

Whittington Health Trust Board

8 January 2014

Title:	Report of the Quality Committee held on Wednesday 20th November 2013		
Agenda item:	14/007	Paper	3
Action requested:	For noting and approval		
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 20th November 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 introduction of the hospital-at-home service and rapid response service are showing early positive signs of improving discharge and preventing unnecessary hospital admissions • The Trust made a successful tender application to manage Family Nurse Partnership services in Hackney <p>The committee conducted a deep dive into health services at Pentonville Prison and noted the many improvements and examples of innovative practice in place there.</p> <p>The committee also noted that, while the Trust is not yet meeting the 80 percent compliance target with all levels of child protection training, significant progress has been made and it is expected that full compliance will be achieved by the end of December 2013.</p> <p>The annual Safeguarding Children Declaration was approved and will be posted on the intranet in January 2014</p>		

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:		N/a					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		2.1; 3.4; 3.5; 3.10; 3.11; 4.1					
Date paper completed:		13 th December 2013					
Author name and title:		Bronagh Scott Director of Nursing and Patient Experience		Director name and title:		Sue Rubenstein Non Executive Director – Chair of Quality Committee	
Date paper seen by EC	Yes 17/12/2013	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 20th November 2013

1.0 Introduction

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

- Divisional Risk and Quality Reports
- Patient Safety Committee Report
- Aggregated Complaints, Incidents, Claims and Inquests Quarter 2 2013/14
- Performance Report October 2013
- Safeguarding Training Report
- Safeguarding Children Score Card Quarter 2 2013/14
- Safety Thermometer
- Infection Control Committee Quarter 3 2013/14
- Half-Yearly Drugs and Therapeutics Report

The following 2012/13 annual reports were received and approved

- Safeguarding Children Annual Declaration

2.0 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 the divisions. The following risks were raised in the ICAM report:

2.1 **Integrated Care and Acute medicine (ICAM)**

Pentonville Prison – This was subject to a deep dive review of quality and risk and is reported on further in this report

Bed pressures and medical outliers – The committee was advised that the additional ward, Bridges, is now fully functional. Efforts are still being made to identify an experienced ward manager band seven and it is believed that a solution is imminent. Other senior staff nurses from wards in the hospital have been identified to staff the ward and provide assurance to the Trust Board on patient safety and experience. Additional beds are also available in surgical wards. Winter pressures funding has been acquired from Islington Clinical Commissioning Group (CCG) to fund the running of the ward to end of March 2014. There is capacity to open an additional 17 beds if required.

Complaints – The committee was advised of the continued poor compliance with meeting response times for complaints in ICAM particularly in the emergency department (ED). The committee was reminded that significant additional resource was provided from the corporate Patient Advice and Liaison Service (PALS) and complaints team in June 2013 to clear the backlog of complaints in ED. Unfortunately, the performance achieved at this time has not been sustained. The Chief Operating Officer (COO) is exploring the processes within the division to identify the root cause of the issue. The corporate PALS and complaints team are also reviewing processes in an effort to identify further improvements.

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The Director of Nursing and Patient Experience advised that there had been a significant reduction in senior staff resource in the corporate complaints and PALs team earlier in the year as part of the cost improvement plans (CIPs) and this is now being reviewed.

Child protection training – The Division confirmed that it is on course to achieve the 80% compliance requirement for all levels of CP training by end of December 2013.

Patient experience – Friends and Family Test (FFT) – While the majority of wards in ICAM are now performing well on the FFT, ED remains problematic with a compliance rate of just six per cent in October. A number of actions are being considered and the COO confirmed his commitment to ensuring that the ED department takes ownership of this issue and works towards meeting the 15 per cent compliance target by end of quarter three.

Patient falls – The division has implemented a number of actions to reduce the number of patients harmed by falls while in hospital. While this is improving, given the nature and age of patients being admitted to hospital, the risk of harm sustained by a fall remains on the risk register.

Pressure ulcers – The division reported a significant reduction in pressure ulcers acquired in hospital in the past year. The focus is now on reducing the acquisition of pressure ulcers in community settings and, while there is evidence of improvement, work is ongoing to further reduce incidence. The committee receives regular reports on incidence and actions.

Innovative practice

The division cited innovative practice in the following areas:

The hospital-at-home service is being rolled out with an aim to increase the number of patients discharged from hospital as soon as they are medically fit.

An external review of endoscopy services has identified significant improvements in the service which have now been embedded as usual business.

Early evaluation of the rapid response service by matrons in Haringey is showing that a number of hospital admissions into both North Middlesex Hospital and The Whittington Hospital have been avoided by redirecting patients to the appropriate community services.

Serious incidents – Good progress continues with both the quality of root cause analysis (RCA) investigations and the timeliness of serious incident (SI) investigations. Positive feedback on the quality of the RCA investigations had been received from the North and East London Commissioning Support Unit (CSU).

N19 Project – The N19 Project has seen the integration of community nursing, allied health professionals (AHP) and social services teams to provide more joined up integrated care to patients and service users living in N19.

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2.2 Surgery Cancer and Diagnostics (SCD)

Cancer targets – The division reported that meeting the cancer targets remains challenging. However, controls are now in place to track progress against targets which has improved significantly. It was noted that the failure to meet the two-week target was related to patient choice and patients failure to understand the need to be seen within a two week window.

Cancer patient experience – The action plan to address the issues raised by patients in the recent cancer experience survey is currently being completed. It will be shared with the Commissioner Quality Review Group in December 2013 and will be presented to Quality Committee in January 2014.

Complaints – The committee was advised of the continued poor compliance and recent deterioration with meeting response times for complaints in SCD. The COO explained that the division had seen a number of resignations of senior managers in recent months and it was proving difficult to identify suitable candidates either on an interim or permanent basis to fill vacant posts. However, it was noted that approval has been given to appoint a governance lead for the division and that, along with additional support from the corporate governance team, will assist in improving compliance against response times by the end of the financial year. The earlier comments regarding corporate resource made by the Director of Nursing and Patient Experience were noted as being relevant to SCD also. The main themes identified in complaints relate to attitude of staff and lack of information about procedures. The attitude of staff issue is being addressed through a number of actions being taken as part of the improvement plan implemented to improve performance against the 18 week referral to treatment target.

Infection prevention and control – The division reported a second MRSA Bacteraemia acquired by a critically ill patient in ITU. An RCA investigation is underway and will form part of the Trust's submission to the coroner for consideration at inquest. There had also been two C-Diff cases in the division, in ITU and Coyle Ward, both had been subject to an RCA investigation, with no obvious source identified.

Nurse staffing levels – Continued concern regarding nurse staffing levels in Victoria Ward were highlighted particularly in relation to extra beds being opened in this ward to deal with bed pressures. The Director of Nursing and Patient Experience advised that approval had been given by the Chief Finance Officer (CFO) and COO on her recommendation to appoint additional staff to this ward. This was based on the evidence that permanent appointments will save money and increase the standard and quality of care and experience for patients. She added that she is currently finalising a ward nurse staffing review which will recommend a significant uplift in substantive nurse staffing levels. This will allow the Trust to employ a zero agency policy, which will result in a reduction of cost and improved quality of care.

Referral-to-Treatment (RTT) – It was noted that work continues to achieve the 18-week target. This has been somewhat impacted on by the implementation of the electronic patient record. However, plans are in place and are being closely monitored. In relation to the aggregated review of the endoscopy and RTT processes and systems, the Director of Nursing

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and Patient Experience advised that this is almost complete and will be presented to Trust Board in February 2014.

Serious incidents – The division reported that it's newly established Patient Safety Committee is reviewing all incidents and investigations. As a result, it had identified a serious incident related to an unexpected death several months ago. While the patient had not been expected to die, it was noted that she did have a number of high risk factors and the RCA investigation would seek to identify if there had been any omission or intervention that resulted in her death. A further two SIs in ITU had been reported, both related to the same patient and included the acquisition of MRSA bacteraemia. The same patient also acquired a grade three pressure ulcer on his leg, associated with pressure from traction to treat a fracture. Both are currently the subject of RCA investigations.

Child protection training – The division is currently reporting that 78 per cent of staff has completed the appropriate level of child protection training. It is expected that the 80 per cent target at level one, two and three will be met by end of December 2013.

Innovative practice – The division reported that a lead nurse for cancer services had been successfully recruited and would take up post in January 2014. The Macmillan Cancer Information and Support Centre Manager had also been appointed and are expected to commence in post in January 2014.

2.3 Women Children and Families (WCF)

Complaints – As in the other divisions, compliance against the 25 day response target is poor. The Acting Director of Operations for the Division explained that this was mainly due to the complexity of the complaints. She did point out, however, that the division had recently appointed a Head of Governance and all efforts would be made to achieve the target by end of February 2014

Patient experience – The committee was advised that the Friends and Family Test (FFT) had been implemented in maternity services in October 2013 with promising results of 14.2 per cent compliance against a target of 15 per cent. The maternity patient satisfaction survey results have been received by the Trust and demonstrate a number of improvements on previous surveys. A full report will be presented to the committee at its meeting in January 2014.

Obstetric theatre C – It was noted that the risk of having only one obstetric theatre remains as a high rated risk on the division's risk register. The business case for improved maternity facilities currently going through approval processes has made provision for a second theatre.

Obstetric lifts – The division noted that, while the maintenance and upgrading of the lift remained as a high risk on its risk register, work was now in progress and it would be removed once that work was completed.

Neonatal unit – Capacity in the neonatal unit remains a high risk for the division. Due to pressures on beds in the unit, babies are being transferred for transitional care in the

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maternity unit prior to discharge. This issue is being addressed in the business case being developed for a new maternity unit.

Maternity unit staffing levels – The division reported a number of incidents reported on Datix relating to the shortage of midwives, which had resulted in an increase in the use of agency staff.

It was noted that this was related to an unprecedented increase in sudden and long term sick leave. However, in recent weeks, the Trust had successfully recruited into a number of vacant posts and had recruited additional staff to cover the long term sick leave.

Child protection training - Compliance against the 80 per cent target for all levels continues to improve with the current position being Level one – 76 per cent; Level two – 59 per cent and Level three – 64 per cent. It is planned that the uptake of training rates for all levels will be compliant by the end of December 2013.

Innovative practice - A recent report from the Care Quality Commission (CQC) following an inspection of health visiting services in Islington was complimentary of the services provided. A few items of improvement related to communication had been highlighted and action plans are being developed to address this.

The committee was advised that the Trust had been successful in its tender application to provide the Family Nurse Partnership (FNP) service to Hackney Borough.

3.0 HMP Pentonville Deep Dive

The report outlining the deep dive review of services in Pentonville prison was compiled through the aggregation of a number of audits, quality visits and inspections conducted by Quality Committee members, IPCT, senior nurses and HMP Inspectorate and CQC.

It was noted that the prison is a complex organisation presenting many challenges to health providers. A recent review of prison services had increased this complexity and associated challenges. Despite this, progress had been made in recent months with a positive report from the Inspectorate visit in August 2013. It was also noted that a new prison governor had been appointed and it was hoped that a number of changes required in the provision of health services to prisoners would improve as a result. A number of innovative practices were noted including the fully integrated pharmacy service with primary care, the piloting of national performance indicators, and an enhanced cleaning regime which saw the recent environmental audit move from red to amber. A refurbishment programme is currently underway which will be completed in March 2014. A recent infection control audit of health care facilities in the prison was green. Both the health promotion service and inpatient day care are currently under review and an hour-by-hour review of prisoner whereabouts has been introduced to reduce the high Did Not Attend (DNA) rates at health care clinics provided in the prison. The health service has recently introduced a well man clinic. Challenges remain in recruiting suitably experienced and qualified nurses with the agency usage remaining high. An initiative to up-skill mental health nurses is underway to improve flexibility in the work force provision and reduce reliance on agency staff.

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4.0 Safeguarding Children Score Card Quarter 2 (July-September 2013)

The score card was presented to the committee and the improvement in child protection training uptake was noted. It was, however, pointed out that given the recent focus on acute services the community staffs uptake of training had dropped; assurance was however given that this will be rectified by the next report.

The current performance Trust-wide on Safeguarding Children/Child Protection training was reported as:

Level one: 94 per cent

Level two: 75 per cent

Level three: 77 per cent.

It is expected that the 80 per cent target for all levels will be achieved by end of quarter three (December 2013).

Child protection supervision for midwives had also dropped off and this was being addressed by the Head of Midwifery.

The Annual Safeguarding Children Declaration of was approved by the committee. This will be presented to Trust Board in February 2014 and posted on the Trust intranet thereafter.

5.0 Patient Experience Quarter 2 Report

The patient experience report covered the period from 1st July - 30th September 2013 and provided an update on the Friends and Family test (FFT), complaints response times and local and national patient satisfaction surveys. The Trust's performance on the FFT in September for inpatient wards and ED was 11.7 per cent; - the CQUIN target is a combined response rate of 15 per cent. The ED response rate for September was 6.7 per cent. The overall score from the number of patients who would recommend the service was 49.9 in September. A number of actions are in place to improve the response rate in ED. The main themes coming from the comments posted by patients included positive comments about staff attitude (33 per cent), positive feedback about care and treatment received (23.5 per cent), and positive feedback about the service in general (22.6 per cent). Negative feedback related to staff attitude (2.5 per cent), staffing levels perceived as being inadequate (4 per cent), poor food (3.7 per cent), and the environment being noisy and disruptive (2.5 per cent).

The committee was advised that the FFT has been rolled out to maternity services from 1st October 2013, with women being asked about their experience at four stages of the maternity pathway – antenatal, birth, post natal ward, post natal community. The target is set at 15 per cent combined across all four stages and the first data set will be published in January 2014.

The report also identified ongoing problems with response rates to complaints within the 25 day target. The Trust is performing well below the 80 per cent target and a number of actions are being implemented to ensure the target will be met by the end of quarter four. Actions include increasing resources both in divisions and corporately to improve performance as well as reviewing the processes in the corporate team and divisions.

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In terms of patient satisfaction surveys, it was noted that a specific action plan to respond to issues raised in the cancer patient experience survey has been devised and will be reported to Quality Committee in January 2014. The results of the maternity patient satisfaction survey will be published in early December 2013 and will be reported to Quality Committee in January 2014. The annual inpatient satisfaction survey is currently in progress and will be reported to Quality Committee in due course.

6.0 Drugs and Therapeutics Report – The report was received.

7.0 Patient Safety Report

The Patient Safety Report was received by the committee. The main issues raised at the Patient Safety Committee included concern about the number of incidents reported on Datix which were not being processed within the seven-day deadline. The Chair of the Patient Safety Committee is writing to divisional directors to ask that this is urgently addressed and a review of the Datix hierarchy is being reviewed by the committee.

In relation to reporting of incidents to the National Reporting and Learning System (NRLS), it was noted that Whittington Health is not recognised as an Integrated Care Organisation and is documented by NRLS as a medium acute trust. The information received on reporting data is therefore not fully indicative of the Trust position. The Patient Safety Committee Chair has written to NRLS asking for this to be rectified. This issue will be monitored closely with an update report to the Quality Committee in January 2014. It was also noted that the committee is working closely with the information team to develop a reliable patient safety dashboard.

8.0 Serious Incident Report

The Serious Incident (SI) Report covered the period 1st August – 31st October 2013. During this period, a total of 40 SIs had been reported. Two incidents had subsequently been deescalated. 34 of the incidents had been reported by ICAM of which 31 were pressure ulcers, the majority of which were acquired in community settings. Four incidents were reported by maternity, one by SCDs and the remaining incident was an information governance breach. The main themes being highlighted are record keeping/documentation, and temporary staffing usage. During this reporting period, 10 per cent (four) of the investigations were completed outside of the targeted timescales.

9.0 Infection Prevention and Control Report Quarter 2 2013/14

The main headlines from the quarter 2 July - September 2013 Infection prevention and control report include:

One case of hospital acquired MRSA Bacteraemia against a target of zero. A second MRSA Bacteraemia case related to health care was reported in Haringey community services during the same period; 14 C-Diff cases against an objective of 10 cases in the year. This means that the Trust has now breached the HCAI targets for 2013/14. While no specific trend on investigation has been identified, the Trust is planning an intensive hand hygiene campaign in January 2014. There was also a cluster of surgical site infections identified in orthopaedics,

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which was previously reported to the Trust Board. While there was no evidence of transmission, on investigation the fact that a cluster of infections was identified has prompted the Trust to report this as a serious incident. An aggregated RCA investigation is currently underway. The infection prevention and control team conducted a total of 267 audits during this time period, 83 per cent of which were fully compliant. As of the 8th November 2013, 50 per cent of staff had received the flu vaccination. The target for end of January is 75% and the Trust is ahead of plan to meet this.

It was also highlighted that a 2nd hospital acquired MRSA bacteraemia had been reported in recent weeks and this would be included in the quarter three report to the committee.

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