Royal Free London NHS
NHS Foundation Trust

Report to: Barnet Health Overview and Scrutiny Committee	**Date of meeting** 12 December 2013
Title: Royal Free London NHS Foundation Trust Quality Accounts 2012/13 updates	

1. Introduction

The quality report and annual quality accounts are a statutory requirement for NHS and FT organisations to develop and publish each year. The quality report and quality accounts are critical to providing information to the public as well as stakeholders on the quality of care provided. An important requirement of the quality accounts is that its contents are developed by talking to groups of interested parties, and for their views to be reflected in the final report.

The trust has produced four successive quality accounts since 2010 which have received clean limited assurance auditors opinions on both content and testing of required mandated indicators as well as being commended for user and stakeholder engagement as part of its development.

Trust Board on 25 April 2013: agree 3 quality objectives for 2013/14 Quality Account which was distributed to partnership organisations for comments. At the meeting held on 9 May, the Committee requested that NHS Partners provide a six-monthly update on actions taken in respond to comments and/or recommendations made by the Committee in relation to Quality Accounts 2012/13.

2. Progress update

The following four comments were noted as areas for updates from the Royal Free London NHS Foundation Trust.

- *The Committee welcomed that all targets, with the exception of C.difficile infection cases, had been met for 2012/13. The Committee noted that the Infection Control Team had been undertaking detailed analysis of cases and steps were being taken to address this increase.*

1) An integrated action plan relating to reduction of C.difficile was presented to, and approved by the Trust Executive Committee (TEC). Two external expert reviews of the trusts actions to reduce C.difficile were carried out over the summer, for which ALL recommendations for improvement have been acknowledged and included into the action plan. This action plan is reviewed twice monthly by clinical leads and Board representatives.

2) Monitor requires a monthly up-date on activity to reduce C.difficile. This has been in place for the last four months. Monitor has accepted the actions and acknowledges that they are appropriate to drive down rates, although it is still early stages for definitive numerical evidence of reductions. The integrated action plan has also been provided to Monitor, with no requests or recommendations for amendment or change.

3) All reportable C.difficile cases are raised individually at the clinical divisional leads meeting for responsible clinician and Matron to present the findings from individual root cause analysis (RCAs), discuss the lessons from cases and disseminate the

learning across the trusts clinical services. These meetings are chaired and attended by members of the board. Where RCAs indicate, presentation is also requested by the Clinical Performance Committee for individual patient case review.

- *The Committee welcomed the move towards patient rather than clinician defined performance metrics.*

The trust is currently undertaking an exercise to understand which condition-specific, or service-specific, patient-reported outcome or experience metrics (PROMs/PREMs) are already being collected within our clinical services, with a view to selecting the best for addition to our array of clinical performance metrics.

In addition, exploratory discussions have begun with UCL Partners to identify how we might partner with other hospitals across the UCLP network to collect similar data. Comparison and benchmarking across the network will then be used to share learning and drive improvements in defined clinical areas across north London.

- *The Committee noted that the hospital had been found to be non-compliant with one outcome relating to medicine management following a CQC inspection in October 2012 and that an action plan was being implemented to address this area of improvement.*

The Care Quality Commission conducted an unannounced inspection at the Pond Street site on 16 October 2012. The final report was published on 14 December 2012. The trust was found non-compliant in relation to outcome 9, management of medicine, for which the trust was non- compliant with minor concerns. The non-compliance related to locking of drug fridges and storage of intravenous fluids. The trust submitted an action plan to the CQC within 28 days of publication outlining our intended actions to achieve compliance.

Significant progress has been made in implementing the actions relating to storage of IV fluids and locking of drug fridges. All ward treatment room doors are now swipe card locked, and all drug fridges were replaced with self-locking fridges.

Trust board 26 September 2013 was provided with an update, including risks and mitigations. The board supported the recommendation of a declaration of compliance to the CQC. On 29 October 2013 the trust was re-inspected by the CQC and assessed as fully compliant with outcome 9.

- *The Committee noted work being undertaken by the Trust to ensure there was sufficient capacity for emergency operations.*

The trust have introduced an emergency list 7 days a week 24 hours a day with the weekend list full implementation from 21st October 2013. In addition we have reduced cancellations on the day due to transplant patients requirements by introducing a protected transplant theatre which is utilised on the day with small cases(only booked on the day) to ensure maximum theatre efficiency but thereby reducing cancellations . This now prevents elective cases getting cancelled on the day when a transplant is under taken, whilst at the same time optimising theatre capacity

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