



TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	DR ANNE MCCONVILLE
Meeting Date:	2 SEPTEMBER 2021

Summary of key messages:

The Quality Improvement and Safety Committee (QISCom) met under the interim governance arrangements put in place during the Covid19 pandemic.

Substantial assurance can be taken from the information presented to the Committee from a number of annual reports and updates. The Committee commented positively on the quality of the reports received and the level of detail described within them.

Annual reports:

- **Medicine Management Report (Bi-annual)**
Due to team capacity an annual report was not available but an update on the current medication management position was provided. There were no issues to escalate, it was noted however that the clinical system team is looking to resolve issues around SystemOne and electronic prescribing compatibility, and that a pilot is being undertaken in Luton. **Assurance: substantial.**
- **Infection, prevention and Control (IPAC) Report**
The report highlighted the 3 staff Covid19 outbreaks recorded in 2020 - 2021, which were supported via established outbreak management processes. It was noted that the Trust had maintained a clear focus on IPAC issues during the pandemic and that on-going assurance had been provided to board via the IPAC Board Assurance Framework. The Committee discussed the positive impact of the previous flu vaccination programme and the requirements for the 2021 / 2022 season, including how we will communicate with hard to reach staff groups. **Assurance: substantial.**
- **Research (Bi-annual) Report**
It was noted that research activity had ceased during wave 1 of the pandemic, and that a slow and considered recovery process had been put in place, with research continuing, where appropriate. The pandemic had however impacted on the Trust's ability to recruit to studies. Moving forward in order to increase capacity there has been new band 4 role recruited too within the team and more recently a band 6 Nurse. **Assurance: substantial.**
- **Audit Report**
An update of the 2020 / 2021 audit plan was provided and the Committee were asked to approve the Audit plan for 2021 / 2022 which was agreed subject to approval at the Clinical Operations Board. It was noted that 52 NICE guidance documents were disseminated during the pandemic, with the Trust being compliance against most of the requirements (where gaps have been identified plans have been put in place to identify next steps). The mandated clinical record keeping audit showed a 1% drop in 2 sections; a 4 stepped approach to support improvement in these areas has been implemented. **Assurance: substantial.**
- **Safeguarding Report (including a Q1 update)**
An update on the Trust risks was provided and it was noted that safeguarding across the system remains challenging. The report highlighted key learning from recent reports and serious incidents and identified levels of compliance with training and safeguarding supervision. The Committee discussed the safeguarding impact on staff, and identified the ways in which the Trust are providing support and specialist guidance to those who have been affected. **Assurance: reasonable.**

- **Library Report**

Three reports were received; the annual report, the 2021/22 plan and some vignettes which highlighted the ways in which library services have recently supported staff. No issues were identified for escalation, however it was noted that it would be useful to increase the visibility of our library resource to staff. **Assurance: substantial**

Reports from Committee Sub-groups:

- **Learning from Deaths** - the summary report is on the Board agenda for September 2021. Of note was the discussion around potential place of death and the experiences of relatives at end of life, an action to understand CCS's practice was delegated to the Learning from Deaths group. **Assurance: substantial.**
- **Clinical and Professional Leaders Group** – the group met in July for the first time since September 2020. The report highlighted for noting a number of policies which had been approved virtually and the meeting's agenda. **Report for noting only.**
- **Infection Prevention & Control (IPAC)** – the summary report highlighted that there had been no healthcare acquired infections or serious incident's declared in quarter 1 of 2021 / 2022. Assurance was provided around a low level of legionella which has been detected in one of our properties; appropriate action has been taken in relation to replacing pipework, water flushing and daily water temperature checks. Lateral flow data is now being reviewed weekly at the IPAC huddle and at the IPAC Committee, the team are working with comms to improve compliance. Risk 3194 has been reviewed and closed. **Assurance: substantial.**
- **Strategic Safeguarding** – current risks and pressures were highlighted for Q1 within the annual report.
- **Medicines Safety & Governance** – an update was provided within the annual report section of the agenda.
- **Information Governance sub group-** the ICO has closed down an incident which had been escalated to them, the service are reviewing ways to reduce the likelihood of the same type of incident happening again. The team in conjunction with the Data Quality group will be reviewing how we capture patients sexuality on the clinical record (deemed good practice by the Equality Act); the Committee requested that this should be broadened to look at how we capture all 9 of the protected characteristics in line with the Public Sector Requirements. **Assurance: substantial.**
- **Emergency Planning, Resilience and Response Report** – there were no issues to escalate from the report which highlighted the immense amount of work undertaken in the past 12 months not just relating to the command and control requirements and on call arrangements but also winter planning. The Committee noted that last year the level of assurance for this report was 'reasonable', however because of the work completed around Business Continuity Planning it was agreed it was now providing substantial assurance. **Assurance: substantial.**
- **Medical Education Update** – noted as a positive report, with no issues to escalate. Highlighted the potential need to increase placement capacity for Student Doctors which may, moving forward include community services. **Assurance: substantial.**

Risk Review:

- An update was provided to the Committee on all risks linked to the 'Outstanding Care' strategic priority. It was noted that risks linked to Safeguarding, IPAC and Medication Management were discussed within individual papers already received by the Committee. Additionally the wider

executive team review all risks scored at 12 and above on a monthly basis, alongside this all new risks are also seen.

- Risks are also discussed and reviewed within the integrated governance report, the Clinical Operational Boards and at QISCom. The paper identified the process as reasonable assurance, however following discussion it was agreed that this would be changed to substantial.

Assurance: substantial.

Escalation Points:

- That QISCom has oversight of 6 red risks, which are associated with workforce and safeguarding. These are reviewed and updated regularly within a number of different forums.
- The Trust is fully compliant with the EPPR standards.
- The Committee reviewed a number of Annual documents, and noted the positive achievements identified within the research, IPAC and audit reports.
- The Committee received a very positive medical education report.
- The Committee noted the audit plan for 2021 - 2022 and will approve subject to discussion and approval at the relevant Clinical Operational Boards.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

The Annual reports contained a number of examples of good practice including:

- The development of the research champion role following a project in Norfolk which looked at research training being an integrated part of the Health Visitor / School Nurse preceptorship programme.
- The Committee recognised the work of the IPAC team in maintaining staff and patient safety throughout the pandemic and their response to outbreak management.
- The Audit and Clinical Effective Manager led the 'records really matter' week, which was well received by staff.

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Date:	2 September 2021