

TRUST BOARD

Title: KEY MATTERS AND ESCALATION REPORT
Name of Committee: QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair: Dr Richard Iles
Meeting Date: 13th March 2024

Summary of key messages:

The Committee was held following the annual development session. The outcomes of which have been captured and are now under development. Any changes to the Committee format and agenda will be seen from June's meeting onwards, in line with the Trust's annual cycle of reporting.

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.

Strategy

Quality & People Strategy Implementation Plan: It was noted that in both strategies many actions remain on track for completion. It was highlighted that the Learning From Patient Safety Events (LFPSE) system went live on 1st March 2024, and that further updates will be provided as this progresses, additionally some of the Quality Improvement (QI) elements within the Quality arm of the strategy have been reviewed and will be moved into year 2 of the plan. Patient Outcome Measures (POMs) will also be included within year 2 of the strategy, work has been completed with services around POMs so the next steps will be implementing and taking responsibility for POM's in their teams. In relation to the People Strategy actions, it was highlighted that where action was due to be moved into year 2 the timescales had been updated. **Assurance: Substantial.**

Sub-Group Reports

Learning from Deaths: It was noted that Luton Adults have begun to explore the impact of diversity in end of life care, particularly around ethnicity. Data capture within Luton Adults has now been amended, as a result the preferred place of death now reflects all patients in the Luton Adult Services, rather than only District Nursing and Palliative Care. A number of cases were highlighted at the Committee in relation to our internal lessons and how we are working within the system to support learning. It was identified that the Trust is also linked to a small number of coroner cases, which are on-going.

It was highlighted the Palliative Care team and Luton staff are offered additional training to help initiate difficult conversations with families and carers in relation to chosen place of death. Numerous factors affect staff being able to facilitate this conversation e.g. practitioner confidence, current circumstance and their familiarity with the patient and carers/ family. The aim is to encourage and improve the percentage of Advanced Care Plans in place. It was suggested staff who see the patient on a regular basis would be better sighted to discuss this topic. **Assurance: Substantial.**

Infection Prevention and Control Committee: It was highlighted that compliance with Ultraviolet (UV) hand hygiene is currently at 85% against the Trust target of 90%. There is on-going work to improve this position. It was identified that the Trust has achieved a nationally higher standard for their flu vaccination rates in comparison to other Trusts (6th in the UK), even though the internal % outcome was lower than target. The Committee also discussed the Measles national position, an internal working group has been established and will be stepped up as required. **Assurance: Substantial.**

Medicine Safety and Governance Group: The report was taken as read, with no issues to escalate. **Assurance: Substantial.**

Strategic Safeguarding Group: The increased demand for Child Protection Medical (CPM) provision across Cambridgeshire and Peterborough was highlighted, systemwide discussions are in progress to find a resolution, particularly in Peterborough. Additionally, an increase in non-accidental injuries in babies had been reported in Cambridgeshire, verified data is currently not available, but these are believed to be related to domestic violence, drugs and the cost of living. The Section 42 and Adult Safeguarding referral process SOP in Luton has been reviewed to ensure appropriate support is in place for Adult Safeguarding. **Assurance: Reasonable.**

Information Governance Steering Group: The improved performance of Freedom of Information and Access to Records requests was identified. From an Information Governance perspective an upward trend concerning the amount of confidentiality incidents in December was noted. Assurance was provided there was no cause for concern in this rise, and the vast majority of breaches are not reportable. **Assurance: Not identified.**

Resilience: It was identified that the risks associated with Emergency Preparedness, Resilience and Response (EPRR) were reviewed by the Resilience Steering Group and Wider Executives. The focus of the Resilience team over the reporting period has been Business Continuity Plan audits, the Reinforced Autoclaved Aerated Concrete (RAAC) and industrial action. **Assurance: Substantial.**

Clinical and Professional Leaders Group: A number of clinical priorities were discussed during the meeting inclusive of Martha's Rule, the new National Paediatric Warning System (PEWS) and the updated NICE (National Institute for Clinical Excellence) guidance for Sepsis. It was noted that there will be pilot/ early adopter sites (these will be acute hospitals) for Martha's Rule, with community frameworks/ guidelines being released at a later date. A task and finish group will be established in relation to Sepsis, which will be led by the Nursing and Quality Directorate and PEWS implementation is underway and is being led by the clinical children's teams. The meeting also had an update on the Trust's Patient Outcome Measure programme of work and a new standing agenda item linked to transition of care (children to adults) is being added. **Assurance: Substantial.**

Health and Safety (for noting only): Violence and aggression towards staff, was identified as a clinical issue within the report. The Trust has just completed the National Health Service Violence Prevention and Reduction Standards, this was presented to the Executive team in February and will be monitored at the Health & Safety Group accompanied by an action plan. It was highlighted that all Datix's related to violence and aggression to staff are responded to with bespoke support for the individuals involved. The policy is currently being amended and elements implemented prior to its completion.

Regulatory

Quality Account: The report is on track to be completed by the required timeframes; a draft report will be sent to Committee members as part of the consultation process.

Thematic Reviews

Clinical Audit: It was noted that there was a continued growth of the Audit Programme with all services recording audit activity, and that within 2023-24 6 national audits had been undertaken. Outcomes from audits are now shared at the Clinical and Professional Leader's Group and via meetings involving clinical leaders (this is a change from 2022-23). Additionally, workshops have been facilitated over the last 6 months with the aim of improving the Trust profile of audits and to educate staff. In relation to clinical effectiveness the National Institute for Health and Care Excellence (NICE) guidance has been disseminated and all Baseline Assessment Tools and action plans completed. The audit plan for 2024-25 was reviewed and approved. **Assurance: Substantial**

Information Governance: It was highlighted that much of the report content had been covered in the previous item (presented in the sub-group section). The rationale for reasonable assurance for this thematic review is related to the Information Governance (IG) training metric not achieving target compliance and additionally the current IG Toolkit not being fully compliant. **Assurance: Reasonable.**

Professional Education: Items highlighted for the Committee's attention included student activity and placement hours, this will have a further focus for 2024/ 25 as teams continue to identify ways to increase capacity. It was noted that there are increased levels of support to post-registration learners undertaking the Specialist Community Public Health Nurse (SCPHN) and District Nursing courses. A plan is already underway to increase recruitment for future years. Additionally, over £420,000 of the apprenticeship levy has been spent over the last year, this is an increase on previous years. The Committee agreed (due to performance and increased activity) to increase the reasonable assurance provided by the paper to substantial. **Assurance: Substantial**

Safeguarding: It was noted that level 3 Safeguarding training compliance is lower than expected. The training offering is being increased from April 2024 with several different options available. A review of Level 3 and Level 4 training is being undertaken to see if the complexity can be reduced. There has been a consistently high number of Cambridgeshire MASH (Multi-Agency Safeguarding Hub) enquiries, which peaked over the Winter months of October and November. A significant increase has also been noted in the number of Peterborough Strategy Meetings, resulting in capacity issues. Cambridgeshire & Peterborough MASH Statistics 2021- 23 were brought to the Committee's attention, the year 2023 has seen an increase in the level of work from the previous years. It was noted that the Safeguarding Board risk rating has been reduced from 12 to 8 following improvements in staffing, Cambridgeshire and Peterborough MASH remains the current hotspot, however it was highlighted that a Business Plan had gone to commissioners to support an increase in team staffing. **Assurance: Reasonable.**

Other

CQC (Care Quality Commission) report: In December 2023 services were requested to review and update their self-assessments and actions as part of the 6 monthly cycle of updates, these have been reported to the Executive Committee and the Clinical Operational Boards. Additional steps have been included within the self-assessment process with the inclusion of a ratings metric document, and a 'confirm and challenge' meeting has been instigated which reviews the self-rating outcomes against other Trust data such as the Quality Dashboards, Datix management and commissioner Key Performance Indicators. It was noted that the voice of service users has not been captured within this self-assessment process, this is planned for inclusion during the next round with Co-Production Leads supporting the mapping of the new I statement(s), this approach will take time but will be integral to any future CQC visits/ ratings. Paediatric Dietetic issues were highlighted as requiring support in the safety domain however an increased Dietetic staffing model now been agreed, in the short term, which will support caseload management.

It was noted that a different approach to the Trust's internal self-assessments will be required for the June 2024 review – due to the changes the CQC have instigated in relation to inspections.

EPRR Core Standards 2023-24 – Half Yearly Update: The report, following approval by the Executive Team in September 2024, will be shared retrospectively. As previous compliance is reported as partial, work is continuing against the action plan to achieve full compliance.

Chester Hospitals Action Plan: The Committee was briefed on the work the Trust has been undertaking following the conviction of Lucy Letby, a nurse working within Chester Hospital, an action plan had been developed, this was discussed and a new action relating to ward to Board visibility was added. Further updates on this workstream will be provided in 6 months' time.

Escalation Points to The Board:

Items noted for escalation to the Board include:

- Conversations in reference to Martha's Law within the Clinical & Professional Leaders Group.
- Approval of the Annual Audit Plan.
- Approval of the Chester Hospitals Plan.

For noting the Committee approved the Annual Cycle of Business for 2023-24 and the Terms of Reference, however Committee members are aware that both these documents will change following the implementation of the development session outcomes.

Emerging Risks/Issues:

Risk 3586: Winter virus surveillance – the risk will be closed at the end of March 2024. Monitoring of disease prevalence and the spread of infection has shown that common infections such as flu and norovirus are now at normal season variation.

Examples of Outstanding Practice or Innovation:

The reports contained several examples of good practice including:

- Our ongoing commitment to training and the mentorship of students.
- Our improved performance of Freedom of Information and Access to Records requests.
- The year on year improvement in clinical audit activity.

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Date:	01.05.24