

Quality Assurance Committee Report

Trust Board	Item: 17
Date: 30th September 2020	Enclosure: L
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 August 2020.	
FOR: Information <input checked="" type="checkbox"/> Assurance <input 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:	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

Assurance was provided on clinical quality through a variety of data sources, presentations and discussion. The committee was also provided with information which gave assurance that, during the months QAC had not been meeting due to COVID-19, reports that QAC would normally have discussed had been considered elsewhere.

Issues for noting by the Board

Three issues are brought to the attention of the Board.

1 QAC received assurance that practice at Kingston should prevent outbreaks of COVID-19 amongst staff.

Clinical services in the hospital have been gradually reinstated. However this is with strict adherence to infection prevention and control (IPC) guidelines and with continuation of beneficial practices introduced during the crisis e.g. virtual consultations. Most training and meetings are being held virtually.

There has been external scrutiny (SWL and CQC) of Kingston's IPC practices and we have been given a clean bill of health.

This is important as three hospitals in England have now experienced outbreaks of COVID-19 amongst staff. A rapid review of practices at one hospital has resulted in 21 recommendations. These relate mainly to adherence to IPC guidelines, culture and communication. A task and finish group will review these guidelines and document compliance or the need for action but an initial review indicates that there are no significant issues at Kingston and the culture is conducive to staff reporting concerns re IPC. However the DON and MD are aware that continuous vigilance is needed to avoid complacency as patients with COVID-19 reduce in number and some semblance of normality returns.

2 Progress on the Quality Priorities on reducing major obstetric haemorrhage (MOH), improving screening for delirium and improving the use of advanced care planning at end of life are currently red rated against targets.

For delirium screening and advanced care planning the main reason for the current performance is an unavoidable lack of focus during the COVID-19 crisis with a different patient population and key staff working in alternative essential roles. Action plans are in place and rapid improvement is expected.

MOH is different. The rate fell to below target levels during the crisis. After detailed analysis it seems most likely that this was due to more senior medical cover as junior doctors joined the mega rota. As the rota in maternity returns to normal, MOH rates, whilst extremely variable, are increasing again. Work is focused on enhancing the senior presence especially at night.

3 Key challenges to clinical quality.

Levels of attendance at A&E are returning to pre COVID levels and there are gaps in the medical rota. Whilst there is no indication at present that quality of care is suffering these are currently the biggest potential challenge to providing high quality care.

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

- Reports related to clinical audit (Q4 report), national clinical audits (Q4 report), NICE guidance implementation (Q4 report)
- The Perinatal Mortality Report 2019/20
- The National Inpatient Survey 2019
- Serious Incident Report August 2020

Key Items discussed under quality improvement (QI) were:

- ITU Diaries
- Learning post COVID-19
- Update on Quality priorities 2020/21
- Collaborative working in SW London
- The COVID hospital outbreak rapid review

Regular Items considered under Governance were

- Clinical risks red rated or not reducing
- Progress against CNST maternity standards