

Trust Board	Item: 15
Date: 29th January 2020	Enclosure: K
Purpose of the Report: This report has been produced for the Trust Board Meeting to provide an update on discussions held at the Quality Assurance Committee in December 2019.	
FOR: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
Sponsor (Non-Executive Lead):	Dame Cathy Warwick Non-Executive Director Chair of the Committee
Author:	Melanie Whitfield Head of Patient Safety, Governance & Risk
Author Contact Details:	melaniewhitfield@nhs.net
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 NHS Resolution CNST
Link to Relevant CQC Domain: All Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/>	
Link to Relevant Corporate Objective:	Strategic Objective 1: to deliver quality, patient centred healthcare services with and an excellent reputation.
Document Previously Considered By:	None
Recommendations: <ol style="list-style-type: none"> 1. Note the number of serious incidents declared and the number of serious incident investigations that are on-going and closed since the last report. 2. Discuss any concerns with regards to trends highlighted in the report. 	

Quality Assurance Committee Report

Summary;

The meeting was reduced to one hour because of very significant service pressures and the instigation of Silver Command. Assurance was however provided on clinical quality through a variety of data sources presentations and discussion.

Key issues discussed were 'coping with demand' and challenges in the Rheumatology service. The Committee also received an update on the 2020/21 quality priorities.

Discussion of the Governor Desk Patient/Public Feedback was carried forward to February as there was too little time to give it full consideration.

Regular reports received for 'quality assurance and control' were:

- Divisional reports highlighting key clinical successes and key challenges/risks
- Reports related to clinical audit (Q2 report), national clinical audits (Q2 report), NICE guidance implementation report (Q2)

Key Items discussed under quality improvement were:

- Winter pressure planning.
- Rheumatology services
- The 2020/21 quality priorities
- A half year update on 2019/20 quality priorities (noted)

Regular Items considered under Governance were

- The Serious Incidents summary report November 2019
- Clinical risks red rated or not reducing

Issues to note

- There is significant work taking place internally to enable KHFT to cope with winter pressures. Initiatives include Same Day Emergency Care, the Mental Health Assessment Unit, use of escalation beds, and the discharge lounge. Whilst all of these have the potential to improve both the patient and staff experience and mitigate pressure, it was made clear to QAC that until results are seen from joint work with our community partners, LAS and primary care it will continue to be a challenge to maintain quality in the face of rising demand. Initiatives such as redirecting ambulance attendances when the patient does not need acute care, developing an integrated discharge service, development of advanced care plans, high intensity support for frequent attenders (600) and the optimisation of continuing health assessment through flexible use of community beds/nursing home beds are being worked through but their impact is likely to be longer term.
- The Rheumatology service is, like many of our outpatient based services, experiencing increased demand (23%) partly due to more patients and partly due to improved treatment availability. The service is not currently meeting the NICE mandate that patients with acute inflammatory arthritis should be seen within 3 weeks of referral. Actions are in place to help achieve this and progress in meeting this standard will be reported to QAC in 12 months' time.

- There is concern that the National Diabetes Audit is not yet in a position to collect the substantial data required other than manually as an electronic solution is not yet available. Work is under way to be able to do this. If that solution is not in place early in the New Year a manual data collection will be initiated.
- There were no significant concerns raised from other papers.
- It was noted that the quality priority: 'Improve the identification and escalation of the deteriorating patient' has now made substantive progress in achieving its targets and that changes have been made to mandatory manual handling training in response to serious incidents which have as their theme 'a fall causing harm' (fractured neck of femur)
- The Committee was delighted to note that the Paediatric Team had been shortlisted for a HQIP Award, that Joselin Miles had been shortlisted for Audit Professional of the year and that Adam Loveridge and the COPD Team had come second in the national awards and this was from a public vote. The team received 20% of the vote.