

Trust Board Meeting

ITEM: 8
DOC: 5

DATE: 28th March 2012

TITLE: Quality Committee Report February 2012

SPONSOR: Sue Rubenstein Non
Executive Director

REPORT FROM: Bronagh Scott
Director of Nursing and Patient Experience

PURPOSE OF REPORT: To Receive the Report

EXECUTIVE SUMMARY: This report gives an account of the issues discussed at the Quality Committee held on Friday 17th February 2012.

The February 2012 committee received the following reports

- Quality and Patient Safety Dashboard - which identified a need to triangulate quality and safety key Performance Indicators with Performance and Access Indicators and Quality. This is being taken forward by the Chief Operating Officer who will report on progress at the Quality Committee in March 2012. It was also noted that the dash board was not representative of Community quality indicators. It was confirmed that community indicators will be presented from March 2012
- NHSLA Progress Report – The Committee was advised that the Trust had achieved NHSLA level 1 on 15th February and will now progress to level 2 in 2013. Progress reports will be presented to Quality Committee going forward.
- Child Protection Quarterly Report (Quarter 3) – The committee noted the issues and concerns raised re the quality and reliability of data in relation to child protection training records and the fact that the Trust Board cannot be assured that the staff have received the required training. The problem is related to transfer of data from legacy trust ESR and is being addressed by the Director of People and the Chief Operating Officer. The child protection Risk Register was presented as part of the report and the Quality Committee noted and voiced concerns regarding availability of Health Visitors and the different commissioning priorities of Harringey and Islington PCTs. The Quality Committee has requested further information and assurance on actions being taken by the Women, Childrens and families Division when it reports to the Quality Committee.
- Serious Incident Quarterly Report (Quarter 3) – The main themes identified continue to be the incidence of grade 3/4 Pressure Ulcers in Haringey and maternity incidents, the majority of which are Post partum haemorrhage. It was noted that NHSL had recently commented on the improved quality of Investigation through Root Cause Analysis
- Drugs and Therapeutics Half Yearly Report – This report was presented for noting by the Chief Pharmacist and outlined the main work of the committee from April –December 2011 which had focussed on reconstituting the committee to reflect membership across the ICO, revised Terms of Reference to reflect Hospital and Community requirements, the harmonisation of policy across acute and community services.
- CQC – Compliance Report following the CQC Inspection of Hospital Services in Whittington Hospital in October 2011. This report was presented and discussed at Trust



Board in February 2012. The areas for improvement identified by the CQC were noted and the action plan will be reviewed at the March Quality Committee.

- Falls Action Plan – The introductory report of the reconstituted Falls Action group was presented by the Matron for Older People Services and outlined the work to be undertaken by the group which is focussing on Falls Assessment and staff training. A progress report will be presented to the Quality Committee in May 2012
- Pressure Ulcer Action Plan – The report outlined actions being taken in the Trust to reduce the incidence of Grade 3/4 pressure ulcers in community services. The lack of reliable benchmarking data was noted. However the committee acknowledged the focus being applied to this area and the improvements that are now being experienced. It was also noted that reporting of community data on pressure ulceration is still in its infancy across London.
- Policies Approved – Outlined in the main report

PROPOSED ACTION: For Noting

APPENDICES:

Appendix 1 - Quality Committee Work Programme

Appendix 2 - Quality and Safety Dash Board

Appendix 3 – Child Protection Quarterly Report; Quarter 3

Appendix 4 – Serious Incident Report; Quarter 3

DECLARATION

In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

This report relates to the following Trust Strategic Objectives –

- Deliver effective services that improve outcomes
- Improve the health of the local people
- Change the way we work by building a culture of innovation and continuous improvement

And complies with the Trust's requirement for CQC registration in relation to assuring the Board of the Trust's ability to provide safe and effective care and to question and challenge where there are concerns. As the committee that approves all clinical related policies it provides evidence and assurance as required by NHSLA

Supporting Information