

BOARD SUBCOMMITTEE ASSURANCE REPORT

Presented for:	Information/Escalation
Committee Name:	Quality Assurance Committee
Presented by:	Dr Mark Sanderson Non-Executive Director and Committee Chair
Date of Committee Meeting:	22 February 2022

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 (January 2022)	Reasonable	<input type="checkbox"/>
2.2	DIPC Report (January 2022) and Thematic Analysis of nosocomial Covid 19 Cases (January 2022)	Reasonable	<input type="checkbox"/>
2.3	Maternity Report (January 2022)	Reasonable	<input type="checkbox"/>
2.4	Ockenden One Year On	Reasonable	<input type="checkbox"/>
2.6	Risk register monthly summary and report for high and significant risks aligned to QAC (February 2022)	Reasonable	<input type="checkbox"/>
2.12	CQC Action Plan Update Report 2022-2023	Reasonable	<input type="checkbox"/>

POINTS OF ESCALATION	<ul style="list-style-type: none"> No issues to escalate.
KEY ISSUES	<ul style="list-style-type: none"> The pressure ulcer incidence rate for January 2022 has dropped from 3.8 to 2.8 per 1000 bed days. However, there was a validation error of 30% last month, the highest that it has been since recording. Work will be done to reduce this high rate of validation errors to make the information and reporting more accurate. There has been an increase in falls to 6.9 per thousand bed days this month from 5.8 last month. There was an increase of patients under 60 having accidental and in some cases recurrent falls. Several enhanced care shifts had not been able to be filled and some cleaning process issues identified last month around flooring may be linked to this in specific wards. There is a developing trend of complaints not being completed and returned to the complainant within 40 days. In month compliance was 88%. The complaints team are working with the divisions to address this. For January 2022 at the PCH site there has been a total of 252 patients that received boarding or cohorting in ED or an inpatient area in comparison to 72 patients in December 2021. This links to the pressure

	<p>the department is under. To date there is no triangulation with any harms for these patients.</p> <ul style="list-style-type: none"> • QAC discussed the sepsis metrics e.g., sepsis six which still has some low levels of recording. The committee asked for evidence of outcomes, including when correlated with SIs and complaints. • QAC discussed the low recording of covid swabs during an inpatient stay. This has been highlighted every month and QAC felt concerned that this had yet to improve. • QAC received the annual safeguarding report. This held a lot of information, but the committee asked for the report to have drawn more conclusions from the years analysis of cases and lessons for future years. • QAC received the Annual Effectiveness Review for the committee. Overall, this was satisfactory but there were a few details especially in comments that required further discussion. The chair would discuss with the Chief Nurse to decide what actions were required. • There was not a mortality report this month as the Trust had not yet received the latest HSMR data. The learning from deaths report was received, and the CMO verbally informed QAC that the coroner had provided feedback on some of the Trust's deaths that had appeared before the coroner. The CMO had been in communication with the coroner and provided written feedback on all the issues highlighted.
BOARD ASSURANCE FRAMEWORK & RISKS	<ul style="list-style-type: none"> • QAC reviewed the risk register and BAF. For the risk register two risks had had a change in status and their actions to mitigate the risks were reviewed. One risk had been closed.
CELEBRATING OUTSTANDING PRACTICE & INNOVATION	<ul style="list-style-type: none"> • QAC congratulated the Director of Midwifery that the Neonatal Services had been awarded Bronze Accreditation for the Baby Bliss Charter. • There had been a successful bid for an UNICEF BFI Neonatal national Project. The first planning day had been undertaken. • Confirmation of CNST Year 3 achievement from NHS Resolution has been received. • QAC were pleased to hear the progress made against the first Ockenden 7 Immediate and Essential Actions one year on. The committee noted the plans to complete the final remaining elements as requested by NHS E/I in the letter dated 25th January 2022.

LEVELS OF ASSURANCE

Level	Description of Level of Assurance
Substantial Assurance	The report highlighted a sound system of control, designed to address the relevant risks with controls being consistently applied. Highly unlikely to impair the achievement of both system and strategic objectives.
Reasonable Assurance	The report did not highlight any material weaknesses in the system of internal control that would present material risks to the achievement of both system and strategic objectives.
Partial Assurance	The report highlighted some material weaknesses in the system of internal control that would present material risks to the achievement of system objectives. May also impair achievement of strategic objectives.
Limited Assurance	The report highlighted significant material weaknesses in the system of internal control that would present material risks to the achievement of both system and strategic objectives.