

Quality Assurance Committee Update

Trust Board	Item: 21
Date: 25 July 2016	Enclosure: P
Purpose of the Report: To provide feedback from the Trust Quality Assurance Committee on 13 July 2016.	
For: Information & Assurance	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Corporate Quality and safety risks are recorded on the risk register
Legal / Regulatory / Reputation Implications:	CQC registration
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
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: a) Note the main areas of discussion at the 13 July 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 15 September 2015 c) Note the recommendations from QAC	

QAC Update to Trust Board July 2016

UPDATE FROM THE 11 JULY 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. This information is based on Trust data and reports and any significant quality or safety developments both at the hospital and nationally. The structure of the presentation has been updated so that topics and content are grouped against the 5 CQC Domains: Safe, Effective, Caring, Responsive and Well Led.

Overview from the Divisions:

- The outpatients department has a new patient calling system. Floor walkers are in place to support patients.
- Radiology has improved booking appointments for procedures.
- Emergency Programme Board in place with functioning work streams.
- Reduced DTOC and a pilot in management of RAG boards.
- Successful recruitment of consultant gastroenterologists & cardiologist.
- Reduction in medical agency usage, nursing vacancies and turnover.
- Continued achievement of 18 week & cancer targets.
- Intentional rounding being used & early indications of reductions in falls
- South West London Pathology – significant recent improvements.

Safe:

- Headlines from Incidents 2015-16: 6929 incidents were reported, a 6% rise.
- There was a reduction in serious incidents with 40 in 2015-16 and 57 in 2014-15.
- Common themes from issues staff and patients are reporting: Communication, appointments, care/treatment and medication.

Safe Focus: Hand hygiene was a focus in the meeting and there was a discussion of the current actions and approach: targeted support, hand hygiene champions, face to face training, 'surewash' machine and reaudit.

Effective:

New QI projects are; End of life care, pain management and falls reduction. QAC reviewed local and national audits. There were 26 audit projects completed in Q4 2015/16 RAG rated as green. Clinical audits RAG rated 'red' in Q4 2015/16 were discussed. It was noted that the Nasogastric tube placement audit will have the method reviewed with a reaudit planned. The National Diabetes Inpatient Audit (NADIA) and National Diabetes Outpatient Audit (NDA) have action plans in place. Cardiology have appointed an Audit Assistant to improve data quality to support the national audit of Heart Failure

Caring:

- The National Inpatient Survey 2015 results show the Kingston had a low ranking in comparison to other Trusts.
- Workshops have been held with staff to discuss the survey results and action plans are in place with services.

Caring Focus: Compliments come from a variety of sources and are pulled together on a quarterly basis and reported to the Patient Experience Committee. Staff receive very positive feedback, showing them to be kind, caring and helpful.

Responsive:

- Complaints: the response rate has dropped. Services with outstanding complaints are meeting with the Director of Nursing and Patient Experience to look at improvements.
- A new complaints tracker has been developed.

Responsive Focus: The provisional results of 7 day audit of benchmarking were discussed. The results overall were good, some areas emergency diagnostics will be looked at and a re-audit is due in September.

Well Led:

- The QAC agenda and work plan have been changed to include regular updates on CQC action plans with direct feedback from the services on progress.
- Quality Risks 12+ were presented at QAC. Risks are being reviewed by the service lines to ensure they are appropriate.

Well led Focus: The Emergency Care Programme has been established to manage the delivery of a number of designated work streams focused on providing sustainable improvement in the Emergency Department.

Feedback from committees: The Clinical Quality Improvement Committee noted progress in QI projects: Sepsis, NEWS, Foetal monitoring, Pressure ulcers, COPD, CAUTI, Pleural procedures, In patient Diabetes Care. Targeted action and training recommended to improve hand hygiene audit results. Incident and NRLS reporting was reviewed. Actions are: incident report training and key messages for staff. The Patient Experience committee reviewed the translation policy, the compliments and complaints reports and an update on work in Outpatients. The group is overseeing the inpatient survey action plan.

Complaints Focus & Update

- In 2015/2016, the Trust received 465 formal complaints.
- Compliance with our response target in 2015/16 was 82%; improving trend compared to 75% in 2014/15.
- 7 complaints were referred to Ombudsman in 2015/16. None upheld at this point.
- A questionnaire is routinely sent to all complainants to ensure improvements are made to the complaints process.
- Complaints themes were communication and problems with appointments.

Patient administration improvement plan (deep dive)

Following a successful pilot in Orthopaedics, the Patient Pathway Coordinator (PPC) model was rolled out across the service lines in a phased approach at the beginning of 2015. The PPC model has now been implemented in all service lines. The service lines are therefore responsible for booking and cancelling clinics and the management of administration staff, giving them control over the process. Initially some areas found the transition to the PPC model challenging due to vacancies, ability of current staff and complexity of the department. A new telephony system (netcall) was also introduced to make it easier for patients to get in contact. There has been significant improvement in the number of calls answered and the time to answer. The Main Outpatient Department redesign will make it easier for patients to leave with a follow up appointment. There has been a significant improvement number of post outpatient appointment letters sent out in 10 working days. There is a letter improvement group in place to improve the content of letters for patients. PALS concerns have greatly reduced. Progress is regularly monitored and reported.

Recommendations from QAC

1. The Board note the progress made with improvements to administration.
2. The Board to note continuing actions to improve hand hygiene audit results.
3. The Board to note that services will present to QAC progress with CQC action plans and key safety and quality themes relevant to each service.