

TRUST BOARD

Title: KEY ISSUES AND ESCALATION POINTS
Name of Committee: QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair: Dr Richard Iles
Meeting Date: 28th June 2023

Summary of key messages:

Substantial assurance can be taken from the information presented to the Committee from several updates. The Committee commented positively on the overall quality of the reports received and the level work that is being undertaken to support the Committee's agenda.

Regulatory

Quality Account:

The report was commended by the Committee with the positive comments provided to the Trust by our stakeholders noted.

Key points included:

- In response to stakeholder feedback from the Cambridgeshire & Peterborough (C&P) system an additional section relating to dentistry has been incorporated in the circulated version of the Quality Account. It was also requested that specific information on waiting lists was incorporated into the document however as there are differences in dental waiting lists across the region, and that the numbers waiting is everchanging, a brief sentence to articulate this position was added.
- Following approval, the final version of the Quality Account will be available for the Board in the reading room on Convene.

It was confirmed in the discussions that the quality objectives will be monitored via the cycle of business for QISCom and biannually via the Board. **Assurance level: substantial.**

Thematic Reviews

Safeguarding:

The report continues to provide reasonable assurance despite positive supervision and training figures, due to staffing issues across the Safeguarding teams. It was noted that Risk 3227 has recently been updated and will be seen at Board in July. Active recruitment is underway across adult and child safeguarding teams where there are significant staffing pressures, however mitigating actions are in place. In relation to Cambridgeshire & Peterborough MASH (Multi-Agency safeguarding Hub) short term agency staff will be utilised in the interim until a recruitment plan is implemented. Outcomes from a full review of the MASH process is being awaited, this will provide clarity concerning staff numbers and the skill mix required. **Assurance level: reasonable.**

Sub-group Reports

Learning from Deaths Group (Q4 2022/23):

The following key headlines were noted from the report: Significant work has taken place to improve the use of EPaCCS (Electronic Palliative Care Coordinating System), this allows staff to record and view patient care plans, 82% of patients who received advanced care planning conversations died in their preferred place of care, the Medical Director has met with the local Medical Examiner, and a patient story was shared that highlighted excellent partnership working between the Trust and Arthur Rank Hospice

In discussion it was identified that 45 patients preferred place of death was unspecified and that 40 patients had not received the enhanced advanced care plan discussion that all palliative care patients should receive. The reasons impacting this include:

- Staffing challenges in Luton – the situation has now improved.
- The confidence of staff such as District Nurses and rapid response staff to facilitate these difficult discussions. Work is ongoing within teams to address this; however, work is still required both internally and across the system.
- Consideration is required as not all patients wish to discuss their preferred place of death or indeed be made aware that they are palliative/ end of life. Work is therefore in place to ensure that the reasoning behind the outcome of conversations is recorded.
- Differing cultures and beliefs need to be taken into consideration when discussions are occurring.

Assurance level: substantial.

Strategic Safeguarding Group:

It was noted that training compliance as an organisation is above the expected level and that actions to support learning are being identified from local and national incidents and reported to the Strategic Group. The Safeguarding Workplan has been reviewed and amended (following feedback). It was highlighted that Risk 3227 has been updated, risk 3227 has now been closed and updated in a new risk. **Assurance level: reasonable**

Infection Prevention & Control (IPaC) Committee

It was highlighted that there were no healthcare acquired infections or IPaC Serious Incidents (SI's) documented during quarter 4 and that mandatory training was recorded as 93%. In terms of the UV hand hygiene audit, the current 100% compliance target was agreed as unrealistic due to the need to attend in person and the Trust wide flexible working arrangements. A new rate of 90% was agreed so that it aligns with other mandatory training requirements. Services where UV compliance is lower than anticipated have been requested to formulate an action plan, and a new approach to monitoring and verifying the audit outcomes has been put in place by the IPaC team.

It was noted that the Trust's flu vaccination rate is the best regionally and is documented as 59.7%, conversations have been undertaken with other Trusts around how they run their programmes – to see if any lessons can be learned. The flu programme is scheduled to resume in the Autumn, work to progress this has already begun.

In relation to the new cleaning standards all sites are reporting 5 star ratings, and work is underway to map the Trust's IPaC position against the new Board assurance Framework. There are some gaps in practice which the IPaC team are working to close, a full update will be provided to the Board.

Assurance level: substantial.

Medicines Safety and Governance Group

Committee approval was requested for the updated Terms of Reference for the Medicine Safety & Governance Group and the Antimicrobial Stewardship Policy. **This was approved. Assurance level: substantial.**

Information Governance Steering Group

The following updates were provided to the Committee: A discussion has taken place in conjunction with the Information Governance team regarding the mapping of Access To Records (ATR) and Freedom Of Information (FOI) requests. Work is in progress to formulate an action plan and implement mechanisms in conjunction with services to improve response times as both areas have 100% mandated performance targets.

In terms of the DSP (Data Security and Protection) toolkit, work has taken place alongside the internal audit team on the Trust's evidence submission. The outcome report has now been received with a result of moderate. This is a substantial improvement on the unsatisfactory position last year which was partly due to absence of evidence. A review will take place of potential areas where additional evidence can be submitted to further improve the moderate rating. **Assurance rating: reasonable.**

EPRR (Emergency Preparedness Resilience and Response) Update

Headlines from the report included: that in relation to the command and control structure – the frequency of Resilience Huddle meetings has decreased following the stepping down of covid in quarter 4. The Resilience Steering Group alongside other arrangements are continuing and strike action arrangements are in place to provide an appropriate response.

It was noted that the EPRR core standards are due to be submitted to the region by the end of the year. A 2 year action plan is in operation to achieve assurance levels. A check and challenge process will begin in September in relation to the Trust's submission, this will be completed alongside the system. Additionally, the national EPRR risk register is being reviewed over the next few months to identify any elements that are relevant to the Trust. **Assurance level: substantial.**

Clinical & Professional Leaders Committee

The Committee noted that the group had met to discuss and monitor the following clinical items

- Digital innovation Strategy.
- Learning Disabilities Accessibility Strategy.
- Record keeping.
- Feedback on staff complaints and survey.
- Medical device insertion.
- Language gaps withing letters.

Assurance level: substantial.

Health & Safety (For information only)

Assurance was provided that there is a continued focus on violence and aggression towards staff.

Annual Reports

Infection Prevention & Control:

Key points raised from the report included:

- During 22/23 there were 2 main disease profiles: covid and monkeypox.
- There were 24 covid outbreaks during the period, all the outbreaks were well controlled with an average of 2.4 staff affected each time.
- For the same period the Trust reported 0 positive MRSA (Methicillin-resistant Staphylococcus aureus), MSSA's (Methicillin-resistant Staphylococcus aureus), C.diff (Clostridium difficile) and E-coli (Escherichia coli) laboratory specimens.
- 82 Datix's were reported with several of these being needlestick injuries, this is likely due to the considerable amount of mass vaccinations undertaken. Each injury was reviewed, and patient and staff welfare considered. Where appropriate additional training was provided.
- The link Champion role is progressing well with training in place to support colleagues undertaking this job.

The Committee wished to thank the IPaC team for all their hard work and support over the past year, as the organisations outcomes in relation to IPaC and disease control has been extremely positive.

Assurance level: substantial.

Serious Incidents (SIs) & Incidents:

It was noted that in 2022-23 the Trust reported 2 Serious Incidents (a reduction from 8 recorded in the previous year). In response to the SI's undertaken, clinical audits are increasingly being completed to evidence change in practices and culture. The volume of the degree of harm remains steady in terms of the types of incidents - 4 of these incidents were reported as bullying. The Committee was assured that any instances of bullying is shared with the appropriate divisional Human Resources Business Partner and is reviewed locally to see if actions can be taken. This applies to cases of both staff and patients.

The Committee provided approval for the Patient safety incident framework (PSIRF) Policy and the Patient Safety Incident framework (PSIRF) Plan. **Assurance level: substantial.**

Medicines Management:

Key updates presented included:

- Reference was made regarding the correlation of incidences against the reintroduction of domiciliary pharmacy technicians visiting homes within the Luton system, this was in relation to the medicine management by other providers such as care agencies. The occurrences remained for the majority as no harm.
- The significant work by the Pharmacy team during large scale vaccination was recognised.
- Focus has moved from V100 prescribers to support for V300 prescribers who have a broader scope when prescribing. V100 prescribers are still able to use their skills by providing appropriate advice to support primarily parents around appropriate medicine use.
- FP10's have been recalled and a more robust control mechanism is in place where they are still utilised.
- Work is ongoing with pharmacies, particularly within the Bedford and Luton system, surrounding issues with standardisation and incidents. Consideration is being given to how support can be provided to Virtual Wards to ensure medicine is managed safely by staff outside hospitals.

Assurance level: substantial.

Patient Experience:

It was noted that in 2022-23 seventy-six complaints have been downgraded with only 1 being reopened, this is in the context of a higher number of patient contacts during the year with an increase from 1.2 million in 21/22 to 1.3 million during 22/23. It was highlighted that formal complaint numbers have remained consistent over the last 5 year period with the main themes being communication and information issues. The average number of working days to respond to complainants increased last year, this is due to:

- Delays in services managing the increased volume of complaints.
- Sourcing investigators who have clinical commitments.

Assurance however was given that the 6 month timeframe specified by the Parliamentary and Health Service Ombudsman (PHSO) is always achieved. **Assurance level: substantial.**

Risk review:

There are 4 risks on the register that are recorded as 12 and above. The highest risk remains at 16 and is related to safeguarding. The industrial action risk which is present on the Board Assurance Framework will be linked to QISCom going forwards.

Summary:

Patient Safety Incident Framework (PSIRF) Policy -approved by the Committee.

Patient Safety Incident Framework (PSIRF) Plan – approved by the Committee.

Anti-microbial stewardship policy – approved by the Committee.

Medicine Safety Governance Group Terms of Reference – approved by the Committee.

Escalation Points for the to The Board:

Items for the Board to note include:

- Risk 3227 recorded as 16.
- Clinical audit plans will be sighted at the Clinical Operational Boards.
- Information Governance compliance will be included within discussion at the Clinical Operational Boards.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

The reports contained several examples of good practice including:

- The work of the IPaC team during 2022-23 in relation to infection management and prevention.

- The work undertaken by Pharmacy around V100 prescribing activity and the re-focus on the V300 workforce.
- The outcome of the DSP audit, and improvement in result from 2022.
- The quality of information sighted within the Quality Account.

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Date:	05.07.23