

Quality Assurance Committee

Trust Board	Item: 14
Date: 27 th March 2019	Enclosure: J
Purpose of the Report: To report on the main areas of discussion at the Quality Assurance Committee meeting held on the 26 th February 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
Recommendations: The Trust Board is asked to note the content of this report.	

Report for Trust Board and GQSC from Quality Assurance Committee 26th February 2019

Summary

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

Regular reports received included:

- Integrated Quality and Operational Compliance Report January 2019
- Cluster Updates from Unplanned Care, Planned Care and Maternity
- Serious Incident Reports from Dec 2018 and Jan 2019
- Clinical risks red rated or not reducing
- Audit Programme Summary, NICE and NCA
- An update on the transformation program with a focus on Gynae day Surgery and the impact on Theatre usage

An update on the Trust Quality Priorities for the financial year 2018 – 2019, the plans for the Quality Priorities for 2019 – 2020 and the Quality Report progress were received. Alongside reports on the Cancer Performance Targets, KPI's and achievements

There are no items that require input from the Board. The following is for information.

IPPR: Safety

The Committee noted the work that is going on to manage pressure ulcers and falls. Increased resources and focus is containing a problem which could otherwise be increasing as the number of frail, elderly patients increases. A further paper will be reported to identify the lapses in care with the pressure ulcers and work is being undertaken on Ulysses (The Trust Incident reporting system) to correctly categorise the nature of a fall.

The patient safety thermometer identified good performance and a pleasing target.

Cluster Updates

The Committee was assured that the winter planning delivered during December and January ensured that the Trust have been able to maintain Quality and Safety outcomes throughout the winter period when there has been increased demand and acuity.

The Committee were informed that the Trust has welcomed 11 newly qualified Nursing Associates. These have all been allocated to areas within the Trust to provide additional staffing resource and support to improve the patient experience. There are a further 23 students who will commence their Nursing Associate Training this academic year. The committee also heard about the positive rotation of paediatric nurses to the paediatric ED.

The Committee were pleased to be informed about the successful 15 Steps Challenge carried out by 'Youth Out Loud' reviewing paediatric ED and the day Surgery Unit.

The Committee were delighted to hear about the positive CQC Maternity Survey for 2018 with the Trust overall ratings being the highest in SWL for women's experience during labour and birth, care from staff and following birth.

Risk Management

The Committee received the Serious Incident and Risk Register reports and were assured of the ongoing monitoring in these areas.

Clinical Audits

A thorough programme of national and local audits and monitoring of progress against NICE Guidelines and Quality Standards is in place with robust follow up on areas of concern.

Quality Priorities/Transformation Projects

The Committee noted progress on reporting the Quality Priorities and plans for the monitoring and metrics for the Quality Priorities for 2019/2020. The first draft of the current year Quality report is underway and will be circulated for comments during the last week of February.

Cancer Performance Targets

The Committee received a presentation from the Deputy Director of Nursing on the Cancer Performance targets and KPI's. The 62 days target remains a challenge across London - In general SWL has seen a dip in 62 day performance and day 38 targets will go live from 1st April, the Cancer Pathway will be monitored against this.

The day 38 target will present a number of challenges for KHFT. By day 38 all diagnostic tests must be completed. This will prove challenging due to the various sites that diagnostic tests take place, the aim will be to bundle all diagnostic tests together to enable them to undertaken at the same time.

The Committee also heard that the 28 day faster diagnosis (FDS) will be shadow monitored from 1st April 2019.