

Trust Board Meeting: Wednesday 14 May 2014

TB2014.51

Title	Update on Inpatient Diabetes Services
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Status	For information
History	Inpatient Diabetes Services have been discussed in a number of venues over the last six months, most recently at the April meeting of the Quality Committee (QC2014.23)

Board Lead(s)	Dr Tony Berendt, Interim Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. A programme of work has been put in place in response to address quality issues in relation to inpatient diabetes services that emerged during 2013.
2. Two risk summits on inpatient diabetes were held in early October 2013 and on 26 November 2013.
3. A business case for additional investment was approved by TME on 27 February 2014.
4. The key elements of the approved business case are: <ul style="list-style-type: none">i. £535k recurrent annual investment in staffing to enhance leadership, knowledge, skills and practice for inpatient diabetes care (nursing, podiatry, medical, pharmacy and administrative).ii. Establishment of a Trust Diabetes Quality Group.iii. Revision of the approach to education and training in diabetic care.iv. Standardisation of clinical protocols based on the “<i>Think Glucose</i>” programme.
5. Recommendation <p>The Trust Board is asked to note the programme of work emerging from the Diabetes Risk Summits and the proposed reporting arrangements</p>

Update on Inpatient Diabetes Services

1. Purpose

- 1.1. This paper briefs the Trust Board on actions taken and underway in relation to Inpatient Diabetes Services, following the emergence of clinical quality concerns through clinical audit, a serious clinical incident and a patient story shared with Quality Committee.

2. Background

- 2.1. Diabetes is a common long term condition that has a range of significant acute and chronic complications. 14.7% of the Trust's adult inpatients have diabetes.
- 2.2. The National Diabetes Inpatient Audit (NaDIA) is supported by the Healthcare Quality Improvement Partnership (HQIP). It features on the list of clinical audits for which participation must be reported by relevant NHS providers in their annual Quality Account.
- 2.3. The audit aims to provide a 'snapshot' of diabetes care for inpatients at hospitals across England on an intermittent basis. Data are self-reported to the National Diabetes Audit Partnership Board and benchmarked reports are subsequently fed back to participating NHS Trusts. There can be a delay of up to a year between the submission of data and the receipt of benchmarked results.
- 2.4. The Trust's Clinical Audit Committee reviewed results from the 2011 and 2012 NaDIA audits in January 2013 and July 2013. The Trust's individual hospitals underperformed in comparison to the national average in both rounds of the audit, particularly so in the 2012 report. The audits identified deficiencies both in relation to process (for example, access to specialist diabetes support) and outcomes (for example, episodes of hypoglycaemia and levels of patient satisfaction). The snapshot audits, given their nature, do not provide data to allow benchmarking of mortality and other hard outcomes.
- 2.5. In March 2013, an inpatient with diabetes died having undergone a semi-elective surgical procedure. The patient's death was investigated through the SIRI process and a number of issues were identified with the care provided. An action plan was established and improvement actions taken forward within the Division where the event occurred.
- 2.6. Following this, it was agreed that diabetes care should become a priority topic for a set of 'risk summits'. Risk summits were introduced to OUH during 2013/14 as a methodology through which to bring together a wide group of stakeholders to discuss potential care quality concerns and to develop a cohesive set of rapid improvement actions.¹ The risk summit approach lends itself particularly well to issues such as diabetes: although expertise resides within one part of the organisation, patients with diabetes are cared for by all services across the Trust.²

¹ Stakeholders in risk summits include staff of varying disciplines and seniority from across the organisation, commissioners and/or general practitioners, and most importantly, patient representatives and/or another source of alternative key insights and constructive external challenge to internal participants.

² The Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM) is based at the Churchill Hospital and is housed within the Ambulatory Care Directorate of the Medicine, Rehabilitation and Cardiac (MRC) Division.

- 2.7. Two risk summits on inpatient diabetes were held in early October 2013 and on 26 November 2013.
- 2.8. Key proposals coming out of the risk summits included: the need for increased specialist diabetes support across all hospital sites; improved educational material; better use of information technology to identify patients with diabetes and to prompt specific interventions; and, standardisation of care for patients with diabetes (using a care bundle approach).
- 2.9. Trust Management Executive considered these headline proposals in December 2013 and asked MRC Division to bring back a developed business case for decision. This case was considered and approved by TME on 27 February 2014 (TME2014.68).
- 2.10. The key elements of the approved business case are:
 - 2.10.1. £535k recurrent annual investment in staffing to enhance leadership, knowledge, skills and practice for inpatient diabetes care (nursing, podiatry, medical, pharmacy and administrative).
 - 2.10.2. Establishment of a Trust Diabetes Quality Group.
 - 2.10.3. Review of educational resources and training approach.
 - 2.10.4. Standardisation of care following the “Think Glucose” approach. .
- 2.11. At its meeting in February 2014, Quality Committee viewed and discussed a patient story focusing upon the experience of care of two inpatients with diabetes. These patient stories had been prepared following the risk summits in order to raise the profile of diabetes care with staff and to explain the need for a programme of quality improvement.

3. Current Position

- 3.1. The following section provides an update on the current position with regard to the implementation of the outcomes of the Diabetes Risk Summit, following on from TME’s consideration of the issues.
- 3.2. The update is arranged around the four themes of: training and education; nurse staffing; other staffing; and, steering group and outcome monitoring.
 - 3.2.1. Training and Education
 - 3.2.1.1. 4 levels of education have been determined (foundation level through to ‘diabetes champions’).
 - 3.2.1.2. Resources are being developed, trialled and embedded within the Trust’s e-LMS mandatory training platform.
 - 3.2.1.3. Adoption and phased rollout of *Think Glucose*, an evidence-based pack of interventions to standardise and improve inpatient diabetes care (see appendix 1).
 - 3.2.2. Nurse Staffing
 - 3.2.2.1. Recruitment, training and supervision / mentorship of an additional 7.4 WTE diabetes specialist nurses (bringing the team up to 110% of the national mean per inpatient bed). It is anticipated that the majority of new staff will be in post for July / August 2014, with a view to full acquisition of competencies after 9 months.

3.2.3. Other Staffing

3.2.3.1. Additional podiatry staffing (3 WTE) in order to implement a proactive 'foot protection team' within the Trust. It is anticipated that the foot protection team will be operational by October 2014.

3.2.3.2. Further consultant post to be in place by January 2015 (two additional consultants took up post during 2013/14).

3.2.4. Steering Group and Outcome Monitoring

3.2.4.1. The Trust Diabetes Quality Group has been established and held its first meeting on 07 May 2014.

3.2.4.2. A subset of data from the National Diabetes Inpatient Audit (NaDIA) data set will be collected locally on a regular basis such that improvements can be tracked over time. Data collection, subject to the view of the Diabetes Quality Group, is likely to be undertaken quarterly from February 2015.

4. Conclusion

4.1. A major programme of work has been put in place to strengthen leadership and improve care in response to quality concerns in relation to inpatient diabetes that emerged during 2013.

4.2. The programme of work represents a substantial recurrent investment on the part of the Trust. An effective Trust Diabetes Quality Group and regular collection of local audit data are essential components in ensuring an appropriate return on this investment for patients, driving Trust-wide improvements at pace.

4.3. The Diabetes Quality Group will act as the steering group for this work and will report to Clinical Governance Committee.

4.4. For 2014/15 and 2015/16, it is proposed that the Diabetes Quality Group will also produce a bi-annual report for Trust Management Executive, detailing progress against plan in respect of this programme of work.

5. Recommendation

5.1. The Trust Board is asked to note the programme of work emerging from the Diabetes Risk Summits, and the planned reporting arrangements.

Dr Tony Berendt
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May 2014

Appendix 1
OUH *Think Glucose* – Overview Plan