

Quality Assurance Committee Update

Trust Board	Item: 11.2
27th November 2013	Enclosure: S
Purpose of the Report:	
To report on the main areas of discussion at the Quality Assurance Committee meeting held on the 6 th November 2013	
For Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion/decision <input type="checkbox"/> Performance <input type="checkbox"/> For Approval <input type="checkbox"/>	
Sponsor (Executive Lead):	Candace Imison, NED, Chair of Quality Assurance Committee
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Links to Strategic Objective 1 in the Board Assurance Framework
Legal / Regulatory / Reputation Implications:	N/A
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 Audit Committee is asked to:	
<ol style="list-style-type: none"> 1. Note the main areas of discussion at the November 2013 Quality Assurance Committee Meeting and the assurances gained 2. Note the approved notes from the August 2013 Quality Assurance Committee Meeting 3. Note that the next meeting of the Quality Assurance Committee is due to take place on 8th January 2014 	

Update to Audit Committee

November 2013

QUALITY ASSURANCE COMMITTEE (QAC)	
HEADLINES	
<p>This report provides the Trust Board with an overview of the key risk issues discussed and assurances given at the Quality Assurance Committee (QAC) meeting held in November 2013, as well as the approved minutes from the QAC meeting held on 28th August 2013.</p> <p>The QAC noted that the key quality risks have significant managerial attention and focus, however the Committee wishes to escalate to the following issues:</p> <ul style="list-style-type: none"> • The positive assurance received by the committee on measuring the quality impact of the productivity programme • Improved oversight of the ward scorecards by the QAC • The plan to undertake ward level deep dives 	
Risk Issues Discussed	Actions / Update / Comments
<p>Deep dive in to measuring the quality impact of the productivity programme</p>	<p>The committee received a presentation from the Productivity Director and the three Divisional Directors, which provided the committee with examples of the local management of Cost Improvement Schemes. The presentation included the quality assessment process and gave examples of decisions not to proceed or amend some schemes in light of these assessments.</p> <p>The Committee agreed to have a follow up presentation on the process for 2014/15 productivity programme at the January 2014 QAC meeting. This presentation is to include representatives from Service Lines.</p>
<p>Clinical Quality and Safety</p>	<p>The overview of clinical quality, risks and assurances report covered the Clinical Quality report, risks related to Quality on the Corporate Risk Register, the Board Assurance Framework (BAF), Complaints, CQC intelligent Monitoring report and self-assessment scores, a productivity update, clinical audit Q2 report, external assurance and the Risk Management feedback report.</p> <p>The key areas of concern were highlighted as the safety performance, with HAIs being the greatest concern, and although pressure ulcers remained at a low level there was an upward trend. The committee was informed of the external peer review which is due to take place on 5th December 2013. Monitor identified a Trust that could be contacted as they had similar issues.</p> <p>The Committee requested more detail in Clinical Quality report exception reports on progress is given. Links to the Risk Register and Quality Accounts were also suggested.</p> <p>The Committee agreed the current risk score for the three principal risks it is the lead for.</p>

<p>Care Quality Commission (CQC) post visit action plan</p>	<p>The CQC post visit action plan, which had been developed in response to being found to be non-compliant with Outcome 4 (care and welfare of people who use services) in the medical wards was presented. The high level action plan had been submitted to the CQC. There is a more detailed action plan which supports the delivery of the high level plan, and confirmed that progress against the action plan is reviewed a weekly meetings. Within the action plan there is a significant focus on ward leadership, with some actions on this covering the whole organisation.</p> <p>It was noted that staff morale has improved and staff are enthusiastic about the changes. DB noted that introducing new staff into the Team has also been helpful.</p> <p>The Committee will continue to get updates on progress against the action plan, which is due for delivery by 31st January 2014.</p>
<p>Quality Strategy & Quality Account – update on progress</p>	<p>The Committee noted concerns around achieving the objectives within the patient safety domain which includes reducing pressure ulcers, C.diff and patient falls, as well as improving the staff turnover target of 11% as this currently stands at 14%. The lack of progress with the patient safety priorities (C.diff and falls) will also impact on the achieving the Quality Account priorities.</p> <p>The Board will be receiving a report on the Quality Strategy & Quality Account at the November 2013 Board Meeting.</p>
<p>Visibility of ward level performance at Board Level</p>	<p>The Committee discussed ward level scorecards and it was agreed that the full scorecard report will be presented to the next QAC. It was also noted that NEDs will be invited to both the CQIC and CRCC meetings on a rotational basis, as had previously been arranged for RMC.</p>
<p>Items noted and approved by the Committee</p>	<p>The Committee;</p> <ul style="list-style-type: none"> • approved the Risk Management Strategy revised objectives • noted the final Risk Management Committee Annual report
<p>January 20143 Deep Dive</p>	<p>The January deep dive will be a ward level presentation</p>

Kingston Hospital NHS Foundation Trust
(‘KHFT’ or ‘the Trust’)

Quality Assurance Committee

Minutes of the Quality Assurance Committee meeting held on Wednesday 28th August 2013

Present:

Candace Imison	Non-Executive Director and Chair of QAC	CI
Kate Grimes	Chief Executive	KG
Joan Mulcahy	Non-Executive Director	JM
Adrian Clark	Non-Executive Director	AC
Duncan Burton	Director of Nursing & Patient Experience	DB
Jane Wilson	Medical Director	JKW
John Wong	Divisional Director for Ambulatory Care	JW
Roland Morley	Divisional Director for Surgery & Critical Care	RM
Florence Wilcock	Divisional Director for Women and Children’s services	FW
Bill Culling	Divisional Director for Medicine & A&E	BC
Deborah Lawrenson	Head of Corporate Affairs and Company Secretary	DL

In Attendance:

Gill McCarthy	Director of Medical Education	GM
Dr Shruthi Konda	ST3 in Respiratory Medicine	SK

Apologies:

Nicola Hunt	Productivity Director	NH
Anne Jones	Head of Clinical Audit and Effectiveness	AJ
Jacky Bush	Head of Quality and Risk Assurance	JB
Ian Reynolds	Trust Board Chairman	IR
Jacqui Unsworth	Non-Executive Director	JU

1. Apologies

- 1.1 Apologies were received from Kate Grimes, Ian Reynolds, Jacky Bush, Anne Jones, Jacqui Unsworth and Nicola Hunt.

2. Minutes from the Previous QAC Meeting

- 2.1 The minutes of the meeting held on 19TH June 2013 were agreed with no amendments.

3. Matters Arising/Actions Log

- 3.1 CI thanked the Divisional Directors of attending. CI asked for clarification if Jacqueline Unsworth is a full member of the Quality Assurance Committee. DL confirmed that she had been made a member when the Complaints Committee was established under her chairmanship.
- 3.2 The action log was received and it was noted that all actions were either delivered or on track

Clinical Quality and Safety

4. Overview of clinical quality, risks and assurance on mitigations [see slides for detail]

- 4.1 JKW introduced the paper and presentation which covered the Clinical Quality report, risks related to Quality on the Corporate Risk Register, CQC data including self-assessment scores, a productivity update and the Risk Management report.
- 4.2 Detailed discussion took place around the latest position on infection control. It was noted that C.difficile cases had risen to 13 against a full year trajectory of 15. It was confirmed Monitor had been informed as the Trust had breached Monitor’s de minimis level of 12, and that Monitor

were content with actions the Trust had in place. Additional work is underway on deep cleaning where appropriate and a ward had been temporarily closed to allow deep cleaning to take place. The Trust is exploring use of pro biotics, reviewing the approach at other Trusts and will be commissioning a further external review. Ecoli cases have become more frequent and as a result the Trust is looking in more detail at its catheterisation rates which is below those of other local trusts.

- 4.3 Detailed discussion took place on falls which had levelled off since the last meeting but remained higher than the NPSA benchmark. A trust wide falls audit has indicated that 100% of patients at risk of falls were being assessed and 91% of staff were aware of guidelines. However it was confirmed there was a need to ensure that all patients at risk of falls have a documented plan and further guidance was being issued. It was noted there had been some falls with harm that month, it was confirmed that further analysis is taking place to look at the time falls take place overlaid with changes in shifts in Medicine, to see if there is a correlation. It was noted the Chief Operating Officer and Director of Nursing were planning to visit wards at night which may result in further actions.
- 4.4 It was noted that with regard to the friends and family test the data was being used as a positive way of identifying improvement but that the percentages in some areas were low. It was further noted that one of the Trust's wards had been named in recent media coverage as one of 36 wards performing less well nationally, however this ward had only been open two weeks at the time the data was collated.
- 4.5 JKW talked through the exception report and noted that most high risks on the risk register related to failure to escalate, safety KPIs and the delay to the implementation of CRS. CI asked if the CRS risk would be de-escalated as a result of the delay. JKW explained that further discussions were taking place on next steps and this would be dependent upon the outcome of those discussions.
- 4.6 It was confirmed the Quality Risk Profile remained largely unchanged.
- 4.7 With regard to complaints there had been no major changes since the last meeting and the quality risk profile remained unchanged, although changes may be required pending receipt of the final CQC report.
- 4.8 With regard to the Quality Equality Impact Assessment statement in the paper that processes had not been as streamlined as they had previously what progress was being made in this area. She stressed it was important for the committee to have a sense of the quality impact of the productivity programme which she did not feel it was sufficiently sighted on as yet.
- 4.8.1 Divisional Director confirmed that impact assessments were taking place for all schemes but that there wasn't a formal interim assessment process in place within the divisions to reassess the impact of changes.
- 4.8.2 CI asked what the likely impact was of skill mix changes and the need to be sensitive to the impact of changes which could present unanticipated risks to quality. She noted that in her most recent walkabout to services, a Health Care Assistant had discussed changes on medical wards which had been positive in terms of skill mix and reducing the number of beds but the knock on consequence for the HCA had been that she was caring for more patients and that if nurses were not changing what they were doing there was a potential quality risk.
- 4.8.3 JKW explained that through the governance review there would be an increased focus on quality improvement schemes in terms of differentiating those which were only about taking

money out rather than focussed primarily on quality improvement and DB suggested this should be a deep dive topic at the next meeting. **Note for forward plan.**

Clinical Quality KPI report

5 Care Quality Commission Visit

- 5.1 Discussion took place on the recent Care Quality Commission visit. The Trust is in the process of feeding back on factual accuracy and an action plan is under development which will be shared with the Board. It was confirmed that Monitor would expect to see an action plan in place but it was unlikely to affect the Trusts governance risk rating. The committee felt that issues which had arisen confirmed the need for more access to ward based information and further consideration will be given to this.
- 5.2 CI noted that with regard to discussions she had with a Band 5 nurse she had met on a previous visit and having met the nurse more recently it was clear the nurse was feeling pressurised and would not engage in conversation. She expressed concern issues raised previously may not have been picked up with the individual.
- 5.3 DB reminded the committee of the ongoing programme of recruitment which was progressing well and would make a difference on wards.
- 5.4 It was agreed a deep dive should take place at a future meeting asking the wards to identify what their key issues are and how they would like to put improvements in place. Proposals on how this might be taken forward will be discussed at the next meeting. **Note for forward plan.**

6. Deep dive on Out of Hours

- 6.1 A detailed presentation and discussion took place on the audit findings on 'Hospital at Night' which demonstrated that more work was required in terms of structure of hand over, reducing carry forward of work from day shifts, paperwork, tasks and volume of work a lot of which should have taken place during the day, the need for more co-operative working across teams, the need for more senior oversight. It was noted that two additional acute care consultants had been appointed who would participate in hospital at night but more work was required in terms of weekends.
- 6.2 CI asked when issues would be addressed. It was confirmed this would take place over the next six months. CI asked if an audit could be built in. JKW confirmed this could take place once the changes had taken place.
- 6.3 CI asked when an update would be brought to the committee. It was agreed a progress report would come back in March 2013. **Note for forward plan**
- 6.4 CI asked if there had been a review of policy. GM confirmed this had been part of the audit processes and the policy was generally sound however CI was concerned that it did not include hand back to the day shift which was an expected element of a Hospital at Night policy. GM confirmed the process was covered but it was not taking place formally in one clearly defined place.

CI asked with regard to systematic risk assessment on wards by nurses, how this was being addressed. JKW explained that this was picked up at nursing hand over at 8 pm so was not always apparent until after the day shift staff had left. It was confirmed the NEWS system was in place for management of appropriate patients. JW added that the Trust was looking at a business case for a seven day out reach service and looking at whether or not monitored beds should be co-located.

7. Clinical Audit Reports

- 7.1 The committee were assured that the report indicated there was a comprehensive programme of audit in place. The committee remained concerned that there were still a large number of records which had not been appropriately stored in some areas, it was confirmed most were awaiting collection for typography and that introduction of digital dictation would improve this but the committee agreed this issue would be highlighted to the Audit Committee. **Action to be included in the report to Audit Committee DL**

8. Board Assurance Framework

- 8.1 Discussion took place on the principle risks overseen by the committee.

8.2 Principle Risk 1 – Failure to maintain and improve quality of care

- 8.2.1 The committee asked if the assessment of risks was currently correct given feedback received through the CQC visit and if this needed to be reflected. It was noted that whilst improvement in care was a key element, the fact that people were supported to get well also needed to be reflected. It was agreed changes would be made following receipt of the final CQC report. **Action DB/JW to provide update to BAF**

- 8.2.2 Non-Executive Directors suggested that whilst Board walkabouts were a source of assurance the engagement for NEDs was not yet sufficiently systematic. It was confirmed this was being taken forward by communications, with the plan to be updated to include visits at night and weekends, and this would be shared with the Board.

- 8.3 Principle Risk 2 - It was agreed that for Principle Risk 2 the increase in C.difficile cases would be added as a negative assurance.

- 8.4 Principle Risk 7 – Failure to maintain engagement with patients and other stakeholder groups
It was noted that good progress was being made with Principle Risk 7 with the agreement of the Patient and Public Involvement strategy and progress with actions.

9. Committee Self-Assessment

- 9.1 The Committee discussed its self- assessment and agreed an action plan will be developed to address actions raised for improving processes going forward.

10. Items for escalation to the Audit Committee

- The financial risk that flows from C Diff risk
- Audit results suggest that documentation continues to be an issue
- Out of Hours cover is an issue that requires addressing and Executive will be reporting back to QAC and Board on progress in this area

11. Reflections on the meeting

- 11.2 The following points were raised:

- The need to include on the agenda items the committee would like to receive at the next meeting
- The need for a deep dive on the quality and equality impact assessments taking place for all cost improvement schemes at the next meeting **Note for forward plan**
- Papers had been circulated later than usual.
- It would be helpful to see all presentations in advance to aid preparation. It was agreed discussion would take place outside of the meeting in terms of how early the overarching

presentation could be shared.

- There should be fixed times on the agenda for discussion and presentations
- JKW felt there was some repetition in the overarching paper however Non Executive's welcomed the level of detail provided.
- It was agreed there should be a deep dive at a future meeting to hear from wards on what they feel the key issues are, and how they would like to make improvements. It was agreed an indication of timing would be given at the next meeting.

Action JB to take forward comments and reflect on the agenda and forward plan

12. Any other business

12.1 None

13. Date of next meeting

13.1 6th November 2013

Signed

*Candace Imison
QAC Chair*

Date

6th November 2013