

Quality Assurance Committee Report

Trust Board	Item: 14
Date: 24th March 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 February 2021.	
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 Strategic Theme:	Quality
Document Previously Considered By:	None
Recommendations:	
The Board is asked to discuss any concerns with regards to trends highlighted in the report.	

Quality Assurance Committee - 24th February 2021

The meeting was limited to one and a half hours due to the continuing 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 January 2021 Integrated Performance and Quality Report was reported on by exception.

The Committee was also updated on

- Audit activity in the Trust and particularly on the Trust's performance in the National Audit of End of Life Care (NACEL)
- Serious incidents, January 2021
- BAF Risk Register

Impact of COVID-19 on quality and safety/IPQR

The second wave of COVID-19 is having a significant but gradually reducing impact on services at Kingston and in SW London. The number of admitted patients with COVID-19 remains high but is lessening. Elective and diagnostic services are gradually being reintroduced. Staffing remains challenging and staff wellbeing is a major consideration as staff are tired and traumatised by the demands of the last year.

The first stage of the vaccine programme has gone extremely well with the majority of staff now having had their first dose and the second phase of the programme planned to start in early March.

Performance indicators in the January IPQR show that overall quality is being maintained despite the pressures. Areas that were discussed include:

- An increase in the number of grade 2 hospital acquired pressure ulcers. This is largely due to devices related to the care of patients very sick with COVID
- The continuing rise in the caesarean section rate (28% in Sept to 38% in Jan) from the benchmark (26%). More data explaining this was requested by the committee.
- An A&E performance that is below our usual standard. Our performance however remains good considering the exceptional pressure on services. Most long waits (over 12hrs) were due to patients awaiting results of COVID tests which is essential to ensure patients are cared for in an appropriate area.
- The numbers of stranded and super stranded patients are starting to reduce. This is due to collaborative work with community services.
- Cancer targets were still being met despite all the pressure.
- Sickness and vacancy rates have both worsened but it was noted that appraisal rates are increasing as is compliance with mandatory training.

Audit:

- **NACEL**

Laura Nightingale, Lead Consultant Specialist Palliative Care presented the NACEL Audit round 2. This audit is commissioned by HQIP. It is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission which led to death in acute, community hospitals and mental health in-patient facilities.

The audit shows a significant improvement at Kingston since the round 1 audit after which an action plan was initiated.

The Trust performed better than the national average on communicating with the dying person (7.8 v 7.9), communicating with family and others (6.9 v 7.3), having an individualised plan of care (7.2 v 7.9) and having an appropriate workforce/specialist care (7.4 v 10). The Trust also performed above average in the quality survey of bereaved relatives and has improved from 22hrs to 68hrs in terms of timing of recognition of dying but actual recognition of the dying patient is the area most in need of improvement to the national average of 88% (KH 82%).

LN and her team were congratulated on a significant improvement in care in this area.

- **Children and Young People with Epilepsy**

This national audit also tells a success story with performance above the national average for all key clinical indicators. The team are now working on two points – the provision of paediatric EEGs at Kingston and the need for more clinic capacity as the number of children accessing the service has increased from 2011 176 children to 2020 256 patients.

- **Other audit activity**

The committee received Q3 reports for 2020/21 Clinical Audit Programme, National Clinical Audit Programme and NICE Guidance Implementation. All reports showed excellent governance around audit at Kingston Hospital.