

Whittington Health Trust Board

2nd July 2014

Title:		Quality Committee Report – May 14 th 2014					
Agenda item:		14/123		Paper		11	
Action requested:		For noting and approval					
Executive Summary:		This paper gives an overview of the May's Quality Committee. It highlights progress in the following areas <ul style="list-style-type: none"> • Divisional Risk and Quality Reports • Serious Incident Report • CQC Registration Report • Infection Control Report • Safeguarding Children's Training Report • Infection Control Committee Quarter 3 2013/14 • Aggregated Complaints, Incidents, Claims and Inquests Quarter 3 2013/14 • Drugs and Therapeutics Report • Draft Quality Account 					
Summary of recommendations:		The Trust Board is asked to receive the report and to approve the recommendations and decisions made by the committee.					
Fit with WH strategy:		The Quality Committee is a sub-committee of the Trust Board and assures the Trust Board on issues relating to quality, patient safety and governance.					
Reference to related / other documents:		n/a					
Reference to areas of risk and corporate risks on the Board Assurance Framework:		2.1; 3.4; 3.5; 3.10; 3.11; 4.1					
Date paper completed:		2 nd July 2014					
Author name and title:		Alison Kett: Acting Director of Nursing		Director name and title:		Alison Kett: Acting Director of Nursing	
Date paper seen by EC	NA	Equality Impact Assessment complete?	NA	Quality Impact Assessment complete?	NA	Financial Impact Assessment complete?	NA



Report of the meeting of the Quality Committee held on 14th May 2014

1.0 Introduction

Anu Singh chaired her first Quality Committee as a new Non-Executive Director for Whittington Health. The Quality Committee met on Wednesday 14 May 2014 and received a number of regular reports from divisions and sub-committees including:

- Divisional Risk and Quality Reports
- Serious Incident Report
- CQC Registration Report
- Infection Control Report
- Safeguarding Children's Training Report
- Infection Control Committee Quarter 3 2013/14
- Aggregated Complaints, Incidents, Claims and Inquests Quarter 3 2013/14
- Drugs and Therapeutics Report
- Draft Quality Account
- Patient Safety Walkabout

2.0 Divisional Risk and Quality Reports

The Quality Committee received divisional reports based on clinical risk, improvements and innovations.

The Quality Committee have requested timetables and action plans for each risk. All action plans should be documented and agreed by the relevant division. The Committee would have sight of the whole process to get assurance.

2.1 Surgery Cancer and Diagnostics (SCD)

Risk Register – A number of risks have been added to the risk register, some of which had since been mitigated against and removed. The committee discussed the risks within the report and how divisions should demonstrate sufficient mitigation to control and manage these risks.

Complaints – Response times to complaints has improved from 13% in December 2013 to 83% in February 14. This can be linked to the introduction of a designated complaints manager. There has also been a slight decrease in the number of complaints received.

Improvement to appointments: A patient access call centre has been created to facilitate better communication and improve overall patient experience. This has significantly reduced the time patients are waiting on the phone to speak with a member of the team to cancel, rebook or make enquiries with regard to their out-patient appointment.

It was noted that the complaints response had dipped recently, due in part to the departure of the interim complaints manager. Substantive funding was being sought to continue this role.

Serious Incidents(SI) – One new SI had been reported and is currently being investigated. There are nine further incidents that are potential SIs. These are being investigated. Evidence of actions from the SIs that relate to grade 3 and 4 pressure ulcers have been sent to the Corporate Governance Team to formally close them.

Infection control– Some patients within one ward had tested positive to MRSA, however these patients were not affected by the bacteria and showed no signs of illness. Actions were taken to ensure the bacteria was treated in these patients and could not spread across the ward. An investigation has been carried out and a comprehensive action plan was implemented to ensure there was no further acquisition.

Pressure Ulcers – There had been a slight increase in the numbers of pressure ulcers (PU). In 12/13 SCD recorded *15 grade 2 and one grade 3 or 4*. In 13/14 it recorded *15 grade 2 and 2 grade 3 or 4*. Across the Trust the target of a reduction of 50% was achieved. In part it was considered that the increase was due to improved reporting, however tissue viability had completed a concentrated piece of work on ITU and Victoria the two areas where incidence was the highest.

2.2 Woman Children and Families

Risk register – The main risk remains theatre capacity within obstetrics, which forms part of the business case for a new maternity area that is currently being reviewed by the Trust Development Authority (TDA).

Complaints – Response rates within 25 days had gone up to 67 per cent in March. This was due to a robust process of reviewing the complaints at the weekly divisional management team meeting to raise the profile within the division and a dedicated resource to co-ordinate the complaints.

Serious Incidents – There have been no further SIs within the directorate.

Friends and Family Test – Midwifery are consistently hitting the target response rates in the acute unit. Work will now be focused on reaching the target within community.

2.3 Integrated Care and Acute Medicine(ICAM)

Risk register - A number risks on the Risk Register were soon to be closed. ICAM informed the committee that the Risk Register is reviewed at the monthly divisional board in order to add, remove or de-escalate items on the Risk Register.

Serious incidents –There have been eight new SIs, six of which were separate incidents of grade 3 pressure ulcers.

Complaints - 55 formal complaints were received in March and April 2014. There have been a number of complaints about the rheumatology service which has been affected by staff sickness. Cover arrangements are now in place and all patients displaced as a result of cancellations have either now been seen or have appointments soon.

Performance report - One of ICAMs wards has seen appraisal rates down to 13% since the ward manager left the Trust. The new ward manager is now receiving support to complete appraisals.

Patient experience – Friends and Family Test (FFT) – The majority of wards in ICAM continue to perform well on the FFT and Emergency Department (ED) has now reached its

response rates for three months. All ward areas and ED have a 'You Said, We did' feedback messages which are revised each month.

Innovative Practice and Quality improvements – The IAPT service has again passed the Nation IAPT Clinical Assurance Test as applied by London IAPT. The panel highlighted the role and standard that our service has consistently set as a high quality learning environment for IAPT trainees and that we have attracted an award of higher number of Psychological Wellbeing Practitioner (PWP) trainees from this coming October. Given the national difficulties there have been in recruiting to PWP posts, this will be a useful adage to the continued workforce strategy of our service.

The new TB South Hub opened on 28 April and Ambulatory care opened on 1 April.

3.0 Serious Incident Report

A number of SIs remain outstanding and it was recognised that clinical staff are working hard to complete all investigations.

The SI process is being reviewed corporately and it is recognised that the time it takes to report back on each one is not as timely as hoped. The Trust has received positive feedback about the quality of the reports from our Clinical Commissioning Groups (CCG). Our SI panel are reviewing outstanding incidents and response times from them from the Divisions.

The committee noted that the 'new style' CQC inspections would be implemented this year and it was therefore essential that the trust had effective governance in relation to quality, which was improving.

Overall there has been a significant decrease in the number of pressure ulcers in the acute setting and a 13% reduction of pressure ulcers in the community. The Commissioning for Quality and Innovation (CQUIN) target had been achieved for the first three quarters of 13/14 but the Q4 target had just been missed. This is also linked and dependent on other providers within the community.

4.0 Safeguarding Children's Training

Compliance with children's safeguarding training is now around 80 per cent - a significant improvement since the beginning of the year. Responsibility for children's safeguarding has now moved to the corporate nursing and patient experience division. Both adults and children's safeguarding will be moved under the leadership of the head of safeguarding by the end of the year.

5.0 CQC Registration/Reviews/Visits

Following the Care Quality Commission (CQC) inpatient inspection at the beginning of the year, a task and finish group had been set up to monitor compliance against a Trust wide action plan.

After two meetings the committee heard that significant progress has been made and that much of the action plan has been completed. Areas which are yet to complete are those which are related to other larger pieces of work ie the Value Improvement Project (a programme set up to improve quality, access and cost). The Trust is likely to receive a review visit by CQC in the near future to ensure measures have been put in place to rectify the areas which were identified as requiring additional measures earlier in the year.

6.0 Infection Control

There were 21 Trust attributable (post 48 hour) *C.difficile* cases in the period 1 April 2013 to 31 March 2014, breaching our objective of 10 for the entire period of 13/14. Following consultation with other local hospitals in the sector, it is understood that they are in a similar position to us. The agreed objective by NHS England for 14/15 has been set at 19 cases. All cases have been followed up with a clinical review, focused questionnaire and staff feedback. There have not been any antimicrobial prescribing non-compliance issues. The Trust has had 2 cases since 1 April.

81% (as at 28 March 4) of Whittington Health staff had received recent (within the last 2 years) infection prevention and control training. E-learning modules have been revised to better fit our needs and divisional leads have been contacted to promote the e-learning packages to staff.

The infection control team have been congratulated on their successful flu campaign where the Trust was the first London Trust to achieve the 75 per cent target and had second highest vaccination rate nationally.

7.0 Mixed Sex Accommodation

There have been a high number of breaches declared since the beginning of the year. These figures are decreasing and we had 17 breaches in April.

8.0 Quality Account Update

A draft of the quality account was presented to the Committee. The report will be on the Trust website by the end of June. Formal sign off of the report is at Trust Board.

The external auditors had recently been in to the Trust and had looked at the management of the Quality Accounts. Data included in the report is more robust than in previous years.

9. Drugs and Therapeutics

There was a discussion about prescribers within community nursing. District Nurses have full prescribing authority and there is a plan to increase the amount of prescribing nurses within the community. Alternative models for obtaining dressings in the community is also being considered and would avoid the need for a prescription for these products.

10. Patient Experience Annual Report

Whittington Health took part in the national survey on cancer patient experience, maternity services and adult inpatients.

A cancer patient experience steering group has been developed specifically to address the areas of concern within the cancer patient experience survey. The National Maternity Survey results were positive and reflected significant improvement on most areas in maternity since 2010.

A review of how we manage formal complaints was undertaken and an action plan developed to drive improvements in a number of areas. This includes improving our processes for handling complaints, engagement with complainants whilst investigations are underway, timeliness and regularity of reporting on themes and trends and ensuring that action plans are developed and monitored for upheld complaints.