

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:	26 April 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 (March 2022)	Reasonable	<input type="checkbox"/>
2.2	DIPC Report (March 2022) and Thematic Analysis of nosocomial Covid 19 Cases (March 2022)	Reasonable	<input type="checkbox"/>
2.4	Maternity Report (March 2022)	Reasonable	<input type="checkbox"/>
2.5	Mortality Report	Partial	<input type="checkbox"/>

POINTS OF ESCALATION	<ul style="list-style-type: none"> QAC frequently discusses the need for clinical indicators to be recorded accurately in the records, whether paper or electronic. QAC also discusses the need for all staff to complete their mandatory training in a timely manner. The Board are asked to consider how the Trust can make sure that the above are addressed.
KEY ISSUES	<ul style="list-style-type: none"> A never event was discussed where a patient entered theatre to have a right hip fixation. The anaesthetic staff did not follow correct guidance and administered a nerve block to the left leg. The event raised questions in QAC, and assurance was sought that such events will always be prevented. The percentage of action plans from serious incidents that had been completed on time was 17% in March 2022, having reduced monthly from 41% in December 2021. Assurance was sought on the reasons for the deterioration and that the pattern would be reversed. ED corridor care / inpatient boarding continues to be a concern for the Trust. For March 2022 at the PCH site there were 272 patients that received boarding or cohorting in ED or an inpatient area, compared to 367 in February 2022. No ED corridor care occurs at Hinchingsbrooke due to the layout of the department and an arrangement with the ambulance trust. The covid day three and six inpatient swabs are still low (18% and 40% respectively). A second audit had been carried, where the swabbing and recording of results in 103 patients was 66% on day 3 and 82% on day 5-7. The results are similar to the audit last month. HSMR continues to improve. The latest HSMR for the Trust in April was 104.6, with PCH being 113.6 and Hinchingsbrooke 91.9. PCH remains

	<p>statistically significantly high and Hinchingbrooke is still in the 'as expected' range. The Trust HSMR is also now in the 'as expected' range, which the Trust has not been in for several months. QAC members raised lots of questions about the report, with many coming from our PPVP members. The CNO will arrange for a meeting with the PPVP members to answer their questions. A further request was made for the report to contain a complete action plan for our mortality improvement programme.</p> <ul style="list-style-type: none"> • QAC received the Non-Medical Education Annual Report 2021-22. This covered the Resuscitation Team, Maternity Team, Education Team, Apprenticeship Team & Allied Health Professionals (AHPs). The report was very comprehensive and reflected the considerable amount of education going on in the Trust. The presenters were thanked for their excellent work. • QAC also received the Q1/Q2/Q3 2021-2022 report on Research and Development within the Trust. This report continues to demonstrate the breadth of our R&D activity. The team are developing a strategy to promote our own Sponsored research. Five different researchers have been linked up with academic counterparts at The Leicester of University for the development of their research ideas. The team were congratulated as the Trust are top in the region for the number of Research Participant Experience Questionnaires our participants completed.
BOARD ASSURANCE FRAMEWORK & RISKS	<ul style="list-style-type: none"> • The risk rating of 20 on risk number 103447 was discussed as QAC had not seen any data so far that suggested such a high score. Further information will be presented plus a re-assessment of the risk rating score. • The BAF was not on the agenda this month.
CELEBRATING OUTSTANDING PRACTICE & INNOVATION	<ul style="list-style-type: none"> • The National Audit of Inpatient Falls (NAIF) has shown Trust compliancy for using flat level equipment to retrieve patients and assessing for injury prior to movement if a hip fracture is suspected is 100% compared to the national figure of 79%. • E coli cases were below trajectory in the last year, with 28 cases against a local target of <40 cases. This was a 20% reduction from 2020/21. • C difficile cases were 110 in the last year, three below our nationally set target of 113.

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.