



TRUST BOARD

Title: KEY ISSUES AND ESCALATION POINTS
Name of Committee: QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair: DR ANNE MCCONVILLE
Meeting Date: 10 June 2022

Summary of key messages:

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

Substantial assurance can be taken from the information presented to the Committee from several annual and 6 monthly thematic reports and updates. The Committee commented positively on the quality of the reports received and the level of detail described within them.

The Committee agreed to receive the Health and Safety report for noting clinical risk issues only going forward, with the assurance that the content is discussed as part of both the Infrastructure Committee (e.g. fire standards) and the Health and Safety Committee agenda. Issues pertaining to the report will be fed back to the author via the established feedback routes, as needed.

Thematic Reviews:

- **Serious Incidents (SIs) and Incident Report (annual review):** report provided a comprehensive picture of incidents and SIs – showing themes and trends for two years, including the changes to working practices due to Covid, across the services. An action was identified to review one of the data sets (graph 8) with an update being provided at the next meeting. 7 SIs were declared in 2021-22 (the same as 2020-21). It was noted that work is underway to review the Duty of Candour process. **Assurance level: substantial**
- **Medication Management Annual Report:** it was noted that the Medication Safety and Governance Group continued to meet throughout the pandemic. A number of policies and PGDs including the Medicine Management document had been updated. A verbal update on the vacancies and recruitment plan was provided by the Medical Director in response to risk 3423 (lack of staff in the Pharmacy Team). **Assurance level: substantial**
- **Patient Experience Bi-annual review (October – March 2022):** paper was identified as providing substantial assurance. However, following a discussion in relation to capturing the impact and evidence of the patient stories, and the need to provide further context around ratios of contacts versus complaints, the report was identified as providing reasonable assurance; a plan is in place to support a re-grade to substantial for the next reporting cycle. **Assurance level: reasonable**
- **CCSNHST Claims and Inquest Report for the financial year 2021-22:** report for noting only.
- **Infection, Prevention, and Control (IPaC) Annual Report:** the report identified that the Trust had managed 15 outbreaks in 2021-22, all in line with national guidelines, and that there had been no laboratory confirmed cases of MRSA, MSSA, C. Diff or E Coli during the reporting period. There was an increase in IPAC incidents from 2020-21 from 66 to 100, the increase was in part due to the number of needlestick injuries reported by the mass vaccination programme team. The flu vaccination programme saw the Trust vaccinate 74.1% of CCS staff, which was among the highest rates in the East of England. **Assurance level: substantial**

- **Quality and Workforce Strategy Implementation Plan:** the Committee received an update on the plans against the Clinical and Quality Strategy priority 1 and 2 and the Workforce Strategy – programmes, 1, 2, 3 and 5. A discussion around where the plan and its outcomes were best placed to report, in terms of oversight and corporate scope, was initiated with an action to escalate this conversation to Board members. **Assurance level: substantial**

Quality Account: draft versions have been widely shared across the organisation for comment. The final report is now awaiting feedback from CCS’s stakeholders (as required by the national guidelines). Once finalised a copy will be sent to Committee members for noting.

Reports from Committee Sub-groups:

- **Learning from Deaths (Quarter 4)** – is provided as separate paper to the Board. Evidence of learning from cases and quality improvement from external reviews was identified. A discussion was held around the complexity of working with interpreters who are supporting end of life conversations and how the teams support parents of babies who have life limiting conditions at birth.
- **Safeguarding** – update and analysis provided that shows that while complexity is high, trust wide attention to detail is consistent in terms of working with external partners. One risk (3227) noted as scoring 16 or above. The Safeguarding leads are working with the Ann Craft Trust to develop a Trust wide approach to Learning Disability and service accessibility.
- **Medicine Safety and Governance Group** - demonstrated wide ranging work program and consistent approach to safe medicines management.
- **Infection Prevention & Control (IPAC)** – update on ongoing pandemic and incident themes.
- **Information Governance Steering Group** – identified 50 confidentiality breaches between Feb and April 2022, none causing harm to the patient. April 2022 training compliance was 93% against the target of 95%.
- **EPRR Q3-Q4 report** – IMT (Incident management Team) continues to meet once a week. It was noted that a new EPRR Lead is now in post. Information on the implications of the changes to Cat 2 role for the Trust were requested for the September meeting.
- **Risk review** – 2 risks were reviewed, with a further risk of 16 and above being identified from the IPaC paper – risk 3166. Assurance was given that risks were regularly reviewed, and an overview of the work being undertaken by the Record Keeping Task and Finish Group was provided.

Escalation Points:

Three risks scoring 16 or above (risk 3227, risk 3449 and risk 3166)
The discussion in relation to reporting lines for the Quality and Workforce Strategy update – and whether this should be QISCom or the Board.

For noting:

Substantial assurance gained from the following reports:

- Serious Incidents (SIs) and Incident Report (annual review)
- Medication Management Annual Report
- Infection, Prevention, and Control (IPaC) Annual Report
- Quality and Workforce Strategy Implementation Plan

Reasonable assurance was noted for:

- Patient Experience Bi-annual review (October – March 2022) – a plan is in place to ensure that at the next meeting (as per the business cycle) the report content meets the requirements for substantial assurance.

The Committee had a discussion around the integrated front door bid in Norfolk, assurance provided that risks had been identified and were being worked through.

Emerging Risks/Issues:

None

Examples of Outstanding Practice or Innovation:

Work being undertaken by the Record Keeping Task and Finish Group
Work being undertaken with the Ann Craft Trust

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