

Trust Board Meeting

ITEM: 8
Paper : D

DATE: 26 September 2012

TITLE: Quality Committee Report July 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 Tuesday 31st July 2012.

The July 2012 committee received the following reports

- **Director of Prevention and Control Annual Report 2011/12**

This report highlighted the strong position of Whittington Health in relation to HCAI performance in 2011/12. It also highlighted the improved position in relation to Surgical Site Infection compared to 2010/11 when the Trust was identified as an outlier.

- **Infection Control Quarterly report Quarter 1 April-June 2012**

Dr Andrews DIPC presented the 2012/13 Quarter 1 Infection Prevention and Control report highlighting the following issues:

- There has been one Trust attributable MRSA bacteraemia since 1st April 2012
- A recent European Point Prevalence study focusing on HCAI and anti microbial prescribing identified a prevalence rate of 5.3% for the Trust compared with 11.9% in the last study conducted in 2006. The national HCAI rate is 6.3%.

- **In-Patient satisfaction survey 2011/12**

Actions emanating from the 2011/12 inpatient survey were outlined and preparations for the 2012/13 survey commencing in October 2012 were identified and discussed.

- **Quality and Quality Metrics**

Quality metrics to measure progress against priorities outlined in the annual quality account were approved. The metrics will be added to the monthly integrated performance and quality dashboard and performance will be reported to Quality Committee through Divisions.

- **Care Quality Commission - QRP**

No unexpected issues were highlighted by the most recent QRP.

- **Patient Safety Walk Abouts**

The format and frequency of patient safety walkabouts, using the 15 step approach were approved. A total of 48 walkabouts will be planned for each year commencing September 2012.

- **NHSLA Level 2 Update Report**

The project plan was discussed and further reports on progress against the plan were requested.

- **Annual PEAT Report 2012**

The annual PEAT inspection of Whittington Hospital was presented. The community report will be presented to the committee in due course. The committee asked for future reports to highlight progress against previous actions



- **Effective Care Annual Report 2012**

The Annual Report from the Effective Care Committee which included a restructuring of the committee membership and revised Terms of Reference was approved.

The annual work programme of the committee was presented which identified a strengthening of reporting of audit activity through divisions and a strengthening of links between the audit programme and issues identified through complaints and serious incidents.

- **Electronic Staff Record Action Plan**

An action plan for the roll out of Self Service of the Electronic Staff Record was approved. The committee asked that a further report be presented which outlines when the Trust will be in a position to depend on the information provided by ESR.

- **Adult Safe Guarding Report**

The Annual report for 2011/12 of the Adults at Risk Committee was presented to the Committee. An annual work plan for the Trust has been devised and progress will be monitored by the Adults at Risk Committee which is now embedded within the Trust Committee structure. Quarterly reports outlining progress against targets will be presented to the Quality Committee.

- **Annual Post Graduate Medical Training Report**

The 2011/12 annual Post Graduate Medical Training Report noted improvements on 2010/11 report however there were some areas that required improvement actions. These include the Rheumatology Department and Medical Assessment Unit. Action plans are being developed and will be monitored through the Workforce and Development Committee.

- **Medical Staff Revalidation Report**

The first annual Medical Staff Revalidation Report 2012 was presented. It was noted that there is a requirement for this report to be presented to the committee twice yearly. The main issues noted were that revalidation is an annual requirement for all doctors and that the Trust had scored green against criteria in a self assessment in April 2012.

- **Review of Quality Committee**

The committee discussed and agreed a revised format and programme to commence in September 2012. The programme will include a number of service visits to focus on improvement, innovation and patient experience. The programme of visits is to commence in October 2012 with formal committee meetings occurring bi-monthly commencing September 2012.

- **Policies for Approval**

There were no policies for approval

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 31st July 2012

1. Introduction
2. Quality Committee Priorities
3. Director of Infection Prevention and Control Annual Report 2011/12
4. Infection Control Quarterly Report – Quarter 1 2012/13
5. In - Patient Survey 2011/12
6. Quality Account and Quality Metrics
7. Care Quality Commission - QRP
8. Patient Safety Walkabouts
9. NHSLA Level 2 Report
10. Annual PEAT Report 2012
11. Effective Care Committee Annual Report
12. Electronic Staff Record Action Plan
13. Adult Safe Guarding Quarterly Report
14. Annual Post Graduate Medical Training Report
15. Medical Staff Revalidation Report
16. Review of Quality Committee

1.0 Introduction

1.1 The Quality and Patient Safety Committee met on Tuesday 31st July 2012 and 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 Over the past year 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

2.2.14 The need to provide analysis of information drawn from the various data bases in the Trust

2.3 The July 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 ESR and the move to self management – reduction on reliance of intense manual checks to provide assurance

2.3.2 Progress towards achievement of NHSLA level 2

The following reports were presented to the Committee at its meeting on Tuesday 31st July 2012:

3.0 Director of Prevention and Control Annual report 2011/12

Doctor Julie Andrews Director of Infection Prevention and Control (DIPC) presented the Annual 2011/12 DIPC Report. She advised that as Quarterly reports had been received and discussed in detail by the Quality Committee throughout the year she would highlight key achievements and issues only. The key head line issues included:

- The end of year performance on Health Care Acquired Infection (HCAI) which was comfortably within the trajectory set by the Strategic Health Authority for both MRSA Bacteraemia and Hospital acquired C-Diff. MRSA bacteraemia incidence for the year was 2 against a target of 3 and hospital acquired C-Diff cases totaled 21 for the year against a target of 36.
- The appointment of Dr Andrews as the DIPC for Whittington Health previously Whittington Hospital
- The integration of Community Services and Acute services infection prevention and control teams
- Reduction in Surgical site Infection (SSI) rates with a subsequence reduction in length of stay for patients. This was an improvement on the 2011 position where the Trust had been cited as an outlier for its rate of SSI

4.0 Infection Control Quarterly report Quarter 1 April-June 2012

Dr Andrews DIPC presented the 2012/13 Quarter 1 Infection Prevention and Control report highlighting the following issues.

- There has been one Trust attributable MRSA bacteraemia since 1st April 2012
- There have been two MRSA colonisation incidents in May/June 2012 – both were identified rapidly and reviewed with action plans to address issues of poor compliance with the hand hygiene policy
- Hospital attributable C-Diff cases at end of June 2012 were below trajectory with 2 cases against the Trust attributable objective of 5
- There were no cases of C-difficile diarrhoea diagnosed in patients covered by the Trust's Community Infection control services in Quarter 1.
- A recent European Point Prevalence study focusing on HCAI and anti microbial prescribing identified a prevalence rate of 5.3% for the Trust compared with 11.9% in the last study conducted in 2006. The national HCAI rate is 6.3%
- There has been a focus on invasive Pseudomonas Aeruginosa infection related to the investigation into the deaths of 3 neonates in Northern Ireland in January 2012. The Trust has reviewed its practice in line with best practice guidance issued by the Department of Health. Action plans which have ensued are being monitored through the Infection Prevention and Control Committee and the Decontamination Committee.
- A total of 199 (90%) audits have been completed with 82% showing full compliance. Areas of concern include – poor compliance in 8 areas with Hand Hygiene; Non compliance with environmental audits in 13 community services – action plans have been developed and repeat auditing commenced in July 2012
- Poor compliance with MRSA suppression therapy in 5 out of 8 wards – E prescribing which has been recently introduced should drive improvements
- Isolation audit in acute wards showed full compliance in June 2012
- Attendance at Infection Control Training until the end of June 2012 was disappointing at 65%. Action plans are in place to improve performance within the divisions.

5.0 In-Patient satisfaction survey 2011/12

Jennie Williams Assistant Director of Nursing and Patient Experience presented an update on actions taken in response to the outcome of the 2011/12 Inpatient Satisfaction Report: She highlighted that a number of areas had identified improvement on the previous survey conducted in 2010/11.

Commenting on the poor response rate she advised of a number of measures now in place to increase this for the 2011/12 survey due to commence in August 2012.

A number of areas for improvement have been identified as CQUINs and measures are in place to standardize the questions on the Trust Patient Experience Tracker (PET) machines in patient areas with the questions asked in the survey to provide additional information to the Trust re performance in these areas.

She further advised the committee of the measures in place to improve regular uptake of information from patients and service users on a regular basis and of the preparations for the implementation of the Friends and Family test from April 2013.

6.0 Quality and Quality Metrics

Mrs Celia Ingham Clark presented the Annual Quality Account, the external assurance review of the Quality Account and the Quality metrics devised by the Trust to measure progress with the implementation of the Quality Account. The Committee acknowledged the efforts being made to measure quality in a way that will add meaning to the performance of the Trust and patient/user experience. It was also noted that the integrated dash board would allow the committee to monitor progress against the metrics on a monthly basis.

7.0 Care Quality Commission - QRP

David Williams Assistant director of Governance informed the Committee of the key issues raised by the CQC through the bi-monthly QRP. It was noted that there were no unexpected issues. However given the detail and complexity of information contained in the QRP he agreed to devise a simplified report for the next presentation to the committee.

8.0 Patient Safety WalkABOUTS

The committee discussed the progress on patient safety walkabouts and the approach to be taken going forward. It was agreed that the walkabouts in future would be more structured using a 15 step approach which would streamline the process and provide a more structured and patient focused approach. The committee agreed that a programme should now be drawn up to include one walkabout per week to give a total of 48 per year and include executive and non executive directors, senior managers, senior clinicians and LINKs representatives.

9.0 NHSLA Level 2 Update Report

Claire Topping Assistant Director of Assurance updated the Committee on progress towards application for NHSLA level 2 certificate in 2013. While the committee were reassured that robust programme was planned it was noted that given the amount of work to be done there was a high risk associated with meeting the timescales. The committee therefore asked for a further update in September 2012.

10.0 Annual PEAT Report 2012

Cecil Douglas Assistant Director of Facilities presented the Annual PEAT Inspection for Whittington Hospital 2012. It was noted that this referred to Acute hospital services only. The committee was advised that an action plan had been developed and progress towards implementation was being monitored via the Health and Safety Committee. The Committee however requested further information of progress made since previous inspections and to have sight of the action plan and monitoring in due course. The committee also asked for an update on the position with inspections of community facilities.

11.0 Effective Care Annual report 2012

Dr Iwoma Wamuho presented the Annual report from the Effective Care Committee which included a restructuring of the committee membership and reporting sub committee. The revised Terms of Reference were approved.

The annual report highlighted that the Trust was good at responding to national audits. Work however was required to improve the links between the clinical audit department and the wider Trust governance structures. In its report the Effective Care Committee also highlighted in its work programme the intention to introduce a RAG rating for divisions in relation to performance with and against clinical audit targets. A further piece of work to be progressed by the Committee is to strengthen the links between the clinical audit programme and issues raised in complaints and through serious incidents.

12.0 Electronic Staff Record Action Plan

Mrs Margaret Boltwood Director of People presented an action plan for the roll out of Self Service of the Electronic Staff Record. While the committee acknowledged that progress was being made it was felt that this was not fast enough and still did not provide the assurance the committee required in terms of reliance on the information provided by the ESR and the position staff in the Divisions contended to be the accurate position. The committee asked that a further report be presented which outlines when the Trust will be in a position to depend on the information provided by ESR.

13.0 Adult Safe Guarding Report

Martin Grant Safe Guarding Adults Lead presented the Annual report for 2011/12. The report highlighted a number of national updates in relation to adult safeguarding and progress against these from Whittington Health and its two resident boroughs in Islington and Haringey. An annual work plan for the Trust has been devised and progress will be monitored by the Adults at Risk Committee which is now embedded within the Trust Committee structure. Quarterly reports outlining progress against targets will be presented to the Quality Committee. The Quality Committee members asked for a score card identifying progress against key performance indicators and metrics to be developed and presented with the quarterly report going forward.

14.0 Annual Post Graduate Medical Training Report

Dr Celia Bielawski presented the annual Post Graduate Medical Training Report. It was noted that the report showed improvements on 2010/11 report but that there were some areas that required improvement actions. These include the Rheumatology Department and Medical Assessment Unit. Action plans are being developed and will be monitored through the Workforce and Development Committee. Concerns were identified by the Directors of medical education about the potential conflict of interests that could result from the transfer of

responsibility for medical education planning and commissioning from the London Deanery to the new education planning and commissioning body the North Central and East London Local Education Training Board (LETB). Mrs Ingham Clark advised that she is a member of this Board and would continue to present the best interest requirements of Whittington Health at the LETB.

A further concern raised in the report was the withdrawal of a training post from Whittington Hospital with effect from August 2012. It was noted that the Chief Executive had written to the London Deanery highlighting her concerns about the removal of this post and seeking further information as to why this had occurred.

15.0 Medical Staff Revalidation Report

Mrs Celia Ingham Clark presented the annual Medical Staff Revalidation Report 2012. She advised that there is a requirement for this report to be presented to the committee twice yearly. The main issues noted were that revalidation is an annual requirement for all doctors; the Trust conducted a self assessment in April 2012 and had scored green against the criteria. It was noted that the revalidation exercise could be issued as a lever for Divisional Medical Directors to encourage greater uptake of mandatory training.

16.0 Review of Quality Committee

The committee discussed its programme going forward and the following was agreed

- Six formal meetings per year – alternate months commencing September 2012
- Five service visits by each pair of executive and non-executive teams per year – These meetings would take the format of a visit to a clinical/service area and would include the buddying of an executive director with a non executive director and pairing of buddy teams with divisions for periods of one year.
- The emphasis and purpose of these visits is on visibility of Trust Board members and the opportunity to have quality discussions with staff providing the service
- Strong focus on innovation and improvement.