

Quality Assurance Committee Update

Trust Board	Item: Quality Assurance Committee Update
Date: 20 January 2017	Enclosure:
Purpose of the Report: To provide feedback from the Trust Quality Assurance Committee 19 January 2017.	
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 x Effective x Caring x Responsive x 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 19 January 2017 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 16 March 2017 3. Note the recommendations from QAC 	

**QAC Update to Trust Board
January 2017**

UPDATE FROM THE 19 January 2017 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

Emergency Services:

- Opening of CDU
- Piloting of alternative roles in ED including nurse practitioner and physiotherapy practitioner.
- Compliance with the 4 hour target continues to vary
- Emergency Care Programme Board reviewing their current work programmes and key is the workforce strategy
- Demand has gone up 6%
- Delayed transfers of care still an issue, working with partners
- Daily meeting ensuring the basic safety and experience needs of the patients are being met
- The committee sought verbal assurance about safety and patient experience given recent emergency pressures and will hear about this more formally at the next meeting.

Clinical Support Services:

- External Accreditation for Sterile Services
- MOPD rebuild complete
- SSD process and capacity being audited to advise on procurement and service provision
- Additional Ultrasound equipment purchased for theatres and main radiology
- New theatre equipment ordered and now being fully operationalised

Specialist Services:

- Excellent feedback from peer paediatric review
- Approval for one stop shop for Head and Neck Cancer Clinic
- Paediatric staffing improving recruitment continuing
- REU- Improvements in staffing position

Trust wide:

Safe:

- Improvements noted in hand hygiene compliance
- MRSA - case reviewed and actions in place
- E-coli RCA's to be presented at SIG in the future
- CERNER have built an alert to prevent the co-prescribing of paracetamol
- QAC will be doing deep dive on infection control

Effective:

- 6 Red rated clinical audits from Q2, action plans are being developed
- National audits – Data collection for heart failure has improved, in time this will be reflected in results.
- Sign up to safety projects have demonstrated positive results overall
 - Pressure Ulcers rates have improved and investigation times have reduced
 - Sepsis QI project on track, looking for further step change for treatment within 1 hour.
 - Fetal surveillance project has demonstrated improvements in outcomes.

Caring:

- Paediatric peer review gave positive feedback
- Paediatric CAHMS work noted as very good

Responsive:

- The number of complaints has reduced overall
- Complaints – response rate figures have dipped slightly from where they were earlier in the year. Work being done to ensure response timescales are negotiated and met.
- REU have made a number of improvements within the environment in response to patient feedback, including signage and use of space.

Well Led:

- Review of clinical hematology to come to QAC
- Deep dive of dentistry to come to QAC
- Quality priorities are being voted on currently. The selected topics will all be managed as Quality Improvement Projects and tracked.
- Audit committee is requested to consider an internal audit of CAS
- The risk committee is being reconstituted

CQC Must do action plan update

Must do action plan shared with CQC January 2017. QAC received update on progress with actions; Duty of Candour, Mental Capacity Act, Medicines and equipment, and A+E actions. Next CQC liaison meeting due February 2017.

End of life developments / National end of life audit

The results of the audit were presented to QAC, overall the trust benchmarks favourably with other trusts. Key areas for improvement have been identified around documentation and communication. Action plans are in place to address, including education for staff, improvements to documentation and promoting the spiritual support available.

Effectiveness review

- Positive feedback about the committee.
- Membership attendance and representation are being reviewed.

Terms of reference will be reviewed at the next meeting.

Recommendations from QAC

1. The Board note the progress made with the CQC action plans
2. The Board to note the actions to improve the safety and quality of care
3. The Board to note Safety and experience in A&E and infection control as a focus for the next QAC.