

BOARD SUBCOMMITTEE ASSURANCE REPORT

Presented for:	Information/Escalation
Committee Name:	Quality Assurance Committee
Presented by:	Dr Christine Hill Non-Executive Director standing in for Dr Mark Sanderson
Date of Committee Meeting:	21 December 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 (November 2021)	Reasonable	<input type="checkbox"/>
2.2	DIPC Report (November 2021) and Thematic Analysis of nosocomial Covid 19 Cases (October-November 2021)	Reasonable	<input type="checkbox"/>
2.4	Maternity Report (November 2021)	Reasonable	<input type="checkbox"/>
2.8	Mortality Report (October and November 2021)	Not available for assurance	
2.9	Risk register monthly summary and report for high and significant risks aligned to QAC	Reasonable	

<p>POINTS OF ESCALATION</p>	<ul style="list-style-type: none"> • HSMR – The Mortality Report was unavailable for the committee to scrutinise as Dr Foster has not published any data since September. A short headline update of October 21 data was tabled at the meeting. This showed that Trust’s HSMR had increased to 108.6. (119.2 PCH and 102.9 HH). This was apparently driven by respiratory disease diagnostic coding at PCH. The committee was unable to comment or provide scrutiny without the written report, and thus were unable to allocate a level of assurance. Discussion was deferred until Jan 2022 when the Trust will have the most recent mortality report with full analysis. • The Midwifery Continuity of Carer (MCC) model of personalised maternity care. Trusts are required to have an MCC plan that outlines the building blocks that need to be in place by March 2022 so that full implementation is achieved by March 2023. The committee agreed that the plan will be a huge challenging project involving a significant HR process. The time frame is tight and there might be slippage due to the ongoing pandemic. The committee approved the plan to go forward to the Trust Board but requested that further detail on staff consultation be included, and costs for the next financial year. The MCC plan will be implemented in waves, pausing and evaluating before being brought back to the Trust Board for approval for the next wave to proceed. • Triangulation of a suite of quality indicators with current operational pressures, staffing challenges, increases in covid numbers both for staff and patients and bed occupancy evidenced a poor impact on compliance and performance against quality indicators. The Board is
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	<p>asked to note that maintaining quality and patient safety is paramount despite these challenges.</p> <ul style="list-style-type: none"> • Maternity staffing – there is still a heavy reliance on temporary staffing due to vacancy, sickness rates and maternity leave. Currently approximately 55% of maternity workforce are recorded as having received both COVID 19 vaccinations (not including Booster) so work is being done to improve vaccination uptake given the national mandatory terms of employment coming in April 2022.
<p>KEY ISSUES</p>	<ul style="list-style-type: none"> • New Covid guidance was published in November 2021. Where an unacceptable risk of transmission remains following the hierarchy of controls risk assessment, it may be necessary to consider the use of RPE (respiratory protective equipment e.g. FFP3 masks) for staff in specific situations when managing respiratory infectious agents. The risk assessment should include evaluation of the ventilation in the area, operational capacity, and prevalence of infection/new SARS-CoV-2 variants of concern in the local area. • Pressure Ulcers - The incidence for pressure ulcers for November has risen from 2.7 to 3 per 1000 bed days. The trend has been outside of normal limits and a significant special cause variance on the SPC chart since November 2020. Some category 3 ulcers are associated with medical device-related pressure ulcers in covid patients. An audit of Datix data revealed errors in non-pressure ulcers being wrongly validated as pressure ulcers. There is an action plan in place. This risk is on the risk register and will be closely monitored. • Safeguarding concerns raised by the trust decreased in Nov but continues to be outside normal limits. This increased trend has remained statistically significant since Feb 21 and includes AAR forms submitted and all flag alerts for safeguarding and Domestic Abuse. Safeguarding enquires to the Trust for November increased. Themes consisted of poor documentation around bruises, pressure ulcers, poor handovers and concerns around unsafe discharges. However the variation is within normal limits.
<p>BOARD ASSURANCE FRAMEWORK & RISKS</p>	<ul style="list-style-type: none"> • Risk 102278: Point of use filters have been removed across the Hinchingsbrooke site (except for augmented care areas) and sampling has been undertaken. Results are due in mid-December and the final stage of removing filters in augmented care areas can be discussed. • Risk 102840 – There is a risk that patient harm could occur in patients due to delayed follow-up arrangements in outpatient review. This is a new risk but is waiting to be approved at HMC. • Risk 102974 – Potential clinical harm can occur due to delay in diagnostic examinations in Endoscopy. This has been reduced to a 12 and is now adequate in controls. • Risk 103134 – Inability to comply with social distancing within ED footprints negatively impacts patient and staff. This is currently 12 and might increase to 15. Update at the next meeting. • Risk 103218: Hospital Acquired pressure ulcers. Reported under key issues above. • Risk 103232: risk of bed closures due to covid has been increased to 20. • Risk 103359: The rate of falls per 1000 bed days is 6.2, the Trust remains below the benchmark of 6.6 per 1000 bed days and the trend remains within normal limits. Recording LSBP is essential as a preventative measure - ward B7 is taking part in a NHSI improvement project to improve compliance of LSBP by 50%.

	<ul style="list-style-type: none"> • Risk 103360 – Failure to recognise and respond to patient with sepsis in a timely manner. The indicators have improved and this risk has been reduced to a 12 but is still significant and will be monitored by the committee.
<p>CELEBRATING OUTSTANDING PRACTICE & INNOVATION</p>	<ul style="list-style-type: none"> • Maternity staffing - Trust is now fully compliant with the Royal College Midwives Leadership Manifesto having appointed Lead Midwife for Risk and Governance, Lead Midwife for Education, Professional Midwifery Advocate and Consultant Midwife. • The committee was pleased to receive the R&D Annual Report 2020-21. The majority of the Trust's Research effort between April 2020 to March 2021 has been to support the priority Urgent Public Health COVID-19 studies. This includes the Recovery Trial which is the largest international clinical trial investigating treatments for hospitalised patients with Covid-19, and has led to the development of new treatments and vaccines. During 2020-21 NWAFT recruited the largest cohort of participants (612) within CRN Eastern and the 8th largest nationally, an outstanding achievement by the research team and clinical staff. Plans for 2022 and beyond include a focus on expanding our Nursing, Midwifery and Allied Health Professional (NMAHP)-led research.