cases acquired in hospital against a target of 21. While the target of one hospital acquired MRSA bacteraemia was exceeded by one with a total of two for the year, the continued improvements in this area were acknowledged by the committee. Further improvements were documented in the report in relation to surgical site infections. The report was approved by the committee and will be presented to the Trust Board in September 2013.

Safeguarding Children Annual Report 2012/13

The draft Safeguarding Children's report was presented by the named Nurse for Safeguarding Children in Haringey. The report outlines the progress made in safeguarding children across

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the Trust in Haringey, Islington and The Whittington Hospital during 2012/13. A full complement of safeguarding children specialist team has been in place, the uptake of level 1 training in safeguarding children has been compliant with the required targets. However, targeted staff to complete level 2 and 3 training has changed and has resulted in the Trust being significantly behind the 80% compliance target. Following further amendments, this report will be presented to the Trust Board in either September or October 2013.

Clinical Audit and Effectiveness Annual Report 2012/13

The Clinical Audit and Effectiveness Report 2012/13 was presented by Senga Steel, Assistant Director of Quality, Innovation and Research. The report outlined the progress made in the year. The report outlined activity in relation to clinical audit; national confidential enquiry into patient outcome and death (NCEPOD), NICE guidance and local guidelines. The report identified that Whittington Health continues to have an excellent record of participation in national audits with a notable increase in the completion of high quality local audit reports. Examples of improvements in practice following the completion of audits were identified. A review of the Trust's clinical audit programme was undertaken and significant areas for improvements in 2013/14 were identified and included in the work programme. The report also identified the organisational relevant NICE guidance and included a comprehensive synopsis of action taken following non compliance with the guidance in a specific area. An in-depth review of the Trust's clinical audit policy was also undertaken and actions identified to bring the policy to the standard required of NHSLA level 2. A number of notable achievements for 2013/14 have been identified and included in the work programme.

5. Adhoc Reports

The committee was updated on progress with actions following the Saville allegations earlier in the year, which are almost completed, and will be reported back to the committee on completion in November 2013.

The committee was also updated on the schedule of patient safety walkabouts – an annual report will be submitted outlining themes, trends and actions identified during the walk rounds in January 2014.

The pressure ulcer strategy was approved.

6. Policies

A number of policies were approved and recorded in the minutes

7. Recommendations

The Trust Board is asked to note the key issues discussed and decisions taken at the Quality Committee on Wednesday 24th July 2013.