



TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	DR ANNE MCCONVILLE
Meeting Date:	7th December 2022

Summary of key messages:

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

Thematic Reviews:

- **Serious Incidents and Incident (April to Sept 2022)** The report provided a six-monthly update on safety and improvement from 1st April – 30th September 2022, this included a three-year analysis of serious incidents to provide context. Overall incident reporting was stable across most of the services except within iCaSH service, where reporting rates had increased, however it was noted that this could be due to the pressures affecting the service for example, Mpox. The report highlighted key quality improvement work, which included, a review of significant 'others' records so that a full understanding of the risk to a child(ren) can be undertaken and, an evaluation of the safeguarding escalation processes. An update was also provided on the internal work undertaken linked to the Patient Safety Framework. **Assurance: Substantial**
- **Medication Management:** The report referenced an improvement in staffing levels in Luton, this was due to reduction in Mass vaccination services/ support. It also highlighted the ongoing work around the v100 prescribing course, which is now no longer required in the standards for education of the Specialist Community Public Health Nurse (SCPHN), this has meant that local universities were ceasing to offer it. An internal plan to support the withdrawal of this practice has been implemented and an 'amnesty' of old prescription pads will be commenced in January 2023. Staff who choose to continue to prescribe using the v100 qualification will be supported to do so. The report identified an increase of incident reporting – these were all low or no harm incidents, and no cause or effect was identified. **Assurance: substantial.**
- **Patient Experience (April – Sept 2022):** The paper provided assurance in relation to patient experience activity and outcomes for the six-month period from April 2022 to September 2022. It was noted that 19,000 compliments were received during the reporting period, with 97% of service users confirmed that the service was 'good' or 'very good' (the benchmark for services is to achieve 90% positive feedback). Where there have been dips in survey responses the Patient Experience Team are supporting services to look at how this could be improved. In terms of PALs contacts these are now tracked, and contact is being made within 4 working days, additionally complaint response timeframes have been moved from 40 days to 35 days. One complaint was referred to the PHSO in the timeframe, with no further action needed from the Trust. **Assurance: Reasonable.**
- **Research (March to September 2022):** The report highlighted that the Trust continued to scope National Institute for Health and Care Research (NIHR) studies that were potentially applicable to the Trust. The Academic Health Science networks (AHSN) supported some of the work which the Trust was involved in for example virtual ward evaluation in Luton Adults services, and there were no issues identified linked to ethics or ethical approval during the timeframe. The Committee noted the Clinical Research Network (CRN) investigation on automated recruitment to the Jitsuvax portfolio study, which is now underway. This had affected several other organisations; the investigation outcome is being awaited. **Assurance: substantial.**

- Infection Prevention and Control (IPAC) (April – September 2022):** The report noted that the number of needlestick injuries continued to be the main IPaC incident reported through Datix. Most of the incidents reported related to Large-Scale Vaccination sites. There was however a reduction of reporting over the summer due to the low numbers of Covid-19 vaccination given during that period. All needlestick injuries were reviewed every week; and appropriate advice was given to staff and patients as needed. National guidance on Lateral Flow Tests (LFTs) changed from 1st September 2022 and unless a staff member felt unwell with any of the COVID-19 symptoms, compulsory twice weekly LFTs for all Trust staff was stopped. The Trust reported twelve outbreaks of COVID in Q1 and Q2, with minimal service disruption and no reported exposure to patients. It was highlighted that the Trust's IPaC link champion programme continues to grow, with 39 staff identified by the end of September 2022. **Assurance: Reasonable.**

Reports from Committee Sub-groups:

Learning from Deaths (Quarter 2): Data relating to people dying in their preferred place of death (PPD) remained stable. Further training and support were underway to improve the data and ensure that planning conversations happened. The report noted that from April 2023 annual mandatory palliative and end of life training would be in place for all adult community nursing staff. The Committee highlighted the processes for reporting and reviewing HIV patient deaths – assurance was provided that any such cases were reviewed. **Assurance: substantial.**

Strategic Safeguarding Group: The paper provided an overview of the meeting held on 14th November 2022, where the training compliance and plans in place to support compliance achievement were reviewed. The paper identified several quality improvement initiatives, these included development of reflective practice sessions led by adult and child safeguarding teams in Norfolk for the iCaSH service and a new escalation process relating to professional disagreement. Additionally, the group had oversight of the ongoing safeguarding audits, which include a review of the quality of Multi-agency Safeguarding Hub (MASH) referrals. **Assurance: reasonable.**

Infection Prevention & Control (IPAC) Committee: The paper noted that there had been no reported Healthcare Acquired Infections and no IPaC Serious Incidents in Quarter 2. There had also not been any concerns raised with the delivery of Personal Protective Equipment (PPE) from the national push deliveries. The new national cleaning standards were being implemented across the Trust, with all sites having been sent their cleaning standards certificates for publication in patient facing areas (where possible). The updated IPaC Board Assurance Framework (BAF) was presented to the Trust Board in November 2022 but would go back to the IPAC committee in January 2023 for sign off following completion of further actions.

Medicine Safety and Governance Group: The Committee commended the Group for the volume of work covered; this included approving Patient Group Directions (PGDs). The Committee approved the terms of reference for the group, which had been updated to show that the group was now taking on the responsibility for Trust Compressed Gases Safety and would maintain the oversight of and responsibility for creating, implementing, and maintaining the Trust's Compressed Gases Policy and arrangements made under it.

Information Governance Steering Group: The Trust's Information Governance and Data Security training compliance in October was 95%. One incident had been reported to ICO who confirmed that they were not going to pursue the investigation. The ICO stated the Trust had dealt with the matter appropriately and had demonstrated that measures were in place to limit the chance of a recurrence. The Data Security and Protection Toolkit (DSPT) audit which took place during March - April 2022, was discussed, the final report of the audit was issued on 28 July 2022, this reiterated the importance of linking the Committee with internal audit reports. A more detailed report relating to the DSPT toolkit standards would be received at the next Committee (in line with the cycle of business).

Emergency Planning, Resilience and Response Report: The standards had been presented to the Board on 23rd November 2022. The report covered EPRR activity for Quarter 2 2022-23 which supported the proposed rating of substantial assurance across the Trust's Resilience portfolio. The report highlighted that a lesson learnt exercise on how the Trust had managed Mpx had been undertaken and outcomes were detailed in a 'Post Incident Report.' It was noted that due to timing pressures, the Winter Surge Capacity and Escalation Plan were not presented to the Clinical Operational Boards in November 2022. The Operation Bridges Plan had been updated in light of the Queen's passing to ensure there was a robust Bridges Plan for all Royal deaths as required going forward.

The EPRR core standards had been presented and discussed at different forums across the Trust including the previous Committee meeting and November Board meeting. A separate briefing session with the Chair of the Committee, the Director of Governance and EPRR lead was held to go through the assessment against the standards. The Board had agreed that an updated final report and progress against the standards would be presented to the Committee to update the Committee in relation to the Trust compliance with the standards. An action plan around compliance with the standards was in place and after the Board presentation in November, the EPRR core standards had been shared with the regional NHSE and the Integrated Care Board (ICB). Positive feedback had been received.

The Committee agreed that the EPRR report provided substantial assurance that the Trust was 'partially compliant' with the national standards and would be aiming to be 'substantially' compliant in two years' time due to the action plan in place. The Committee also:

- **Approved** the Post Incident Report: Mpx for wide circulation and learning.
- **Signed off the** Winter Surge Capacity and escalation Plans 2022-23
- **Approved** the CCS Operation Bridges plan subject to the comment above.
- **Approved** the Consultation process for the establishment and review of CCS resilience documentation, and the consultation on third party documents, Standard Operating Procedures (SOPs).
- **Approved** the EPRR report.

Health and Safety Committee – this reported was received for noting only.

Risk Review – Two risks were discussed by the Committee:

- Risk ID 3250- the risk had been updated in terms of controls and would continue to be monitored monthly. The anticipated closure date had been updated, with a view to reduce to risk in the medium term when the ongoing work in BLMK regarding psychological support for staff had been resolved.
- Risk ID 3227 remained scored at 16 due to the following reasons:
 - The level of safeguarding issues had not reduced; the Trust was still dealing with higher levels of safeguarding across our geography, with an increased number of escalations.
- Controls are in place to mitigate both risks.

Escalation Points:

Risk ID 3227 scoring 16

The need for better integration between internal audit investigations and the Committee cycle of business in order to oversee completion of actions and any subsequent assurance.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

- List of assurance reports received with their assurance levels.
- List of Policies approved within the medication management processes.
- The Trust has 39 IPAC Champions, who have made a significant impact in local IPaC awareness.
- The V100 prescribing work and action plan.
- The work of the EPRR team and the substantial assurance provided on the processes and the learning from the Mpox report.
- Recognition that in terms of Mpox the Trust followed all the correct processes and kept service users/ staff safe.

Author:	Kate Howard
Job Title:	Chief Nurse
Date:	09.01.23