West Hertfordshire Hospitals NHS
NHS Trust

Agenda 49/10

Minutes of the Clinical Quality and Governance Committee (CQuaC)
Thursday 21st January 2010
8:00 – 9:00 am, WGH Executive Meeting Room

Present:

Colin Johnston	Medical Director (Chair)	CJ
Mahdi Hasan	Non-Executive Director	MH
Jan Filochowski	Chief Executive	JF
Martin Keble	Chief Pharmacist	MK
Russell Harrison	Director of Medical Education	RH
Sarah Childerstone	Director of Workforce	SC
David Griffin	Clinical Director – Gynaecology	DG
Anna Anderson	Director of Finance	AA
Robin Wiggins	Clinical Director - Pathology	RW
Tracy Moran	Interim Director - Nursing	TM
Kevin Rosenfeld	MSC Chair	KR
Patricia Duncan	Ass Director of Governance and Risk	PD
Anne Reilly	Ass Director - Clinical Informatics	AR
Mark Jarvis	Assoc Dir. Integrated Governance	MJ
Jason Seez	Head of Planning and Performace	JS
Rodney Hallan	CPOP & Clinical Director – Surgery	RH
Sarah Wiles	Director - Strategy and Infrastructure	SW
Mike Clements……	Consultant – Medicine	MC
Anthony Divers -	Divisional Director of Clinical Support	AD

In Attendance

Pauline Gilroy	Tissue Viability Nurse	PG
Pamela Mudie	PA Clinical Governance & Risk	PM

		Action
10.1	**Apologies for Absence:** David Evans — Respiratory Consultant / Audit Lead Nick Evans — Director for Partnerships (Anne Reilly deputising)	
10.2	**Minutes of the previous meeting - Thursday 26th November 2009** The Minutes of the CQuaC meeting on 26th November 2009 were approved subject to noting that Jan Filochowski and Russell Harrison had sent apologies. Membership amendments were noted (see 10.3)	
10.3	**Matters Arising** **10.3.1 – Terms of Reference – final approval** **(to note inclusion of Nursing & Midwifery Strategy Group as a sub-committee)** **10.3.2 Discuss and agree CQuaC Terms of Reference** CJ noted that not all Divisional Directors were noted and confirmed that membership should be extended to all Divisional and Clinical Directors – whilst he acknowledged this may create a large membership this could be reviewed in the future. It was also noted the addition of Nursing &	

	Midwifery Strategy Group as a sub-committee. It was reiterated that CQuaC is not a sub committee of the Board but reports to JF who would then take issues to the Board. **10.3.3 Pressure Ulcers** TM commented that CCU, ICU and AAU Level 3 are unusual places to have reported hospital acquired pressure ulcers. PG reported that all Trusts report differently so there is no national benchmark but WHHT is below prevalence. PG noted that it is also difficult to collect data on incidence of pressure ulcers. JF observed it was important to establish a baseline figure in order to measure progress. He requested an update on progress for the next meeting, as an agenda item. He wished to see incidence of all pressure sores, prevalence; the number of patients admitted with pressure sores and the number of patients acquiring pressure sores. He wanted the report to include details of data that would enhance the reports but that currently we cannot collect. JF would like to know where this is the case, what action is in train to address this. **10.3.4 Tracker issues** **Incidents and Complaints**: MJ reported that actions identified in letters are being fed back to ISE. CJ suggested this information should also be fed back to Divisional Boards. MJ noted that the position as at November was that if all letters are cleared the Trust will achieve 68% response. They are aiming for 80% for based on letters received in December and actual figures should be available next week. JF pointed out that complaints response times have varied – GE had overseen an improvement but this fell away to 40% last year against national figures of >70%. JF said figures should be maintained at no less than 70% and ideally working to achieve 80%. JF reiterated the importance of responding in a timely manner to complaints and that this is a key measure of patient experience. RH noted that balanced scorecards had been developed for Divisional Boards. It was agreed that a high level summary report on themes emanating from Complaints should be presented to CQuaC and practice issues should be presented to CPOP. **48 Hour Discharge** PD noted that LL was unable to report to this meeting as it clashed with an external meeting. LL will report to the March CQuaC meeting on the 48 hour discharge surveys: report to include methodology, participation, themes emerging and actions taken and planned.	***Action:*** *Data for the next CQuaC on (1)Update on Progress (2)Information on WHHT admitted vs acquired (3)Suggestions on how to improve.* ***Action:*** *MJ responded to a question from SC that a summary of lessons learnt from complaints would be presented to this meeting.* ***Action:*** *PM to inform LL. LL to provide report.*
10.4	**Feedback** **10.4.1 Integrated Standards Executive – Monday 18th January 2010** PD noted this standing item presented an opportunity to feedback any issues that needed noting following the preceding ISE. PD noted that the Trust continued to be non compliant with CAS alerts (C1b) this requirement remained in the standards required under registration. The litmus test used by CQC was wristband compliance (bedside, nhs number) and in our interim declaration the Trust had declared the non compliance would be resolved by 31 March 2010. PD noted this was now in doubt. JF reiterated that the requirement for wristbands at each bed was highlighted last summer during the CQC inspection and it is important that we address this – compliance was required by 21st July 2009. TM responded that although IT is in place there is an issue about training, which depends on the availability of 2 members of staff who have not been available to deliver the training. JF said this was unacceptable and should be addressed immediately. CJ will oversee progress.	***Action:*** *TM and SG to ensure the work on wristbands and the relevant training are completed in order for the Trust to be fully compliant with the requirement by 31 March 2010. CJ to oversee*. .
10.5	**Registration with Care Quality Commission** **(Briefing and progress update – inc compliance status)** PD presented this, noting a presentation had been circulated which identifies key messages. PD noted that the new system required a re-appraisal of the current methods through which the Trust obtains	

	assurances about standards of care. Whilst the corporate functions are fairly straightforward (eg Staffing and Staff Management, or Estates and Facilities) and can broadly reflect the current system, the assurance around clinical care outcomes demanded a much more focused approach, not relying on one co-ordinator of information but depending on multi professional (all clinical groups and managerial) engagement. One example of this, as cited in the presentation, is nutrition where outcomes are dependent upon good nursing practice, good support on wards for patients and good practice in the provision of balanced diets which meet patients needs in relation to their nutritional and cultural requirements. PD noted the importance of Divisional Boards in ensuring the services they manage, on all the sites in which the services are provided meet the requirements. PD noted that currently there is a lot of quality reporting to the PCT under the contracting for quality element of the acute contract and also to the East of England via the Governance reports and PD said it was important for staff that corporate reports were consolidated that that staff we only asked for the same information once – this was not currently the case. PD noted there was a meeting planned with the performance and contracts team to look at this. PD noted it was acknowledged nationally that the timescales are extremely tight and that if members had issues of concern about compliance with standards, they should advise PD or Nick Egginton asap. The application will be going to CQC by 29th January 2010 and the Executive Team would review prior to despatch. The Board had been briefed and a report on the application will be presented at a future Board meeting. PD noted that the CQC will use a Quality and Risk Profile (QRP) of the Trust to review the Trust's application. Although in an early stage of development the QRP currently holds information on outcomes from the National Patient Survey and Staff Surveys, PEAT audits, existing priorities achievements and the recently submitted Core Standards Assessment. It also included information from the National Health Service Litigation Authority (NHSLA), NPSA, derived from incidents reported via the National Reporting and Learning System (NRLS) and in the future will include information from external agencies such as the Health and Safety Executive. PD said briefing sessions on CQC registration requirements had taken place and more will be offered if required. Further discussions will be held with staff with key roles in contributing to assurance. PD noted a Statement of Purpose was also required, although after the submission of the application. However a draft had been completed. Further information is required and PD/Nick Egginton will be requesting information from Divisional Managers for this. PD noted the Trust also has to ensure it has robust arrangements in place to manage contracts for ancillary services, particularly around quality of those services – for WHHT this would include services such as Medirest and CP Plus. A question was raised about clinical contractors and it was noted that if these are registerable (not ancillary) services and should be applying to register. However the Trust needed to ensure this was happening and would require details of their application and subsequent registration. PD asked that Divisional Managers advise her and Nick Egginton of clinical services purchased that have not previously been reported to Nick in order that the appropriate checks can be undertaken.	 WHHT Trust CQC Presentation.pp... **Action:** Any concerns about compliance with the new standards of registration should be communicated to either PD or Nick Egginton asap. **Action:** Members and Divisional Managers to advise NE if further briefing sessions needed. **Action:** NE to contact Divisional Managers re statement of purpose. **Action:** To notify NE of any further contracted clinical services not on current spreadsheet.
10.6	**Incident reporting and DATIX – what are the issues**	

	CJ noted that a report had been circulated. He wanted to raise this issue as he had concerns that not all incidents were being reported and that not enough learning was taking place. Moreover, as the report indicates, there is a failure to complete the reporting of incidents as divisions are not consistently approving incidents reported, thus releasing them for the reporting to the National Reporting and Learning System (NRLS). PD noted that this system was used by the CQC to determine a Trust's performance in relation to reporting incidents. PD noted there were concerns expressed in the Women's and Children's division about whether Datix is fit for purpose and how the Trust is using it and learning. DG noted there were a lot of unapproved incidents in WACS and he advised he will review and address. He noted the significant recruitment problem. PD has spoken to Margaret Cronin about Datix who feels a Datix expert should review the system to create a structure more appropriate to the needs of the division, however there is a resource problem. RH feels DatixWeb is not a bad system but noted the difficulty of staff on wards getting access to a PC as there are only 3 per ward and they are often in use. It is therefore often quicker to complete the paper incident forms. PD noted paper reports are still acceptable but was concerned that staff would lose the competency they developed in using the DATIX system.	***Action:*** *Each Division to produce a Formal Report on their divisional processes for: (1) reporting incidents (2) Approval and sign off and (3) Learning and disseminating and implementing recommendations. For presentation at the March 2010 meeting. WACS will present in May.*
10.7	**Divisional Boards – How do they monitor Quality and Safety** CJ noted that the Divisional Boards have a huge part to play in driving the quality agenda. RH noted that all 4 divisions now had Divisional Balanced Scorecards – it was agreed the quality aspects of these should be presented at the Divisional Integrated Standards Executive Meetings. It was noted that WACS and Medicine have a regular agenda item for quality.	***Action:*** *Divisional Balanced Scorecards to be presented at DISEs. (NE to progress)*
10.8	**Quality Accounts** JS introduced his presentation which was to share progress on development of the Trust's Quality Accounts. JF noted that this is a requirement driven by a recognition that quality should be accorded the same status as finance. JF explained that the Quality Accounts were to be given the same status as an organisation's Financial Accounts. JF noted the Trust has a number of areas of duplication in relation to quality related information being collected and this would need to be addressed. JF said the Trust needs to find a way of making some positive and progressive statements about the quality of its services. JS went through his presentation (attached) identifying the 3 components of quality derived from Darzi's conclusions (High Quality Care for All, 2008) as safety, effectiveness and patient experience. JS noted the accounts are not intended to be about priorities but about achievements. CJ said we have this but we have to provide the evidence relating to the three elements. CJ noted this will require investment in time, money and support. CJ called for Divisions to consider 3 examples of each indicator. RH asked that the report is short and readable. JS noted the Quality Account Group is working on this and that it will be consulting with Divisions and Individual Specialities. Currently interpretation of what a quality account should look like can be particular to individual organisations but there may be a more standardised process introduced.	

10.9	**Infection Control Action Plan – verbal update** PD noted this group should receive feedback on actions following the recent CQC unannounced inspection of our compliance with the Hygiene Code. TM noted that an action plan has been in place since the December inspection and is being closely monitored by the Infection Control Committee and CJ has responded to CQC.	
10.10	**A.O.B** **CQC Risk Profile** ▪ JF noted that the CQC had identified the Trust as a Major Concern and was closely scrutinising it. A meeting took place before Christmas and the areas of concern were reviewed, these included Maternity services, Infection Control and single sex accommodation. Further information was provided at CQC's request, following which they confirmed that subject to sustaining the improvements identified, and no specific concerns at that time, they were reducing the risk score. JF noted that the EoESHA Chief Nurse visited Maternity in January and has written to the DH to confirm that from her perspective all the issues of concern have been addressed. JF emphasised the importance of sustaining the momentum. PD noted the Quality and Risk Profile will reflect the risk score under the new system of registration. ▪ CJ felt that given the emphasis in the new system on Patient Experience, the Trust's PE Group should report to CQuaC. JF noted the National Outpatient Survey was not good and will result in pressure further pressure from CQC. He confirmed a major piece of work has been started to address outpatient issues. Poor communication and poor discharge arrangements continue to be a challenge which must be addressed. However JF was pleased to note food and cleanliness scores are improving. ▪ JF noted the Staff Survey was benchmarked against 79 organisations and will be published by Easter. ▪ PD noted a new Clinical Audit Strategy has been approved by BISE and will be circulated. Action Plan and Policy to follow. PD emphasised the importance of clinical audit in contributing to the new and more indepth assurances required about the quality of care. ▪ CJ pointed out that the next CQuaC clashes with the Cancer Network meeting. This may cause attendance problems. **<u>Policies endorsed</u>** Clinical Audit Strategy	***<u>Action</u>:*** *Patient Experience Group to Report to CQuaC. Chair to be notified and tor to be amended. (PD) Patient Survey to be discussed at next mtg. (PM to agenda)* ***<u>Action</u>:*** *Discuss Staff Survey at next IRaGC (PM to agenda)* ***<u>Action</u>:*** *Circulate new Clinical Audit Strategy*

2010 meeting dates for CQuaC and IRaGC		
Time	**Date**	Venue
8:00 – 10:00	**21st January 2010**	Executive Meeting Room WGH
8:00 – 10:00	**18th March 2010**	Executive Meeting Room WGH
8:00 – 10:00	**13th May 2010**	Executive Meeting Room WGH
8:00 – 10:00	**22nd July 2010**	Executive Meeting Room WGH
8:00 – 10:00	**16th September 2010**	Executive Meeting Room WGH
8:00 – 10:00	**18th November 2010**	Executive Meeting Room WGH