

UCLH Clinical Quality Review Group meeting report

Report title	UCLH CQRG Committee Report for the Camden Patient and Public Engagement Group (CPPEG) Operational Meeting	Report Date: 23 February 2017
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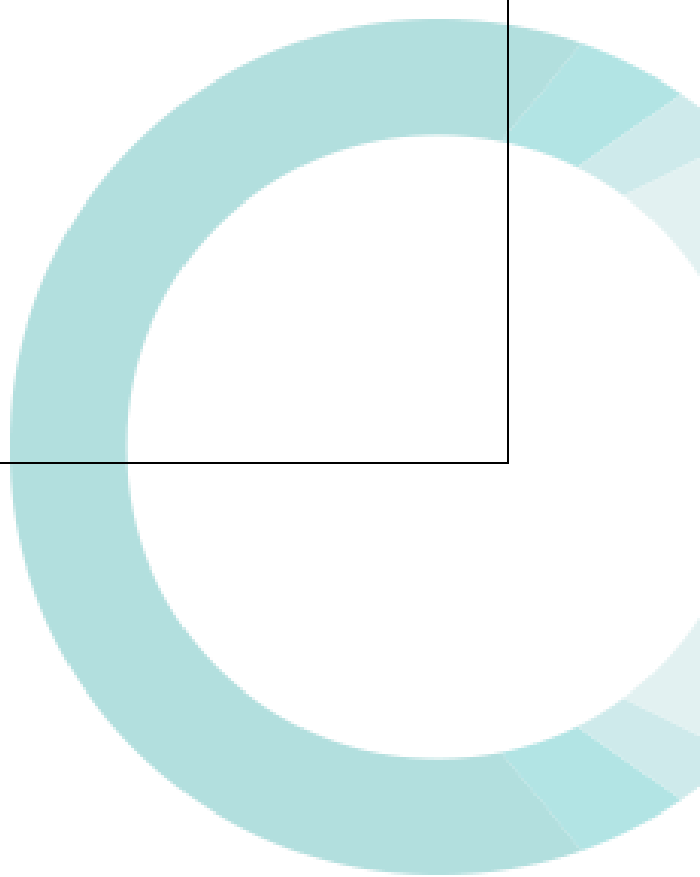
Chair	Neeshma Shah
Report author	Leon Douglas and Deirdre Malone

Report summary	This report presents a brief summary of the issues discussed at CQRG since the last Quality and Safety report to the Governing Body.
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Recommendation	The Committee is asked to note the report.
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Strategic objectives links	<p>Objective A: Commission the delivery of NHS Constitutional rights and pledges</p> <p>Objective B: Improve the quality and safety of commissioned services by identifying gaps and concerns in service provision, and seeking assurance on quality and safety improvements related to these.</p> <p>Objective C: Improve health outcomes, address inequalities and achieve parity of esteem By seeking evidence from providers and partners relating to better outcomes for patients.</p>
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CPPEG Representative comments	
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Report of the UCLH CQRG Meetings update since January 2017 Governing Body report

Are services safe?

Serious Incidents (SIs) and Never Events:

- The Trust continue to provide assurance regarding their investigation and management of incidents reported internally and those which have met the Serious Incident criteria, which are reported externally onto Strategic Executive Information System (StEIS). UCLH are particularly focused on the wider organisational issues which contributed to the incident, as identified during the investigation process. This has resulted in the development of clear actions and changes to local processes, in response to incidents which have been disseminated to staff. The CCG expressed concerns over the number of SIs relating to Information Governance (IG) breaches – the Trust have responded by commissioning an external review of a cluster of IG incidents which occurred within the cancer division during 2016.

Infection Prevention and Control (IPC):

- The Trust experienced an outbreak of respiratory viruses including Influenza which started at Christmas and continued throughout January and into the early part of February. This resulted in the closure of a number of wards to contain the spread of infection. In order for the Trust to function and safely manage the flow of patients through the hospital, a decision was taken to assign one ward as the “flu ward”. This allowed for patients who could not be isolated in side rooms, due to the unavailability of these, to be safely cared for by a specific group of nursing and medical staff on one ward.
- UCLH also experienced an outbreak of Norovirus during this time with large numbers of patients and staff being affected with diarrhoea and vomiting. The Infection Prevention & Control team have supported senior management and clinical teams to manage both outbreaks, a full report into both detailing the numbers of patients and staff affected will be produced by the Trust.

Clinical Harm Reviews (CHR) for patients waiting in excess of 18 weeks for treatment

- The national standard for patients waiting 18 weeks for treatment is 92%, UCLH achieved 92.79% against this in December. At the end of December 2016, the number of patients waiting 18 weeks or longer for treatment was 3,541, with 49 patients waiting 40 weeks or longer. These patients have all received a CHR, to date none of these patients have suffered clinical harm, as a result of these waits.
- The Trust reported to the Clinical Quality Review Group (CQRG) on 07 February 2017, that the total numbers of patients on the waiting list had increased by 1,474.

Senior management from UCLH explained that this increase is likely to be as a result of a reduction in activity over the Christmas period.

Are services effective?

Cancer:

- Trust continue to fail the 62 day urgent GP referral pathway, achieving 75.5% compliance in November against a target of 85%, however this is an improvement on previous months.
- In November 2016, the Trust continued to achieve and exceed the national standards pertaining to;
 - ✓ 31 Day Subsequent Chemotherapy treatment wait
 - ✓ 31day Subsequent Radiotherapy wait
- A detailed report on cancer services will be presented to CQRG on 07 February 2017.
- UCLH have achieved the 31-day wait subsequent chemotherapy treatment and two week wait for all cancers. However, challenges remain in meeting the national standards regarding;

Clinical Harm Reviews are undertaken on all patients who have breached 62 days and who have waited over 100 days for treatment; to date no clinical has been identified within these patient groups.

Are Services Responsive?

Complaints:

- Cross division structure for complaints management and training for all staff involved in responding to complaints has been introduced. Challenges remain with responding to complaints within 25 working days, with the Trust achieving 66.1% in November, against a target of 85%.

Complaints are discussed at the weekly senior management team meeting and at the monthly clinical governance committee meetings.

Are Services Well-led?

Workforce:

- The Trust overall vacancy rate continues to improve and is currently 7.3% at the end of November, compared with 13.8% in January 2016.
- Positive improvements in turnover of staff is being maintained across the Trust.

**Working with the people of Camden
to achieve the best health for all**