

## BOARD SUBCOMMITTEE ASSURANCE REPORT

<b>Presented for:</b>	Information/Escalation
<b>Committee Name:</b>	Quality Assurance Committee
<b>Presented by:</b>	Dr Christine Hill Non-Executive Director standing in for Dr Mark Sanderson
<b>Date of Committee Meeting:</b>	30 November 2021

### Items received by the committee for assurance:

Agenda Item		Level of Assurance	Board Action Required? <small>(double click to select)</small>
2.1	Quality Report (October 2021)	Substantial	<input type="checkbox"/>
2.2	DIPC Report (October 2021) including Thematic Analysis of nosocomial Covid-19 cases (September – October 2021) (	Reasonable	<input type="checkbox"/>
2.3	Maternity Report (October 2021)	Reasonable	<input type="checkbox"/>
2.4	Mortality Report (September 2021)	Reasonable	<input type="checkbox"/>
2.6	Risk register monthly summary and report for high and significant risks aligned to QAC	Substantial	<input type="checkbox"/>

<b>POINTS OF ESCALATION</b>	<ul style="list-style-type: none"> <li>A Section 28 notice was received by the Trust. This happens where a coroner is under a duty to ensure that immediate changes are made to prevent other deaths. The notice in this case relates to a patient who died in the community in 2020. The concern highlighted by the coroner was a lack of clarity between hospital and primary care as to which organisation was responsible for monitoring the patient who was being prescribed an antibiotic by the GP at the request of the hospital. The Trust has 56 days to respond with an action plan.</li> </ul>
<b>KEY ISSUES</b>	<ul style="list-style-type: none"> <li>The number of Covid inpatients increased in October (244 cases) in line with rising case numbers in the community. This necessitated the opening of more Covid receiving ward areas. 29 patients died of Covid (4 were unvaccinated, 24 had two doses of vaccine and 1 with unknown vaccination status.) The average age of patients who died from Covid was 74 (range 35 – 93).</li> <li>Adult safeguarding: the number of adult concerns raised by the trust has increased to 168. Safeguarding concerns raised against the Trust reduced to 8. The latter consisted of concerns around unsafe discharges (3), hospital acquired pressure ulcers (2) and lack of supervision while in the hospital (3).</li> <li>The Peterborough City Hospital site are still failing to achieve the MRSA decolonisation target of 95% and stayed below 90% in October. The reasons for failure are follow-up screening, prescription and documentation of decolonisation therapy. An action plan is in place including a league table for wards indicating compliance with targets.</li> </ul>

	<ul style="list-style-type: none"> <li>• It is necessary to identify patients who are asymptomatic carriers of Covid in order to reduce the risk of nosocomial transmission. The national requirement is that all in-patients are swabbed on admission, again on day 3, again on day 6, and again on discharge to a care home. The Trust has had poor compliance with the admission, day 3 and day 6 swabbing. The reason for the poor rates has been identified as a data collection issue. It is proposed to allocate a band 2 HCA from bank staff to enter data onto e-track for a cluster of wards.</li> <li>• The committee was unable to review HSMR data due to Dr Foster failing to submit October data, so no change in rates from the previous month.</li> <li>• Maternity: the Trust have received an allocation of 12 international midwives as part of the national project and have recruited to all ten RN conversion student places. This is encouraging but recruitment remains a key focus due to still significant staffing vacancies. A professional midwifery advocate has been recruited to the senior team to provide clinical supervision to midwives. A new Lead Midwife for Risk and Governance commenced in November whose priority is to focus on action plan completion and implementation of learning.</li> </ul>
<p style="text-align: center;"><b>BOARD ASSURANCE FRAMEWORK &amp; RISKS</b></p>	<ul style="list-style-type: none"> <li>• Risk 102278: HH - point-of-use filters have been removed in all areas except augmented care areas. A further set of results will be required to remove these filters.</li> <li>• Risk 103359: The number of falls in month has reduced slightly with a corresponding reduction in falls with harm. Rate of falls per 1000 bed days has reduced to 6.1 from 6.6 in month and falls with harm from 0.3 per 100 bed days to 0.1.</li> <li>• Risk 103218: Hospital Acquired pressure ulcers. The number of pressure ulcers has reduced by 50% but there are more category 3 ulcers associated with medical device-related pressure ulcers.</li> </ul>
<p style="text-align: center;"><b>CELEBRATING OUTSTANDING PRACTICE &amp; INNOVATION</b></p>	<ul style="list-style-type: none"> <li>• The Regional Chief Midwife and Regional Midwifery Quality Lead visited in November and noted much improvement since the last visit in April 2021. They noted more robust governance arrangements, leadership and improved feedback from staff. There are still areas that need more work towards improvement.</li> <li>• Friends and Family test results remain good: 100% patients would recommend the services in inpatient rehab (60 responses), outpatient rehab (54 responses) patients and maternity (birth) (72 responses). ED achieved 72% positive results (1610 responses) which is a month-on-month improvement.</li> <li>• The QAC were pleased to receive the Amazon and Holly Ward Hospital Play Team Annual Review. Play Health Specialist Teams are now recognised by government and professional bodies as an essential part of paediatric care. Despite having to close playrooms during Covid and work within Covid restrictions, the team managed to develop new and innovative ways to engage that were much appreciated by parents and children.</li> </ul>