



TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE (QISCom)
Committee Chair:	Dr Richard Iles
Meeting Date:	6th September 2023

Summary of key messages:

Substantial assurance can be taken from the information presented to the Committee from a number of 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

The plan was presented with a recommendation of positive assurance. For the quality element, 3 strands (quality, safety, and learning lessons) are received at QISCom, whilst the 4th is reviewed at the People participation Committee. It was noted that the completed actions in both the quality and people sections had been highlighted in green.

In relation to safeguarding, work has been completed in terms of 'think whole family' and the structures are now in place (policies and processes) with the next steps to ensure they are embedded across each team. The Patient Safety Incident Response Framework (PSIRF) went live across the Trust on the 1st of September – as we slowly transition over to the new processes – we are in line with national timeframes and have seen a very positive staff response to the mandated training requirements. Work is continuing at pace around the advanced practitioner agenda, with progress being made in Luton Adults, additionally the organisation has been successful in obtaining funds from Health Education England (HEE) to support advanced practitioner training and progression.

The Committee noted the Safer Staffing work that has been commenced, and that the timeframe for completion will take the project in 2024-25. Additionally, the work around the CQC internal self-assessment process was highlighted, and that a full review of our process will be undertaken in October (which is a change to the original plan). This evaluation will give the Trust an opportunity to align its processes to the new inspection framework and look at how data is triangulated to ensure our outcomes are robust.

In relation to the People Plan 4 the workstreams are overseen by QISCom (a highly engaged workforce, retaining our people, maximising our recruitment and supply and continuous improvement in supporting people's health). It was also noted that the overall People Strategy is the responsibility of the Trust Board and assurance is given by a bi-annual Workforce Report. There are no actions off track within the People Plan, there are elements, where changing culture is key, that will take a longer timeframe for completion. It was identified that the Long Term Plan was published after our People Strategy, however all the aspects in the Long Term Plan are already being covered internally, except for the Professional Education Plan which is currently being updated. **Assurance level: substantial.**

Sub-group Reports

Learning from Deaths Group (Q1 2023/24):

It was noted that the report contained 2 new sets of data – whereas previously only patients preferred place of death was captured for those on the District Nursing or Palliative care caseload – this has now been expanded. Additionally, ethnicity data for preferred place of death was included for the first time with the caveat that further work needs to be undertaken to understand the demographic and whether it is representative of the patient cohort. The report highlighted 2 cases that have been reviewed in depth, and that the Trust continues to review all patients who die with a diagnosis of HIV/AIDS, with no clinical practice concerns identified. The report highlighted that the action plan from

a previous serious incident was now complete and relevant audits in place and that there is a current Root Cause Analysis in progress linked to a death within Children's Services. This process will help us better understand whether there was anything further teams could have done to support the patient and their family. Further discussions in relation to the Mental Capacity Act and preferred place of death identified actions for disseminated within Directorate Governance Groups. **Assurance level: substantial.**

Infection Prevention & Control (IPaC) Committee:

It was highlighted that there was no healthcare acquired infections or IPAC Serious Incidents (SI's) documented during quarter 1, but mandatory training compliance had dropped. The reasons for the decrease have been well documented and are due to the reduction of training requirements from once every 3 years to yearly. A positive legionella test has been reported at one site; however, this has now been treated and is all clear. It was noted that the IPaC Board Assurance Framework (BAF) is reviewed at the huddle every month and at the IPaC Committee. **Assurance level: substantial.**

Medicines Safety and Governance Group:

It was noted that there is a robust control drug oversight process, which is centred around ePACT (data system) drug monitoring. This system provides good assurance that the Pharmacy team can pick up issues relating to medication management such as over usage of high cost medications and inappropriate prescribing. **Assurance level: substantial.**

Information Governance Steering Group

A discussion took place at the Committee regarding the Access to Records (ATR) and Freedom Of Information (FOI) requests. Work is in progressing and an action plan is in place to look at how the organisation can improve response times. Additionally, a new metric within the Integrated Board Report looking at FOI timescales will raise its profile. A request to interrogate the Information Governance training data at the Children's Clinical Operation Board will be added to the agenda and a rolling programme of identifying those who have not undertaken the training is already in place with the Service Directors. It was noted that most confidentiality issues/breeches are human error.

Assurance rating: reasonable.

EPRR (Emergency Preparedness Resilience and Response) Update (Quarter 1):

Headlines from the report included: the Trust response to the Junior Doctors/Consultants strike action, and the impact on services (minimal), an overview of policy development and the core standards project (detailed later in the Committee). It was noted that following a review of the National Risk Register the organisation now has a much more diverse risk profile. Three policies were approved as part of the governance process. **Assurance level: substantial.**

Clinical & Professional Leaders Committee

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

- Professional Nurse Advocate Programme.
- Clinical audit activity.
- Practice placement capacity.
- Harm review process.
- Resuscitation Plan.

Assurance level: substantial.

Health & Safety (For information only)

Assurance was provided, that there's a continued focus at Executive level on violence and aggression towards staff.

Annual Reports

Clinical Audit Annual Report 2022-23:

The report highlighted the positive assurance gained from the internal auditors, which was a great improvement on the 2021-22 outcome. Audits are now prioritised, and there is an escalation process in place for audits that are not on track. The Trust has seen a positive upturn in audit appetite and the

numbers of teams/colleagues involved is growing. 69 audits were completed in 2022-23, some of these were re-audits and some were linked to guidance or incident action plans. Further work is underway to ensure all audit outcomes are evidenced. The team were congratulated on their hard work and support that they give to multiple teams throughout the organisation.

NICE (National Institute for Clinical Excellence) guidance is disseminated where appropriate across teams – following a review of the guidance, teams then evaluate if any changes are needed to practice/pathways. In discussion it was noted that only 75% of the Safeguarding Audit Plan had been completed and 45% of the previous actions implemented, this was unfortunately due to team capacity, re-prioritisation of workload and unstable staffing. A new audit plan is on the Safeguarding scheme of work for 2023-24. **Assurance level: substantial.**

Information Governance Annual Report 2022-23:

Key points raised from the report included:

- The Annual Report is an accumulation of all the quarterly reports submitted in 2022-23.
- The significant improvements in the data security toolkit outcome were noted.
- Issues in relation to the FOI and ATR (as identified above) were identified, in addition to the Trust's compliance with Information Governance training.

Assurance level: reasonable.

Professional Education Annual Report 2022-23:

The report concerns non-medical staffing and its associated budget, which is received from Health Education England. It identified how the 2022-23 budget had been spent, both in terms of education and internal staffing resource. Challenges were noted as part of the discussion (e.g., placement capacity).

The introduction of a new preceptorship pathway was highlighted as was the increase (year on year) of the apprenticeship levy being utilised. **Assurance level: substantial.**

Research Annual Report 2022-23:

It was noted that the Trust had achieved the Clinical Research Network (CRN) objectives and that the Research Champion Programme had now commenced. There was a positive increase in recruitment numbers for studies and an increasing diverse portfolio of research being developed. **Assurance level: substantial.**

Safeguarding Annual Report 2022-23:

The report provided the Committee with reasonable assurance, this was assessed against 5 key internal targets, and is due to the teams' unstable staffing position within 2022-23, which had at times moved the service into Business Continuity Planning and prioritisation. The report noted that the Trust is compliant with the NHS England Safeguarding Accountability and Assurance Framework and that the organisation has continued to undertake its statutory safeguarding duties. A number of learning lessons were identified which included outcomes from external/national reports as well as internal incidents. It was highlighted that several safeguarding policies and processes had been updated in 2022-23, and that work had been undertaken alongside clinical systems teams as well as adult services in relation to section 42's and safeguarding assessments. **Assurance level: reasonable.**

CCS Library Report 2022-23

The report noted the positive relationship the Library Service has with the Trust, and that the support from the Librarians has been excellent. It was identified that the team have been instrumental in supporting clinicians in developing clinical practices and have been focussed on providing the Trust with a high level of customer service. **Assurance level: substantial.**

Annual review of QISCom risks:

The Committee was presented with a 'snapshot' of all risks that have been to QISCom in the past year (2022-23) with a final position of where the risk currently sits (closed, transferred to the issues log etc). It was noted following discussion that the Reinforced Autoclaved Aerated Concrete (RAAC) risk will be monitored at the Infrastructure Committee.

Review of QISCom risks and issues:

As previously outlined, following a review of the National Risk Register, some further risks linked to EPPR have been added to the Trust register. Risks were reviewed at the Committee, and it was noted that the one issue that is linked to QISCom needs to be added to the next agenda.

Annual Claims and Litigations Report 2022-23:

This was presented on behalf of the Trust's legal team, with some information redacted to maintain patient confidentiality. The Trust had been involved in 2 inquests in 2022-23 which were noted, and a further section identified financial claims with an overview of any relevant background information.

Assurance level (for the process): substantial.

NHS England's EPRR Core Standards Assurance Return 2023:

It was highlighted that in relation to the Trust's current position we are fully compliant against 52 standards (which is an increase of 8 since 2021-22) and that we are 1 away from substantial compliance overall. It was noted that a further 4 standards have been introduced into the assurance framework during this time. Currently the Trust sits at partial compliance against the core standards.

The EPRR team have been focussed on several core elements over the past year which has included training and development of new policies and processes, additionally they have been working hard to engage with services and embed the standards into everyday procedures and practices. The 5 areas of current non-compliance have plans in place to move towards compliance, with the core aim to be fully compliant in 2023-24. The Workplan for 2023-24 includes implementation of further training and the undertaking of EPRR exercises.

Escalation Points to The Board:

Items noted for escalation to the Board include:

- Risk 3227 recorded as 16.
- Information Governance compliance will be included within discussion at the Children's Clinical Operational Boards.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

The reports contained several examples of good practice including:

- The excellent work by the EPRR team in relation to the Core Standards Assurance Return.
- The positive relationships and responsiveness of the Library services.
- The improvements made by the Audit/Quality team in relation to the internal auditor's findings, and the increase of positive audit engagement by Trust colleagues.

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Date:	06.09.23