

Trust Board Meeting**DATE:** 27 June 2012**TITLE:** Quality Committee Report May 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 18th May 2012.

The May 2012 committee received the following reports:

- **Quality and Patient Safety Dashboard** – The discussion highlighted the indicators that have been red rated for 3 months or more and each division was asked to provide assurance to the Committee on actions being taken and to indicate when it is expected the indicator will become green. Across all divisions the following indicators were discussed – Staff Sickness levels, Mandatory Training and Out-patient waiting times. For the Integrated Care and Acute Medicine Division specific red flag issues include falls in wards, Emergency re-admissions, 7 day ward rounds, and Emergency department waiting times. For Surgery Cancer and Diagnostics, red flags include falls in wards, Emergency re-admissions and 7 day ward rounds. For Women Children and Families additional red flag areas include New Birth visits and Out patient follow ups.
- **Women Children and Families Quality and Safety Report** – The following issues were highlighted in the biannual quality and safety report:
 - Serious Incidents
There have been 3 never events in the past 6 months, all related to retained swabs. Full RCAs are being completed.
 - New Birth Visits
Current and traditional commissioning of Health Visiting services in Haringey is focussed on a 28 day target for new birth visits compared to a national target of 14 days. However recent investment from NHS London into Health Visiting staffing establishments had provided funding for an additional 8 WTE health Visitors in Haringey over the next 12 - 18 months. To date an additional 4 posts had been recruited from neighbouring Trusts, and given the recent recruitment drive success the committee was advised that managers are confident there will be enough staff in post by end of August 2012 to focus on the 14 day target.
- **Safeguarding Children Report** – The Quarter 4 report highlighted ongoing issues regarding the recording of staff child protection training through the electronic Staff Record. Other issues included the Health Visitor Vacancies outlined above and Immunisation rates for Looked After Children.
- **Workforce and Development Report** – The committee was advised of
 - (i) The improved position of the Trust in relation to mandatory training.
 - (ii) Ongoing concerns with the Electronic Staff Record (ESR)
 - (iii) NHS London Organisational Health Intelligence Report, which highlighted workforce as an issue of concern

- **NHSLA Level 2 Plan** – The plan to achieve NHSLA Level 2 in 2013 and NHSLA level 3 in 2014 was presented and accepted by the committee. Regular progress reports will be provided.
- **Proposal for Presenting Patients Stories to the Trust Board** – This paper presented a proposal to continue to present patient stories to the Board using a variety of media. It was agreed to fully evaluate the effectiveness of the stories in September 2012, at which stage the Board would have received 6 patient stories
- **Research and Innovation Annual Report** – This plan outlined the research and innovation activity across the Trust. It highlighted small grant funding to encourage staff to develop research and development activity and identified three major projects that had received external funding to improve patient experience and outcomes in Heart Failure Diabetes and Dementia care.
- **Policies for Approval** – There were no policies for approval.

PROPOSED ACTION: For Noting

APPENDICES:

Appendix 1 - Quality and Safety Dash Board

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 Trusts 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.

Report of the Quality Committee which met on 18th May 2012

- 1.0 Introduction
- 2.0 Quality Committee Priorities
- 3.0 Quality and Patient Safety Dashboard
- 4.0 Women, Children and families Quality and Safety Report
- 5.0 Safe Guarding Children Report
- 6.0 Workforce and Development Report
- 7.0 Patient Stories
- 8.0 NHSLA Level 2
- 9.0 Annual Report of Research and Innovation
- 10.0 Policies Approved

1.0 Introduction

- 1.1 The Quality Committee met on Friday 18th May 2012. This report provides a summary of key items discussed and decisions made.

2.0 Quality Committee Priorities

- 2.1 The Quality Committee covers three main domains, Safety, Clinical Effectiveness and Patient Experience. Each of these quality dimensions will be explored in depth through a cycle of reporting and bi-annual in depth quality meetings with each Division.
- 2.2 The Committee has identified the following hotspot areas as areas where there is concern about quality, patient safety and patient experience – derived from reports to the committee since its inaugural meeting in September 2011: These include:
- 2.2.1 Maternity Services: in particular the consequences of a sub-optimal care environment
 - 2.2.2 District Nursing: reflected particularly in the incidence of Grade 3 and 4 pressure ulcers in Haringey and pointing to concerns around management arrangements and care management processes for this service
 - 2.2.3 HMP Pentonville Healthcare: inherent in the high risk population served
 - 2.2.4 Emergency Department: reflected in poor performance against targets, low staff morale following a review of staffing levels, trends of poor performance in nursing audits and a high number of complaints
 - 2.2.5 Children's Services, to include Health Visiting, School Nursing and Child Protection: recent high turnover of medical staff in Haringey and a number of Islington cases are being heard in the High Court in October, November and December.
 - 2.2.6 Achievement of NHSLA Level 2 in financial year 2013/14
 - 2.2.7 Falls
 - 2.2.8 Mandatory training – raised more than once in this forum and being monitored by Audit Committee and managed by Executive Committee.
 - 2.2.9 Training for Child Protection – Reliability of information
 - 2.2.10 The currency and reliability of performance data
 - 2.2.11 HCAI – In light of the MRSA bacteraemia identified on 20th April 2012 which means that any additional cases throughout the year breaches the Trust's target.
 - 2.2.12 Outpatients
 - 2.2.13 ESR
- 2.3 The May 2012 meeting identified the following issues which have been highlighted across a number of service areas from audit reports, score cards and dashboards.
- 2.3.1 Reliability of the Electronic Staff Record (ESR)

The following reports were presented to the Committee at its meeting on Friday 18th May 2012:

3.0 The Quality and Safety Dashboard (Appendix 1)

Discussion of the Quality and Safety Dashboard focused on those areas that had been red flagged for at least 3 months in a row for each division. These included for all divisions, staff sickness, mandatory training, and Outpatient waiting times. For the Integrated Care and

Acute Medicine Division specific red flag issues include falls in wards, Emergency re-admissions, 7 day ward rounds, and Emergency department waiting times. For Surgery Cancer and Diagnostics, red flags include falls in wards, Emergency re-admissions and 7 day ward rounds. For Women Children and families additional red flag areas include New Birth visits and Out patient follow ups.

Divisional Directors of Operations assured the committee that actions were in place to move each of these parameters to amber and green over the next 3 months except for new birth visits where it was acknowledged that a longer term plan is in place and the required performance is not likely to be met for at least 18 months.

Divisional Directors of Operations agreed in future to focus their narrative against the Key Performance Indicators on those issues that have been red flagged for at least 3 months and to provide a synopsis of the actions being taken and timeline for the likelihood of the indicator becoming green.

4.0 Women Children and Families Quality and Safety Report

Linda McGurrin Assistant Director of Women, Children and Families Division presented the bi-annual Divisional Report for Quality and Patient Safety. The following issues were highlighted:

4.1 Never Events

The committee was advised that there have been two Never Events in Maternity Services in the past 6 months. The first occurred in December 2011 and related to a retained abdominal swab following a Caesarian Section. The Root Cause Analysis (RCA) had identified issues related to communication, adherence to policy and change of key personnel during particularly busy periods on the labour ward. The outcome of the investigation and action plan to prevent recurrence has been submitted to NHS London and was presented to Trust Board in April 2012.

The second Never Event related to a retained vaginal swab following normal vaginal delivery and a full RCA is currently in progress.

The committee was advised by David Williams Assistant Director of Governance that a 'look back' exercise will be completed in the near future regarding learning from both never events, current arrangements for the prevention of never events across the organisation and implementation of actions associated with Alerts issued by the National Patient Safety Association (NPSA).

4.2 Out-patient Follow Ups

The Committee was advised that the current target for Out-Patient Follow Ups does not account for specific requirements of babies discharged from the Neo-natal Unit. LMcG advised that there is a known high ratio of follow ups in Out-patients Departments for babies discharged from neo-natal units. Work is currently ongoing with the commissioner to address this issue.

4.3 New Birth Visits

Sam Page, Head of Universal Childrens Services, outlined the position with new born visits in Haringey and Islington identifying the different position in each borough. She explained that in Haringey the funded staffing establishment by the Haringey Commissioning Team is only sufficient to meet a new born visit ratio by Health Visitors of 28 days. This has been a longstanding issue and relates to a number of factors including difficulty recruiting to vacant Health Visiting posts in Haringey and a focus on reactive child protection issues following

the death of baby Peter Connolly. SP advised however that recent investment from NHS London into Health Visiting staffing establishments had provided funding for an additional 8 WTE Health Visitors in Haringey over the next 12 - 18 months. To date an additional 4 posts had been recruited from neighbouring Trusts. She further advised that the Trust could be assured that resources are being focused on those babies deemed to be most at risk. A recruitment plan is in place and SP advised that given the recent recruitment drive success she is confident there will be enough staff in post by end of August 2012 to focus on the 14 day target.

The main entities for success will be:

- recruitment of suitably qualified and experienced Health Visitors - a plan is in place to achieve this
- recruitment into student health visiting posts
- support and mentorship of students
- a suitable supervision model to support good practice
- audit of the quality of supervision and support.

5.0 Safeguarding Children Quarterly Report

The Child Protection Nurse Specialists Karen Miller and Cressida Zielinsky presented the Quarter 4 report. The following issues were highlighted to the committee –

5.1 Risk Register - The highest risks relate to

- Health Visitor vacancies – issues and actions highlighted above
- Child Protection Training – A new policy to focus and address child protection has been drafted and will be presented to Child Protection Committee on Thursday 24th May for ratification and will be presented to Quality Committee in June/July for approval
- Training records – The committee advised that there are ongoing issues with the recording of Child Protection Training data. The Child Protection Nurse Specialists advised they are working closely with HR and Information staff to address the problem, however as it stands the Trust cannot be assured that the staff have received training as required

In light of the information provided to the committee related to lack of assurance regarding training requirements the chairman voiced concerns about the role of the Board in safeguarding children and advised that this issue would now be escalated to Trust Board for a decision on required actions to assure the Board that the Trust is meeting its statutory duty in safeguarding children.

The committee also received an update position regarding the needs of Looked After Children in the London Borough of Haringey.

The following concerns were highlighted:

- Immunisation Rates in Looked After Children – while all Looked After Children have been through the Child Protection Service and are known to Social Services and Health services teams notification of adoptions comes from the Local Authorities. Poor information systems in Haringey LA is compounded by the workload associated with high numbers of children adopted resulting in back logs of children notifications to GPs regarding immunisations
- Health Assessments for Looked After Children are also behind required performance targets

- Lack of joined up IT systems between LAs and GPs
- Lack of information analysts – It was noted that this is currently being addressed through recruitment to specific analyst post in the Women, Children and Family Division

The committee was advised that Dr Kim Holt Community Paediatrician has been invited to sit on a working group in Haringey to address these issues.

7.0 Workforce and Development Report

Margaret Boltwood Director of People presented the third Work Force and Development Report.

The committee was advised of the improved position of the Trust in relation to mandatory training. At end of March 2012 the Trust had achieved 70% compliance with mandatory training. Although this is below the target set of 75% the committee congratulated staff on the commitment to progress this issue. It was noted that plans are now in place to achieve 90% compliance by end of December 2012.

MB outlined ongoing concerns with the Electronic Staff Record (ESR) and the committee requested an in-depth report highlighting the issues and actions required to be presented at the July committee.

MB presented the NHS London Organisational Health Intelligence Report which covers 17 indicators. An area of concern in Whittington Health has been highlighted as workforce which has been red flagged by NHSL. Further information has been requested to assist the workforce department understanding of why this is so.

There was discussion about the robustness of the workforce data in the Trust and areas such as bullying, sickness, use of agency staff and staff training were highlighted by some committee members as areas where more data is required to fully understand the issues. There was discussion about sickness data which is generally robust and the Trust has a good record in terms of driving down sickness absence rates. Committee members were reminded that this data is provided to Trust Board monthly. The committee was advised that there is a huge drive in divisions to reduce agency staff usage and expenditure. Despite the concerns noted it was acknowledged by the committee that a recent staff survey reported that staff in the Trust enjoy working in Whittington health, feel engaged and have a high level of training opportunities.

8.0 Patient Stories

Jennie Williams Assistant Director of Nursing and Patient Experience presented a paper outlining a proposal for the method to bring patient stories to the Trust Board. The committee was advised that there have been 2 stories presented to the Board with a 3rd planned for May 2012.

Committee members commended the approach to date and supported that the current approach continue for a further 3 months following which a formal evaluation would be conducted and the outcomes presented to the Committee in September. Committee members suggested that a variety of methods for relating the stories be tested including audio tapes and video recording. It was agreed that as far as possible the story once presented to the Trust Board should be available for all staff to witness.

9.0 NHSLA Level 2 Update Report

The report outlined the approach to be taken by the Trust to achieve NHSLA level 2 by September 2013 and NHSLA Level 3 in 2014. The committee was advised that the Trust Executive Committee has approved the appointment of two additional staff to assist with this process.

10 Annual Report on Research and Innovation

Senga Steel, Assistant Director Quality Innovation and Research presented the annual ICO Research and Innovation report which outlines the projects undertaken in the Trust by Division and department. She advised that the committee that funding to support research activity in the Trust is awarded by the Comprehensive Local Research Networks (CLRNS). She pointed out that additional funding had been awarded to the Trust in the past year to progress research and innovation in the areas of cancer, haemoglobinopathies and Women's Health. Two further major grants had been awarded to the Trust in the areas of self management of Diabetes and On-Line self management of Heart Failure. A further grant of £200k had been awarded by the Burdett Trust to improve care for people with dementia in acute hospitals.

The report outlined a number of other projects which had been funded and were impacting on improved patient outcomes and a number of small grant schemes which are awarded internally to support talented researchers who have the potential to go on to secure national funding to extend their studies.

The committee commented on the wide range of studies being undertaken across the Trust

SS outlined that her department will now progress to develop a Research Strategy to maximize opportunities for research and development which reflect the diversity now within the Trust and the potential for innovation and improvement that this presents.

10.0 Policies for Approval

There were no policies for approval.

QUALITY DASHBOARD

MARCH 2012

Domain	TRUST Summary	IC & Acute Medicine	Surgery, Cancer & Diagnostics	Women, Children & Families
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Quality & Safety Outcomes

MRSA bacteraemia				
C difficile				
E. coli	77			
MSSA	32			
Number of Serious Incidents	1	1	0	0
Never Events (YTD figures provided)	2	1		1
Hospital SMR				
Summary Hospital Level Mortality Indicator				
Deaths in low risk conditions				
Deaths after surgery				
Post operative sepsis				
Grade 2/3/4 Pressure ulcers				
Falls in hospital	35	27	5	3
VTE screening				
Hospital acquired VTE rate				
Appropriate prophylaxis for VTE				
C Community Dentistry: Compliance with Infection Control Standard	↑			

Clinical Effectiveness

Safety Alerts compliance				
Emergency Readmission rate				
Helping older people recover their independence after injury or illness				
Emergency admission rate for LTC				
Emergency admission rate for Paediatric conditions (asthma, epilepsy, diabetes)				
Emergency admission rate for VTE				
Safeguarding				
Incident reporting rate/1000 adms/contacts				
PROMS - % groin hernia respondents recording an increase in their EQ-5D score following their operation	low data		low data	
PROMS - % hip replacement respondents recording an increase in their EQ-5D score following their operation				
PROMS - % knee replacement respondents recording an increase in their EQ-5D score following their operation				
PROMS - % varicose vein respondents recording an increase in their EQ-5D score following their operation	low data		low data	
C Community Matrons Outcome - % patients reporting confidence to manage their condition				
C Community COPD Service - number of admissions avoided				
C Community Diabetes Service - % of patients with at least a 1% reduction in HbA1c after 6 months				
C Community Diabetes Service - % of patients reporting confidence to manage their condition				
C Community Foot Health Service - % of patients with reduction in pain score following biomechanics intervention				
C Community Foot Health Service - % of patients with valid annual diabetes foot assessment				
Community Foot Health Service - % of patients with satisfactory completed outcome measures				

■ Above standard
 ■ at risk/near miss
 ■ Below standard
 ■ "as expected" [Dr Foster]
 ■ under development
 ■ not applicable

"C" denotes Community measure

QUALITY DASHBOARD

MARCH 2012

Domain	TRUST Summary	IC & Acute Medicine	Surgery, Cancer & Diagnostics	Women, Children & Families
C Community Heart Failure/Cardiology - % of patients on optimum Ace therapy	Green	Green	Grey	Grey
C Community Heart Failure/Cardiology - % of patients on optimum Beta Blocker therapy	Green	Green	Grey	Grey
C Community Rehab Intermediate Care - % patients with self-directed goals set	Red	Red	Grey	Grey
C Community Rehab Intermediate Care - GAS scores pre and post treatment	Green	Green	Grey	Grey
C MSK - % of patients who have completed the Patient Specific Functional Scale	Red	Red	Grey	Grey
C MSK - % of patients completing their treatment on discharge	Orange	Orange	Grey	Grey
C Haringey Wheelchair/Mobility and Seating Solution Service - % of all wheelchair clients seen in clinic receiving a wheelchair/buggy replacement	Green	Green	Grey	Grey
C Greentrees - patient dependency levels	Green	Green	Grey	Grey
C Haringey Integrated Community Therapy Team (ICTT) - % patients with self-directed goals set	Red	Red	Grey	Grey
C Haringey Integrated Community Therapy Team (ICTT) - GAS scores pre and post treatment	Green	Green	Grey	Grey
C CAMHS - % of cases where target mental health problem has been resolved or improved	Green	Grey	Grey	Green
C CAMHS - % of cases where the severity of mental health at end of treatment is normal/mild	Green with ↑	Grey	Grey	Green
C Simmons House - Discharge Outcomes	Orange	Grey	Grey	Orange
C Children's Community Nursing Outcomes	Green	Grey	Grey	Green
C Community Paediatrics - Individual management plans agreed	Red	Grey	Grey	Red
C Sexual Health - Clinical Outcomes	Green	Grey	Grey	Green

Patient Experience

Net promoter score - Wards	Green	Green	Green	low data
Net promoter score - OP	Green	Green	Green	Green
Net promoter score - ED	low data	low data	Grey	Grey
C Net promoter score - Community	low data	low data	low data	low data
Single Sex Accommodation	Green	Green	Green	Green
Cleanliness	Red with ↓	Red	Orange	Red
Complaints per 10,000 activity	White	White	White	White
Complaints Responded in time	Red with ↓	Red	Red	Red
C Community Dentristry: Patient Involvement	Green	Grey	Green	Grey
C Community Dentristry: Patient Experience (Overall Rating)	Green	Grey	Green	Grey
C Greentrees - Patient Satisfaction	Orange	Orange	Grey	Grey

Early Warnings

Staff Sickness	Red	Red	Green	Red
Vacancy rates	Green	wait for HR data	wait for HR data	wait for HR data
Turnover	Green	wait for HR data	wait for HR data	wait for HR data
Mandatory training	Red	Red	Red	Red

■ Above standard
 ■ at risk/near miss
 ■ Below standard
 ■ "as expected" [Dr Foster]
 ■ under development
 ■ not applicable

"C" denotes Community measure