Whittington Health

Trust Board

1st February 2017

Title:	**Quarterly Safety and Quality Board Report - Quarterly report February 2017**		
Agenda item:	17/022	Paper	5
Action requested:	For the Board to discuss and make any additional recommendations.		
Executive Summary:	This is the regular quarterly paper for the Trust Board giving an overview of safety and quality in the organisation. On this occasion, this report covers two quarters, Quarter 2 (1st July 2016 – 30th September) and Quarter 3 (1st October 2016 – 31st December 2016).		
Summary of recommendations:	It is recommended that the contents are discussed		
Fit with WH strategy:	To deliver consistent high quality, safe services.		
Reference to related / other documents:	Quality Account 2015-16 Sign up to Safety Pledges Clinical Strategy 2015-20 CQC standards 7 day services clinical standards		
Date paper completed:	23rd January 2017		

Author name and title:		**Richard Jennings, Executive Medical Director**		**Director name and title:**		**Richard Jennings, Executive Medical Director**	
Date paper seen by EC		**Equality Impact Assessment complete?**	**NA**	**Risk assessment undertaken?**	**NA**	**Legal advice received?**	**NA**

1) Executive Summary

This is the regular paper for the Trust Board to provide an overview of safety and quality in the organisation. On this occasion, this report covers two quarters, Quarter 2 (1st July 2016 – 30th September) and Quarter 3 (1st October 2016 – 31st December 2016).

This report provides an update on mortality, and the Trust's HSMR and SHMI figures remain assuring.

2) Contents

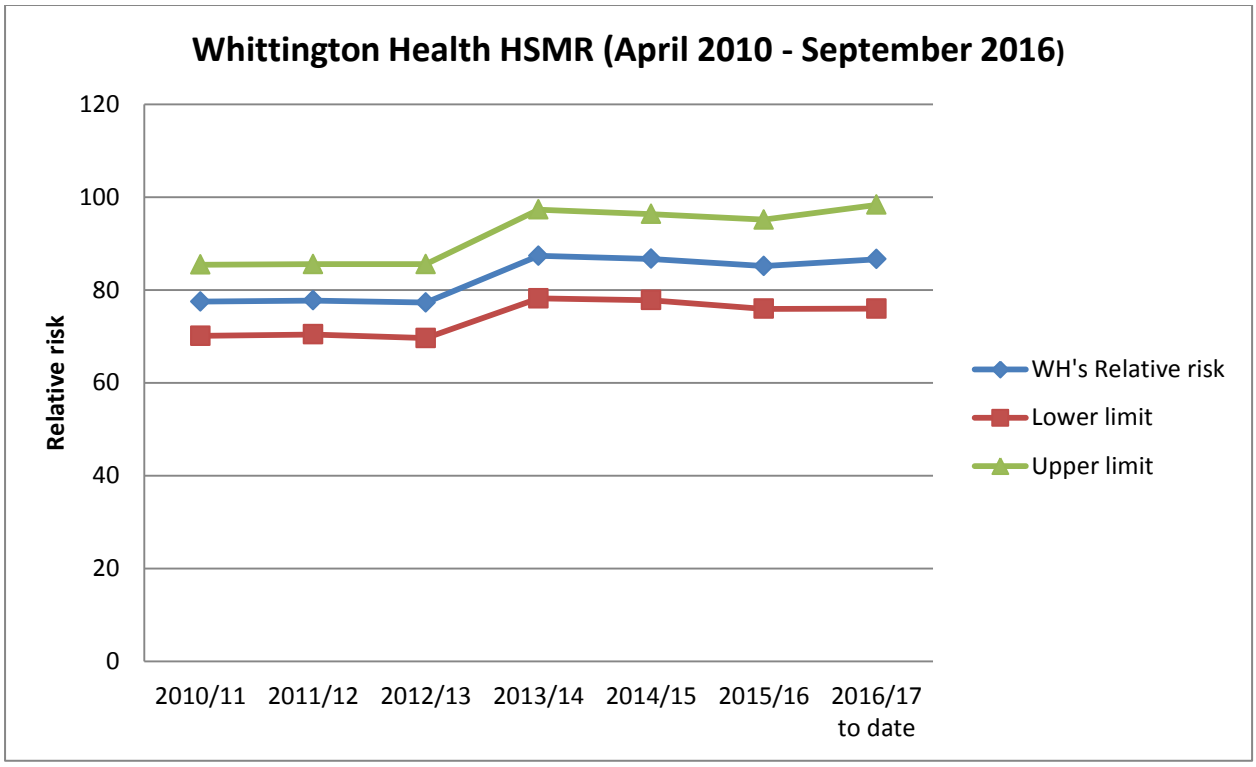
3. Mortality

This Trust's HSMR and SHMI have both been 'lower than expected' since 2005/06.

3.1 Hospital Standardised Mortality Ratio (HSMR)

The Hospital Standardised Mortality Ratio (HSMR) is a measure of the number of deaths in a hospital expressed as a number which is a ratio of the national average, which is set at 100. HSMR is an overall quality indicator that compares a hospital's mortality rate with the average national experience, accounting for the types of patients cared for. It has been used by many hospitals worldwide to assess and analyse mortality rates and to identify areas for improvement. HSMR is calculated as the ratio of the actual number of deaths to the expected number of deaths, multiplied by 100. A ratio less than 100 indicates that a hospital's mortality rate is lower than the average national rate of the baseline year.

Chart 1: Whittington Health Hospital Standardised Mortality Ratio (HSMR) by financial year (April 2010 – September 2016)



3.2 Summary Hospital-level Mortality Indicator (SHMI)

SHMI was developed in response to the public inquiry into the Mid Staffordshire NHS Foundation Trust. It is used along with other information to inform the decision making of Trusts, regulators and commissioning organisations.

National guidance emphasises that SHMI is not a measure of quality of care, but is meant as an indicator for further investigation.

SHMI is calculated in a way that is similar to the HSMR calculation, but unlike HSMR, the SHMI calculation takes into account deaths within 30 days of discharge of hospital as well as inpatient deaths.

Whittington Health continues to have the lowest SHMI score in England. We consider this data is as described because the data is obtained from Hospital Episodes Statistics data and sourced via the HSCIC Indicator portal.

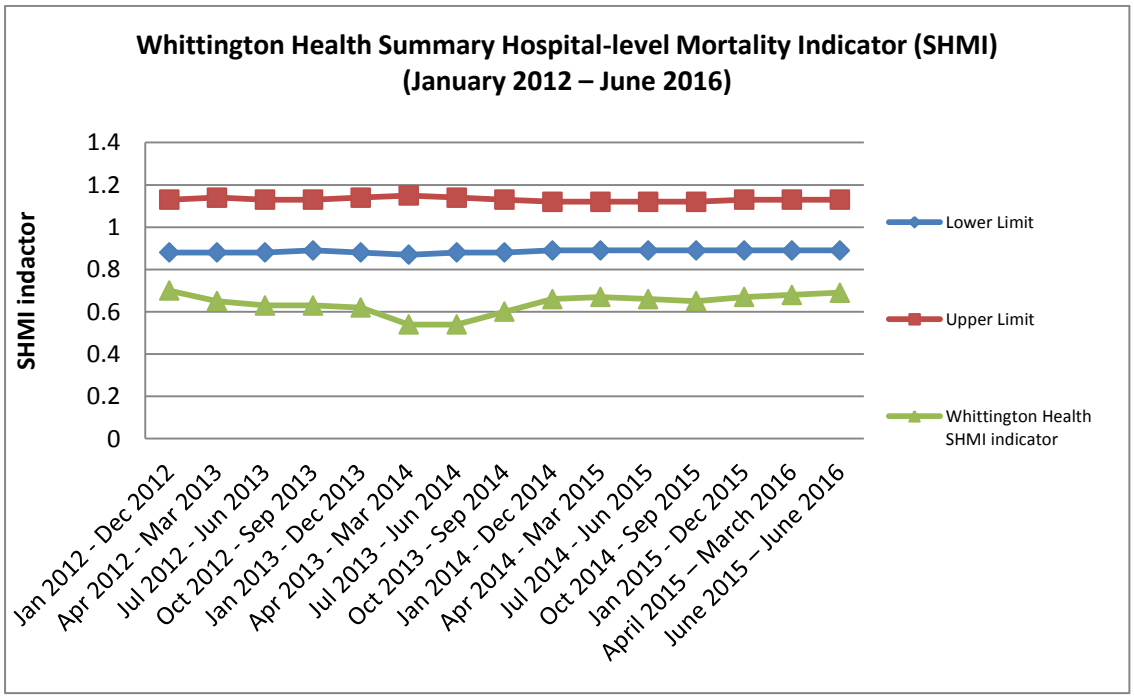
The most recent data available (released in December 2016) covers the period June 2015 – June 2016:

Whittington Health SHMI score	**0.6939**
National standard	**1.00**
Lowest national score	**0.6939 (Whittington Health)**
Highest national score	**1.1712**

Table 1: Whittington Health Summary Hospital-level Mortality Indicator (SHMI) (April 2010 – December 2015)

Data Period	Lower Limit	Upper Limit	Whittington Health SHMI indicator
Jan 2012 - Dec 2012	0.88	1.13	0.7
Apr 2012 - Mar 2013	0.88	1.14	0.65
Jul 2012 - Jun 2013	0.88	1.13	0.63
Oct 2012 - Sep 2013	0.89	1.13	0.63
Jan 2013 - Dec 2013	0.88	1.14	0.62
Apr 2013 - Mar 2014	0.87	1.15	0.54
Jul 2013 - Jun 2014	0.88	1.14	0.54
Oct 2013 - Sep 2014	0.88	1.13	0.6
Jan 2014 - Dec 2014	0.89	1.12	0.66
Apr 2014 - Mar 2015	0.89	1.12	0.67
Jul 2014 - Jun 2015	0.89	1.12	0.66
Oct 2014 - Sep 2015	0.89	1.12	0.65
Jan 2015 - Dec 2015	0.89	1.13	0.67
April 2015 – March 2016	0.89	1.13	0.68
June 2015 – June 2016	0.89	1.13	0.69

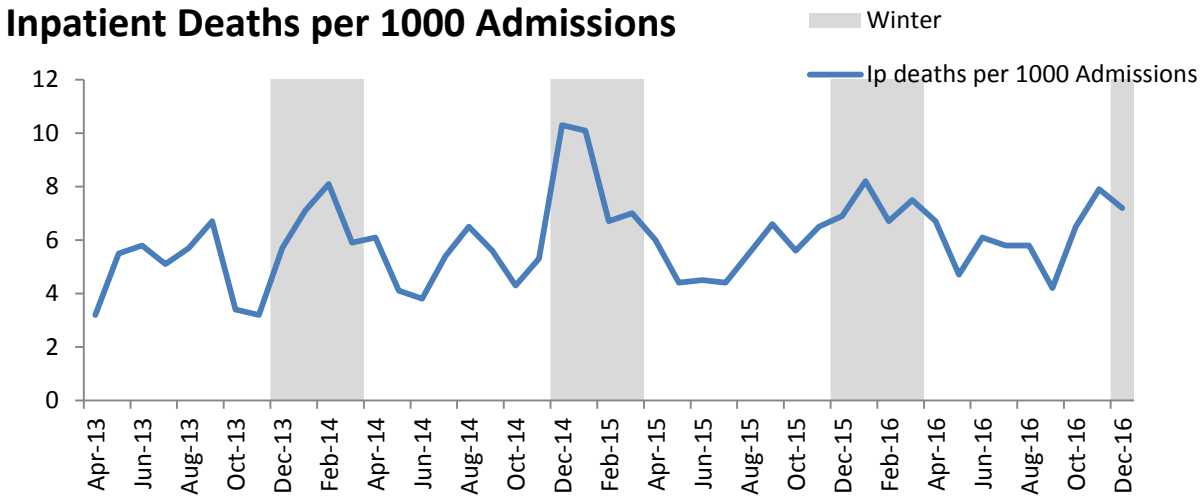
Chart 2: Whittington Health Summary Hospital-level Mortality Indicator (SHMI) (January 2012 – June 2016)



The lower limit (blue triangles) represents the lower 95% confidence limit from the national expected value. The upper limit (red squares) represents the upper 95% confidence limit from the national expected value.

3.3 Inpatient deaths per 1000 admissions

Chart 3: Inpatient deaths per 1000 admissions (April 2013 – December 2016)



It is well recognised nationally that mortality is higher in the winter months. This phenomenon is reported and analysed annually in the report *Excess winter deaths in England and Wales* produced by the Office of National Statistics.

In 2015/16 there were an estimated 24,300 excess winter deaths, and in 2014/15 there were an estimated 43,900 excess winter deaths. In 2015/16 there were 41% more respiratory deaths in the winter months than non-winter months, and 35% of all excess winter deaths had a respiratory disease as the underlying cause. In 2014/15 respiratory diseases caused 15,800 winter deaths, and over a third of all excess winter deaths had a respiratory disease as the underlying cause.

With regard to seasonal variation in inpatient mortality in this Trust, this is illustrated in chart 3 and it can be seen that this reflects the national pattern. With regard to the proportion of inpatient deaths associated with respiratory disease the total numbers and percentages of inpatient deaths whose most recent coded diagnosis was respiratory are shown in table 2, looking at one example month from each quarter. It can be seen that in the winter months (February and November) approximately half of the inpatient deaths were inpatients whose most recent coded diagnosis was a respiratory illness, whereas in the non-winter months (May and August) approximately one-third of inpatient deaths were associated with a respiratory illness as the most recent coded diagnosis.

Table 2: Whittington Health total inpatient deaths and total inpatient deaths whose most recent coded diagnosis was respiratory

Month and Year	Total inpatient deaths	Total inpatient deaths whose most recent coded diagnosis was respiratory
February 2016	31	14
May 2016	23	6
August 2016	25	9
November 2016	36	15

This national and local data has been highlighted to the Board to provide assurance that a seasonal change in inpatient mortality is to be expected, and in this Trust it is in line with the pattern nationally. Assurance with regard to the Trust's overall mortality is provided by the HSMR and SHMI figures given above.

4. Infection control report

4.1 MRSA Bacteraemia

Since the 1st April 2016 there has been one Trust attributable MRSA bacteraemia in an octogenarian patient on Mary Seacole South ward. The patient had numerous co-morbidities but did not present to the hospital with infection. MRSA suppression therapy was commenced in a timely manner, however the patient was delirious and constantly attempted to remove their cannulas and this may have contributed to the infection. A consultant-led full post infection review has been undertaken and did not reveal any non-compliance with Infection Prevention and Control (IPC) policy or practice; the report has been distributed to relevant internal and external parties.

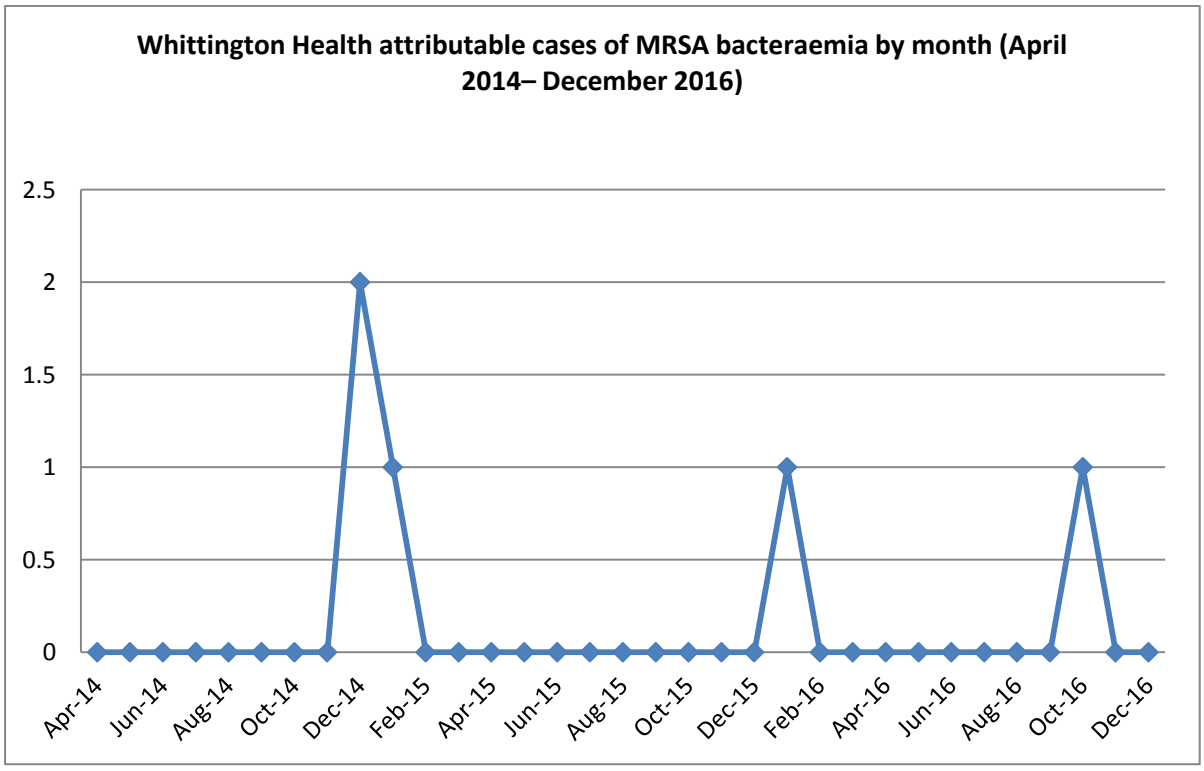
There was one unavoidable MRSA bacteraemia, which was identified from a community sample and subsequently investigated by Islington CCG and the post infection review was shared with the Trust Infection Prevention and Control Team (IPCT).

The IPCT continue to monitor, investigate and feedback on MRSA colonisation transmission events on our care of older people (COOP) wards, Orthopaedic ward and Augmented Care Areas (Critical Care and Neonatal Unit). Table 3 documents MRSA colonisation acquisition events:

Table 3: Whittington Health MRSA colonisation acquisition events April 2016-December 2016 (one Trust-attributable case)

MRSA colonisation acquisition events April 2016 - March 2017													
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Running total
ITU	0	1	0	0	0	0	0	0	0				1
NICU	0	0	0	1	0	0	0	0	2				3
SCBU	0	0	0	0	0	0	0	0	0				0
Meyrick	0	0	1	0	0	1	0	0	0				2
Cloudesley	1	2	0	0	1	0	0	0	0				4
Bridges - Cavell rehab	0	0	0	0	0	0	1	0	0				1
Coyle #NOF	0	0	0	0	0	0	0	0	0				0

Chart 4: Whittington Health attributable cases of MRSA bacteraemia by month (April 2014 – December 2016)



4.2 *Clostridium difficile*–associated diarrhoea

From 1st April 2016 to the 18th January 2017 there were five Trust-attributable *Clostridium difficile*-associated diarrhoea cases. Consultant-led post infection reviews were held for all of these cases and the reports disseminated to relevant parties, both internally and externally. No lapses in care were identified, but these have identified delays in isolating patients to individual rooms; where individual rooms have not been available immediately staff have been encouraged to use an isolation trollies. Our agreed objective for 2016/2017 is not to exceed a threshold of 17 cases of *Clostridium difficile*-associated diarrhoea.

Table 4: Whittington Health *Clostridium difficile*–associated diarrhoea cases by ward

Date	No. of Cases	Ward
April 2016	2	Montuschi and Victoria
May 2016	1	Coyle
June 2016	1	Cloudesley
July 2016	1	Victoria

4.2.1 Improvement work in infection control since the last quarterly report (September 2016)

Infection Prevention and Control (IPC) mandatory clinical and non-clinical training is now provided predominately via e-learning. As at 31st October 2016, 85% of Whittington Health staff have received recent (within the last 2 years) IPC training. E-learning modules have been revised to ensure they are shorter and divisional leads have been contacted to promote the e-learning packages. Face to face IPC training has now been reintroduced to the Trust induction training schedule.

Bespoke clinical and non-clinical face to face IPC training is delivered at least weekly at various sites throughout the ICO by our IPC nursing staff. We have 20 trained link staff in IPC who attend IPC Link Practitioner study days twice a year and get updated information on practical IPC topics, and also they carry out IPC audits and quality improvement projects. These practitioners then take this learning back to their clinical area. In between study days the link staff are responsible for auditing IPC practice on their wards. The last study days were held on 19th May 2016 and 17th November 2016. Full days of face to face rolling IPC training have also been held on Thorogood Ward.

4.3 Meticillin Sensitive Staphylococcus Aureus (MSSA)/ *E.coli* Bacteraemia Episodes

From 1st April 2016 to 18th January 2017 there have been 5 trust attributable MSSA bacteraemia episodes and 12 trust attributable *E.coli* bacteraemia episodes. Each episode has had an initial investigation to see if any interventions that might pre-dispose the patient

to these bacteraemias (such as urinary catheterisation or peripheral line cannulation) have occurred and whether all correct procedures were followed.

There are no set objectives for MSSA bacteraemia. The Secretary of State for Health has announced that there will be a target to reduce E.*coli* bacteraemia infections by 50% over a three year period commencing 1st April 2017.

4.4 Other Relevant Healthcare Associated Infection (HCAI) Issues - Carbapenamase producing Enterobacteriaceae (CPE)

Public Health England (PHE) issued guidance on the identification and control of CPE (highly resistant Gram negative bacteria). As a result of this the Trust devised an action plan, which is monitored by the Infection Prevention &Control Committee. All actions have been completed.

The Trust has processes in place to deal with a single case of CPE and a completed policy, which is available on the Trust's intranet.

IPC training talks have been updated to include information on CPE.

Since the 1st April 2016 there have been five new confirmed CPE cases identified; 3 were found in the Whittington Health laboratory and we were informed of two by other organisations. None of the cases identified are attributable to Whittington Health.

Between April and June 2016 the IPCT performed an audit of CPE screening by reviewing all patients admitted with a fractured neck of femur between October and December 2015 to ensure there is a record that they have been reviewed using the CPE questions and, if found to be a suspected case, screened appropriately. 32 patients were admitted and underwent repair of a fractured neck of femur. Of these, 87% (28) were asked the CPE questions. Only one required screening but unfortunately was not screened. This audit was presented to the Infection Prevention & Control Committee.

4.5 Influenza

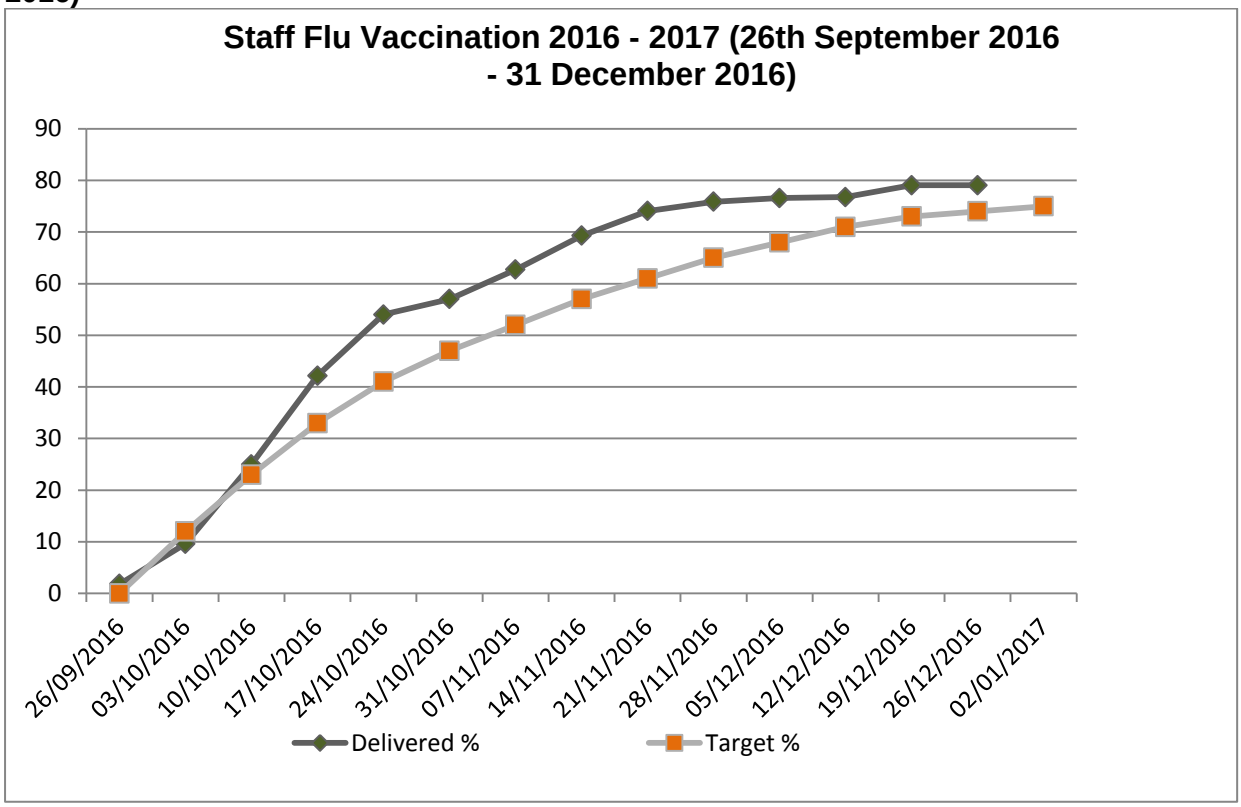
As of 24th January 2017 we have had 115 proven inpatient cases of influenza, over 100 of which have been identified since 1st January 2017. Most cases are community acquired (i.e. the patients are admitted to hospital already having influenza), but 12 patients have acquired influenza during their inpatient stay. We have had two patient deaths due to community acquired influenza.

Early recognition of flu and laboratory diagnostics has improved since last year with the laboratory providing a rapid diagnostic service 7 days a week. Our staff have been compliant in adhering to the use of personal protective equipment and issuing influenza treatment and prophylaxis in a timely way. The number of cases of influenza has caused difficulties in adhering to the bed placement rules set out in our bed placement policy. If influenza is clinically suspected, the patient should go to a side room, but with the pressure on side rooms and bed occupancy figures over 98% this year we have had to deviate from the bed placement rules. The IPCT and bed management team have worked closely together to achieve the best compromises for each individual patient bed request. Where a side room has not been available staff have been encouraged to use an isolation trolley whilst awaiting a side room.

By 31st December 2016 we had vaccinated 79.1% of Whittington Health staff, exceeding the 75% required for the CQUIN. It is important to recognise this as a significant marker of positive staff engagement with patient safety.

For 2016/17 we were one of the first Trusts in England to achieve above 75% staff influenza vaccination rate and we now have the highest staff vaccination rate in London. The vaccination is still being offered, but uptake is now slow.

Chart 5: Staff flu vaccination delivered (%) against target (%) (September – December 2016)



5. Sign up to Safety

'Sign up to Safety' is a national patient safety initiative, partly in response to the Francis and Berwick Reports. Its aim is to reduce avoidable harm across the country by half in three years**.** In March 2015 the Trust devised our own local Sign Up to Safety priorities have been chosen to provide a strong foundation for the Trust to continually promote quality across the organisation.

Every quarter, the quarterly trust board paper on safety and quality will discuss one of these areas in detail. This paper explores sepsis in detail.

The measurable improvement targets that we have set ourselves in our Sign up to Safety priorities are as follows;

Table 5: Whittington Health 'Sign up to safety' priorities and quality improvement priorities

Sign up to safety priority	Quality improvement priorities (as agreed in the Trust's Quality Account for 2015/16)
Priority one: Learning Disabilities (LD) • Target one: In Q4, 90 percent of inpatients with learning disabilities will be clearly identified on the electronic patient record, meet the Learning Disabilities Specialist Nurse during their admission and have a personalised care plan ('my purple folder') • Target two: In the Emergency Department (ED) 75% of all staff will have had specific training in the care of people with learning disabilities	**Learning disabilities: Quality Improvement priorities for 2016/17** • We will develop and implement 'Always Events' for patients with Learning Disabilities in a relevant clinical setting. We will aim for 75 percent of inpatients with learning disabilities to meet the Learning Disability specialist nurse during their admission. • We will aim for 75 percent of relevant staff who work in our Emergency Department to have specific training in the care of patients with Learning Disabilities.
Priority two: Falls • Target: We will reduce the number of inpatient falls that result in moderate or severe harm by 50 percent	**Falls: Quality Improvement priorities for 2016/17** • We will reduce the number of inpatient falls that result in severe/moderate harm by 25 percent.
Priority three: Sepsis and Acute Kidney Injury (AKI) • Target one: We will achieve the national CQUIN around giving antibiotics within the first hour to patients with severe sepsis (90 percent). • Target two: We will effectively record our performance in delivering the sepsis six care bundles for all patients with sepsis. We will improve our performance by 50 percent in the course of the year. • Target three: In more than 90% of patients with Acute kidney injury (stage 3) we will ensure correct documentation and assessment has occurred in line with the national AKI CQUIN.	**Sepsis and Acute Kidney Injury (AKI): Quality Improvement priorities for 2016/17** • We will achieve the targets of the new and expanded national sepsis CQUIN in 2016/17
Priority four: Pressure ulcers • Target one: We will have no avoidable grade four pressure ulcers • Target two: We will reduce the number of	**Pressure ulcers: Quality Improvement priorities for 2016/17** • We will implement our 'React to Red' pressure ulcer prevention campaign

avoidable grade three pressure ulcers in the acute setting by 50 percent and we will reduce the number of avoidable grade three pressure ulcers in the community by 30 percent	• We will have no avoidable grade four pressure ulcers. • We will reduce the number of avoidable grade three pressure ulcers in the acute setting by 25 percent. • We will reduce the number of avoidable grade three pressure ulcers in the community by 25 percent.

5.1 Quarterly Sign up to Safety focussed report; pressure ulcers

Pressure ulcer reduction is not new with the objective to decrease avoidable pressure ulcer by 2018 set in line with organisation key performance indicators (KPIs). The Tissue Viability team are constantly reviewing practice to reduce avoidable pressure ulcer and there has been significant reduction since April 2011.

This paper will provide a brief update on progress on reduction of pressure ulcers and action plan.

Sign up to safety pledge by 2018

- We will have no avoidable grade 4 pressure ulcers. · ·
- We will reduce the number of avoidable grade 3 pressure ulcers in the community setting by 30%.
- We will reduce the number of avoidable grade 3 pressure ulcers in the acute setting by 50%.

Key Performance Indicator Trajectory Objectives 2016/2017

- No avoidable Grade 4 pressure ulcer.
- 10% decrease Grade 3
- 20% decrease Grade 2.

5.1.1 Progress against objectives

Chart 6. Whittington Health avoidable pressure ulcers April 2015 to July 2016

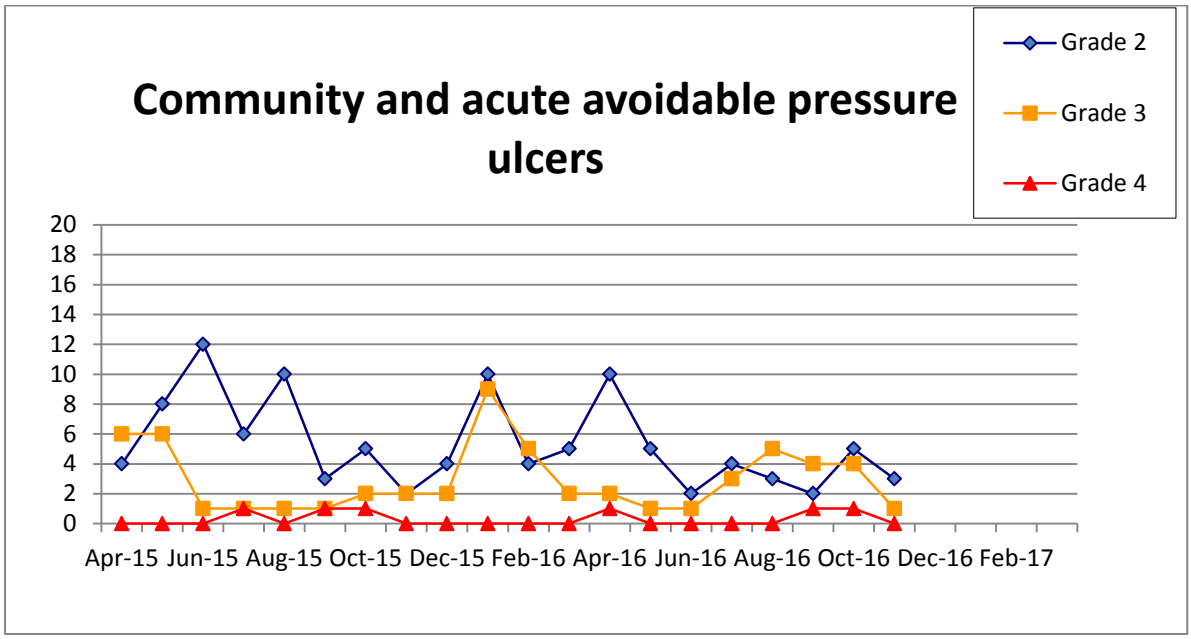
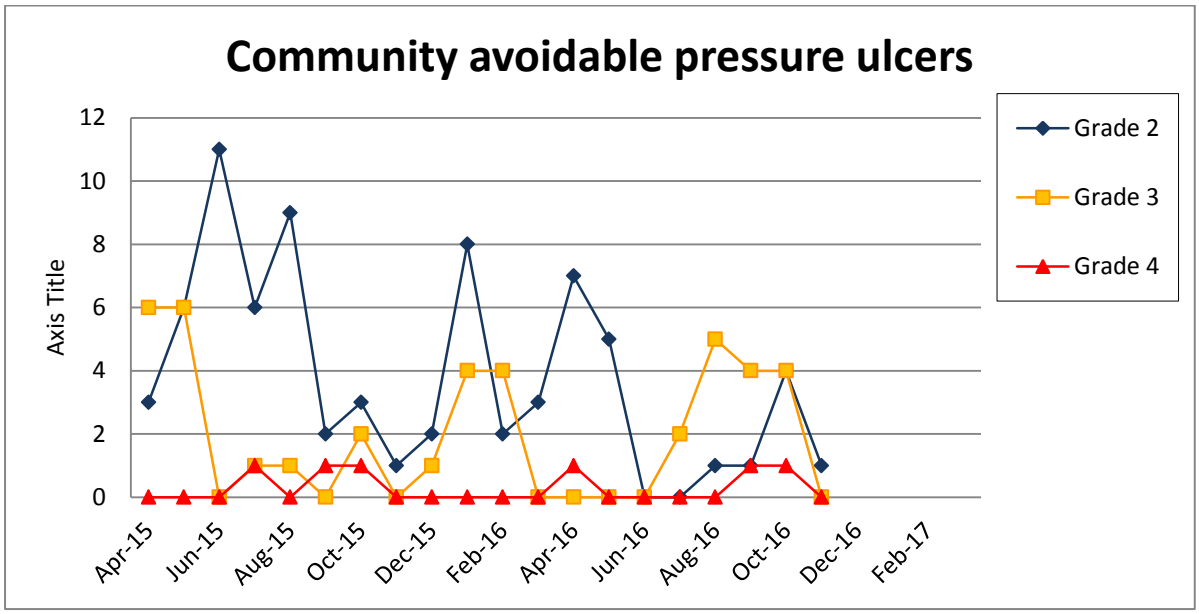


Table 6: The number of avoidable pressure ulcer across Whittington health April – November 2015/2016 with the same period 2016/2017

Grade	2015/16 April - November	2016/17 April - November	Percentage %
2	50	34	-32
3	20	21	+5
4	3	3	0

There has been a continual gradual decrease in the number of avoidable Grade 2 pressure ulcers. Grade 3's have increased by 5% (n1) and no change with number of avoidable Grade 4's.

Chart 7: District nursing avoidable pressure ulcers April 2015 to November 2016

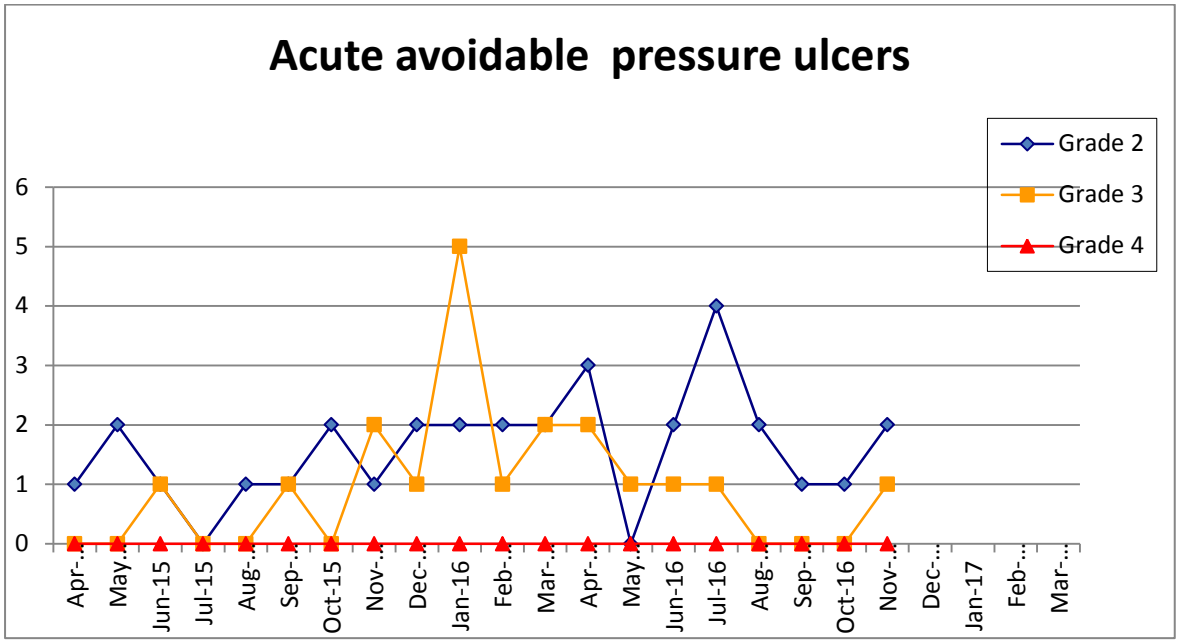


There has been a 54% decrease in number of avoidable grade 2, 7% decrease in Grade 3. There has been an equal amount of Grade 4's (n3) in the compared timeframes within district nursing.

The themes from the three grade 4 avoidable pressure are:

- Insufficient recognition in change in patient's mobility.
- Insufficient escalation to request review by senior nurse when deterioration identified.
- Inconsistent completion of wound assessment document.

Chart 8: Whittington Hospital avoidable pressure ulcers April 2015 to November 2016



Whittington Hospital has not had an avoidable Grade 4 since January 2015. There has been a 40% increase (n 6) grade 2, 34% increase (n 2) grade 3 when comparing timeframes. However, it must be noted that the number of avoidable pressure ulcer at Grade 3 are small therefore the occurrence of one will make a difference to the percentage of increase.

The key service delivery issues identified:

- Incomplete, poor documentation including assessment and Comfort, SSKIN document.
- Delay in acquiring pressure relieving equipment as the patients had not been assessed.
- Not removing bandages on admission therefore skin not being assessed fully.

Key actions for sign up to safety:

React to Red Campaign

Table 7: React to Red Campaign progress against actions

Action	Completion date	Update
1. Review patient, carer, public information 'key fact' sheet.	01.11.2016	Now available for printing via EPROC. Launched November 2016

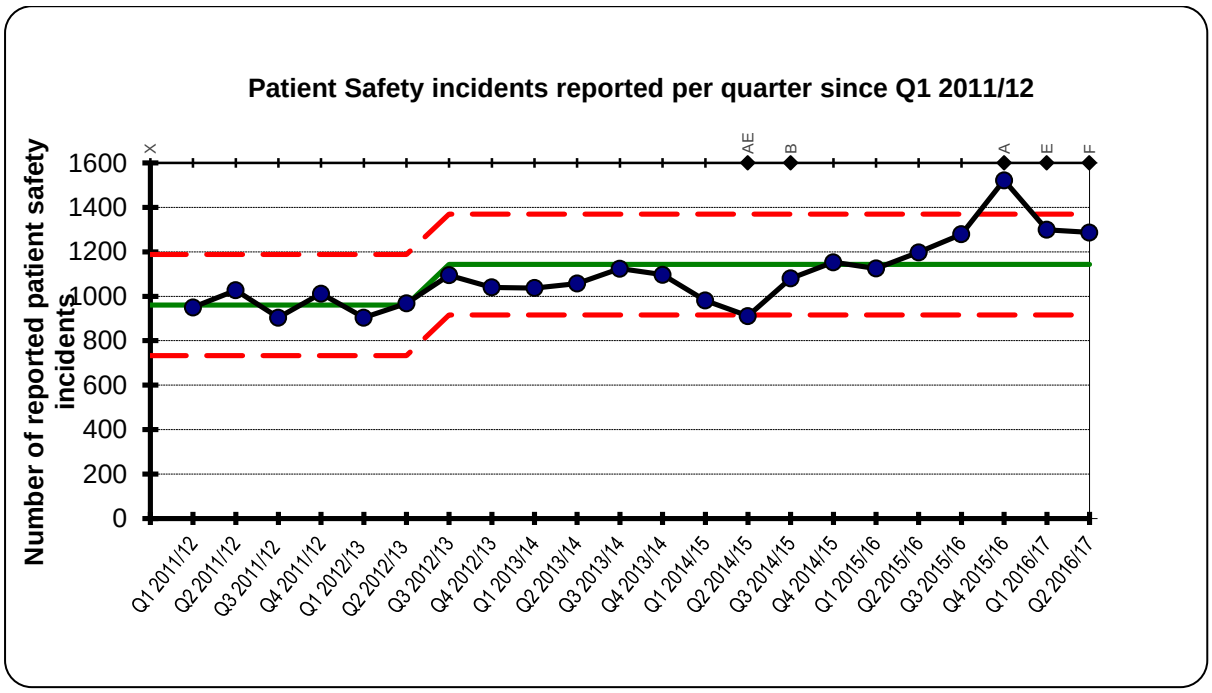
		on ‘Stop pressure ulcer day’
2. Development of a Trigger system for formal and non-formal carer’s who do not have Health care in put for earlier recognition of risks so they can get assistance.	01.11.2016	Launched as part of the carer’s pack.
3. Updated pressure ulcer prevention care plan	01.11.2016	Launched 17th November 2016. Available via EPROC
4. Poster printed and will be distributed to health centres, social services along with the ‘react to red’ package.	01.11.2016	Launched as part of the carer’s pack.
5. Updated wound assessment document to standardise across ICO	Sept 2016	Launched and available via EPROC.
6. Pressure ulcer prevention E-Learning	01.01.2017	IT issues have delayed the initial launch date of September 2016.
6. Information to be uploaded onto intra/web page	February 2017	A meeting was held with the communications team to change the webpage to highlight the pressure ulcer prevention campaign.
7. Tissue Viability/Lymphoedema web pages to be updated	February 2017	
8. Tissue Viability update news	February 2017	A newsletter has been developed, this will be reviewed with the communications team.
9. Introduction of mirrors	November 2016	Funding to be allocated.

6. Reporting culture

The Trust's Datix risk management system was re-launched on 1st June 2016 and the system now allows for incidents to be classified as an incident 'affecting patient', but not all events described in that way are patient safety incidents in terms of the National Reporting and Learning System (NRLS) definitions and coding criteria. In Quarter 2 of 2016/17, incidents reported on our Datix system that were not NRLS-reportable included over 200 reports by security staff on their activity supervising Section 136 patients in the Emergency Department or transferring patients to mental health facilities. Other non-reportable incidents included those attributable to other organisations. All such non-NRLS reportable incidents are excluded from the incidents reported shown in Chart 7.

The total of NRLS reportable incidents for Quarter 2 was 1287, just 12 fewer than Quarter 1. The single peak at point A on Chart 9 in Quarter 4 2015/16 is attributable to the submission of multiple reports from the Lower Urinary Tract Symptoms Service (LUTS) service relating to the experiences of service users during the period in late 2015 when the service was temporarily suspended.

Chart 9: Whittington Health Patient Safety Incident quarterly reporting trend (April 2011 – September 2016)



Charts 10 and 11 are taken from the NHS Improvement website. Chart 10 is based on incidents that occurred in England and Wales from 1st April 2015 to 30th September 2015 and were submitted to the National Reporting and Learning System by 30th November 2015. Chart 11 is based on incidents that occurred in England and Wales from 1 October 2015 to 31 March 2016 and were submitted to the National Reporting and Learning System (NRLS) by the 31 May 2016. Chart 10 shows this Trust's number of incident reports per 1000 bed days for the period 1st April 2015 – 30th September 2015. Chart 11 shows this Trust's number of incident reports per 1000 bed days for the period 1st October 2015 – 31st March 2016.

The arrows highlight the data line for Whittington Health.

Chart 10: Comparative reporting rate, per 1,000 bed days, for 136 Acute (non-specialist) organisations for the period 1st April 2015 – 30th September 2015

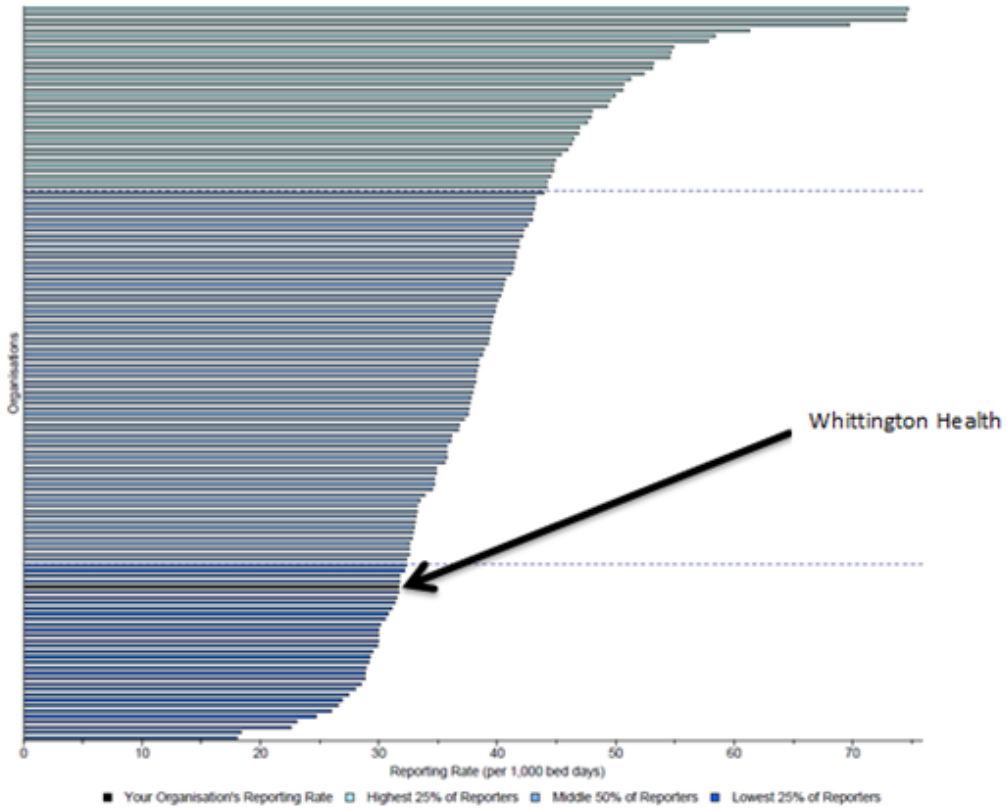
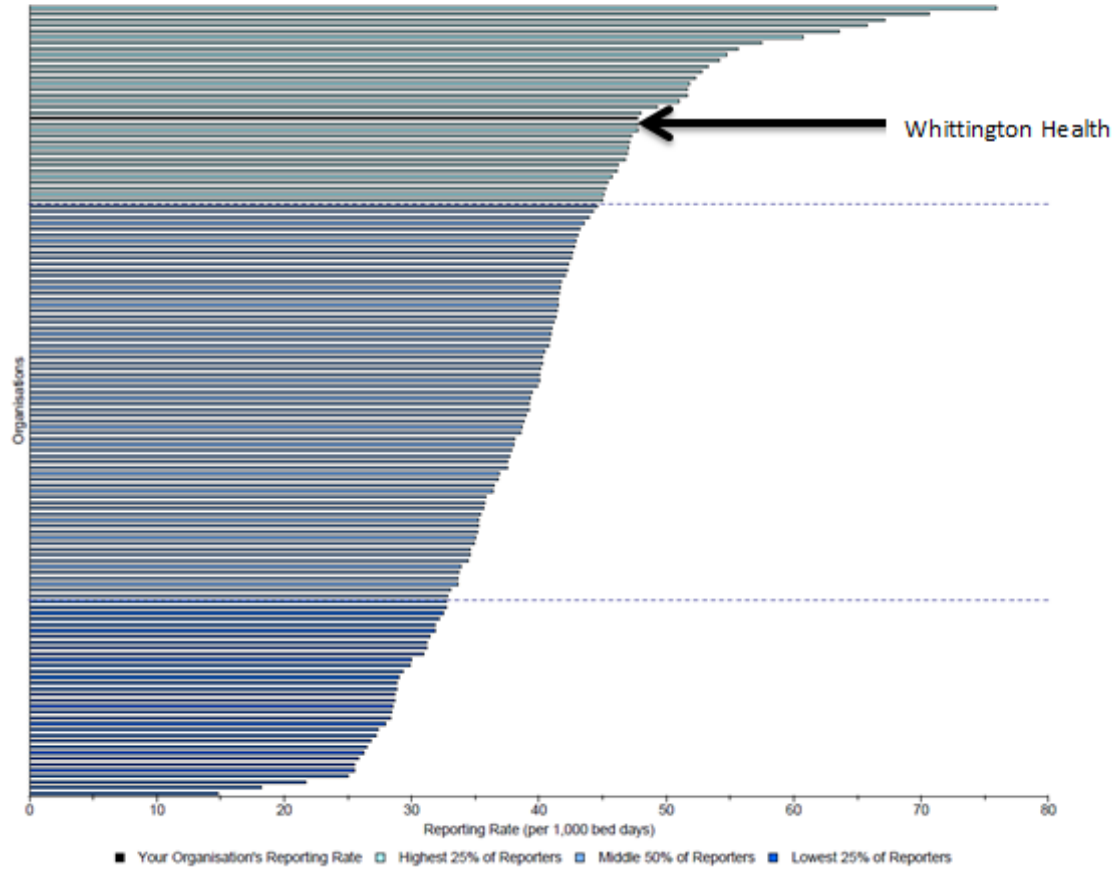


Chart 11: Comparative reporting rate, per 1,000 bed days, for 136 Acute (non-specialist) organisations for the period 1st October 2015 – 31st March 2016



It is generally recognised that the total number of reported incidents rises as a good reporting culture develops.

In the February 2016 Quarterly Safety and Quality paper to the Board the equivalent data was presented for the period 1st October 2014 to 31st March 2015. This data showed that this Trust was in about the same position as the national median for the reporting of patient safety incidents. The paper highlighted our commitment to improve this to move into the top quartile for reporting patient safety incidents. The two charts reproduced here illustrate the fact that, after an initial dip in reporting in the first half of 2015/16, this Trust has moved into the top quartile in the second half of 2015/16.

7. Mortality review

7.1 Future changes nationally to the reporting of mortality data

The Secretary of State for Health has announced that from 31 March 2017, all NHS Trusts and Foundation Trusts will be required to:

- collect and publish specified information on deaths, including an estimate of how many deaths could have been prevented;
- follow a national framework for identifying potentially avoidable deaths, reviewing the care provided, and learning from mistakes;
- identify a board-level leader as patient safety director, to take responsibility for this agenda (this is likely to be the medical director);
- appoint a non-executive director to take oversight of progress;
- ensure that investigations of any deaths are more thorough and kind, and genuinely involve families and carers;
- publish evidence of learning and action.

7.2 Strengthening our mortality review processes

The Trust is preparing to be in a position to fully meet these new national requirements noted in section 7.1. At the current time, the Trust is not yet systematically reviewing every single inpatient death within a consistent Trust-wide process, although many departmental areas of good practice are exist, and mechanisms are well-established to ensure that any concerns in relation to patient care in patients who have died are properly escalated and investigated. A process for consistent Trust-wide review of all inpatient deaths has been agreed, and the mortality review pro-forma will be made available on the Trust's electronic patient record system by the end of February 2017.

The next Quality and Safety Board Report will contain a section updating the Board on progress in this area.

8. 7 days Services Survey - September 2016

The NHS Sustainable Improvement Team, which is part of NHS England, initiated a mandatory national audit in 2016 designed to examine to what extent acute provider trusts meet the key 7 day services clinical quality standards. This national mandatory retrospective audit occurs every six months.

In the most recent audit, this Trust's recommended sample size was 148 case notes, and 148 case note reviews were completed. These were chosen at random from the list of emergency admissions between Monday 11th July 2016 and Sunday 17th July 2016.

The four priorities among these standards are addressed in Charts 12 – 15, in which this Trust's responses are compared to the national and London regional means.

The grey areas within each of the box plot charts 12-15 show the inter-quartile range, which is the range in which the middle 50% of values are found.

This data provides assurance that this Trust is performing as well as, or better than the London regional and national means in most of these areas, and is in the top quartile nationally in terms of the proportion of inpatients being reviewed by a consultant (either once daily or twice daily as required) at weekends.

Chart 12: Proportion of patients who received a first consultant review within 14 hours of admission to hospital

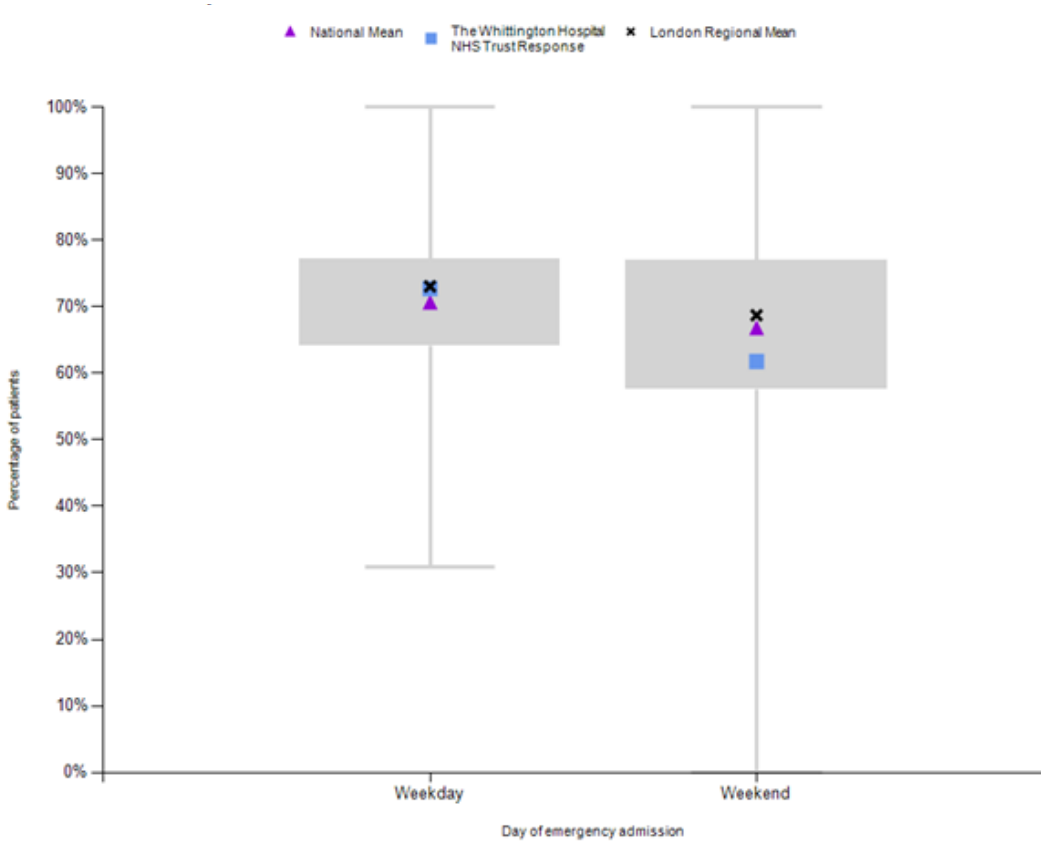


Chart 13: National benchmarking data – proportion of patients who received a first consultant review within 14 hours of arrival to hospital

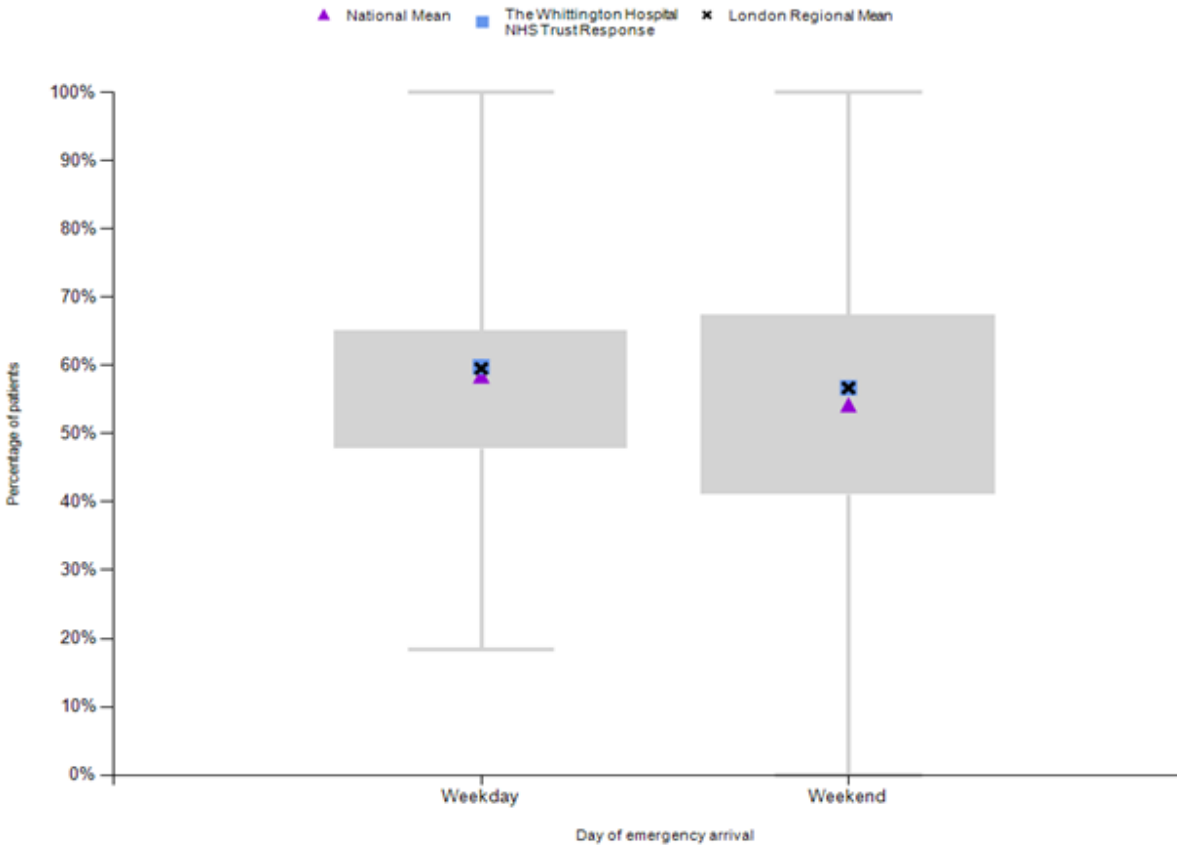


Chart 14: Proportion of twice daily consultant reviews received

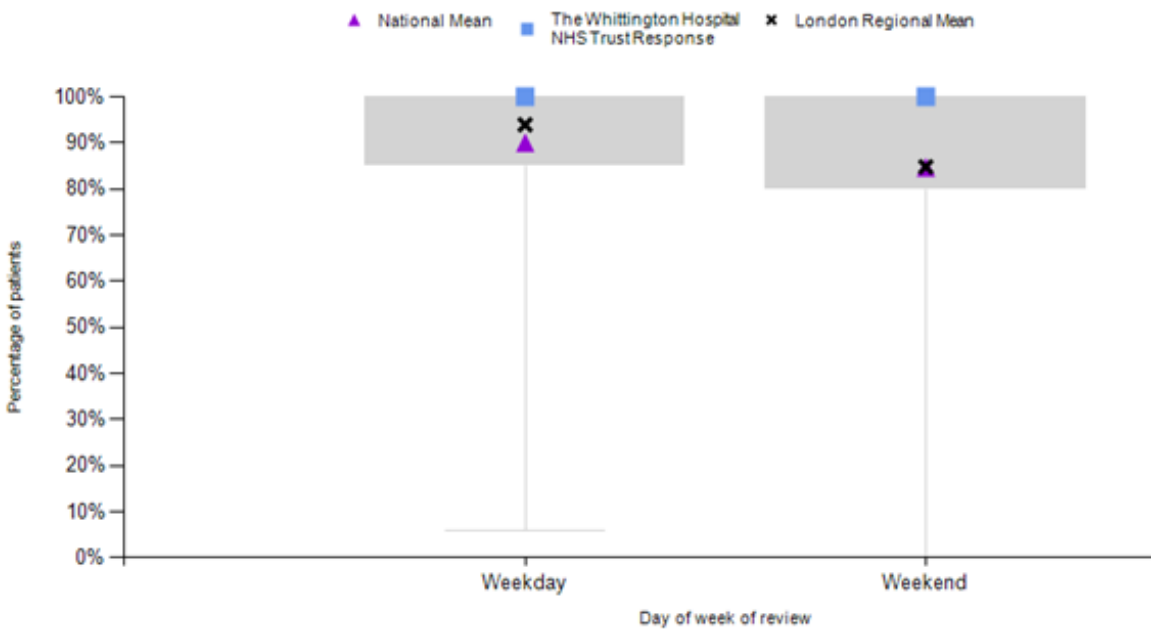


Chart 15: Proportion of once daily consultant reviews received

9. Sepsis – update on the Trust performance on the sepsis CQUIN

The Trust Board received a report in the September 2016 Quarterly Safety and Quality Board Report with regard to progress on sepsis.

The national sepsis CQUIN data for Quarter 2 of 2016/17 showed this Trust as being one of the top 5 performing Trusts in England for meeting the sepsis CQUIN quality standards for both emergency admissions and inpatients. The Associate Medical Director for Patient Safety received a letter of congratulations from NHS England in recognition of this important achievement.

10. Dissemination of learning from Serious Incidents, near misses, inquests, complaints and claims

10.1 Learning together sessions

The Trust is running the following learning together half-day sessions. These sessions allow staff an opportunity to gain further understanding of the patient journey and to hear real-life stories from incidents and complaints. Attendees work together to examine these real-life stories and identify areas of good practice, areas for improvement and help formulate key learning points to share with their colleagues following the workshop.

Table 8: Learning together session dates and themes for January – June 2017

Date	Themes	Location
Tuesday 24 January 2017	Adult Safeguarding/Team Working	Laycock PDC
Tuesday 21 February 2017	Adult Safeguarding/Discharge Planning/ Team Working/Information Sharing	Whittington Education Centre
Tuesday 21 March 2017	Pressure Ulcer/Paediatrics/Team Working	Laycock PDC
Wednesday 26 April 2017	Sepsis/Patient Involvement	Whittington Clinical Skills Lecture Theatre
Tuesday 16 May 2017	End of Life/Discharge Planning/ Multiagency Working	Laycock PDC
Thursday 15 June 2017	Mental Health/Team Working	Whittington Education Centre

10.2 Patient Safety Newsletter

The Trust has produced the first two editions of a regular Patient Safety Newsletter. The newsletter is sent to all staff bi-monthly. The content of the newsletter is reviewed and agreed by the Trust's Patient Safety Committee.

10.3 Patient Safety Forum

The Trust's Patient Safety Forum is now multi-disciplinary and includes representatives from several professional groups, including allied health professionals, pharmacy professionals, district nurses, and junior doctors.

10.4 Closing the loop; ICSUs and the Patient Safety Committee

All ICSUs now report regularly to the Patient Safety Committee on their patient safety incident action plans. This gives further assurance that these actions are being closed and that learning from these actions is shared across ICSUs.

11. References

1. NHS Digital Indicator Portal, NHS Digital, available from https://indicators.hscic.gov.uk/webview/
2. Seven day hospital services survey rationale, NHS England, (2016), available from http://www.7daysat.nhs.uk/downloads/survey%20rationale%20for%207DSAT%20resource%203%20August%202016.docx
3. CQC review of deaths of NHS patients (2016), available from https://www.gov.uk/government/speeches/cqc-review-of-deaths-of-nhs-patients
4. Excess winter mortality in England and Wales: 2015/16 (provisional) and 2014/15 (final), Office of National Statistics (November 2016), available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/2015to2016provisionaland2014to2015final
5. Excess winter mortality in England and Wales: 2014/15 (provisional) and 2013/14 (final), Office of National Statistics (November 2015), available from https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/201415provisionaland201314final

6. Organisation patient safety incident reports: 28 September 2016, NHS England (2016), available from https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-28-september-2016/