
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS MEETING**DATE: 26 JUNE 2015****REPORT FROM: QUALITY COMMITTEE
HELD ON 23 JUNE 2015****PURPOSE: Information****SUMMARY OF KEY AGENDA ITEMS AND BUSINESS:**

The Quality Committee discussed the following agenda items:

Quality Improvement Strategy

SSm reported that engagement with Divisions on the Strategy was underway to ensure engagement and ownership.

There was concern that only c.80% of clients would recommend the ED to their Friends and Family, principally because of issues around waiting times and attitude. However, some wards had achieved 100% recommendation. Complaint response times were longest in the Surgical Division, which also had the largest number of complaints open so further work with this area to improve both the speed and wording of responses was planned.

Whilst the particular challenges in CDUs explained their low score, the Committee asked whether there was any evidence of systemic failure. SSm/HO'K agreed to arrange for the three sites to meet to establish some common principles and determine whether any learning could be transferred across sites. HO'K would also triangulate all the quality and safety metrics across the CDUs with the Matrons and Ward Managers to check for common themes and actions that needed to be taken.

HG apprised the Committee of three recent Never Events (all concerning local anaesthesia). The concern was not so much that these related to human error but to the fact that clear protocols, which should have obviated the errors, had not been followed. HO'K planned to attend the Surgical Division's Governance meeting with a briefing to reinforce the seriousness of the incidents. An external review may be required.

Staffing Trends and Hot Spots

The Committee, while aware that daily information about ward staffing was shared at site reviews, questioned how the Board could be assured that staffing levels on every ward/clinical facility were within the accepted margin of safety on a daily basis. HG and HO'K agreed that the new heat maps soon to be presented to the Board would help to keep them informed. The possibility of verifying the placement of extra staffing in wards with temporary extra beds was also discussed. HO'K agreed to give thought to exception reporting.

Medical Engagement

A medical engagement event was planned for 2 July and it was intended that these would continue.

Corporate Risk Register – Quality Risks

HG apprised the Committee of the emerging quality risks, which included:

- Compliance with mandatory training
- Sustainability of the Kent Pathology Partnership
- Staffing difficulties within the Speech and Language Therapy Service, Pharmacy, Paediatric Audiology and A&C retention

- Legal Duty of Candour/fines
- Out of hours cover for Interventional Radiology
- General surgical rota to cover general medical cover at K&C

Key National Performance Standards

Full utilisation of the Da Vinci Robot was required and it was agreed that the volume assumptions given in the original business case would be reviewed to inform any decisions about timing and extension of use.

Quality Assurance Board Feedback

The minutes of the May QAB meeting were reviewed. The shortage of Supervisors was noted but these were being trained.

Clinical Advisory Board Feedback

The minutes of the May CAB meeting were reviewed. The two cases of TB were being handled in conjunction with NHS England.

SUMMARY OF ACTION REQUIRED BY THE BOARD:

To note the Committee members' actions as identified above

Chris Corrigan
Chair - Quality Committee
June 2015