Report of the meeting of the Quality Committee held on 15th January 2014

1.0 Introduction

The Quality Committee met on Wednesday 15th January 2014 and received a number of regular reports from divisions and sub-committees including:

- Revised Terms of Reference for the committee
- Divisional risk and quality reports
- Patient Safety Committee Report
- Quality Performance Report (December 2013)
- Safeguarding Training Report
- Serious Incident Report
- Equality and Diversity Report
- Patient Safety Walkabout Report
- Patient Experience Report
- Care Quality Commission (CQC) Mental Health Capacity report

In keeping with committee requirements, the Terms of Reference (Appendix I) were reviewed and amended. It was noted that these are likely to be reviewed again in the next few months when a review of the Trust committee structure is undertaken.

2.0 Divisional risk and quality reports

The Quality Committee received divisional reports based on clinical risk, improvements and innovations. The committee had previously requested more comprehensive reports from the divisions. Sue Rubenstein, committee chair, noted that, while the quality of reports had improved significantly in recent months, there continued to be a need for analysed thoughtful escalation of risks reported in the papers. Lee Martin, Chief Operating Officer (COO), stated that the divisions are currently undertaking an exercise to map elements of quality and risk to the reports and are being assisted by the governance team. Improvements would continue over the next few months.

The following risks were raised in the Integrated Care and Acute Medicine (ICAM) report:

2.1 Integrated Care and Acute Medicine (ICAM)

Bed pressures and medical outliers – The committee was advised that the additional ward, Bridges, is now fully functional and operating safely under the leadership of an experienced ward manager redeployed from another ward. Other senior staff nurses from wards in the hospital have been identified to staff the ward. It was noted that, in a recent unannounced inspection by the CQC, verbal feedback received was that the ward was well-led and patients appeared to be well cared for. Current winter pressures and a recent surge in the admission of frail older people have resulted in additional beds in surgical wards. While there has been successful recruitment to vacant posts in medical wards lessening the dependence on agency staff, the opening of additional beds in the surgical wards has resulted in an increase in the use of agency staff on those wards. It was noted that a recent review of nurse staffing levels has indicated the need for uplift in the number of funded whole time equivalent posts in the surgical wards. This has been agreed by the Executive Committee and the Planning and

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Resources Committee and will be discussed at a Trust Board Seminar for approval at a Trust Board meeting in February 2014.

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 advised that the COO and the Director of Nursing (DON) have reviewed the complaints process, additional resource has been provided and a plan implemented to clear the backlog of complaints requiring a response. A commitment was given by both that the complaints target response time would be met by the end of March 2014 with a sustainable process and plan going forward.

The division specifically reported on work to review the complaints made about ED services. It was noted that there have been improvements in the number of complaints and responses in recent months through a process of education and training of staff in the handling, managing and response to complaints. The main issues of complaints related to communication, time in the department and staff attitude.

Child Protection Training – The division confirmed that it is on course to achieve the 80 per cent compliance requirement for all levels of child protection training by the end of March 2014.

Patient Experience (Friends and Family Test) – While the majority of wards in ICAM are now performing well on the FFT, ED remains problematic with a compliance rate of 10 per cent which is an improvement on the previous months performance. A number of actions are being implemented 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 the end of January 2014.

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.

Serious Incidents – While the majority of Serious Incidents (SIs) reported in the division are grade three and four pressure ulcers acquired in community settings these continue to reduce month-on-month compared to the same period last year. To date, the Trust is meeting the Commissioning for Quality and Innovation (CQUIN) requirements to reduce the incidence of healthcare-acquired pressure ulcers grades two to four by 50 per cent compared to 2012/13 incidence. Good progress continues with both the quality of root cause analysis (RCA) investigations and the timeliness of SI investigations. Positive feedback on the quality of the RCA investigations has been received from the Commissioning Support Unit (CSU) and reported by the clinical commissioning groups (CCGs) at the Clinical Quality Review Group meeting with the Trust.

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Innovative practice

The division cited innovative practice in the following areas:

All vacant nursing posts in medical wards have now been successfully recruited to.

Winter pressures have been managed safely through the opening and staffing of Bridges ward and through the leadership of the ward manager and her deputies.

The Trust, while under pressure, is currently meeting the ED 95 per cent target for seeing, treating and discharging patients within four hours of their attendance.

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. The main issue relates to patient choice with patients declining offers of appointment within the target time. Trust staff are now following up with these patients more robustly and proactively to ensure that they understand the need to attend appointments within the specific timeframe. Issues with meeting target times in urology services have been addressed and this target will be met by end of March 2014.

Cancer patient experience – The action plan to address the issues raised by patients in the recent cancer experience survey was presented. It was noted that the plan had been discussed in detail with commissioners who were supportive of actions being taken by the Trust.

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 a number of senior managers had left in recent months and it was proving difficult to find suitable candidates either on an interim or permanent basis to fill the 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 some staff 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.

Nurse staffing levels – Continued concern regarding nurse staffing levels in Victoria and Coyle Wards were highlighted particularly in relation to extra beds being opened in these wards 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 had also been approved by the Executive Committee. 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. This will recommend a significant uplift in substantive nurse staffing levels to allow the Trust to employ a zero agency policy which will result in a reduction of cost and improved quality of care. It is planned that the nurse staffing review will be presented to Trust Board for approval in February 2014.

Referral-to-Treatment (RTT) – It was noted that work continues to achieve the 18 week target. This has been impacted 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 and Patient Experience advised that this is now complete and has been approved by the various governance committees and will be presented to Trust Board in February 2014. It was noted that a review of the whole process related to RTT will be presented to the Trust Board at its meeting in public in April 2014 when the ongoing work is completed.

Serious Incidents – The division reported that its newly established Patient Safety Committee is reviewing all incidents and investigations. The Director of Operations for the division noted that it is likely, as a result of enhanced transparency and visibility of senior staff in the division that the number of SIs reported will increase. A number of clinicians and other staff will also be attending training on the detection, reporting and investigation of SIs over the next few months and this is also likely to increase reporting.

Child protection training – The division is currently reporting that 78 per cent of staff have 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 the end of March 2014.

Innovative practice – The division reported that the lead nurse for cancer services had been successfully recruited and started in early January 2014. The Macmillan Cancer Information and Support Centre Manager has also been appointed and commenced in post.

A quality standards group has been established across all divisions to map all elements of quality and innovation and risk and will report into the Patient Safety Committee, chaired by the Medical Director.

2.3 Women, Children and Families (WCF)

Complaints – As in the other divisions, compliance against the 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 that the division had recently appointed a Head of Governance and she reaffirmed the commitment made by the COO and DON that the response target would be met in the division by end of March 2014.

Patient Experience – The committee was advised that the FFT had been implemented in maternity services in October 2013 with promising results. The first reports would be made public at the end of January 2014. 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 March 2014.

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Health Visitors – The acting director of the division reported on the target to employ an additional 80 whole time equivalent (WTE) health visitors by March 2015. While the Trust is some way from meeting this target, there have been an additional 14 WTE health visitors employed since September 2013 and focused efforts would continue to be made to meet the recruitment target. Progress in this area is being closely monitored and supported by NHS England.

Obstetric theatre – It was noted that the risk of having only one obstetric theatre remains 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. This business case will be presented to Trust Board in February 2014 for approval.

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 this would be removed once that work has 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 maternity unit prior to discharge. This issue is being addressed in the business case currently being developed for a new maternity unit as referred to above.

Maternity Unit staffing levels – The division previously reported a number of incidents reported on Datix related to the shortage of midwifes, which had resulted in an increase in the use of agency staff. While this remains on the risk register, there has been a recent successful recruitment drive with all vacant posts being filled and a number of additional staff recruited to cover long term sick leave.

Child protection training – Compliance for all levels continues to improve although remains short of the 80 per cent target. Measures are in place to meet this target by the end of March 2014.

Saville Report – The acting Director of Operations for the division reported that all outstanding work in relation to the Saville Inquiry had now been completed. A number of policies have been reviewed and strengthened including the Visitors Policy and the Allegations Policy in response to the learning from the Saville investigation. This work was signed off as complete.

Innovative practice – The Trust has recently been assessed as meeting level two compliance with baby-friendly initiatives. The assessment focused on staff knowledge and skills.

3.0 Safeguarding training Report

The current performance trust-wide on safeguarding children/child protection training was reported as: level one: 77 per cent, level two: 61 per cent and level three: 68 per cent.

There was disappointment and concern noted that the target for safeguarding training had not been achieved by end of December 2013 as planned. This was attributed to unplanned

sickness in the administrative team and a reduction in the number of training sessions available due to staff capacity issues in December 2013. Additional sessions have now been scheduled from January to March 2014 and it is expected that the 80 per cent target for all levels will be achieved by the end of quarter four (March 2014).

It was also noted that the figures reported have been extracted from the electronic staff records (ESR) data base and a number of sessions will be added in the next few days giving a higher compliance with level two training.

5.0 Patient Experience Quarter 2 Report

The Patient Experience Report covered the period from 1st October 2013 – 31st December 2013 and provided an update on the FFT, complaints' response times and local/national patient satisfaction surveys.

The Trust's performance on the FFT in December 2013 was noted as 18.9 per cent which is above the 15 per cent target required. The main themes coming from the comments posted by patients included positive comments on staff attitude, the care and treatment received and the service in general. Negative feedback related to staffing levels perceived as being inadequate, poor food and the environment being noisy and disruptive. The committee was advised that the FFT had been rolled out to maternity services from 1st October 2013, with women being asked about their experience at three stages during their pregnancy seeking feedback about antenatal services, the labour ward/ birthing unit or home birth services, the postnatal ward and the postnatal community services. The target is set at 15 per cent combined across all four stages and the first data set will be published in late January 2014.A pilot of the community FFT will commence in February 2014 with the process fully implemented by December 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 March 2014. Actions include increasing resources both in the divisions and corporate services to improve performance as well as a root and branch review of the processes in the corporate team and divisions.

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 reported at this meeting. Progress will be monitored by the Patient Experience Steering Group. The results of the maternity patient satisfaction survey have been published and will be reported to the Quality Committee in March 2014. The annual inpatient satisfaction survey is now completed and will be reported to Quality Committee in due course, once results have been received. Preliminary results show an improvement by 5 per cent in the number of respondents who rated their experience as 10 out of 10.

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6.0 Patient Safety Walkabout Report

The quarterly Patient Safety Walkabout Report was presented. It was noted that, while there had been significant improvements in populating the visits, this is likely to deteriorate again in coming months given the vacant non-executive director posts. A report on each visit is shared with the department, the head of service, the relevant director of operations and the COO. Actions on issues raised are noted and reported through the divisional safety and quality committees. The purpose of the patient safety walkabouts was reiterated by the committee chair as an opportunity for senior executives and managers to engage with frontline staff on patient safety issues. Other issues raised by staff on the visits should be reported through the operational reporting line and appropriately addressed by service managers being escalated to appropriate directors where required.

8.0 Serious Incident Report

The Serious Incident (SI) Report covering the period 1st November- 31st December 2013 was presented. During this period, a total of 20 SIs had been reported, which is 20 less than the previous period. The majority (nine) related to grade three and four pressure ulcers, seven of which originated in community settings and two were acquired in The Whittington Hospital. In relation to the divisions, the following information was shared:

ICAM – have nine SIs under investigation, eight of which relate to pressure ulcers. The other SI, currently under investigation, relates to a delayed diagnosis and the investigation report will be submitted to the North and East London Commissioning Support Unit (NEL CSU) and shared with the patient as per the Trust's Being Open Policy in due course.

SCD – have seven SIs under investigation. The aggregated review of the referral to treatment (RTT) has been completed and submitted to NEL CSU and will be discussed at the Trust Board in February 2014. The other SIs relate to a cluster of surgical site infections, MRSA bacteraemia, delayed diagnosis, unexpected death, grade three pressure ulcer acquired in the Intensive Therapy Unit (ITU) and a never event which was reported to the Trust Board in January 2014. All SIs will be shared with the appropriate patients and/or their relatives/significant others in keeping with the Trust's Being Open Policy.

WCF – have three SIs under investigation. One is related to a blood spot screening incident, one to an unexpected admission to ITU and one to an unexpected neo-natal death. All SIs will be shared with the appropriate patients and/or their relatives/significant others in keeping with the Trust's Being Open Policy.

9.0 Equality and Diversity Report

The committee received a paper outlining progress on the equality, diversity and inclusion agenda in the Trust. The Committee received information on the Trust's progress towards compliance with the Equality Act 2010 and the public sector equality duties which require organisations to publicise equality information to demonstrate compliance with the legislation. The Executive Director with responsibility for providing Board assurance on compliance with the Equality Act is the Director of Organisational Development. The report outlined that during

2012/13, Whittington Health was one of 20 NHS organisations identified as equality and diversity partners which provided the opportunity to share good practice and learn from other organisations. The report also highlighted that the Trust's strategic goals and organisational values support the principles of equality, diversity and inclusion. Recent work in the Trust has highlighted the need to promote further the equality agenda with frontline staff and to increase staff awareness of the requirements of the Equality Act. The Trust is required to publish its progress in meeting the requirements in January 2015 and a programme of work has been identified to ensure that the Trust is well placed to provide evidence to support its assertion that equality, diversity and inclusion is everyone's business. Discussions are currently underway with local NHS partner organisations including the CSU to explore options for engaging relevant stakeholders in the agenda.

10.0 CQC Mental Capacity Inspection Report

The committee received the report following a recent CQC inspection of Whittington Health mental health provision. The inspection was conducted in October 2013 and the final report from the CQC was received at the end of November 2013. The inspection took place over one day and involved two CQC inspectors who visited ED and one inpatient ward. A variety of records and documentation presented to the CQC was scrutinised and a number of staff and service users were interviewed by the inspectors. There were no major concerns raised by the CQC, however, a number of areas for improvement were highlighted. Positive findings included good working relationships between Whittington Health and Camden and Islington Mental Health NHS Foundation Trust. The four areas highlighted for improvement include:

- availability of patient information advising on access to mental health advocates
- scrutiny of detention papers
- availability of registered mental health nurses to supervise patients being detained under the Mental Health Act
- lack of working protocols between Whittington Health and Haringey Police.

A joint action plan to address the four areas has been developed by the Whittington Health and Camden and Islington Mental Health NHS Foundation Trust. Both organisations are accountable for delivery of the action plan. The Director of Operations for ICAM will lead on the monitoring of the actions outlined in the action plan reporting to the ICAM divisional Board and to the Quality Committee through the corporate governance team's quarterly reports.

11.0 CQC Intelligence Monitoring Report

The CQC Intelligence Monitoring Report was received by the Trust in October 2013 and reported to Trust Board in November 2013. The report highlighted three areas of escalated risk which include:

- Under reporting of patient safety incidents
- Diagnostic waiting times
- ESR issues related to staff registration

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The committee was informed that the under reporting of patient safety incidents related to the period July - September 2013. During this period, there was a problem with software which prevented the recognition of data submitted by Whittington Health community services being recognised by the central reporting system. This problem has been resolved and it is expected that the next reporting period will see Whittington Health as a medium reporting organisation and the current elevated risk will, at that stage, be downgraded.

The issue of risk related to diagnostic waiting times refers to a period when a total of 144 patients waited beyond the six week target for diagnostic procedures. Following an improvement programme for endoscopy services, the performance against this target has seen improvements and the current position is a total of 46 patients waiting beyond the six week target period. This equates to 1.9 per cent of patients against a national average of 1 per cent.

In relation to the risk associated with ESR issues related to staff registration, a number of actions have been implemented to rectify the situation during December 2013 and January 2014 and a monthly monitoring of all professional registrations approaching expiry is in place.

12.0 Trust assurance tool for regulatory compliance evidence monitoring (Health Assure)

The paper provided an update on progress with the approved programme of work for the governance and risk team which has three main work streams:

- Training for service users
- User group sessions
- Local CQC compliance assessments

Health Assure is an online regulatory compliance evidence tool which allows managers to review each of the CQC outcomes related to their area of work and attach evidence demonstrating how the outcome is being met. The system then awards a compliance rating.

Local assessments of compliance have been conducted in the following areas:

- Dental services (Haringey)
- District nursing services (Haringey)
- Medical physics
- Mary Seacole Ward (Whittington Hospital)
- Simmons House (CAMHS service)

Dashboards for each of the areas assessed to date have been shared with managers and the appropriate divisional directors. Emerging themes from the assessments include:

- While staff are willing to raise verbal concerns, there is little documentary evidence of those concerns having been raised
- Poor attendance at training sessions
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- Lack of time in service areas to deal with unexpected events e.g. district nurses are allocated work schedules based on 15 minute slots, however, if an unexpected event occurs with a patient that requires more than the allocated 15 minutes, then the schedules for the rest of the day are adversely affected. This is being addressed in a review of district nursing services being jointly undertaken by the Trust and CCGs
- Lack of adherence to the documented Trust policy
- Lack of clarity for escalation of concerns or unresolved issues

It is planned to conduct two to three assessments across the Trust each month and to assist managers and staff to understand and use the Health Assure system to support them in raising and addressing concerns.