

Quality Assurance Committee Update

Trust Board	Item: 25
Date: 27th January 2016	Enclosure: U
Purpose of the Report: To provide feedback from the Trust Quality Assurance Committee 6 January 2016	
For: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	CQC registration
Link to Relevant CQC Domain: Safe x Effective x Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led x	
Link to Relevant Corporate Objective:	Strategic Objective 1: to deliver quality, patient centred healthcare services with and an excellent reputation.
Document Previously Considered By:	N/A
Recommendations: <ol style="list-style-type: none"> 1. Note the main areas of discussion at the 6 January 2016 Quality Assurance Committee meeting and the assurances gained 2. Note that the next meeting of the Quality Assurance Committee is due to take place on March 2016 3. Note The 2016 workplan topics 	

Update to Trust Board

January 2016

QUALITY ASSURANCE COMMITTEE (QAC)	
HEADLINES	
Risk Issues Discussed	Actions / Update / Comments
<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 A&E performance and recruitment. The Committee discusses concerns and quality triggers to gain assurance around actions being taken.</p> <p>The presentation includes information from each Divisional Director on key quality achievements and top risks to quality and the actions being taken to address these risks. Clinical support services highlighted the work with staff culture in theatres, monitoring of SWL performance and the on call rota in radiology. Specialist Services reported on the improvement work in outpatients and dermatology and plastics. Emergency Services focused on work to meet the 4 hour target and recruitment.</p> <p>The Committee noted issues and actions from the Clinical Quality Improvement Committee, the Compliance and Risk Committee, the Governors Quality Scrutiny Committee and the Patient Experience Committee. Highlights were the work on sepsis, clinical audit including documentation audits, risk registers, complaints survey feedback and PLACE results.</p> <p>Wards/Departments of concern were noted and the plans to address. There was a focused discussion of hand hygiene results and improvement plans.</p> <p>Improvements and developments were noted in the following areas:</p> <ul style="list-style-type: none"> • Launch of the Pressure Ulcer Strategy • Smoke Free Site • Healthwatch enter and view visits • Better than national average scores for: Trauma and Orthopedics National Audit of Hip Fracture 2014 and 2015 • New internationally educated nurse arrivals
<p>Maternity Sign up to Safety Update</p>	<p>Presented by the Vanessa Cole Sign up to Safety Lead Midwife. The presentation focussed on the work project to implement the pathophysiological with the aim of improving the clinicians' knowledge/understanding of the fetus in labour to ensure appropriate and timely intervention and good clinical decision making. The project has consisted of teaching by the bedside, daily reflection, weekly fetal well</p>

	being sessions, master classes and class room teaching. The training has been well received and the project team are ensuring the work is sustainable once the project finishes.
A&E Briefing	The Associate Director Emergency Services presented a briefing on current performance, quality, safety and improvements in A&E. Performance against national targets has improved. There is work to ensure senior decision makers are in place and rotas are reviewed according to demand. There are weekly governance meetings and monthly performance meetings. Complaints and incidents are monitored and have not risen, patient feedback is positive, monitoring is in place to track trends. The service scorecard is used to track the quality of the service.
Quality Account priorities	The Director of Nursing presented the potential quality priorities. There was a discussion of potential topics around the deteriorating patient.
2016 work plan	<p>The forward plan for 2016 was reviewed and the following topics suggested as area the group would focus on:</p> <ul style="list-style-type: none"> • CIP process • Nutrition • Hand hygiene • Pharmacy / E prescribing • Winter 2015/16 • Urgent and Emergency Care Pathway Review • Discharge (to be agreed) • Catheter – No Cauti (to be agreed) • CQC visit feedback and report • Sign up to Safety update <p>QAC and The Governors Quality Scrutiny Committee have also agreed to share work plans to ensure good communication and joint working between both groups.</p>