

Infection Prevention and Control Annual Report 01 April 2015 - 31 March 2016

Meeting	Trust Board of Directors		
Date	02 November 2016	Agenda item	11
Lead Director	Sandra Christie, Director of Nursing and Performance/Director of Infection Prevention and Control		
Author(s)	Helen Wilcox, Senior Infection Prevention and Control Nurse		
To Approve	<input type="checkbox"/>	To Note	<input type="checkbox"/>
		To Assure	<input checked="" type="checkbox"/>

Link to the Board Assurance Framework:

This report is the means by which the Trust Board can assure itself that prevention and control of infection risks are being managed effectively across the organisation.

The report links to principal risks:

01a. Quality and safety not maintained or improved

01b. Non-compliance with all relevant statutory requirements

Identified risks:

None

Financial implications:

None

Has an Equality Impact Assessment been completed?

Yes

No

Does this proposal represent any service improvement or redesign?

Yes

No

Paper history

Has a committee of the board reviewed this paper?

Submitted to	Date	Brief Summary of Outcome
Submitted to board annually		

Link to strategic objectives - 2014-19 <i>(please tick those supported by this paper)</i>			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services		We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve		We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery		We will optimise the use of our resources	✓
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

Infection Prevention and Control Annual Report 01 April 2015 - 31 March 2016

Purpose

1. The purpose of this report is to provide assurance to Wirral Community NHS Foundation Trust Board regarding the Infection Prevention and Control activity undertaken across the organisation for the reporting period 01 April 2015 - 31 March 2016 (**Appendix 1**).

Executive Summary

2. This report is the means by which the Trust Board can assure itself that prevention and control of infection risks are being managed effectively across the organisation.
3. This is the fifth Director of Infection Prevention and Control (DIPC) Annual Report for Wirral Community NHS Foundation Trust and is a statutory requirement within The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance.
4. The NHS Outcomes Framework 2015/16 Domain 5 continued to place the prevention of healthcare associated infection (HCAI) as a priority for improvement.
5. The Infection Prevention and Control Service endeavours to provide a wide-ranging, integrated and proactive service, which is responsive to the needs of staff and public alike, and is committed to the promotion of excellence within everyday practice of Infection Prevention and Control.
6. Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community NHS Foundation Trust and supports the provision of high quality services for patients and a safe working environment for staff.
7. The report continues to provide assurance of the continual commitment to the prevention and control of infection within all services to achieve positive outcomes.
8. The objective of the 2015-2016 infection control annual work plan was to sustain the high standards already achieved and enhance or improve on system wide priorities including supporting delivery of Antimicrobial Strategy. The plan addressed national and local priorities and encompassed all aspects of healthcare provided across the Trust.

Board action

9. Wirral Community NHS Trust Board is asked to be assured of the processes in place to implement all relevant statutory guidance and adopt best practice principles in all areas of infection prevention and control and approve this annual report. .

Sandra Christie

Director of Nursing and Performance/Director of Infection Prevention and Control

Contributor:

Helen Wilcox, Senior Infection Prevention and Control Nurse

October 2016



**Infection Prevention
and Control**

**Annual Report
2015/2016**



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1. INTRODUCTION

The purpose of this report is to provide assurance to Wirral Community NHS Foundation Trust Board regarding the Infection Prevention and Control activity undertaken across the organisation for the reporting period 01 April 2015 – 31 March 2016.

This report is the means by which the Trust Board can assure itself that prevention and control of infection risks are being managed effectively across the organisation.

This is the fifth Director of Infection Prevention and Control (DIPC) Annual Report for Wirral Community NHS Foundation Trust and is a statutory requirement within The Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections and related guidance.

The NHS Outcomes Framework 2015/16 Domain 5 continued to place the prevention of healthcare associated infection (HCAI) as a priority for improvement.

The Infection Prevention and Control Service endeavours to provide a wide-ranging, integrated and proactive service, which is responsive to the needs of staff and public alike, and is committed to the promotion of excellence within everyday practice of Infection Prevention and Control.

Reducing the risk of infection through robust infection control practice is a key priority for Wirral Community NHS Foundation Trust and supports the provision of high quality services for patients and a safe working environment for staff.

The report continues to provide assurance of the continual commitment to the prevention and control of infection within all services to achieve positive outcomes.

The objective of the 2015-2016 infection control annual work plan was to sustain the high standards already achieved and enhance or improve on system wide priorities including supporting delivery of Antimicrobial Strategy. The plan addressed national and local priorities and encompassed all aspects of healthcare provided across the Trust.

2. WIRRAL COMMUNITY NHS FOUNDATION TRUST INFECTION PREVENTION AND CONTROL ARRANGEMENTS

The Director of Nursing and Performance is the Director of Infection Prevention and Control and is supported by the Deputy Director of Nursing who is the designated Operational Director for Infection Prevention and Control.

Infection Prevention and Control Service 2015/16:

- Head of Infection Prevention and Control (1.0 WTE)
- Senior Infection Prevention and Control Nurse (0.60 WTE)
(Maternity leave ended November 2015, returned to service January 2016)
- Infection Prevention and Control Nurse (1.0 WTE)
- Infection Prevention and Control Nurse (1.0 WTE)
(Commenced in post June 2015)
- Senior Administrative Assistant (0.73 WTE)
- Administrative Assistant (1.0 WTE)

The service continued to experience staffing issues during 2015 due to maternity leave. Staffing issues were reported via quarterly infection prevention and control Board reports and entered onto the risk register.

The current staffing structure includes the community (health economy) infection prevention and control work stream commissioned by the Wirral Borough Council. Performance against the

Health Economy Infection Prevention and Control service specification is reported separately via the Local Authority contracting process.

3. KEY ACHIEVEMENTS FOR 01 APRIL 2015 – 31 MARCH 2016

- Zero MRSA bacteraemia directly attributed to services the trust provide
- Zero cases of Clostridium Difficile attributed to lapses in care by services that the trust provide
- Achievement of 59.7% uptake for staff influenza immunisation
- Facilitated successful sixth Infection Prevention and Control Study Day
- Successful delivery of hand Hygiene Day in May 2015
- Infection Control Week October 2015 with a focus on Carbapenemase producing Enterobacteriaceae
- Participation in Antibiotic Awareness week
- Facilitating antimicrobial sessions at Wirral CCG Prescribing Cluster Groups
- Meet contractual targets set by Commissioners

4. CARE QUALITY COMMISSION

Wirral Community NHS Foundation Trust was registered without conditions by the Care Quality Commission (CQC) during this reporting period. This report will show continued compliance with Care Quality

Commission Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 and 15.

5. INFECTION PREVENTION AND CONTROL GROUP

The Infection Prevention and Control Group is accountable to the Trust Board and reports through the Quality and Governance Committee.

The Group meets quarterly to support the development of a proactive organisational culture which ensures staff at all levels prioritise and engage in infection prevention and control. It continues to peer approve all infection control policies, procedures and guidance and monitors the progress of the annual Infection Prevention and Control work programme.

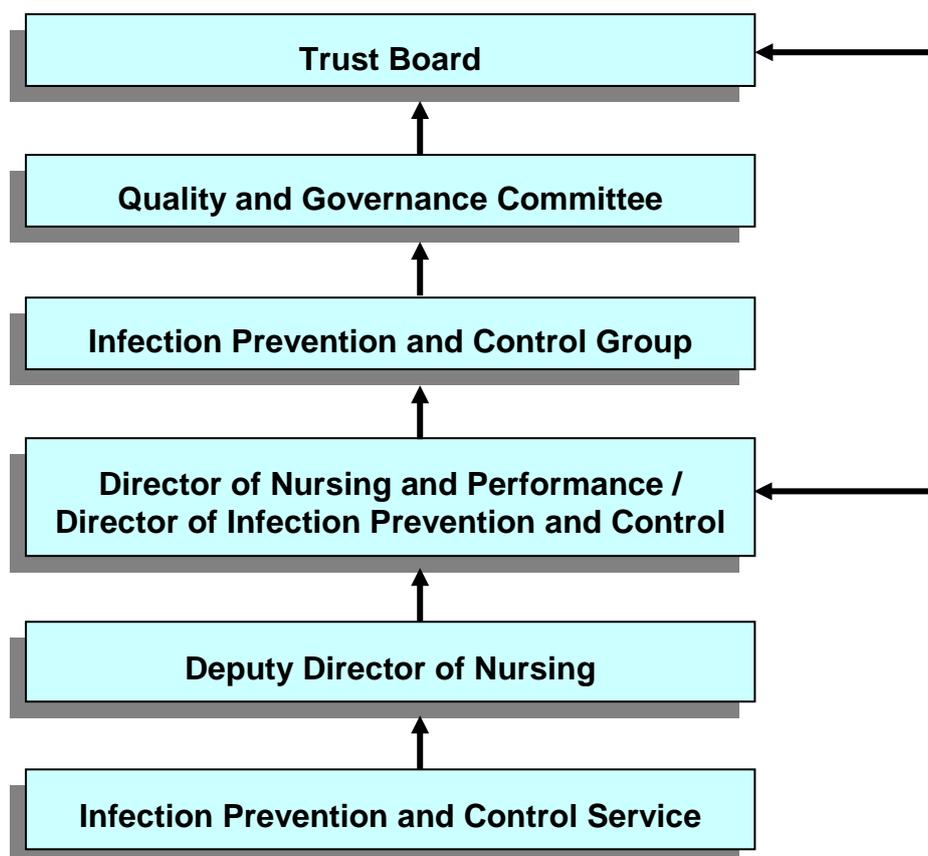
All clinical services are required to submit Service Assurance Reports to the group on a quarterly basis.

Membership is outlined in the Terms of Reference which are reviewed annually.

The Group is currently under review to ensure infection prevention and control is integrated into existing and evolving governance structures within the trust.

6. REPORTING ARRANGEMENTS

Wirral Community NHS Foundation Trust's reporting structure for Infection Prevention and Control:



7. WORKING ARRANGEMENTS

The Infection Prevention and Control Service work closely with trust services to ensure high standards of infection prevention and control are embedded into all areas. As part of this collaboration, the Infection Prevention and Service are represented at both trust and across Wirral health economy meetings with the following meetings being attended by an Infection Prevention and Control Nurse.

Organisation	Group
Wirral Community NHS Foundation Trust	Catheter Associated Urinary Tract Infection Group Clinical Effectiveness Group Divisional Governance Groups Estates Management Group Equality and Diversity Group Health, Safety & Wellbeing Group Lead Nurse Group Learning and Development Group Medicines Management Group Medical Supplies & Devices Group Quality & Governance Committee Resilience Action Group Staff Flu Vaccination Programme
Wirral Clinical Commissioning Group	Wirral Infection Control Network Wirral Antimicrobial Resistance Group Clostridium Difficile Case Review Group MRSA Bacteraemia Post Infection Review Group

Public Health England	Gastro Intestinal Advisory Group Health Care Associated Infections Group
NHS England	Infection Control Strategic Collaborative Antenatal and Newborn Screening Programme
Wirral University Teaching Hospital NHS Foundation Trust	Hospital Infection Control Committee

8. HEALTHCARE ASSOCIATED INFECTION (HCAI)

Wirral Community NHS Foundation Trust did not have HCAI objectives set at national or local level for MRSA or Clostridium Difficile. All community attributed cases were reported against Wirral Clinical Commission Groups' (Wirral CCG) objective. Wirral Community NHS Trust has set an internal target of zero avoidable healthcare associated infections in the services that it provides.

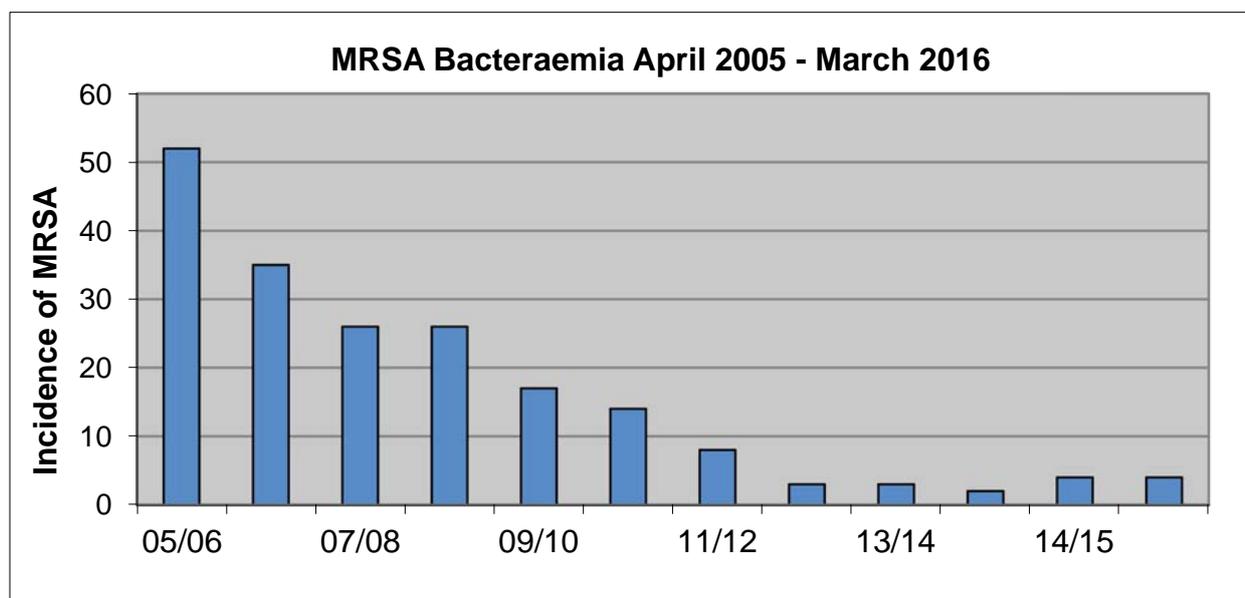
9. METICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

A zero tolerance approach of preventable MRSA blood stream infections remains one of the Government's key priorities.

A Post Infection Review (PIR) is undertaken for all cases of MRSA Bacteraemia. The IPCS lead these reviews where they are identified within the first 48 hours of hospital admission. The purpose of the review is to identify how a case occurred and to identify actions that will prevent similar cases reoccurring in the future. The outcome of the review will determine learning outcomes and attribute responsibility for the case.

During the reporting period 01 April 2015 - 31 March 2016, there were four MRSA bacteraemia reported via the mandatory surveillance system. Post Infection Reviews were undertaken and there were no MRSA Bacteraemia directly attributed to services the trust provided, however learning points were identified that were relevant to trust services

Figure 1: Annual incidence of MRSA Bacteraemia 2005-2016



Two cases were receiving care from Community Nursing services; there were no lapses in care identified from either Post Infection Review in relation to the care delivered by the community Nursing Service. These cases were assigned to Wirral CCG.

One case identified learning within the Community Nursing service, resulting from a possible lapse in care that whilst not the root cause of the infection, may have been a contributory factor.

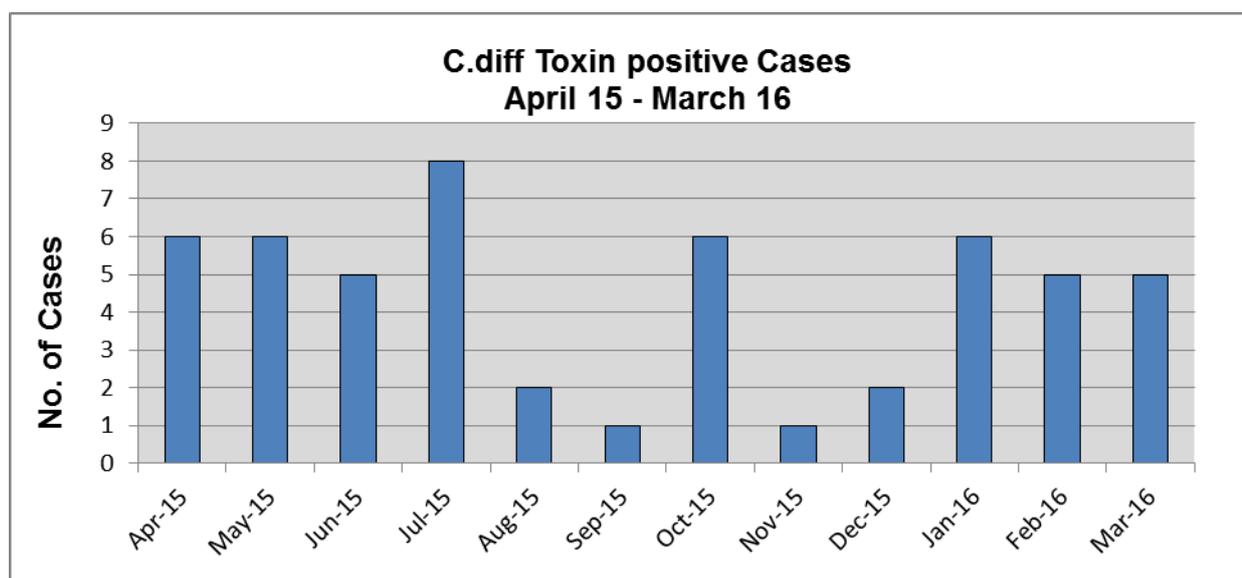
Guidance from NHS England directs assignment of cases to the organisation best placed to take forward learning outcomes of the Post Infection Review; this case was assigned to Wirral CCG.

One case was assigned to Wirral University Teaching Hospital.

10. CLOSTRIDIUM DIFFICILE

Wirral Clinical Commissioning Group's health economy target was set as no more than 75 cases of *Clostridium difficile* during 2015/16, of which 46 were allocated to non-acute care. During the period 01 April 2015 to 31 March 2016 there were 53 pre-72 hour *Clostridium difficile* toxin positive cases reported to the IPCS via WUTH Infection Control Team or by GP generated microbiology laboratory report. Post Infection Reviews of each reported case did not identify that lapses in the care provided by Wirral Community NHS Foundation Trust were a contributory factor or root cause of infection.

Figure 2: Pre-72 hour *Clostridium difficile* toxin positive/clinical cases 2015-2016



All toxin positive cases and carriers of community attributed *Clostridium difficile* are followed up by the IPCS. PIRs are completed in all reported community attributed toxin positive/clinical cases and infection control expertise is offered to GPs as required in the management of their patient. Clinicians are advised to place an alert on the patient record in order to prompt caution for future prescribing.

All patients diagnosed with *Clostridium difficile* are offered the opportunity to access advice and support from the IPCS and are provided with a patient information leaflet developed by the service.

All PIRs undertaken by the IPCS are reviewed by the Local Authority Commissioner and multi-agency panel, where shared decision making takes place to agree the PIR assignment. Progress with PIRs are monitored via the Infection Prevention and Control Network.

A *Clostridium difficile* review group was piloted in January 2016, meeting monthly to review all *Clostridium difficile* toxin cases. The outcomes and effectiveness of this group will be reviewed in 2016-2017.

The informal arrangement between the Infection Prevention and Control Service and the Infection Control Service of Wirral University Teaching Hospital in relation to access to data continues. This is recognised as an area requiring system wide improvement.

The need for improved surveillance has been raised with the Local Authority HCAI Lead and the Wirral Infection Prevention and Control Network.

11. OUTBREAKS

There have been no outbreaks relating to trust staff or premises during the reporting period 01 April 2015 - 31 March 2016.

12. INFECTION PREVENTION AND CONTROL POLICIES AND PROCEDURES

The following policies were reviewed and approved during the reporting period 01 April 2015 - 31 March 2016:

- ICP 5 Management of Healthcare Waste
- ICP 16 Guidance on Infection Control in the Built Environment

The Infection Prevention and Control Service provided specialist review and support to the Quality and Governance Service to ensure that all clinical procedures and protocols are evidence based and comply with national infection prevention and control practice.

13. HAND HYGIENE

Improvement in hand hygiene practices continues to be a priority for Wirral Community NHS Trust. The Infection Prevention and Control Service continue to promote hand hygiene through:

- continuing to promote the World Health Organisation's (WHO) 5 moments for hand hygiene
- completion of hand hygiene clinical observational audit four times per year
- environmental audit programme

The trust participated in The World Health Organisation annual 'SAVE LIVES: Clean your hands' awareness day. The Infection Prevention and Control Service visited St Catherine's Health Centre and Brook Wirral to highlight the importance of effective hand hygiene in healthcare.

14. EDUCATION AND TRAINING

Infection Prevention and Control training is mandatory for all staff. It is undertaken bi-annually using a national E-learning programme.

Clinical staff are required to complete Level 1 and 2 modules with a hand hygiene refresher delivered face to face by a facilitator on Essential Clinical Health and Safety for clinical staff.

Non clinical staff are required to complete Level 1 module.

Figure 3: Completion of Mandatory Training via ELearning 01 April 2014 - 31 March 2016

March Rag Rating	
Yearly	Year Two of Two Yearly Cycle
>=95%	>=95%
87% - 94%	91% - 94%
86% or less	90% or less
To be Completed	

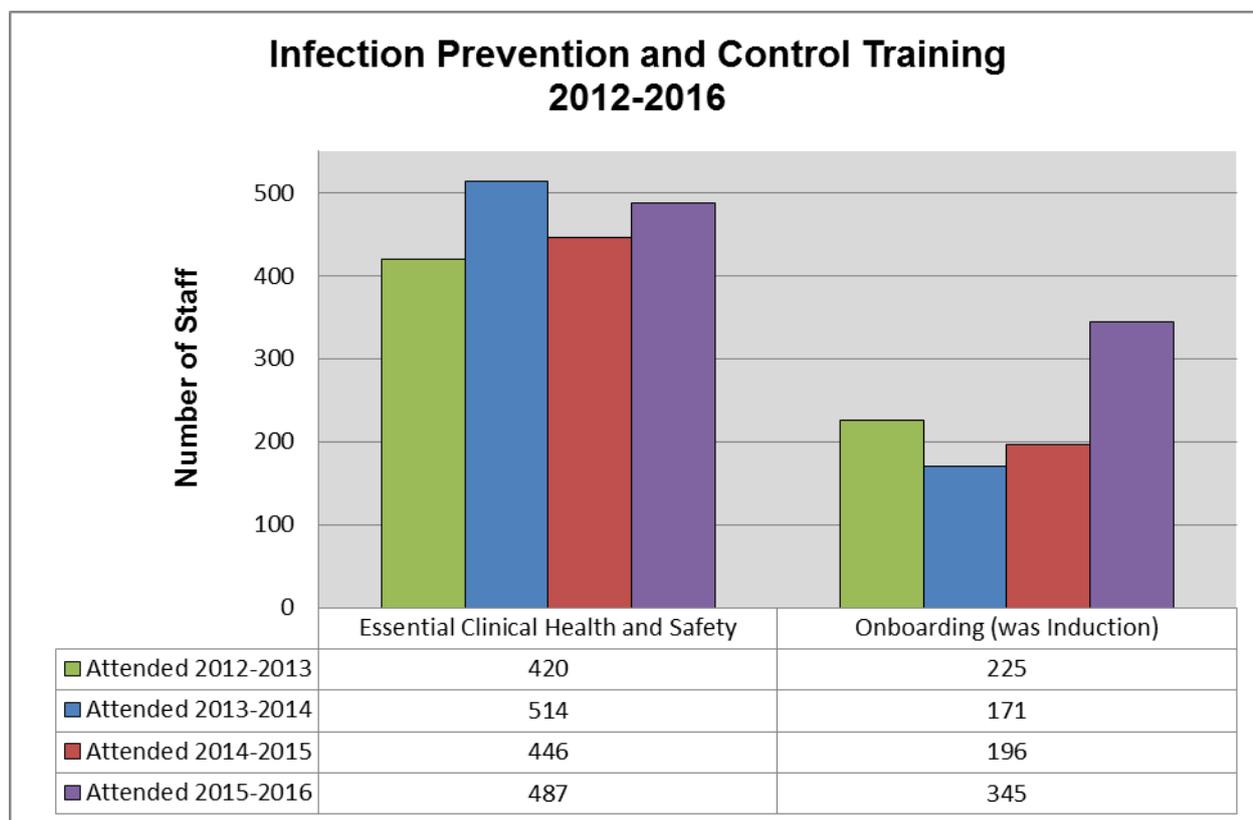
Figure 4 shows number of staff who have completed Infection Prevention and Control E-learning modules for the period 01 April 2014 - 31 March 2016. The 2 yearly cycle has been extended until 30 April 2016 and at the end of 30.04.2016 IPC completion training rates were as follows:

Level 1: 85%

Level 2: 76%

A new system for monitoring compliance with mandatory training will be introduced from 01 April 2016.

Figure 4: Infection Prevention and Control Training



Hand hygiene practice is included in:

- Essential Clinical Health and Safety Programme provision

Aseptic Non Touch Technique (ANTT) training is mandatory for those staff required to undertake the procedure as part of their role. Aseptic technique training is included as part of the level 2 E-learning programme but does not cover ANTT. The introduction of ANTT accredited training is a priority for 2016-2017.

Introducing a planned programme of observation in practice is an area for development during 2016 – 2017.

To comply with health and safety legislation it is a requirement that staff who may be required to wear an FFP3 respirator are trained by a competent fit tester. To support the trusts emergency resilience work stream, a one day Fit Test training event was provided January 2015. Further training sessions were provided to nominated individuals using a “train the trainer” style approach.

The Infection Prevention and Control Service facilitated a successful Study Day “Cleaning up on Infection Control - Spreading Good Practice”. This event brought together delegates from across the Wirral Health Economy and the North West, and the event evaluation was extremely positive.

The Infection Prevention and Control Service continued to support The University of Chester NM6065 Infection Prevention and Control Module.

15. AUDIT

Infection Prevention and Control clinical audit is an integral element of Infection Prevention and Control practice as it allows the trust to measure compliance against national standards.

All trust premises were audited during the reporting period 2015-2016 (**Appendix 1**) using an audit tool adapted from the Infection Prevention Society Quality Improvement Tool which reflects local policy. A number of services are provided in single room multi use across a range of providers and are required to undertake infection prevention and control self-assessment annually using a standard approved template.

32 areas were audited with 12 areas seeing a slight decrease from previous years score, an action plan was produced by the Infection Prevention and Control Service identifying where there are areas requiring improvement. All services are required to complete action plans as per the Trust Audit Assurance pathway and is monitored via the Infection Prevention and Control Group.

Two of the 32 areas audited had a noticeable decrease in their overall audit score from the previous year. One area was The Warrens which related to, in the main, cleaning standards. Following on-going discussions with the practice and subsequent visit by CQC a change in cleaning service providers was implemented by the practice. The other area of concern was West Kirby Health Centre, action plans were produced for both clinical services and Estates to address concerns.

16. ESSENTIAL STEPS

Essential Steps to Safe, Clean Care (Essential Steps) is a framework aimed at reducing the risk of healthcare associated infection in key clinical procedures.

The trust’s observational audit programme using the Essential Steps to Safe Clean Care framework has continued throughout 2015/16. Compliance is audited quarterly and results are entered by services onto a web based system. Data is evaluated by the Infection Prevention and Control Service and results shared with Divisional Managers and Services via the Infection Prevention & Control Group.

Mandatory compliance with Hand Hygiene Observational Audit continued with the trust demonstrating an overall compliance of 100% with 76-83% of eligible staff being observed during the reporting period compared to 77-88% in the previous year’s report. Compliance with Hand Hygiene remains a key priority for 2016-2017.

Developmental work to the data capture system (INCA) was completed during this reporting period and the system is now managed by the Infection Prevention and Control Service. However, continued difficulties in further development work to improve data accuracy have persisted. Development work has been agreed for 2016 to allow assurance to be provided in subsequent reports.

17. ESTATES

The Infection Prevention and Control Service continued to provide support to the Estates Team during 2015/16 as required.

18. CLEANING SERVICES

Domestic services in trust premises continue to be provided by Cheshire and Wirral Partnership NHS Foundation Trust.

Reports are submitted to the Infection Prevention and Control Group identifying areas where standards have not been met and provide assurance that areas of concern have been addressed. This is monitored via the Infection Prevention and Control Group.

In areas not managed by the trust but where services are hosted; issues or concerns that are identified are raised with the Estates Team for resolution.

19. DECONTAMINATION OF MEDICAL DEVICES

The Director of Infection Prevention and Control is the Trust Decontamination Lead.

The Community Dental Service is compliant with Best Practice Standards set out in The Health Technical Memorandum (HTM 01-05) Decontamination in primary care dental practices.

The Podiatry Service uses an accredited Central Sterile Supply Department (CSSD).

20. ANTIMICROBIAL PRESCRIBING

The trust Medicines Management Team continues to work collaboratively with the pharmacists within the Commissioning Support Unit, to support the review of the Wirral antimicrobial guidelines for primary care. A revised formulary is due to be issued April 2016.

Antimicrobial prescribing data for the trust is received each quarter and scrutinised at the Medicines Management Group. In addition to reviewing individual prescriber's data, the amount of high risk antibiotics (associated with high risk of causing *Clostridium difficile* infection i.e. co-amoxiclav, cephalosporins and quinolones) is monitored as a percentage of total antibiotics prescribed. This data is bench marked against national prescribing figures. In quarter 3, there was a reduction in the organisation's prescribing of these high risk antibiotics compared with quarter 2.

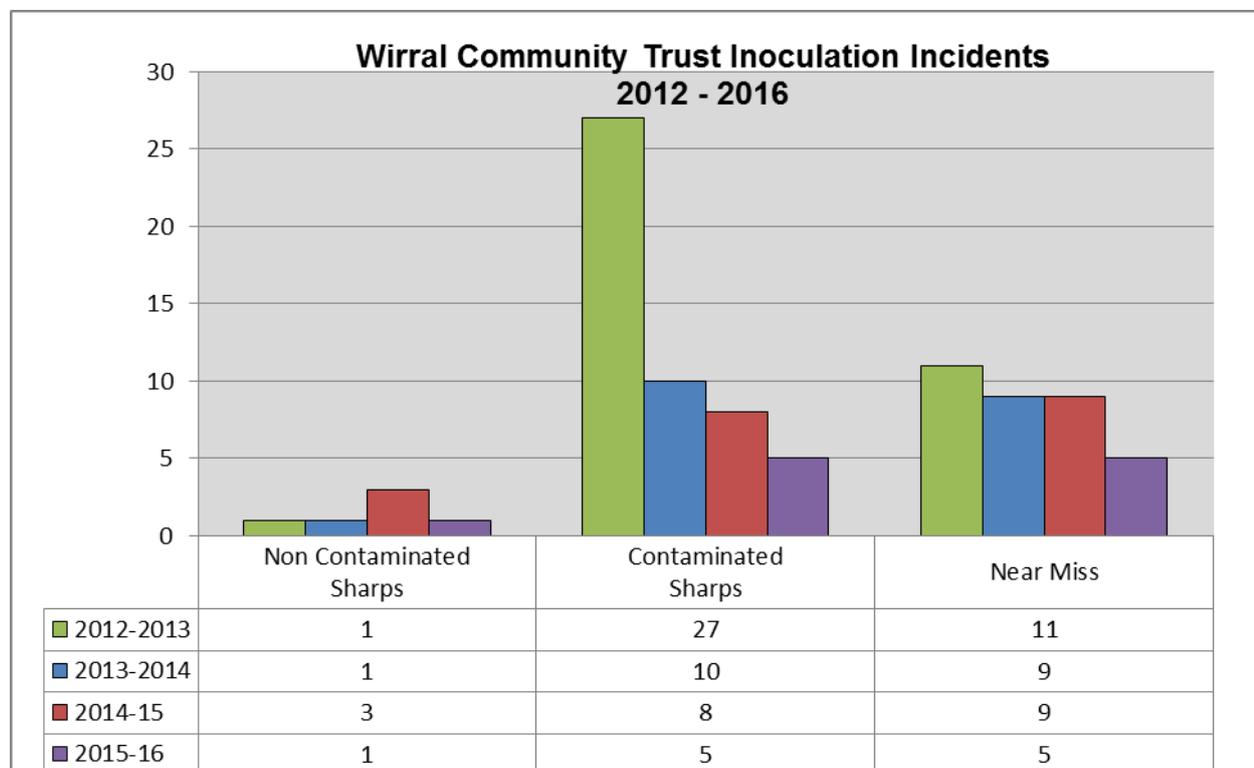
Antimicrobial prescribing within the trust was also audited as part of a continuous quality improvement. A point prevalence study took place for all antimicrobial prescribing throughout the trust on 07 October. In addition, within the GP Out of Hours Service, prescribing data for the second line antibiotics cephalexin and co-amoxiclav was analysed for two weekends during 2015. Any deviation from formulary was fed back to individual prescribers.

Results from the antimicrobial audits and analysis of prescribing data have been used in the delivery of training to GP's, and articles included in the Trust wide Medicines Management Bulletin.

21. INCIDENTS

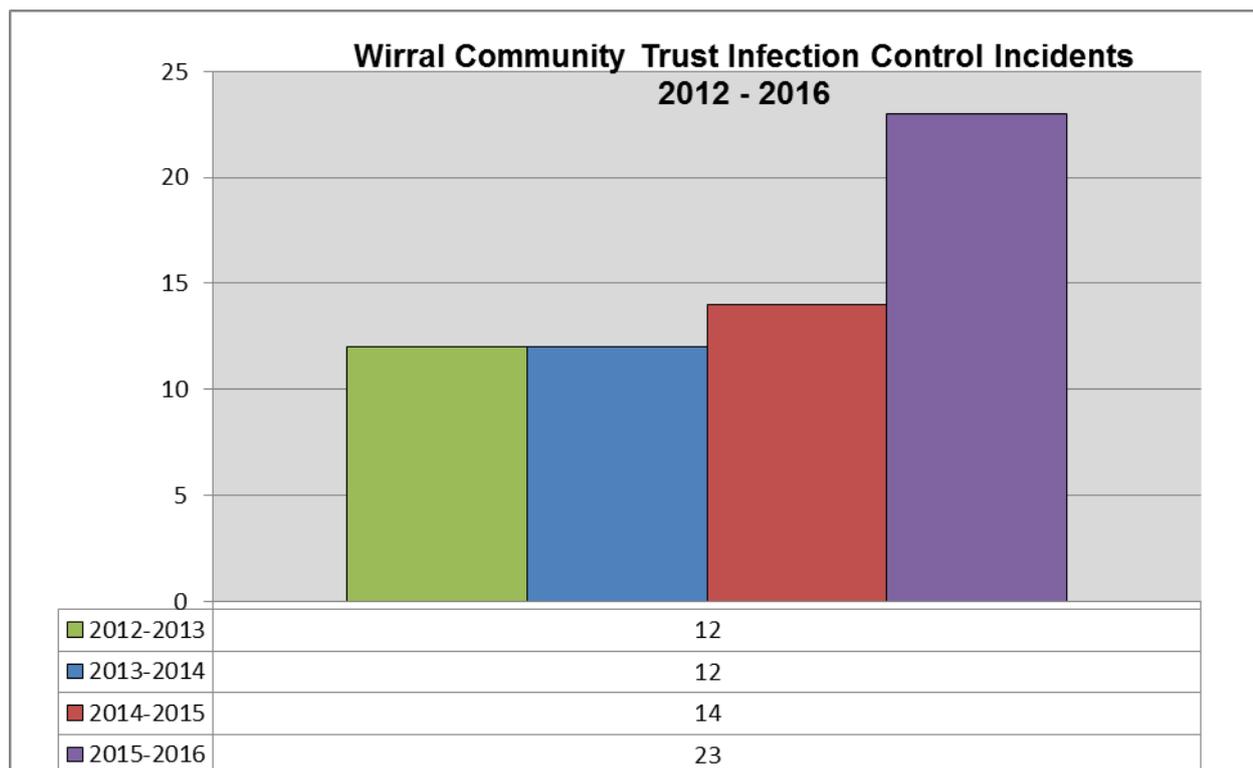
There were 11 inoculation incidents reported via the trust's incident reporting system during 01 April 2015 – 31 March 2016. Bar chart two shows that there has been a continued decrease in the number of staff sustaining injuries that carry the risk of exposure to blood born virus.

Figure 5: Inoculation Incidents 2012-2016



There were 23 infection control incidents reported via the trust's incident reporting system during 01 April 2015 – 31 March 2016. Bar chart three shows that there has been a continued increase in the number of incidents reported demonstrating staff commitment to raising concerns and issues.

Figure 6: Infection Control Incidents 2012-2016



The 2015/16 incident reports includes Clostridium difficile incidents. All incidents are reviewed by the Infection Prevention and Control Service and monitored by the Infection Prevention and Control Group.

22. SEASONAL 'FLU VACCINATION PROGRAMME

The IPCS led the coordination and planning of the staff seasonal influenza campaign and facilitated the Staff Flu Group which met regularly to plan the campaign. To ensure staff had maximum opportunity to obtain a flu vaccine, sessions were delivered in a variety of ways:

- provision of drop in staff vaccination clinics across trust locations covering all shift patterns across 7 day working including nights
- additional vaccination sessions at staff bases
- opportunistic vaccination

The Infection Prevention and Control Nurses supported this programme as immunisers.

The national aspirant target was 75% of health care workers to be immunised. Wirral Community NHS Trust achieved 59.7% of staff immunised which is below the level seen in 2014-15. The efficacy of the programme has been reviewed and it is noted that the programme was delivered at a time of unprecedented organisational change and divisional restructure which may have contributed to the reduced uptake of the vaccine during the reporting period. Many initiatives were considered and offered to staff to support the campaign such as offering vaccines via pharmacies.

Planning of the 2016-2017 staff flu campaign will focus on feedback from staff and services, utilising national resources to improve the outcome of the 2016 vaccination programme.

23. TRAINING FOR THE INFECTION PREVENTION AND CONTROL SERVICE

All members of the Infection Prevention and Control Service completed the required mandatory training.

24. CONCLUSION

Wirral Community NHS Foundation Trust is committed to continuous quality improvement to ensure sustainable improvement in Infection Prevention and Control practice whilst supporting a zero tolerance of avoidable infection and harm to our patients and staff.

HCAI reduction and improvement of Infection Prevention and Control standards requires a multi-partnership approach within the health economy of Wirral and the trust remains committed to support this agenda.

Sandra Christie

Director Infection Prevention and Control, Wirral Community NHS Trust

Helen Wilcox

Senior Infection Prevention and Control Nurse

Wirral Community NHS Foundation Trust Audits Undertaken 2014-16

Infection Prevention and Control Audit Results

List of Community Trust Areas/Services Audited April 2014-March 2016

	= 95-100%	Full Compliance
	= 80-94%	Action Required
	= 70-79%	Urgent Action Required
	= < 69%	Trust Priority

Service	2014/15 Audit Score	2015/16 Audit Score
All Day Health Centre, APH	90%	83%
Bebington Civic Centre	89%	90%
Birkenhead Medical Building - Health Visiting (Miriam MC)	95%	92%
Bridle Road Clinic	93%	83%
Cloughton Medical Centre - Dressing Clinic	99%	99%
Cloughton Medical Centre - Health Visiting	99%	100%
Eastham Clinic	95%	94%
Fender Way Clinic	92%	89%
Field Road Clinic	99%	88%
Greasby Clinic	95%	91%
Heswall Clinic	93%	95%
Parkfield Medical Centre	93%	92%
Pasture Road Health Centre	86%	92%
SCHC - Heart Support Services	92%	91%
SCHC – Intermediate Services	95%	93%
SCHC - Physiotherapy	87%	92%
SCHC - Podiatry	93%	89%
SCHC - Sexual Health Wirral	93%	92%
SCHC - Wheelchair Service	N/A	91%
Sexual Health - APH	92%	90%
Sexual Health - Brook	92%	96%
VCHC – Child Health Rooms	96%	91%
VCHC – Heart Support	98%	97%
VCHC - Leg Ulcer Clinic	98%	N/A*
VCHC - Outpatients	91%	94%
VCHC - Physiotherapy	96%	92%
VCHC - Podiatry	92%	94%
VCHC - Speech & Language Therapy	99%	88%
VCHC - Walk in Centre & MIU	87%	91%
VCHC – Wing D	90%	91%
Warrens Medical Centre	91%	76%
West Kirby Health Centre	92%	73%
Wheelchair Centre - EP	96%	99%

*N/A Assessed as part of VCHC Wing D

**Wirral Community NHS Foundation Trust Self Assessments
Undertaken 2015-16**

0-19 - St George's Medical Centre	Physio & Rehab – Spital Surgery
0-19 – St Catherine's Health Centre	Physio & Rehab – St Georges Medical Centre
0-19 – Townfield Health Centre	Physio & Rehab – Teehey Lane Medical Centre
Community Dental - Greenway Road	Physio & Rehab – Villa Medical Centre
Community Dental - Leasowe Primary Care Centre	Podiatry – Abercromby Medical centre
Community Dental - VCH	Podiatry - Greenbank Road Surgery
DVT Clinic	Podiatry - HMP Kennet
Health Visiting - Vittoria Medical Centre	Podiatry - Mere Lane Neighbourhood Health Centre
Ophthalmology – St Georges Medical Centre	Podiatry - Roseheath Medical Centre
Physio & Rehab - Allport Surgery	Podiatry - St Hilary Group Practice
Physio & Rehab - Eastham Group Practice	Podiatry - St John's Medical Centre
Physio & Rehab - Leasowe	Podiatry - Towerhill Medical Centre
Physio & Rehab - Riverside Medical Centre	Podiatry - Yew Tree Medical Centre
Physio & Rehab - Somerville Medical Centre	Speech & Language Therapy - APH
Physio & Rehab - St Hilary Group Practice	Speech & Language Therapy - CGH
Physio & Rehab – Heatherlands Medical Centre	Speech & Language Therapy The Clatterbridge Centre

Complaints & Concerns Annual Report (01 April 2015 - 31 March 2016)

Meeting	Trust Board of Directors		
Date	02 November 2016	Agenda item	11
Lead Director	Sandra Christie, Director of Nursing and Performance		
Author(s)	Claire Wedge, Head of Governance and Patient Safety		

To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>
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Link to the Board Assurance Framework:

The annual complaints and concerns report provides important assurance against the following principal risks;

- 01a. Quality and safety not maintained or improved
- 01b. Non-compliance with all relevant statutory requirements
- 02a. Patient experience is not recognised, reported or acted upon

The report provides assurance to the Trust Board of the delivery of safe, effective and quality services across the organisation.

Identified risks:

None identified

Financial implications:

None identified

Has an Equality Impact Assessment been completed?

Yes No

Not required

Does this proposal represent any service improvement or redesign?

Yes No

Paper history		
Submitted to	Date	Brief Summary of Outcome
No history		

Link to strategic objectives - 2014-19 <i>(please tick those supported by this paper)</i>			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	
Reducing health inequalities will be integral to all service developments and delivery		We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders		The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	
We will deliver to the expectations of our commissioners and demonstrate quality and value			

**Complaints
and
Concerns**

Annual Report

2015 - 2016



Complaints & Concerns Annual Report (01 April 2015 - 31 March 2016)

Purpose

1. The purpose of the annual Complaints and Concerns Report is to provide assurance to the trust board of the delivery of safe, effective, quality services during the reporting period 01 April 2015 to 31 March 2016.

Executive Summary

2. This Complaints and Concerns Annual Report for Wirral Community NHS Foundation Trust provides an overview of the complaint process, analysis of complaints and concerns; and a summary of learning from complaints and concerns for the reporting period 01 April 2015 - 31 March 2016.
3. The Chief Executive is the designated officer accountable for ensuring compliance with the arrangements made under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. This includes, ensuring that action is taken, if necessary, in the light of the outcome of a complaint and personally signs all complaint response letters or by a designated person authorised by the responsible body to act on behalf of the Chief Executive.
4. The Director of Nursing and Performance reports to the Chief Executive and is responsible for the development of systems and processes which are established, maintained and continue to be developed in relation to the receipt, response to, communication and escalation of complaints in the trust.
5. The report recognises the improvements that have been made during the reporting period (01 April 2015 - 31 March 2016) in relation to complaints. Lessons learned from complaints are important to help inform and shape continuous quality improvements to be responsive to patient feedback, improve patient safety and the patient's or carers overall experience of trust services. The ways our service users and patients perceive the services the trust provides is critical to the success of caring, effective and compassionate service delivery and to ensure we continually place the patient at the heart of all we do.
6. This annual review has been undertaken as part of the complaints assurance process. The report is to be submitted to the Board in November 2016.

Board action

7. The board is asked to approve the Complaints and Concerns Annual Report for the reporting period 01 April 2015 - 31 March 2016 and be assured of the processes in place to ensure compliance with relevant complaints legislation.

Sandra Christie
Director of Nursing and Performance

Contributors:

Cindy Freeman, Quality and Patient Safety Manager
Krystle Everett, Complaints/Governance Officer

Introduction

The purpose of this annual report is to provide assurance to Wirral Community NHS Foundation Trust Board of formal complaints and concerns activity undertaken across the organisation for the reporting period 01 April 2015 – 31 March 2016, in relation to the trust's requirements to demonstrate compliance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

1. Principles

The NHS Complaint Regulations state that arrangements for dealing with complaints must ensure that:

- Complaints are dealt with efficiently
- Complaints are properly investigated
- Complainants are treated with respect and courtesy
- Complainants receive so far as is reasonable practical:
 - (i) Assistance to enable them to understand the complaints procedure
 - (ii) Advice on where they may obtain such assistance
- Complainants receive a timely and appropriate response
- Complainants are told the outcome of the investigation and actions taken, if appropriate

Complaints should be handled in the spirit of the Parliamentary and Health Service Ombudsman's (PHSO) principles – Principles of Good Administration, Principles of Good Complaints Handling and Principles for Remedy. The PHSO recommends NHS organisations follow these principles to ensure effective complaints handling:

- Getting it Right
- Being Customer Focused
- Being Open and Accountable
- Acting Fairly and Proportionately
- Putting Things Right
- Seeking Continuous Improvement

These principles should not be applied as a checklist and staff should use their judgment in applying them to produce reasonable, fair and proportionate remedies.

2. Organisational Analysis of Complaints and Concerns

64 formal complaints were received by Wirral Community NHS Foundation Trust during the reporting period compared with 79 the previous year. Of the 64 received 38 (59%) were upheld by the trust.

The Patient Experience Service received 6622 contacts, including all compliments and patient experience feedback cards during the reporting period 2015/2016, 277 (4%) of these contacts were reported as concerns.

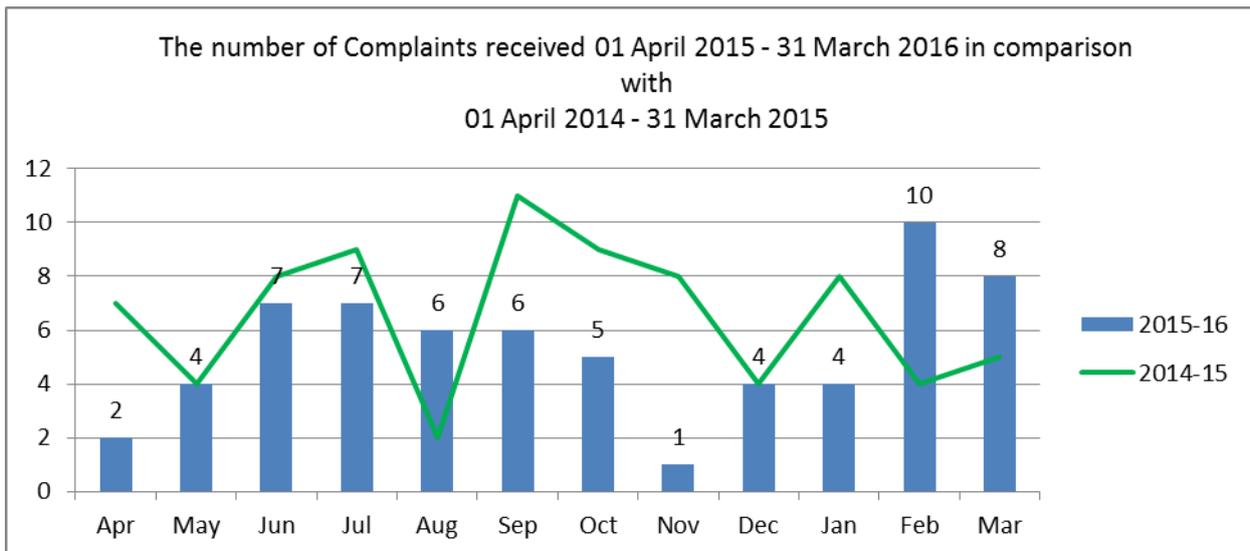
In the previous year 9656 contacts were received of which 678 (7%) were reported as concerns. The level of concerns in 2014/2015 was related to the introduction of a centralised booking system, which initially caused patients to be concerned, after being able to book appointments directly with the service for many years.

A total of 6345 compliments were received by Wirral Community NHS Foundation Trust in 2015/2016, compared to 9165 the previous year. This is 44% reduction in compliments, this may be accounted for in the reduction of patient feedback cards that are being completed by patients. 5243 were completed in 2014/2015 and 4037 in 2015/2016, a 23% reduction.

During the reporting period one complaint was investigated by the Parliamentary and Health Service Ombudsman (PHSO), December 2015, in relation to care provided by the GP Out of Hours (GP OOH) Service.

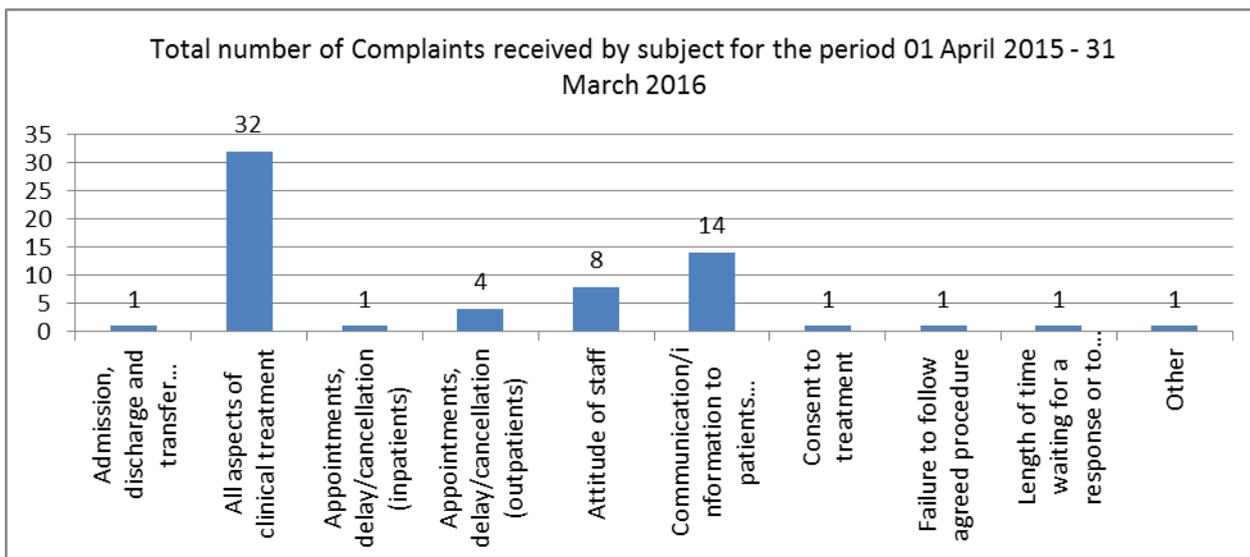
The outcome of the investigation was shared in February 2016, the PHSO partially upheld the complaint on the grounds that the GP should have conducted a home visit. The recommendations from the PHSO have been fully completed. The organisation also had an internal action, to develop home visiting guidelines for doctors working in the GP OOHs service. The guidelines have been written and are in the process of being reviewed; in line with trust aims to promote staff engagement and to follow clinical governance pathways to ensure the guidelines are evidence based and promote trust values.

Total number of complaints received

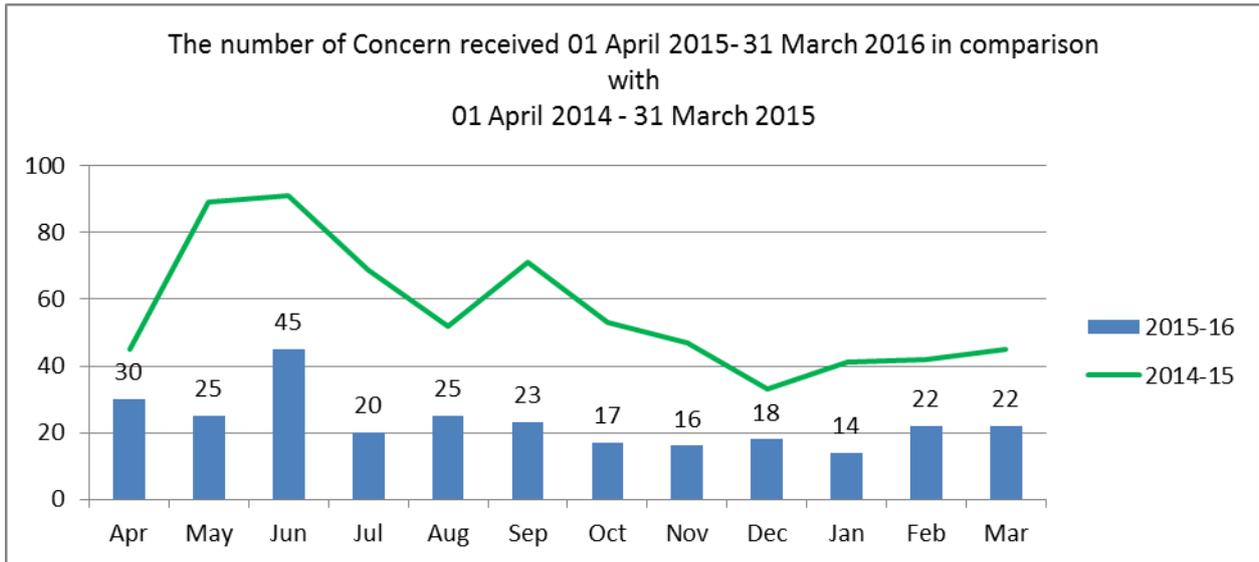


There is no apparent reason for the variation in the number of complaints across to the two years represented in the graph above

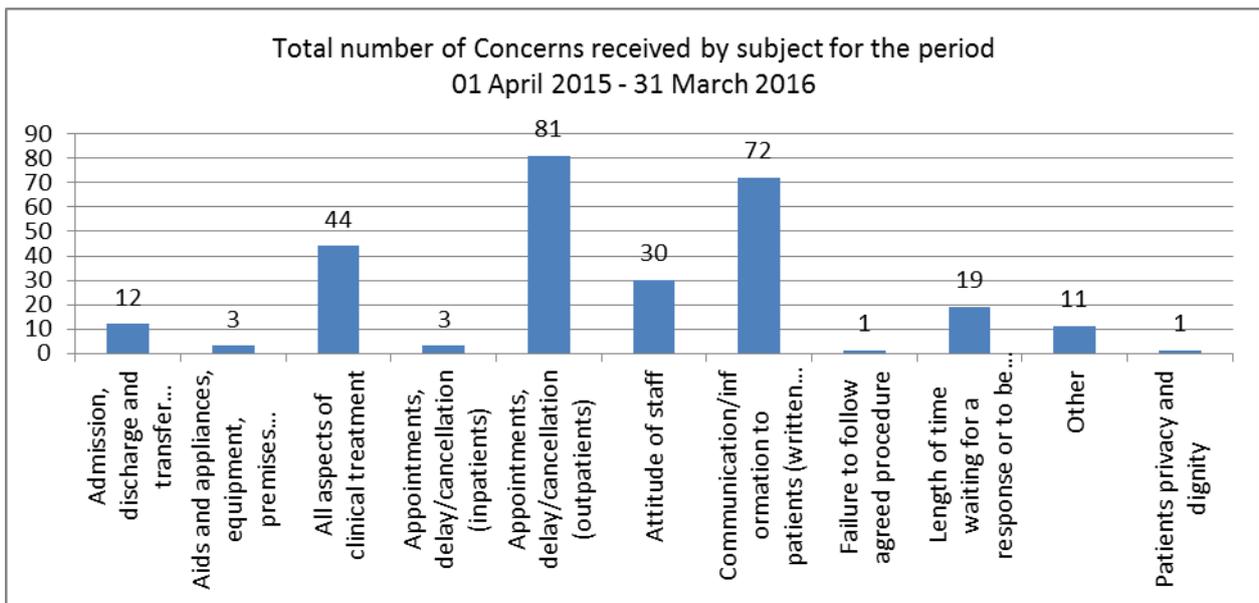
Total number of complaints received by subject



Total number of concerns received



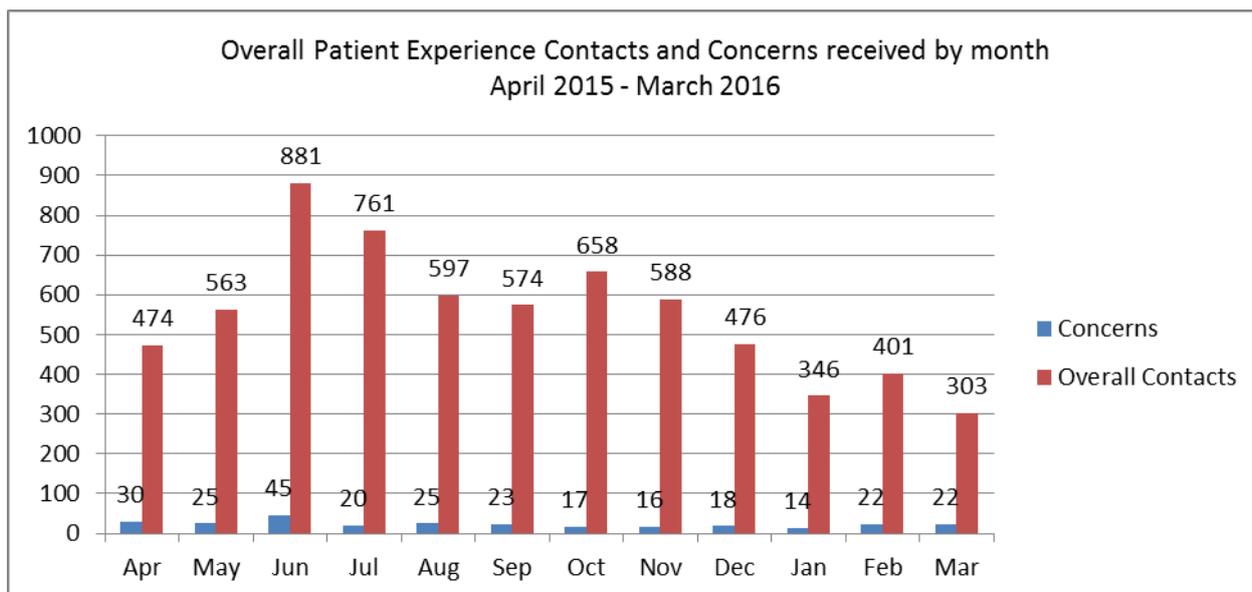
Total number of concerns received by subject



The consistent themes for concerns relate to access to appointments and poor communication.

There were changes in the podiatry contract 2015/2016, led by the commissioners, which resulted in a significant change in the way patients were referred and managed by the service, generating patient concerns about waiting times for appointments. This level of concern has decreased as the new service model became embedded

Total number of patient experience contacts received compared to concerns raised



3. Divisional analysis of complaints and subjects

The table below shows the breakdown of complaints *upheld (38) per division and subject

Subject/Division	Adult and Community Services	Children and Wellbeing Services	Urgent and Primary Care Services
Admission, discharge and transfer arrangements	1	0	0
All aspects of clinical treatment	9	1	6
Appointments, delay/cancellation (inpatients)	1	0	0
Appointments, delay/cancellation (outpatients)	2	0	0
Attitude of staff	1	1	3
Communication/information to patients (written and oral)	5	1	4
Failure to follow agreed procedure	1	0	0
Length of time waiting for a response or to be seen Walk-in Centre	0	0	1
Other	1	0	0
Total per Division	21	3	14

*Upheld: To maintain or defend a decision.

The table below shows the number of complaints acknowledged within 3 working days and the number of complaints responded to within agreed timescale.

Acknowledged within 3 working days		Responded to within timescales agreed with complainant	
63	98%	30	47%

Of the 64 complaints received 1 was not acknowledge within 3 working days due to missing information provided by Wirral University Teaching Hospital.

34 complaints were not responded to within the time scales agreed with complainants. This is partially related to a prolonged period of reduced capacity in the complaints team, combined with the increased complexity of the investigations required for some of the complaints.

Upheld	Partially Upheld	Not Upheld
38	7	19

4. Action Taken and Organisational Learning as a Result of Complaints

The table below provides examples of organisational learning and action taken as a result of complaints received during the reporting period.

Themes	Summary Action Taken and Organisational Learning
Aspects of clinical treatment	<ul style="list-style-type: none"> • Community Nursing Service reminded of the importance of accurate and timely record keeping to promote continuity of care • Community nursing staff to assess mental capacity to ensure patients are making informed decisions about their health care • All clinical staff to ensure they provide safe and effective clinical handovers, to promote safe patient care, particularly for patients with dementia or a learning disability • Clinical staff to ensure they follow up referrals for essential equipment or referrals to specialist colleagues • GP Out of Hours doctors advised to talk to patients when they need home visits , if feasible , rather than speaking to relatives or carers • Raise awareness of the importance of clinical assessment and recording baseline observations in nursing teams, particularly when patients show signs of deterioration or enter the end of life care pathway • Develop new protocol for the safe management of pregnant women when presenting at WICs
Attitude	<ul style="list-style-type: none"> • Reinforce the importance of all staff demonstrating how they uphold trust values at yearly appraisals, to promote dignity and respect at all times • Development of personal actions plans • Liaison with Agencies - if complaints relate to agency staff
Communications (oral/written)	<ul style="list-style-type: none"> • With patients consent and in best interest to communicate effectively with relatives and carers and treat them as partners in care delivery and keep them informed of care plans
Difficulty accessing service	<ul style="list-style-type: none"> • To ensure staff report incidents that relate to waiting times in order to monitor trends and escalate as required for action
Equipment/aids	<ul style="list-style-type: none"> • Raising awareness of the importance of reviewing manual handling assessments

All complaints were responded to and managed in accordance with Wirral Community NHS Foundation Trust's Complaints Policy (GP1). Each complaint received was thoroughly investigated and a response provided to the complainant in the format and route requested.

Lessons learned from complaints are an important tool to assist in the quality of services provided and improve the patient's overall experience. Shared learning is distributed in a variety of ways:-

- Team meetings
- Staff bulletin
- Patient safety bulletin
- Individual development plans
- Update of training
- Management supervision
- Update or development of protocols

5. Objectives for 2016/17

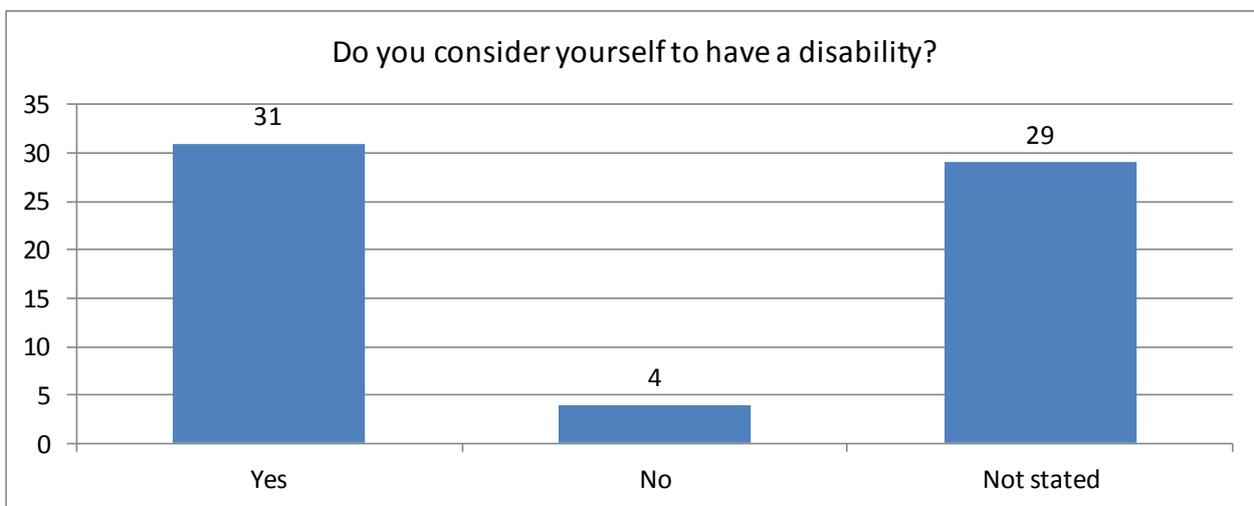
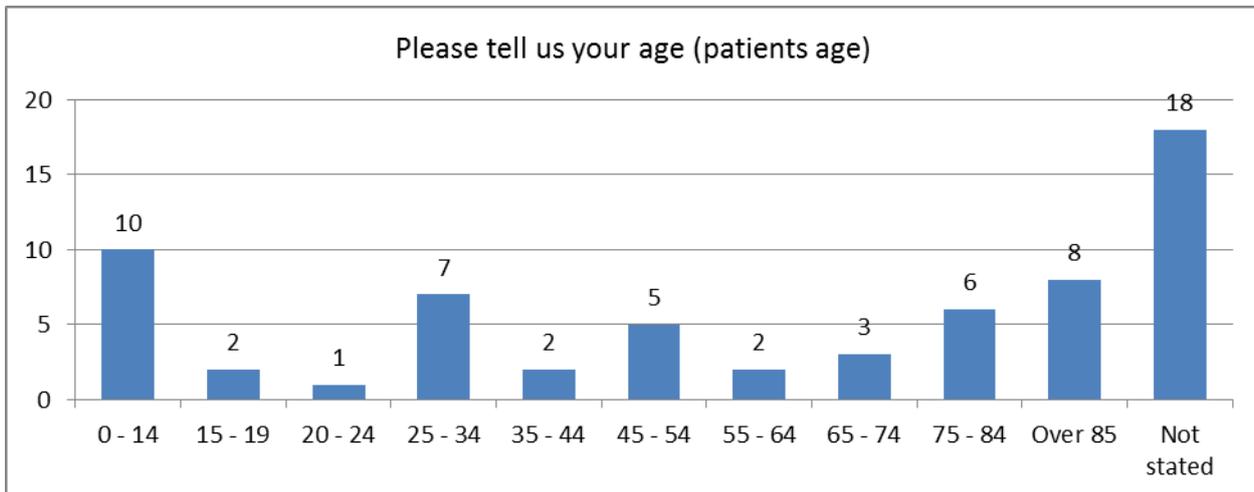
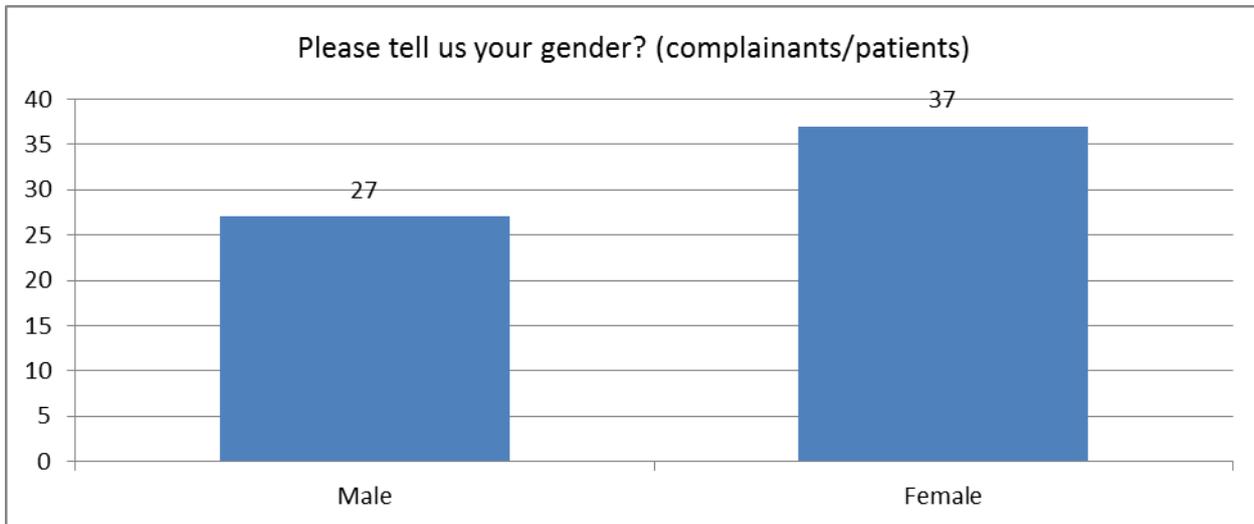
The following are objectives in relation to the management of Concerns and Complaints across Wirral Community NHS Foundation Trust for 2016/17:

- Effective contingency plans for concerns/complaints team including team succession planning
- Improve the number of complaints responded to within timescales agreed with complainant
- Refresh clinical complaints and concerns training for 2016/2017
- Monitoring and recording the number of concerns and complaints received, by division, relating to appointment times to access any of the trust's services, and extract key themes for QPER meetings and escalation to Q&G committee as required in quarterly complaint reports
- Introduce the requirement for staff to make statements as part of investigation process as they are requested if a complaint is referred to the PHSO
- Introduce a complaints notification form for the services, in complex cases, to support robust investigation of each aspect of the complainants queries
- Include the number of MP and GP complaints into quarterly reports for 2016/2017 to promote transparency and openness and provide a comprehensive overview of the total number of complaints about trust services, to inform continuous quality improvements

Cindy Freeman
Quality & Patient Safety Manager

Equality and Diversity Monitoring

Complainants are offered equality and diversity form to complete, the following information reflects the limited feedback received.



Type of impairment

