

Quality Assurance Committee Report

Trust Board	Item: 14
Date: 27th January 2021	Enclosure: J
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 2020.	
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
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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 Strategic Theme:	Quality
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 - 23rd December 2020

Summary;

The meeting was shortened to one hour due to the exceptional pressure within the Trust caused by the COVID-19 second wave. The focus was principally on the impact of COVID-19 on quality and safety. The November Integrated Performance and Quality Report was reported on by exception. The Committee was updated on actions related to the Ockenden Report into maternity services at Shrewsbury and Telford NHS Trust.

It should be noted that information relating to COVID-19 is changing on a daily basis. As Chair of QAC I attend weekly briefings on the situation from Jo Farrar and I also have regular contact with Sally Brittain, Director of Nursing & Quality. Jo and Sally provide regular assurance that in very difficult times safety is being maintained

Regular reports received for noting and not discussed were:

- The November 2020 Integrated Performance and Operational Compliance Report (IPR)
- Reports related to Clinical Audit Report (Q1) , National Clinical Audit Exception Report(Q1), NICE guidance implementation report (Q1)

The Committee noted:

- The Risk Register
- The SI report September 2020

Impact of COVID-19 on quality and safety/IPQR

The second wave of COVID-19 is having a very significant impact on services at Kingston Hospital and in SW London. The number of admitted patients with COVID-19 is increasing rapidly as is the need for ITU beds. Patients are younger than in the first wave. Elective and diagnostic services are starting to be suspended to ensure capacity for emergency and COVID-19 patients. Staffing is becoming more challenging due to staff being off sick either with COVID-19 or because they have to self-isolate. Vaccination of staff is not yet routine.

The Committee were assured that despite worsening of staff to patient ratios safety is being maintained for those in hospital with no increases in serious incidents. There is however an impact of the pressure on some performance indicators especially in A&E. Difficulties in discharging patients who have not been tested negative for COVID-19 is impacting on the numbers of patients staying longer than optimal in hospital.

The Committee was given assurance that cancer targets were still being met and that the number of cases of hospital acquired COVID-19 infections was contained after a spike in the last weeks of November.

The Ockenden Report:

The Trust has fulfilled a request from NHSE to give an initial response to the emerging findings and recommendations of the report. The Trust has committed to meeting all of the immediate actions. The majority of these are already in place at Kingston Hospital. Consideration is to be given as to whether more external scrutiny is needed of maternity SI's and how we ensure further independent challenge to the care we provide.