

Whittington Health Trust Board

23 October 2013

Title:	Report of the Quality Committee held on Wednesday September 2013		
Agenda item:	13/136	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 25th September 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 inspection of district nursing and health Visiting services in July 2013 with compliance against all standards being achieved • The draft annual Safeguarding Children Report provides assurance that the correct structures and resources are available to the Trust to meet its statutory requirements • A Macmillan Information Hub for people with cancer has been established in the main hospital foyer with the appointment of the posts of information officer and analyst in progress • The Friends and Family Test response rate in the ED department is improving with the number of positive comments from people using the service increasing and the net promoter score for the Trust has improved from 44.5 in July to 56.4 in August 2013 • The Supervisor of Midwives team in Whittington health was awarded Team of the Year by Local Supervising Authority London Region, NHS England, in August 2013 • The annual Research and Innovation Report demonstrates the catalogue of innovative practice and research being undertaken by the Trust • A focus on the reduction of pressure ulcers acquired in hospitals has seen a 43 per cent reduction across all 		

		<p>grades from April-June 2013 compared to the same period in 2012</p> <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 at previous committee meetings in relation to:</p> <ul style="list-style-type: none"> • Ionising Radiation and Medical Exposure Regulations (IMER) • Actions being taken to assure the Trust that sufficient Child Protection Training sessions at level two and three 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 and complaints responses 					
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:		12 th October 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 25th September 2013

1. Introduction

The Quality Committee met on Wednesday 25th September 2013 and received a number of regular reports from divisions and sub-committees including:

- Divisional Risk and Quality Reports
- Patient Safety Committee
- Aggregated Complaints, Incidents, Claims and Inquests Quarter 1 2013/14
- Performance Report August 2013
- Safeguarding Training Report
- Safeguarding Children Quarter 1 2013/14
- Safeguarding Adults Quarter 1 2011/14
- Safety Thermometer
- CQC Quality Risk Profile
- Patient Safety Walkabout Report

The following 2012/13 annual reports were received and approved

- Safeguarding Children
- Research and Innovation
- Patient-led Assessments of the Care Environment (PLACE)

The following ad-hoc CQC report was presented to the committee as assurance that CQC standards are being met:

- Ionising Radiation and Medical Exposure Regulations (IMER)

2. Divisional Risk and Quality Reports

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 committee's requirements following its meeting in November 2012. The main issues of risk that were discussed are summarised below.

2.1 Integrated Care and Acute Medicine (ICAM)

The following risks were raised in the ICAM Report

Pentonville Prison – Given the complex nature of health services in prison settings Pentonville Prison remains a high risk on the Integrated Care and Acute Medicine (ICAM) divisional risk register. The committee acknowledged that there will be a deep dive into the provision of health care in Pentonville at its meeting in November 2013. A number of committee members will also undertake a visit to the prison ahead of the deep dive. The committee was advised that an inquest into the death of a patient in Pentonville in 2010 will be

Report of the meeting of the Quality Committee held on 25th September 2013

held on 30th September 2013. The report from the coroner will be considered in the deep dive report in November 2013.

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 in surgical wards continue during times of pressure. The reconfiguration of beds across the Surgery, Cancer and Diagnostics (SCD) and ICAM divisions continues to be under debate and will be completed in the next few weeks.

Emergency Department (ED) – Performance in ED continues to be variable. It was noted that the Trust switched over to Electronic Patient Records (EPR) on the weekend of 21st September 2013 and, while there were difficulties with the system bedding in which was affecting throughput in the ED performance, it is believed these will be sorted quickly. The Friends and Family Test response rate improved in ED in August 2013, however, it still remains below target. It was noted that the comments received about ED were more positive and the net promoter score had risen to + 50 in July and August 2013.

Serious Incidents (SIs) – The division reported improvements in reporting and quality of reporting in relation to serious incidents. The majority of SIs reported by the division are grades three and four pressure ulcers in community settings, although this is much improved compared to the same period in 2012/13 and 2011/12. A deep dive report on pressure ulcers was presented later in the meeting.

Complaints – Improvements in meeting response times for complaints continues with the division currently responding to complaints within the target response time in 87% of cases.

Child protection training – Efforts continue to ensure the division will be compliant with the 80 per cent target for level two and three child protection training by end of December 2013. Current compliance is 58 per cent.

Innovative practice – The division informed the committee of progress with enhanced recovery and the work streams relating to going home, ambulatory care and the 'hospital at home' scheme. A further innovation is the N19 project, which recognises the need to improve multi-disciplinary working in services for patients moving from hospital to home care. This project is aiming to co-locate multi-disciplinary teams and allocates a lead co-ordinator for each patient.

2.2 Surgery Cancer and Diagnostics (SCD)

The division highlighted the following clinical risks and mitigations:

IMER Update Report - The SCD division presented an update on the actions taken in the Radiology Department following the CQC Inspections of IMER services in 2012 and the follow up inspection in 2013. The annual Radiation Protection Report conducted by the Radiation Protection Service was also presented. The original inspection by CQC identified a number of areas where the Trust was required to make improvements and resulted in a detailed action plan. The follow up visit from the CQC and the Radiation Protection Service in 2013

Report of the meeting of the Quality Committee held on 25th September 2013

recognised the significant improvements and the work in progress. The committee was advised of the many improvements that had been implemented. The committee was told that there has been a significant cultural shift in the imaging department in relation to radiation protection and, while there has been an improvement in the reporting behaviour of staff, more work is required to embed a culture of safety through reporting incidents no matter how small on the Trust Datix system. Further improvements in assurance will be achieved when the Patient Archiving System (PACS) has been implemented. The delay of the implementation of the new PACS software has been added to the department's risk register and is being followed up with the Director of IT and Chief Operating Officer.

Cancer Patient Experience Survey 2012/13 - The cancer experience survey results for 2012/13 received in September 2013 were disappointing. The Trust was listed in the bottom 10 Trusts in England. The issues emerging from the survey have been reviewed and a plan developed to address those areas where patients had rated the Trust as poorly performing. The Trust Cancer Board has taken ownership of the plan and will monitor progress against actions monthly.

The main area of concern highlighted in the survey related to communication with patients and the availability of information. The Trust is working closely with Macmillan to improve this aspect of care. A Macmillan Information Hub has been installed in the main foyer of the hospital and the post of information officer jointly funded by the Trust and Macmillan is currently being advertised. The position of lead cancer nurse has been reviewed and advertised at a senior level with wider ranging responsibilities across all divisions. A senior management post in cancer services, which has been vacant for sometime, has recently been appointed and the post holder is now in post.

Discussions are ongoing with the clinical commissioning groups (CCGs) to develop a cross pathway approach to cancer care in order to prevent the silo approach to providing cancer services in hospital, separate to those in community settings.

The Cancer Board will report on progress with actions and improvements to the Patient Experience Committee, which will report to the Quality Committee quarterly. The division will continue to report on progress to the Quality Committee through its risk and quality report bi monthly. The next report to the Quality Committee in November will focus on fully understanding the reasons for the poor experience of patients and the division have planned to involve some patients in the work.

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 Hughes, from the NHS Commissioning Board London Office, has also been established. The division outlined the progress being made and confirmed that the backlog of patients to be seen will be complete by the end of October 2013.

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

Report of the meeting of the Quality Committee held on 25th September 2013

in relation to the surgeon. It was noted that investigations involving the General Medical Council and the Trust were ongoing.

Serious Incidents and complaints - The unexpected death of a surgical patient on Betty Mansell Ward in June 2013 has been fully investigated and, while the root cause analysis has identified some learning points, the post mortem reported death by natural causes. The formal inquest into the death is listed for the 30th September 2013.

Progress with completion of complaints and investigations is ongoing. There is currently one root cause analysis outstanding due to the complexity of the investigation. A renewed date for completion has been agreed with the CCG. Current progress with the response to complaints was noted with 63 per cent being responded to within target timescales.

Child Protection Training - Compliance with child protection in the division for level two and three training is 53 per cent.

Innovative practice - The implementation of the Macmillan Information Hub was noted as good practice with the availability of up-to-date information for patients with cancer. A further innovation noted by the committee was the funding available for a scalp cooling unit for patients undergoing chemotherapy. Additionally, a further two posts for clinical nurse specialist in stoma therapy have been advertised in response to the growing demand from patients with stomas.

2.3 Women Children and Families (WCF)

The main risks highlighted in the Women Children and Families divisional clinical risk report included:

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 – Work has commenced on upgrading the lift and it is likely this risk will be removed from the risk register in the coming months

Child protection training – Level 2 and level 3 training remains an issue across the Trust. However recent monitoring has evidenced an increase in the compliance with training at all three levels. Safeguarding training has been increased to support the large numbers of staff in the WCF division who require bi-annual training at the same time. Current compliance within the division at level two and three is 58 per cent.

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. The Trust has recently recruited a number of newly qualified health visitors with 13 additional staff coming into post between September 2013 and January 2014.

Report of the meeting of the Quality Committee held on 25th September 2013

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

CQC - The committee was advised that feedback had been received from the CQC following its inspection of district nursing and health visiting services in Islington in July 2013. The report has identified that all standards inspected are being met. A more in-depth report will be presented to the committee in November 2013.

A new risk in relation to midwifery staffing has been added to the risk register in response to an unprecedented high level of sickness absence during the summer months. This is genuine and long term sickness and resulted in a number of Datix incidents being reported. This has resulted in a high use of agency staff. Actions are being taken to address this risk with a targeted recruitment plan in September 2013. The Trust is confident that it will successfully recruit and is planning to over recruit to address the current sickness situation.

Serious Incidents and complaints - The division is investigating two incidents and both will be completed within the required timescales. In relation to complaints, 50 per cent have been responded to within the targeted timescales

Innovative practice - The Supervisor of Midwives Team were awarded Team of the Year by Local Supervising Authority London Region, NHS England, in August 2013.

3. Standing monthly and quarterly reports

Patient Safety Committee - Dr Kuper chair of the Patient Safety Committee, reported on the quarter one activity of the committee. He advised that he is in the process of reviewing the terms of reference of the Patient Safety Committee and developing a dashboard for reporting against a set of agreed indicators.

Complaints, incidents, claims and inquests - The report was noted and discussed in divisional reports. While claims have been rising month on month, the increase is not significant and is in line with other trusts. The committee noted the improvements in both meeting complaints response times and the completion of root cause analysis investigations into Serious Incidents. The main themes highlighted in the report were an increase in complaints across divisions relating to appointments and cancellation of appointments. In terms of incidents, it was noted that there has been an increase in reporting in maternity services relating to staffing levels. This was particularly associated with an unprecedented increase in genuine and unexpected long term sick leave which resulted in an increased usage of agency staff in August 2013. In August the overall response rate for complaints was 74 per cent against a target of 80 per cent.

Performance Report - The main quality and patient safety issues highlighted in the performance report were:

- **Introduction of Electronic Patient Records (EPR)** - This occurred on the weekend of 21st September 2013 and will continue to be rolled out during October with support

Report of the meeting of the Quality Committee held on 25th September 2013

provided to areas experiencing problems. A more detailed update will be presented to Trust Board at its seminar on 10th October.

- **Cancer waiting times** - While the performance report continues to highlight some delays in the cancer pathway, the committee was given assurance that the plans in place were delivering and the waiting lists will be on track from October 2013 onwards.
- **Delayed transfers of care** - The committee noted the significant reduction in patients experiencing delayed discharge arrangements.
- **Length of stay** - The committee noted the reduced length of stay across all pathways in the hospital.
- **Healthcare Associated Infections (HCAI)** - The committee was advised of the challenging target in relation to hospital-acquired infections. Currently, the Trust is above trajectory in relation to C-Diff and MRSA with nine and one case respectively.

The committee was advised that work is ongoing in relation to the development of a specific dashboard for quality and safety. However, it was noted that a number of quality and safety related dashboards for infection control, environmental cleanliness and hospital and community quality indicators are viewed within the relevant reports to the committee.

Safeguarding children training - Compliance with all levels of safeguarding children training continue with an expected trajectory that the 80 per cent compliance target at all levels will be met by the end of December 2013. Current compliance levels at the end of August 2013 were: level one 88 per cent, level two 57 per cent and level three 59 per cent. The report assured the committee that there were enough training sessions planned to address the shortfall by end of December 2013 and that all training sessions were now 100 per cent booked.

Safeguarding Children Quarter 1 2013/14 - The Safeguarding Children Quarter 1 April-July 2013 report highlighted poor compliance against the 80 per cent target for safeguarding children at level two and level three in quarter 1. This has improved significantly in quarter 2 with actions in place to meet this target by end of December 2013.

There are good levels of compliance with supervision targets, with additional work required in maternity services. The vaccination targets for children in care are showing below the expected target. It was explained that the figures were those currently available, however, the tracking of children in care was slow as many of the children no longer live within the borough and progress against targets was difficult to track. The true figure is believed to be higher than shown.

Safeguarding Adults Quarter 1 2013/14 - The Safeguarding Adults Quarter 1 April – July 2013 report was presented and included a programme of work in the future focussing on Mental Capacity Act (MCA) and Deprivation of Liberty (DOLs) training, a review of the safeguarding adults policy and an audit of the implementation of MCA assessments. The committee was advised that the CQC would complete a planned inspection of Whittington Hospital in late October 2013 in relation to MCA.

Report of the meeting of the Quality Committee held on 25th September 2013

The report focussed on areas of concern including pressure ulcers acquired in community and in the hospital while patients are in receiving care services. Improvements were noted in both acute and community settings with a 58.8 per cent reduction in grade two pressure ulcers in hospital compared to quarter 1 2012/13 and a 50 per cent reduction in grade three and four pressure ulcers in hospital compared to quarter 1 in 2012/13.

There were similar downward trends in grade two pressure ulcers in Haringey and Islington with a reduction of 50 per cent in Haringey and 40 per cent in Islington and a 10 per cent reduction in grade three and four in Haringey and 40 per cent in Islington.

In relation to safeguarding alerts in both boroughs of Islington and Haringey, the information was not available from the local authorities for quarter 1.

The Dementia in Action Programme Plan was presented to the committee. The committee was informed that there was a target to train 350 members of staff in Whittington Health by the end of August 2013, a total of 324 members of staff were trained. A further target has been set to train 800 staff by the end of March 2014. While this is challenging there is a real focus and drive to achieve the target. The Trust is meeting the CQUIN target for dementia screening and assessment. A number of actions to improve the experience and care of patients with dementia are underway. Initiatives to improve the hospital environment for people with dementia have been highlighted in a business case for capital development.

The Trust's response to the Winterbourne Report was also noted.

Safety Thermometer - The August report was presented which included a 100 per cent data collection in both acute and community settings. The Safety Thermometer is a point prevalence study, which provides data on the 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 per cent harm free care. In the current period, Whittington Health is achieving 94.1 per cent harm free care across acute and community settings. The main area of concern is the prevalence of pressure ulcers. However, it was noted that the majority of pressure ulcers included in the data were old and, while prevalent, the majority were not acquired while the patient was under the Trust's care. A CQUIN has been agreed to reduce the incidence of health care acquired pressure ulcers grade two to four by 50 per cent in 2013/14. The Trust is meeting this target.

CQC Quality and Risk Profile - The report highlighted that there were no red or deteriorating risks identified that the Trust was not aware of. It was noted that the CQC were reviewing the use of QRP.

Patient Safety Walkabout - The Patient Safety Walkabout Report was noted. More detailed reports on actions emanating from the walkabout will be provided through the Patient Safety Committee reports to the Quality Committee.

4. Annual Reports

Safeguarding Children 2012/13 Annual Report - The final draft report was noted and approved for presentation to the Trust Board in October 2013.

Report of the meeting of the Quality Committee held on 25th September 2013

Research and Innovation 2012/13 Annual Report - The report was approved with the request that a few changes were made before it was presented to the Trust Board in October 2013. These included additional emphasis on collaborative working with local economies, which appeared to be understated in the report. The plans to increase commercial activity should be strengthened in the report.

Patient Led Assessment of Care Environment (PLACE) - The first annual PLACE audit occurred in April 2013. The results of the audit were reported to the Trust in early September 2013. The report highlighted that the Trust was above average in three of the measured components and very slightly below average on the fourth component, which related to privacy and dignity. The comments, which resulted in a lower score in this area, were related to lack of day space for patients in ward areas and poor facilities in out-patient clinics for private conversations. The senior manager in facilities, who is leading on this piece of work, is establishing a task and finish group to address the areas of concern. This report replaces previous PEAT (Patient Environment and Assessment Team) reports.

5. Deep Dive Reports

Management of pressure ulcers

The deep dive into the acquisition of pressure ulcers in acute and community settings is a high priority for the Trust. The data presented was up to the end of quarter 1 in 2013/14. It was noted that improvements have been seen across all levels of pressure ulcer acquisition in both community and acute settings. The CQUIN target to reduce the incidence of pressure ulcers by 50 per cent is being met. The Trust is also participating in a McKinsey-led collaborative, which had been successful across a number of trusts in the Midlands in 2012/13. The committee noted the dearth of reliable information on the acquisition of pressure ulcers in community settings, which was making benchmarking difficult. The committee noted the improvement work in this area.

It was noted that Pressure Ulcer Awareness Day is 21st November 2013. The Trust is planning a number of awareness initiatives for the day.

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 25th September 2013.