

**Quality Assurance Committee Update**

<b>Trust Board</b>	<b>Item: 14</b>
<b>Date:</b> 1 <sup>st</sup> December 2016	<b>Enclosure: J</b>
<b>Purpose of the Report:</b> To provide feedback from the Trust Quality Assurance Committee meeting held on 17 <sup>th</sup> November 2016.	
<b>For: Information &amp; Assurance</b>	
<b>Sponsor (Executive Lead):</b>	Duncan Burton Director of Nursing and Patient Experience
<b>Author:</b>	Chris Streater Non-Executive Director Karen Reynolds Head of Quality Governance
<b>Author Contact Details:</b>	Ext 3846 <a href="mailto:karen.reynolds@kingstonhospital.nhs.uk">karen.reynolds@kingstonhospital.nhs.uk</a>
<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Corporate Quality and safety risks are recorded on the risk register
<b>Legal / Regulatory / Reputation Implications:</b>	CQC registration
<b>Link to Relevant CQC Domain:</b> Safe x    Effective x    Caring x    Responsive x    Well Led x	
<b>Link to Relevant Corporate Objective:</b>	Strategic Objective 1: to deliver quality, patient centred healthcare services with and an excellent reputation.
<b>Document Previously Considered By:</b>	N/A
<b>Recommendations:</b>  <ol style="list-style-type: none"> <li>1. Note the main areas of discussion at the 17 November 2016 Quality Assurance Committee meeting and the assurances gained</li> <li>2. Note that the next meeting of the Quality Assurance Committee is due to take place on 19 January 2017</li> <li>3. Note the recommendations from QAC</li> </ol>	

## QAC Update to Trust Board December 2016

### UPDATE FROM THE 17 November 2016 QUALITY ASSURANCE COMMITTEE

#### HEADLINES

#### Overview of Clinical Quality Safety Reports and Risk Issues:

At every QAC there is an overview presentation of clinical quality, risks and assurances which aims to provide the committee with triangulation of data and intelligence for assurance purpose. This information is based on Trust data and reports and any significant quality or safety developments both at the hospital and nationally. The structure of the presentation has been updated so that topics and content are grouped against the 5 CQC Domains: Safe, Effective, Caring, Responsive and Well Led.

#### Overview from the Divisions

#### Emergency Services:

- Compliance with the 4 hour target continues to vary
- Increased GP support
- Introduction of a MDT frailty team
- Delayed transfers of care still an issue
- CDU to open week commencing 21/11/16
- Demand has gone up 5% (same picture nationally)
- Medical recruitment still challenging – looking to diversify the workforce

#### Clinical Support Services:

- External Accreditation for Radiology and Cellular Pathology
- Track and Trace system for sterile services implemented
- Extended scope practitioner role for Physiotherapy established within ED
- Active User Groups setup for both outpatients and theatres to steer improvement actions Theatre equipment availability: New equipment ordered and in use
- Diagnostic capacity for medical imaging increased – extended day and weekend opening
- Patient letter content reviewed. Training set up for administrators to support booking process

#### Specialist Services:

- REU – plan to increase consultants (interim to support demand).
- Some success with recruiting pediatric nurses to address vacancies in the service
- Learning from never events in teams

#### Trust wide:

#### Safe:

- Need to focus on better turnaround times for reviewing incidents
- No concerns arising from recent safety alerts, all being implemented
- Pressure ulcer investigation times continue to improve
- Secretary of State has launched a major focus on gram negative bacteria e.g. ecoli

#### Effective:

- Half day Quality Improvement Training course has been designed and piloted and will be available to staff from January 2017
- The QI project on NEWS has been extended to incorporate A&E and Paediatrics
- New QI project has started on in-patient diabetes care
- Nutrition audit completed and action plan being developed

- The Trust is now in line with national results for the national Rheumatoid and Early Inflammatory Arthritis
- Kingston is in line with the national average for the national Inflammatory Bowel Disease (Biologics) National Audit

#### Caring:

- The Quality Improvement Volunteer Forum (QIVF) promotes patient experience through volunteer involvement in Quality Improvement Programmes in services and has supported several successful projects
- Healthwatch will be visiting the Trust during November and is currently supporting some patient experience work in Outpatients.
- Catering Iwave system will be available for food in 2017
- PMOS – Positive meal ordering system; trial in Blyth ward went very well.
- Healthier options will be made available in the vending machines and fewer sweet treats at cafe by January 2017

#### Responsive:

- Complaints – response rate figures have dipped slightly from where they were earlier in the year. Services being given support to increase response times.
- The number of complaints through the FFT has decreased, which demonstrates a positive correlation to the current improvement work.

#### Dementia and Delirium

- Derwent ward refurbishment - A preview and fund raising evening held on 10th November
- A culture change workshop was held on Tuesday 25th October for Derwent staff
- ED are looking at how to make their environment more dementia friendly
- 15 new dementia volunteers have been inducted and are delivering bedside reminiscence activities
- The trust has taken part in the National Audit for Dementia. Results are yet to be published
- The Alzheimer's society has accredited the trust dementia awareness training
- Bespoke dementia awareness sessions have been delivered to ED, ISS security staff, audiology team and the Royal Eye Unit.
- PLACE published their results for dementia friendly environments and the trust's score has improved from previous years to 58% but still remains one of the lowest in London. The environment team has visited high scoring sites to learn from best practice.
- Joint dementia research network held a stand at the main entrance and outpatients entrance
- The health improvement network spent a day testing 'dementia I-statements' feedback tool with patients

#### Well Led:

- General Pharmaceutical Council (GpHC) – Inspection – no concerns
- NHSE Emergency Preparedness Annual Assurance Visit – Assessment – no concerns
- CQC Inspection BMI Coombe Wing – Inspection – awaiting report
- CQC Quality Review Meeting - No concerns
- The overdue procedural Documents total has reduced
- New Quality Improvement projects approved at the Clinical Quality Improvement Committee
- Medicines Storage and Security
- Falls
- Learning from excellence
- Corporate risk register. Service leads to review 12 rated risks to ensure mitigations are in place to reduce risk.

**CQC report and action plan**

Must do action plan progressing. Action plan review meetings planned with all the leads during November. Should do Action plan will be shared with the Board in December 2016. The Trust met with the CQC on 8<sup>th</sup> November 2016 as part of a regular liaison meeting and updated them.

**Quality Account 17/18**

Provisional timetable and long list shared with the committee. The committee suggested combing infection priorities into harm reduction from infection and also including Catheter associated infections. Add in 7 day working (a previous priority). The long list will be refined and be taken for further consultation with stakeholders.

**Maternity Deep Dive on Caesarean rate**

- There is some variation with national rate for caesarean sections
- Key to this trying to avoid the first caesarean
- Midwifery led service is providing counselling and information to allow informed and shared decision making. Part of this is continuity of information
- Working with lay groups to look at peer influence
- Working with consultants to ensure they are on board and we all are providing a consistent message

**Recommendations from the Quality Assurance Committee**

1. The Board note the progress made with the CQC action plans and Quality Account.
2. The Board to note the actions to improve the safety and quality of care.
3. The Board to note that QAC will now have Matron representatives and the Assistant Medical Directors on the committee to ensure more diverse input and representation from clinical services.