Kingston Hospital NHS Foundation Trust

Quality Assurance Committee Report

Trust Board	**Item:** 18
Date: 25th September 2019	**Enclosure:** M
Purpose of the Report: To report on the main areas of discussion at the Quality Assurance Committee meeting held on the 5th September 2019.	
For: Information ☐ **Assurance** ☐ **Discussion and input** ☐ **Decision/approval** ☐	
Sponsor (Non-Executive Lead):	Dame Cathy Warwick
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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** ☒ **Effective** ☒ **Caring** ☒ **Responsive** ☒ **Well Led** ☒	
Link to Relevant Corporate Objective:	All objectives
Document Previously Considered By:	N/A
Recommendations:	

Quality Assurance Committee Report to Trust Board

Summary

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

Regular reports received included:

- July 2019 Integrated Performance Report
- Divisional reports highlighting key clinical successes and key challenges/risks
- The quarterly clinical audit report Q1, the National Clinical Audit quarterly monitoring report Q1, the NICE report Q1
- The serious incidents summary report June/July 2019
- Clinical risks red rated or not reducing
- An update on progress against two quality priorities
- The Perinatal Mortality Review Q4 18/19 report

Updates were received on

- Action plans arising from the Adult Inpatient Survey Results 2018 (essentially these are presented at PEC and demonstrate very positive progress)
- The National Patient Safety Strategy and Being Fair. Further reports with action timelines on these will come to future QACs.

https://resolution.nhs.uk/wp-content/uploads/2019/07/NHS-Resolution-Being-Fair-Report-2.pdf

https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf

A Deep Dive Presentation was given on the Paediatric Allergy Service

Points of Note

The Chair reported to QAC that she had attended an excellent Patient Experience Committee meeting that morning. The enthusiasm demonstrated by KHFT staff in ensuring patient centred care was incredible.

The Committee noted the continued increase in A&E attendances and asked for a report to be presented to the next meeting for assurance a) that plans were robust in terms of coping with winter pressures and b) that the overall busyness of the hospital was not starting to impact on clinical quality. The Committee noted that further analysis was taking place in relation to the rise in readmissions.

The Committee was advised of a complaint which had been presented at PEC and which involved a paediatric drug error. It was agreed that QAC will be updated on discussions that will take place regarding best practice at Kingston for checking drugs. The key question is should our policy advocate two people checking (as at present) or move to single checking.

The Committee raised the issue of the Mental Health Assessment Unit (MHAU) and asked about the impact on patients and whether there were any unintended consequences e.g. patients spending longer in an acute Trust before transfer to a mental health unit. The committee received initial assurance as to the positive benefits of the MHAU and the MHAU will be the subject of the October deep dive.

There were no major issues arising from the July Integrated Performance Report but the Committee did note the serious pressure on meeting cancer targets and the pressure in diagnostics. Difficult decisions are being taken on a daily basis around prioritisation of

patients. On a positive note the Committee welcomed the fact that 95% of appropriate patients are being screened for sepsis and of those 100% receive antibiotics within an hour. Maternity and neonatal services were congratulated on achieving the Baby Friendly Initiative.

Following reporting of a serious incident the Committee asked that consideration is given to how patient facing contracted services are monitored to ensure standards are being met which aim to keep patients safe. This will be picked up through the Audit Committee.

The Committee noted good progress on the quality priority 'improve identification and escalation of the deteriorating patient' and asked that a further report come to the Committee on the quality priority 'improve the process to identify patients with learning disabilities'. This report needs to address concerns that, whilst good work is going on in the learning disabilities collaborative, the identification of patients may not progress without significant work in relation to coding and IT.

The deep dive into the Paediatric Allergy Service presented by Pascale Varley, Lead Paediatric Dietician, demonstrated excellent work in relation to holistic patient centred care, multi-disciplinary team working and providing an efficient and effective service.