Kingston Hospital **NHS**
NHS Foundation Trust

Quality Assurance Committee Update

Trust Board	Item: 11.2
29th January 2014	**Enclosure: U**
Purpose of the Report: To report on the main areas of discussion at the Quality Assurance Committee meeting held on the 8th January 2014.	
For **Information** ☒ **Assurance** ☒ **Discussion/decision**☐ **Performance** ☐ **For Approval** ☐	
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 Trust Board is asked to:
   1.   Note the main areas of discussion at the January 2014 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 5th March 2014	

Update to Trust Board

January 2014

QUALITY ASSURANCE COMMITTEE (QAC)
HEADLINES
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 January 2014, as well as the approved minutes from the QAC meeting held on 6th November 2013. The QAC noted that the key quality risks have significant managerial attention and focus. There were no new risk items that the Committee wished to escalate to the Trust Board.

Risk Issues Discussed	Actions / Update / Comments
Deep dive in to Bronte Ward (April 2012 – November 2013)	The Committee received a presentation from the Divisional Director for Emergency Services, which provided the committee with positive assurance that Bronte Ward is functioning safety and has effective nursing and medical leadership. The presentation gave key facts about the ward, the management arrangements and the bed configuration, as well as how the effectiveness and safety on the ward is measured and monitored. The presentation also gave an overview of the type and number of incidents on the ward during the period April to November 2013, compared to the same period in 2012, as well as an overview of complaints received, and nursing vacancy, sickness and turnover rates. The Committee noted the impact in August of a high vacancy rate and increased use of agency staff on the number or reported incidents. Actions to further improve leadership, training and monitoring of performance on the ward were noted. The Committee agreed that the presentation had provided a lot of assurance that Bronte ward was performing equally or better than other medical wards in a number of areas
Clinical Quality and Safety	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, the CQC post visit action plan, a productivity update, including the process for monitoring CIP QEIAs in 2014/15 and recent external assurances. The key areas of concerns and challenge were highlighted as being Pressure Ulcers, Hospital Acquired Infections, Falls and the inpatient Friends and Family Test score which has remained static. With regard to falls it was noted that the falls bundle was currently being reviewed and simplified. The CQC post visit action plan was noted as being on track and that Kingston Healthwatch have been asked to undertake an independent review of the medical wards. The Committee agreed the current risk score for the three principal risks it is the lead for. The Committee has asked that this agenda item includes information on the current pressures in the hospital as well as information on the Ward scorecards.

	The Committee asked that the presentation supporting in the main paper be circulated before the meeting in order that a better link between presentation and supporting paper may be made by the Committee members.
C.Diff Peer review	As the C.Diff peer review report was not available for this meeting, the Director of Nursing and Patient Experience gave a verbal update. The Committee noted the key themes from the verbal feedback as good antibiotic practice, good cleaning standards, however there were some suggestions for further improvement, actions required so key staff including the Infection Control Nurses can spend more time in clinical areas, more clarity required around taking stool samples. It was also noted that work across the Health Community was required with regard to the number of Protein Pump Inhibitors (PPIS)
Staff Turnover	The Finance and Investment Committee (FIC) had asked QAC to look at staff turnover data, as they were concerned about the data in a report presented to FIC. The data and turnover was discussed in detail. The QAC noted some concern about the data and felt that it raised further questions. It was noted that providing turnover as a rolling monthly figure did not help understanding of the data. It was noted that a lot of work on the wards had been undertaken in this area; however, it was too soon to see the impact of this in the data. Following a NED walkabout one NED reported that some staff saw the reduction in the use of agency staff as a cost saving rather than a quality initiative. The Committee requested that further information on this item, and for assurance around Therapies turnover, is presented to the Committee to gain greater assurance in this area. It was requested that the information be presented differently, for example by number of leavers and starters per month, which would present a clearer picture of the turnover position.
Quality Account – update on progress	The Committee reviewed and discussed the 'long' list of Quality Account objectives, of which there need to be nine (an increase on last year). It was agreed that all suggested objectives need to be realistic and measurable. It was also agreed that the objectives needed to link to priorities identified by the Friends and Family Test, for example experience of hospital food. The amended long list is to be presented to the Governors Quality Scrutiny Committee for discussion prior to engagement with stakeholders.
Items noted and approved by the Committee	The Committee; - Noted the Risk Management Strategy which was approved by the Audit Committee and is being presented to the Trust Board in January 2014 for approval. - Discussed and approved the post committee effectiveness review action plan. - Noted the current pressures within the Trust and thanked staff for their hard work and dedication over the festive period.
March 2014 Deep Dive	The March deep dive will be a presentation on the new CQC inspection regime and how the Trust is preparing for the new style inspections.