

BOARD SUBCOMMITTEE ASSURANCE REPORT

Presented for:	Information/Escalation/Decision
Committee Name:	Quality Assurance Committee
Presented by:	Dr Mark Sanderson, Committee Chair and Non-Executive Director
Date of Committee meeting:	23 November 2020

Points of Escalation

- No escalation points.

Key Issues

- QAC continues to discuss the significantly increasing mortality trends. However it's good to report that this month the Trust HSMR has decreased from 111.6 last month to 108.7, but remains statistically significant. Hinchingsbrooke site is now 104.5 in the 'as expected' range. A Trust Mortality Reduction Plan and Mortality Reduction Strategy are in draft and will be presented to the next QAC meeting.
- The Trust has appointed a Director of Midwifery to commence in post 1st December 2020 and Head of Midwifery to commence January 2021. Together with the new maternity dashboard this will help further improvements in this service.
- QAC discussed the maternity Continuity of Carer plan. This is a big piece of work that is a national initiative. The maternity staff will be required to work differently in geographical teams. The targets asked for by NHS England and NHS Improvement will not be met initially due to the size of the work required.
- QAC heard the results of a clinical audit into IPC Covid 12 management. 40 clinical areas were audited and 36/47 audit standards were 100% compliant. An action plan has been developed to address the non-complaint standards.

Risks

- QAC discussed the following metrics that are being closely examined with action taken:
- Continued increase in crude number of falls.
 - Continued increase in number of category 2, 3 and 4 pressure ulcers.
 - Duty of candour compliance regarding grade 3 and above datix.
 - Clinical policies and other clinical documents compliance for being in date.
 - Safeguarding training and attendance – specifically for ED and maternity regarding children's safeguarding.

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**Spotlight
Outstanding
Practice and
Innovation**

- Number of nosocomial cases and outbreaks – capacity of the Infection, Prevention and Control Team to manage COVID and business as usual.
 - Some cleaning concerns at the PCH site that have been escalated through soft FM manager.
 - Challenges with the compliance against sepsis six requirements within 60 minutes – specifically around clinical review, blood cultures and fluid management and monitoring
- QAC were pleased to hear about the following areas of improvement:
- Sepsis screening and treatment for both ED and inpatient areas are all above the 90% compliance and a huge improvement. Sepsis screening and treatment documentation will become electronic in November 2020 enabling all eligible patients to be audited and is the first step in rolling out electronic recording of sepsis screening and treatment Trust wide.
 - FFT data now available and SMS text messaging for FFT introduced into ED.
 - 91% of audits on track for completion in quarter and an increase in trend over the last three months.
 - 99% of women were seen in triage within 30 minutes of attendance, against a compliance rate of 95%.
 - VTE compliance is over the 95% compliance rate for eth fourth consecutive month.
 - 100% of serious incidents reported in month have had duty of candour undertaken within the 10 day window.

Author:	Dr Mark Sanderson
Job Title	Committee Chair and Non-Executive Director
Date:	30 November 2020