

Quality Assurance Committee Update

<b>Trust Board</b>	<b>Item: 26</b>
<b>13<sup>th</sup> October 2015</b>	<b>Enclosure:T</b>
<b>Purpose of the Report:</b> To provide feedback from the Trust Quality Assurance Committee.	
<b>For: Information</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	CQC registration
<b>Link to Relevant CQC Domain:</b> Safe x    Effective x    Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led x	
<b>Link to Relevant Corporate Objective:</b>	Strategic Objective 1: to deliver quality, patient centred healthcare services with and an excellent reputation.
<b>Document Previously Considered By:</b>	N/A
<b>Recommendations:</b>	
<ol style="list-style-type: none"> <li>1. <b>Note</b> the main areas of discussion at the 2 September 2015 Quality Assurance Committee meeting and the assurances gained</li> <li>2. <b>Note</b> that the next meeting of the Quality Assurance Committee is due to take place on 28 October 2015</li> <li>3. <b>Note</b> subject of the September 2015 deep dives</li> <li>4. <b>Agree</b> the revised terms of reference for the Committee.</li> </ol>	

## Update to Trust Board

<b>QUALITY ASSURANCE COMMITTEE (QAC)</b>	
<b>HEADLINES</b>	
<b>Risk Issues Discussed</b>	<b>Actions / Update / Comments</b>
<p>Overview of Clinical Quality and Safety Reports</p>	<p>The overview of clinical quality, risks and assurances presentation (and data pack) aims to provide the committee with triangulation of data and intelligence for assurance purpose. The presentation included updates from each Divisional Director, an overview of operational pressure points, and areas of concern, the Clinical Quality Report, Quality Risks on the Corporate Risk Register, Nursing scorecard, updates from the last QAC meeting, as well as, the quality data published on NHS Choices.</p> <p>The key areas of challenge were highlighted as DTOC, recruitment, pressure ulcers and falls. The Committee discusses concerns and quality triggers to gain assurance around actions being taken. This included the maternity outlier alert response which was robust and in depth and accepted by the CQC.</p> <p>The presentation also included information from each Divisional Director on key quality achievements and top risks to quality and the actions being taken to address these risks. An area concern was associated with SWL Pathology. The Committee has asked for an update on this at the October 2015 meeting.</p> <p>The Committee noted issues and actions escalated by the Clinical Quality Improvement Committee, the Compliance and Risk Committee and the Patient Experience Committee. A particular focus was the improvement plan to update policies.</p> <p>Wards of concern were noted and the plans to address. There has been inconsistent representation from emergency services and the Committee has asked for focused feedback from the division in the next meeting to provide assurance.</p> <p>Improvements and developments were noted in the following areas:</p> <ul style="list-style-type: none"> <li>• The committee noted improved Cancer performance and the plan to sustain performance</li> <li>• The success and value of Schwartz Rounds</li> <li>• Progress with the Risk Strategy</li> <li>• Progress with the clinical audit programme and actions in place to address hand hygiene audit results</li> </ul>
<p>CQC preparations</p>	<p>Presented by the Director of Nursing: The Trust will be visited by the CQC 12-15 January 2016. The first provider information request has already been submitted. There are preparation plans in place to support the self-assessment and visit. There is a CQC project office with project streams reporting to the Board. There will be a communication and stakeholder engagement plan. The committee asked that learning from other organisations is taken on board.</p>

<p>Deep Dive Clinical Quality and CRS</p>	<p>Presented by CRS Operations Lead Nurse: CRS was rolled out during 2014. The benefits are:</p> <ul style="list-style-type: none"> <li>• Uniform system of prescribing and creating clinical documentation</li> <li>• Early escalation of patients requiring medical/surgical intervention</li> <li>• Multiple user access allowing several users to view a single record simultaneously and allowing physicians to remotely view patient records</li> <li>• Triggers risk assessments</li> <li>• Improved governance with respect to quality of documentation recorded</li> </ul> <p>The issues and challenges are:</p> <ul style="list-style-type: none"> <li>• Achieving competencies across all wards and staff groups including temporary staff</li> <li>• Not all documents are on CRS, requiring staff to record some assessments on paper</li> <li>• Changes in practice e.g. how some drugs and fluids are recorded/flagged</li> </ul> <p>The CRS team continue to support staff and the system is still will continue to be developed as staff request changes and updates.</p>
<p>October 2015 meeting forward plan</p>	<ul style="list-style-type: none"> <li>• Learning from other recent CQC visits</li> <li>• Focused feedback from Emergency service on the emergency pathway.</li> <li>• Positive lessons from the summer and planning for the winter</li> </ul>
<p>ToR for approval by the Board</p>	<ul style="list-style-type: none"> <li>• The TOR have been updated with minor changes</li> <li>• The Board is asked to approve the updated ToR for QAC</li> </ul>