



TRUST BOARD

Title: KEY ISSUES AND ESCALATION POINTS
Name of Committee: QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair: DR RICHARD ILES
Meeting Date: 30th MARCH 2023

Summary of key messages:

Substantial assurance can be taken from a number of the core reports presented to the Committee from the annual documents and updates.

Thematic Reviews

Clinical Audit 6-month Review and Annual Plan 23/24

The 6 monthly update for the first 2 quarters of 22/23 audit plan was presented, the key points to note included: There have been 17 audits completed in the first 2 quarters, with audits taking place against NICE guidance, national and local policies. An internal audit of the clinical audit process was concluded in August 2022, all actions that were identified have been completed, however monitoring of these actions is still on-going.

It was highlighted that as only 17 of the 56 audits planned had been completed, therefore there is a greater pressure in quarter 3 and 4 to undertake/complete the audits, this also coincides with an increase of clinical activity linked to winter pressure. It was suggested that teams need to be worked with 'seasonally' regarding their audit plan with an aim that the number and type of audits are realistic and will make a difference to the team/ patient outcome, it was noted that the annual audit plan had been approved at the Clinical Operational Boards. Additionally, assurance around internal audit feedback and governance processes was provided with all audit activity now being reported through the Clinical and Professional Leaders Group. The Committee reviewed the assurance level and advised that the report provided reasonable assurance, not substantial assurance as identified within the document. **Assurance: reasonable.**

Information Governance 6-month report

The following key updates were noted; it is now proposed that the recently established data quality group reports directly into this QISCom due to the clinical data quality aspects. Assurance was provided to the Committee in relation to the Data Security and Protection toolkit audit outcome, additional evidence has now been provided to the auditors (as requested) and several high and medium actions have been closed, with only 1 high and 1 medium priority action left in progress. Two incidents were reported to the Information Commissioner's Office (ICO) this reporting period, with no further actions required. It was noted that the ICO incidents were complex and although not reportable, the reporting of low levels events was welcomed, teams were also being timely in asking for support and advice around these issues. Compliance rates of access to records and Freedom of Information (Fol) requests were discussed, with the lower compliance levels being because of a lack of staff over the Christmas and Summer periods. Resilience is being addressed with process changes.

Assurance: reasonable.

Professional Education Report – 2023

Highlights from the report included that there have been issues over the last few years recruiting Specialist Community Practice Health Nurses (SCPHN's). Assurance was provided to the Committee that an action plan is in progress with professional education, quality, and the services involvement to increase the appeal of roles. It was noted that funding has been approval to commence international recruitment for 8 Children's nurses to go into the 0-19 Children's services, the Trust is one of the first in the country to do this. **Assurance: substantial.**

Safeguarding - 6 month report

Report to be tabled at the next meeting.

Strategy

Clinical and Quality Strategy and People Strategy Implementation Plan – Q3/4 Update

The Committee was updated with the following points regarding the Clinical and Quality Strategy 2020-2023 - priority 1: Several actions were linked to the patient safety framework; these have been completed in line with national timelines. The patient safety work is being included in the 2023-26 strategy and this will be aligned to the continued national rollout of this programme. Ensuring safeguarding training encompasses the think whole family approach is running one month behind plan and has been pushed back to April due to awaiting the 'think whole family' policy approval. The remainder of priority 1 is business as usual or completed. Priority 2 is overseen at the People Participation Committee. Priority 3 - learning and continuous improvement, is mostly completed or business as usual, with Data is being finalised for one of the research indicators. A new quality strategy covering 2023-26 has recently been approved at Trust Board.

Assurance was provided on the delivery of the third year of the People Strategy 2020-23, with the upcoming People Strategy 2023-26 recently being endorsed. The previous strategy included 5 programmes of work; 4 are assured at QISCom. Programme 1,2 and 3 are complete – actions that are continuous have now been embedded into business as usual. Programme 4 focused on diversity and inclusion, with the following elements noted, a large-scale conversation regarding anti-racism has not taken place however this will be embedded into the anti-racism plan being presented at May's People Participation Committee. Cultural intelligence training is being commissioned, the Trust is awaiting confirmation of the dates from the Integrated Care Board. Programme 5 which is continuous improvement will be now removed from the People Strategy and linked to the Quality Strategy going forward.

Regulatory

Draft Quality Account 22/23

The verbal update highlighted the following: The quality report has national guidance and national timeframes associated with it, which the Trust is currently on target to meet. The quality account has been drafted and a working document will be available for circulation to the Committee in late April.

Reports from Committee Sub-groups

Learning from Deaths sub-group Q3 2022-23

The Committee noted that there has been a change in leadership within the Luton Adults team as a result the team will be looking to implement a new way of collecting data. This will mean there will be a difference in measures and outcomes moving forward, but it will lead to a more consistent way of reporting. It was highlighted that there has been a drop in documenting patients preferred place of death in the clinical record – the reason for this is being reviewed. **Assurance: substantial.**

Safeguarding sub-group

Key points from the report included: safeguarding level 3 training has achieved the year 2 trajectory of 80%, there has been a review of the think family policy, this policy has replaced the adult and safeguarding policies within a single document and a new training suite and individual targeted work with some of the teams, especially in adult services (linked to the Mental Capacity Act) has been commenced. An audit plan for 23/24 has been agreed and includes areas around escalation, Section 42 for adults who require safeguarding support and mental capacity assessment work. Re-audits will be completed to ensure work is effective. **Assurance: reasonable.**

Infection Prevention and Control (IPaC) Committee – Q3

In the Committee the following was highlighted: There has been a significant drop in Trust vaccination uptake for flu, reasoning for this included: staff not updating Trust records if they have had the vaccine at a different venue and vaccine fatigue. Concern was raised in relation to vaccine uptake and current

levels of staff sickness. Additionally previous reports cited UV (Ultra-Violet) handwashing testing as an issue. Local teams now have the equipment to do this independently and complete their audits. The target for handwashing is 100%, it currently stands at 81%. Discussion took place around the assurance of the process versus the assurance of deliverability in terms of IPaC activity. The current established assurance process focuses on process not compliance, with a further discussion on assurance being undertaken at the next Board development session in April. **Assurance: substantial**, however a number of actions have been identified for the IPaC team to ensure on-going substantial assurance.

Medicines Safety Governance Group – Q3

The following was noted in relation to the paper: SPC charts were used in the report for the first time to report medicine incidents. The Chief Pharmacist is working alongside a couple of other community Trusts in the East of England on benchmarking as comparison between organisations is difficult. Bespoke work is ongoing around insulin incidents. **Assurance: substantial.**

Information Governance Steering Group – Q3

In relation to this report, it was acknowledgement that more detail is required in future particularly around access to records and Freedom of Information (Fol) requests. **Assurance: reasonable.**

EPRR – Q3

Highlights of the report included: The Resilience Operational Huddle that took over from the Incident Management team continues to meet monthly and provides the situation report (sitrep) data. Focus is currently on strategic and tactical responses to industrial action and responding to the impact of this accordingly. The Terms of Reference for the Resilience Steering Group have been presented at the Committee for ratification. These were approved. **Assurance: substantial.**

Clinical & Professional Committee

The Committee was updated with the following information: the group is providing support and governance for developing clinical communities of practice which are underway. Additionally clinical audit and Resuscitation also now sit in this groups cycle of business.

Quality metrics and CQC self-assessment

Board Quality Metrics

An updated quality metrics document was presented for approval, which will be utilized at the Clinical Operational Board and Trust Board. These had been developed with Service Managers and subject matter experts. This was approved with an action to send the updated version to Committee members with the correct workforce metrics.

CQC self-assessment

The following key points were noted: The report provided the current self-assessment position of the Trust (January 2023), with future outcomes being reported directly through the Clinical Operational Boards. QISCom will maintain an oversight position of the process and ratings. It was highlighted that following the self-assessment process the Trust now has a robust action plan in place which is in the process of being uploaded to datix.

Escalation Points:

Risk 3527 – power loss. This was added as a result of the EPRR and national risk register via the infrastructure committee.

Risk 3250 – Safeguarding. This risk will be moved from the risk register to the issues log.

QISCom cycle of business was approved with one amendment.

As discussed in the IPaC section (above) – a further discussion around assurance will take place at April's Board development session.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

- List of assurance reports received with their assurance levels.
- Continued development of and engagement with the Clinical and Professional Leaders agenda.
- Part time resus lead appointed for the organisation.
- International recruitment campaign and internal programme.

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Date:	25.04.23
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