

Quality Assurance Committee

Trust Board	Item: 15
Date: 7th August 2019	Enclosure: K
Purpose of the Report: To report on the main areas of discussion at the Quality Assurance Committee meeting held on the 25 th June 2019.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	Regulatory and compliance implications
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	All Objectives
Document Previously Considered By:	N/A

Report for KHFT Trust Board, August 2019, of Quality Assurance Committee (QAC) meeting on 25th June 2019

Summary

Assurance was provided on clinical quality through a variety of data sources, verbal reports, presentations and discussion.

Regular reports received included:

- May 2019 Integrated Performance Report
- Divisional reports
- The quarterly clinical audit report
- The serious incidents summary report April/May 2019
- Clinical risks red rated or not reducing
- An update on progress against two quality priorities

Updates were received on

- The 2014/2017 Dementia strategy
- The screening and care of frail patients
- Antibiotic stewardship
- QI projects in the Haematology and Anticoagulation service and the Royal Eye Unit

Approvals

The Quality Assurance Committee

- Noted on behalf of the Board that three of the remaining four standards to be submitted to NHS Resolution for a CNST rebate have now been achieved. The one remaining standard will be approved by email.
- Approved on behalf of the Board the self-assessment against the 7 Day Service Board Assurance Framework and noted improvements in achieving this framework

Points of Note

The Committee noted the continued increase in A&E attendances and were assured that daily reviews of staffing levels are ensuring maintenance of clinical quality despite the pressures. The Committee also noted the analysis of reasons for attendance at A&E that is being carried out and the collaborative work that continues with community partners to try to reduce attendances and ensure appropriate discharge.

The Committee agreed that, alongside the Integrated Performance Report, the Divisional Updates provide the important function of drawing to the attention of QAC any issues requiring significant work if quality is to be maintained as well as notable examples of high quality care. Monitoring of the paediatric ward and A&E staffing remains important and QAC was assured that adequate cover is being maintained through rotation of staff and interviews for new staff are pending. A focus on falls and pressure ulcers appears to be bearing fruit and an excellent performance in relation to patients with suspected sepsis receiving antibiotics within one hour was noted.

The committee noted the clinical audit plan for 2019/20 and were assured through discussion of the 2018/19 Q4 Audit report of the close monitoring of extreme and high risk audit reports. The significant improvement in the National Paediatric Diabetes Audit was noted.

The improvement lead for dementia is now back from maternity leave which should accelerate the already good progress in this area of clinical quality.

The frailty team has dramatically increased the number of patients in the relevant categories who are being screened for frailty and then appropriately assessed. Progress in looking after frail patients is being closely assessed against a number of metrics and in order to improve on performance against these the frailty team are now piloting being based in A&E.

On two of the quality priorities i.e. detecting the deteriorating patient and enhancing patient involvement QAC noted and welcomed the substantial work that is going on and asked that the metrics for each were carefully considered.

The quality improvement initiative in Clinical Haematology and Anticoagulation shows good progress. Initiatives cover a wide range of issues from enhanced evidence based clinical procedures, collaborative working with partners to ensure appropriate OPD attendances and better management of patient feedback and assessment and management of risks. QAC will continue to monitor progress of the QI through our scrutiny of data e.g. IPR, divisional reports.

The quality improvement initiative in the REU which arose from concern about the increase in reported incidents in the REU is also making good progress. The action plan provided assurance to QAC and again QAC will continue to monitor progress through our scrutiny of regular data sources.

QAC did not note any significant clinical risks but did acknowledge issues related to IT which have the potential to create clinical risk if not adequately mitigated e.g. storage of images puts pressure on IT systems and lack of access to IT at off site clinics necessitates paper based solutions in relation to documentation and transfer of patient data.