

Whittington Health Trust Board
5th November 2014

Title:	Quality Committee Report – 24 th September 2014						
Agenda item:	14/159		Paper			4	
Action requested:	For noting and approval						
Executive Summary:	<p>This paper gives an overview of the September's Quality Committee. It highlights progress in the following areas:</p> <ul style="list-style-type: none"> • Quality Strategy Review - discussion paper • Divisional Risk and Quality Reports • Serious Incident Report • Safeguarding Children Training Report • Quality performance report • Infection Control update • Aggregated report Q1 Serious Incidents, Pals Complaints and Claims • Record keeping Audit • Safeguarding Children annual report • PLACE (Patient led Assessment of Care Environment) Report • Annual SI Report 13/14 • Research & Development Terms of Reference • Safety walkabout (Quality leadership visits) • RTT / Endoscopy update 						
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						
Date paper completed:	27 th October 2014						
Author name and title:			Director name and title:				
Date paper seen by EC		Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	

Report of the meeting of the Quality Committee held on 24 September 2014

1.0 Introduction

The committee received a number of reports for discussion, consideration and approval which included:

- Quality Strategy Review - discussion paper
- Divisional Risk and Quality Reports
- Serious Incident Report
- Safeguarding Children Training Report
- Quality Performance Report
- Infection Control Update
- Aggregated Report Q1 Serious Incidents, Patient Advice and Liaison Service (PALS)

Complaints and Claims

- Record Keeping Audit
- Safeguarding Children Annual Report
- PLACE (Patient-Led Assessment of Care Environment) Report
- Annual Serious Incident (SI) Report 2013/14
- Research and Development Terms of Reference
- Safety Walkabout (Quality leadership visits)
- Referral-to-Treatment (RTT) / Endoscopy update

2.0 Quality Strategy Review

The Quality Committee discussed the need to review the existing Quality Strategy and that as an organisation we need to ensure that quality is embedded and every member of staff feels responsible for quality. The committee agreed that this review is timely in light of a number of key developments locally and nationally. It was agreed that there is a requirement for the strategy to be discussed in the divisional quality groups. The committee requested an update at the next meeting.

3.0 Divisional Quality Reports

3.1 Surgery Cancer and Diagnostics (SCD)

The division reported on performance and referred to data within the new style performance reports. It was agreed that the templates need to be consistent and that they need to show whether there has been a reduction in the number of risks and to highlight trends and areas of concern.

3.2 Women Children and Families

The division reported on performance and stated that the divisional board is well established, is underpinned by quality structures in each of the services and this is embedded across the different services.

3.3 Integrated Care and Acute Medicine (ICAM)

The division advised the committee that ICAM had formed a divisional quality committee and provided assurance that the infrastructure within the division was now in place and would make a difference to responding to quality issues.

It was agreed that the minutes of each divisional quality committee meeting should be included in the divisional reports for the Quality Committee to identify who is reviewing the information and what actions are being taken.

4.0 Serious Incident (SI) Report

The Serious Incident report was discussed in detail and the committee were assured that plans were in place to address the back log of outstanding investigations. The team have been focussing on older reports and identifying where support is required. A forecast trajectory had been put in place and additional SI panels scheduled.

5.0 Safeguarding Children Training Report

The committee were informed that the training figures were not as encouraging as reported previously but that capacity for training had now increased. Areas showing non compliance were being highlighted at divisional monthly team meetings.

6.0 Quality Performance Dashboard

The committee discussed the quality performance dashboard and noted that there had been no non-clinically justifiable same sex accommodation breaches in August. There has been an improvement in complaints response times in August. There have been no cases of hospital acquired MRSA infections year-to-date and ward cleanliness audits scored 97%. The committee agreed that this was a good report in that it highlighted key issues for divisions to discuss at their divisional boards before being discussed at the Quality Committee.

7.0 Infection Control

The committee were advised that there were zero MRSA cases against a ceiling of zero and 10 cases of *C difficile* against a ceiling of 19. It was reported that Whittington Health is the only Trust in London that undertakes full 'Post Infection Reviews' (PIRs) of all trust attributable *C difficile* cases and that these are consultant led. Richard Jennings, Trust medical director, highlighted excellent practice in that the PIRs are led by the consultant who was originally responsible for the patient's admission which ensures the analysis is undertaken by the team originally involved.

8.0 Aggregated Report Q1 2014/15 & Q4 Incidents, Complaints, Claims and Patient Advice and Liaison Service (PALS)

The committee discussed the comprehensive report which is jointly written with the divisions and noted a decline in the number of incidents reported.

9.0 Record Keeping – Health Documentation and Consent

The committee noted the contents of the report and were advised that the Health Documentation and Consent Audit are two of the key quality standards.

The results indicated that there was much work to be done across the organisation to meet standards required. The SCD division acknowledged that improvement was required in relation to 'consent' and that a paper was being discussed at the next quality board to agree next steps.

10.0 Safeguarding Children Annual Report

The committee were notified of the key achievements in the Safeguarding Children Annual Report and advised that last year the team had significantly built on the strengths of their inter agency and partnership working and sharing information at every level.

11.0 PLACE – Patient-Led Assessments of the Care Environment Annual Report

The committee were advised that the audit took place in April following the national publication of the PLACE results. PLACE had replaced PEAT and, whereas PEAT audits were carried out by hospital staff, PLACE audits are led by patients. It was noted that Haringey Health Watch had also supported the audit.

The committee agreed that work needed to be undertaken to improve further the scores and that Whittington Health should aim to have performance in the top decile of Trusts.

12.0 Annual Serious Incident (SI) Report 2013/14

The committee discussed the content of the report and requested that the recent review of the management of the SI process be shared at the next Quality Committee.

13.0 Research and Development Terms of Reference (TOR)

The committee were assured that governance arrangements pertaining to research were in place. The terms of reference for the Research Management and Governance Executive Committee were accepted and approved by the committee.

14.0 Safety Walkabouts (Quality Leadership Visits)

A six month report was presented detailing outcomes from Patient Safety Walkabouts. The committee were informed that an annual report would be available in November. The committee discussed the report and agreed that template changes were required and that reports from walkabouts needed to be produced and discussed in a timely manner.

15.0 Referral-to-Treatment (RTT)/Endoscopy Update

Richard Jennings tabled this item. A comprehensive update was provided and considered by the committee. The committee noted assurance provided.

Anu Singh – Non Executive Director