



TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	DR ANNE MCCONVILLE
Meeting Date:	7th September 2022

Summary of key messages:

The Quality Improvement and Safety Committee (QISCom) met as per the usual cycle of business

Annual reports

- **Clinical Audit** – QISCom noted the substantial audit activity despite the pandemic. The committee had a discussion in relation to CCS's compliance against NICE guidance and how this is measured. The Deputy Chief Nurse will be reviewing this process, looking at exception reporting and will feedback to the Committee at the next meeting. It was recognised that since the report was written Luton Adults have expanded their audit plan, which will be added to the annual cycle. The assurance level was identified by the Committee as reasonable (paper stated substantial), however the Committee was assured that a lot of positive work had been undertaken around audit and its process. **Assurance Reasonable.**
- **Professional Education** – the paper provided assurance that the monies identified for education and training across the organisation had been spent appropriately across the non-medical workforce, and that this provision was supported by a robust Training Needs Analysis process. It was noted that an additional £45k had been allocated to support non-registered staff. Positive examples of where CCS had expanded their placement portfolio were provided and whilst funding for a short-term Placement Education Facilitator had been secured, expansion of this income was being discussed with Health Education England. **Assurance Substantial.**
- **Safeguarding** – the assurance for this report had been split into two areas. The paper provided substantial assurance that CCS met all the requirements against the NHS Safeguarding Accountability and Assurance Framework, the Committee noted that the Framework has been updated for 2022-23 reporting. The report then identified that, after reviewing several internal metrics e.g., safeguarding training and supervision, it was able to provide reasonable assurance against CCS internal safeguarding approaches, with a clear ambition to work toward this being substantial assurance within the next annual report. Key highlights in relation to 21/22 include: bringing the Prevent portfolio into the adult safeguarding team, updating, and reviewing our policies and training, the development of CCS's 60 safeguarding champions and the MASH re-design work within Cambridgeshire and Peterborough. **Assurance Reasonable.**
- **Research** – the Committee noted that all research targets had been met and that there had been expansion of capacity within the service. It was highlighted that we had an increased number of research projects on-going, and that one of the team is undertaking their MSc dissertation which is being discussed at the next Leadership Forum. **Assurance Substantial.**

- **CCS Library report** – a very comprehensive report which identifies the library provision for CCS staff by NWAFT, positive impact statements were noted, and the 5-year action plan for the service. **Assurance Substantial.**
- **Information Governance** – the Committee identified that the report lacked clarity in relation to CCS's position against the national toolkit, and that training compliance was below target. There had also been an increase in IG incidents (209) in 2021/22 against several 177 in 2020/21. QISCom also requested a review of the datix section of the report, therefore considering these discussions the assurance level was identified by the Committee as reasonable (paper stated substantial). It was noted that appropriate action was being taken in relation to training requirements, and the annual priorities were approved. **Assurance Reasonable.**
- **Quality and Workforce Strategy Implementation Plan** – The Clinical and Quality element of the plan had been updated to reflect the current position. Highlights included the patient safety framework has now been published, the quality team are reviewing the impact and implementation requirements, this will be fed into the next update. CCS have recruited 3 patient safety partners (2 of our colleagues were able to join the meeting), the Board Assurance framework for IPaC has been updated and the team continue to grow the champion network. Additionally, quality improvement work is underway being led jointly by service re-design and the quality team.
- In relation to the Workforce Strategy – the Deputy CEO provided an update on the assurance process and governance route for the Workforce element of the strategy. The Committee noted that work is being undertaken around recruitment panels and diversity of members – it was highlighted that this works well in some areas and not in others. **Assurance Substantial.**

Incidents report and action plan

- This paper was received in response to a delegated action from the Audit Committee in relation to the outcome of the review of incident management undertaken by internal audit. The document provided an overview of the actions required by internal audit and an update on what has been undertaken to address the gap. Assurance was provided that whilst the team would be reviewing the length of time a root cause analysis takes, that lessons are learned from the start of the analysis process and that discussions detailing findings, actions and lessons take place with colleagues during the investigation. The committee noted that the model would need to be reviewed in light of the patient safety framework. This provided QISCom with a reasonable level of assurance, which may alter to substantial following an update to the Audit Committee.
- A verbal update was provided by the Deputy Chief Nurse in relation to the 7 serious incidents declared in 21/22 and their themes and trends. The paper was circulated to the Committee post meeting. **Current Assurance: Reasonable**

Reports from Committee Sub-groups:

- **Learning from Deaths (Quarter 1 2022/23)** - The Committee noted that the Luton Adult Palliative Care Team action plan was on-going, this was devised following 2 complaints, and that there is currently a BLMK system wide review of End-of-Life care. A review of child deaths had been undertaken with some core themes such as safer sleeping being identified. HIV deaths were reviewed: none of the deaths recorded during quarter 1 were due to HIV care/ treatment. **Assurance Substantial.**
- **Safeguarding** – the meeting was held just prior to the Committee meeting; a full report will be provided at the next QISCom – a verbal update that there are no risks to be escalated was given.
- **Medicine Safety and Governance Group** – the meeting received a verbal update; the group had met once since the last QISCom and had approved a number of PGD's including the

overarching PGD document. Antibiotic prescribing was reviewed, with nothing to note at this time.

- **Infection Prevention & Control (IPAC)** – it was noted that there had been no reported healthcare acquired infections in quarter 1 and no serious incidents had been declared. Updates to the national requirements for lateral flow testing (for staff) were provided and it was highlighted that there had been no PPE issues within the reporting timeframe. Three outbreaks were declared in quarter 1 with minimal staff affected. **Assurance Substantial.**
- **Clinical and Professional Committee** – the paper highlighted the work the Committee had undertaken in relation to the new ‘fit note’ guidelines, and that it had reviewed the newly updated policy for supporting staff involved in incidents and complaints. **Assurance Substantial.**
- **Health & Safety Group – quarter 1** – paper received for noting only.
- **Risk review** - risks were reviewed, risk relating to record keeping (3449) – an update on this work was received. It was noted that the outcome from the record keeping audit would be taken through the data quality group for reporting/ monitoring purposes.
- **EPRR update including update on Core Standards 2022/23** – the Committee approved the critical and major incident plan and business continuity plan for submission to the Trust Board in September. The Committee also approved the EPRR operational Group Terms of Reference and Cycle of Business. It was noted that the NED Lead role for EPRR would be reviewed at the end of the calendar year and that QISCom supported the rating of substantial assurance for the Trust’s EPRR portfolio. Additionally, it noted that QISCom is substantially assured CCS has the processes in place to meet partial compliance against the EPRR Core standards, which will be received by the Trust Board in November. **Assurance Substantial.**

Escalation Points:

No formal escalation
The Trust Board to note the levels of assurance for the annual reports received.

Emerging Risks/Issues:

A new risk had been identified in relation to possible industrial action.

Examples of Outstanding Practice or Innovation:

Three patient safety partners appointed, two of whom joined the meeting as observers.
MASH re-design in Cambridgeshire and Peterborough had received national praise from NHSE/I for being evidence and risk-based.
Expansion of clinical placements led by the Professional Education Team, managed with a view to staff capacity.
Impact statements in the library annual report were innovative and helpful.
iCASH quality and safety work in response to monkey pox.

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Date:	September 2022