

Quality Assurance Committee Update

Trust Board	Item: 24
Date: 25 May 2016	Enclosure: T
Purpose of the Report: To provide feedback from the Trust Quality Assurance Committee 11 May 2016	
For: Information <input type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Duncan Burton Director of Nursing and Patient Experience
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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: The Board is asked to: <ul style="list-style-type: none"> a. Note the main areas of discussion at the 11 May 2016 Quality Assurance Committee meeting and the assurances gained b. Note that the next meeting of the Quality Assurance Committee is due to take place on 7th July 2016 c. Approve the updated Quality Assurance Committee Terms of reference d. Note the recommendations from the Committee 	

QAC Update to Trust Board May 2016

UPDATE FROM THE 11 MAY 2016 QUALITY ASSURANCE COMMITTEE

HEADLINES:

Overview of Clinical Quality Safety Reports and Risk Issues

At every QAC there is an overview presentation of clinical quality, risks and assurances which aims to provide the committee with triangulation of data and intelligence for assurance purpose. The presentation included updates from each Division, an overview of operational pressure points, risks and areas of concern and focus as well achievement and improvement. This information is based on the Clinical Quality Report, Quality Risks, Nursing scorecard, Clinical Audit reports and any significant quality or safety developments both at the hospital and nationally.

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.

Specialist Services Division

- Teams working to resolve issues and agree solutions regarding results service to sexual health.
- Working collaboratively with St Georges Hospital, main outpatients and theatres to develop capacity in Dermatology and Plastics
- Delivery of the Phototherapy: staff trained and systems in place to meet best practice guidelines.
- Clinical Record System – process around duplicate orders and appointments being reviewed.

Clinical Support Services Division

- South West London Pathology – close monitoring continues with performance indicators. Now set up monthly Kingston Hospital Pathology Governance meeting which include users e.g. Sexual Health and Pathology contract monitoring.
- Cancer performance – achieved all targets in last month.
- Pathology – sustained improvement in turnaround times for Emergency Department 4 hour target.
- Radiology – increasing CT capacity by extra evening list. Appointing replacements with interventional expertise and working with St Georges Hospital.

Emergency Services Division

- Recruitment of additional consultants to ensure weekend cover.
- Improved performance in the emergency standard with 95% achieved in April (still variable).
- Optimisation of ambulatory sensitive conditions project is progressing. Full use of the inpatient PTL by all adult wards, thereby supporting the early detection and resolution of delayed transfers of care.
- Effective management of the Doctor strikes.
- Reduction in nursing vacancies and turnover. Successful recruitment of emergency and gastroenterology consultants

Pressure points, concerns and quality triggers

There was a focused discussion of hand hygiene results and improvement plans. A bio patch dressing has been introduced to prevent line infections. The committee felt very strongly that staff need to be reminded that good hand hygiene is an essential part of patient safety. Infection Control Training has also been revised. The findings from the recent internal audit of Duty of Candour were discussed and the plans to ensure an apology is recorded.

A key pressure point is norovirus impacting on capacity. Public Health England have indicated it is being well managed.

A&E continues to have a number of pressures including senior staff skill mix. In Royal Eye Unit the level of demand in the service is challenging. Plans are in place to support both services to ensure there is enough capacity.

Complaints – high number of complaints about car parking.

The Committee noted issues and items from the **Clinical Quality Improvement Committee (CQIC)** and the Patient Experience Committee (**PEC**):

CQIC

- 20/1/16: Mortality self-assessment for NHS England completed and data was within average ranges. A group to focus on mortality is being established.
- All Party Parliamentary Thrombosis Group Scorecard was discussed and the process for detecting and investigating Hospital Acquired Thrombosis at the Trust.
- Quality Improvement projects on track. Hip block, oxygen, handover and out of hours projects completed.

PEC

- Analysis of the Trends in NHS inpatient Surveys 2005-2013.
- PLACE 2016 survey results.
- Complaints from the elderly.
- Phlebotomy Deep Dive.
- Wi-fi network issues have affected some of the monthly of the FFT scores. All tablets have been updated by I.T and now on the Wi-Fi network.

Other items of note

- The volunteer scheme evaluation was a very positive external review of the service.
- Pressure Ulcer numbers continue to drop.
- Clinical Audit Programme 16/17- comprehensive and includes national and local audit.
- Healthwatch visit reports which were mainly positive, action plans in place. Visits to A&E, Royal Eye Unit, Paediatrics and Inpatient wards.
- Results of 7 Day Services Audit – completed and returned to NHS England.
- Accreditation given to the audiology service.
- Do Not Attempt Resuscitation audit completed.

Blood Sciences Service Improvement Project

Presented by a Senior Clinical Biochemist and a Clinical Nurse Specialist in Colposcopy. Done as part of the paired learning leadership development programme at the Trust. The purpose of the project was to maintain a safe and effective clinical blood science service for community hospitals and outpatient clinic work during the South West London Pathology Service transition.

- Collected feedback from users and stakeholders and mapped processes.
- Project leads used shadowing, collaboration and coaching to enhance learning.
- Findings showed there were gaps in IT connections to the community hospitals for sharing results.
- Project influenced how risks are managed during the transition.
- QAC recommended the project is shared at the workforce committee as it was very positive example of skills development.

Quality Account

The Director of Nursing provided an overview of the Quality Account Report 2015-16. The Committee welcomed the report and noted clear achievable priorities for 2016-17. The Chair requested that updates on the priorities are added to the QAC work plan to ensure monitoring of progress and support for the projects.

Terms of reference update

Note the updated Terms of Reference (TOR) which now includes oversight of complaints trends and themes.

Recommendations

The Board is asked to:

- a. **Note** the main areas of discussion at the 11 May 2016 Quality Assurance Committee meeting and the assurances gained
- b. **Note** that the next meeting of the Quality Assurance Committee is due to take place on 7th July 2016
- c. **Approve** the updated Quality Assurance Committee Terms of reference
- d. **Note** the recommendations from the Committee