

TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	Dr Richard Iles
Meeting Date:	27 June 2024

Summary of key messages:

This was the first committee since the implementation of the changes agreed at the development session in March 2024. It was explained that the introduction of a Quality Improvement Group (chaired by the Deputy Chief Nurse and Deputy Medical Director) where the detail of related subgroup reports and other factors (such as data) will be reviewed and discussed, will facilitate improved assurance; triangulation of data and themes; and discussion and reflection on what is being presented.

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.

Thematic Reviews

Harm Review Policy and process update.

This report informed the committee of work that has been undertaken to review the trusts harm review processes. A new policy was published in late 2023 and explains how the diverse services we provide manage waiting lists and support people during that period. The next part of the harm review monitoring process to collect via our clinical systems data which will highlight when harm has occurred.

Reasonable Assurance

Sub-Group Reports

Learning from Deaths – Quarter 4 2023-2024

This report demonstrates the trusts adherence to the national quality standard around monitoring and learning from deaths. It highlighted the ongoing work being done in our Luton Adults service to monitor as well as the location the preferred place of care and death, other factors such ethnicity, age and gender. The Childrens Community Nursing service and iCaSH HIV deaths were also reported. We continue to participate in Learning disabilities Mortality Reviews (LeDER reviews) and act on learning from these. The report presented the narrative outcome of an inquest in February and it was confirmed that improvements in education and service provision continue to be implemented. The committee discussed how we may record changes in location of care within our care pathways.

Substantial Assurance.

Safeguarding Strategic Group

It was noted from the report and discussion in the meeting that significant work has been completed or is underway across the Safeguarding portfolio. Key items of note include the changes to management of section 42 in our adult services; audit and review of safeguarding supervision; work around improving care for large sibling groups and our staff caring for them; on going development of a Think Family Approach as per our strategic aims. A formal project is underway in relation to the MASH provision in Cambridge and Peterborough, led by Steve Bush.

The level of assurance was discussed, and it was noted that while there is significant strides to reach substantial assurance, it was pertinent with the risks involved to keep the level at reasonable.

Reasonable Assurance

Quality Improvement Group

Highlights from the first Quality Improvement were discussed and the terms of reference approved. It was noted that even at this initial meeting there was evidence of triangulation of themes and data across the various subgroups reviewed.

Subgroup reports reviewed:

- Clinical and Professional Leaders Group – **substantial**
- Resilience Steering Group – **substantial**
- Medicines Safety & Governance Group
- Research Group – **substantial**
- Clinical Audit and Effectiveness Report – **substantial**
- Information Governance Steering Group – **reasonable**
- Data Quality Group
- Safety Improvement Group

Key points:

Marthas Rule- with its focus on both recognising the deteriorating patient and listening to the patient and families work is on going on ensuring that our staff have sufficient training and competence to recognise Sepsis (Working group underway reviewing NICE guidance) and the use of tools such as NEWS2/PEWS.

Medicines Safety Alert- Sodium Valproate- our pharmacists are working within ICBs to ensure we address the requirements of this.

Interim Resuscitation Officer being provided by Norfolk Community Health and Care NHS Trust.

Infection Prevention and Control Committee Q4

Key points:

- No healthcare acquired infections
- No legionella
- Hand hygiene /UV light mandatory training was at 83% end Q4 but in May 2024 it is 88% against target of 90%
- National Cleaning Standards continue to be monitored via estates and contracts with cleaning providers.

Assurance level substantial

EPRR and Business Continuity Management Reports

Report noted that the trusts requirement to be compliant as a Category 1 Responder and adhere to the six requirements of the Civil Contingencies Act 2004 of Risk Assessment, Emergency Planning, Business Continuity Management, Warn & Inform, Co-operation, and Information Sharing was met in 2023-24. The amount of work and progress made by the EPRR team was commended as was the board level training provided.

The committee approved the Resilience Team Annual Report 2023/ 24 (incorporating Emergency Preparedness, Resilience & Response (EPRR) and Business Continuity Management (BCM).

And agree proposed rating of substantial assurance across the Trust's Resilience portfolio.

Assurance level Substantial.

Regulatory

Final version Quality Account 23-24

Provided for noting as part of the governance of Quality Account publication.

Revised Patient Safety Incident Response Framework

The committee were asked to approve the refining of the original Patient Safety Incident Response Plan (PSIRP) on the basis of work already completed around the subjects such of supporting staff to correctly record keep and emerging issues to be added of managing complex large sibling groups, and the management of constipation. This was approved.

Assurance level: Substantial

Other

Trust Service visits report

This summary of formal scheduled visits made by the Wider Executive and Board members was noted, with the addition of highlighting that many other opportunities for senior leaders to visit services take place.

Assurance level: Substantial

Patient Experience Policy and Feedback and Complaints Standard Operating Procedure

Presented for approval, a new co-produced policy and standard operating procedure for supporting users of our services to feedback and complain if needed. As well as how staff are supported to welcome such feedback and be supported themselves in the process. **Policy approved.**

Assurance level: Substantial

Risk and Issues Review

These were reviewed and agreed to be reflective of current risks and issues.

Escalation Points to the Board, however, no action is required:

Items noted for escalation to the Board include:

- Introduction of the Quality Improvement Group to support assurance and learning
- Approval of Patient Experience Policy
- Approval of the Quality Account 23-24

Emerging Risks/Issues:

None

Examples of Outstanding Practice or Innovation:

The reports contained several examples of good practice including:

- Co-production of Patient Experience Policy
- Evidence of Triangulation of themes and data across different report subjects (e.g. Safeguarding and Learning from deaths)
- EPPR and BCM activity and preparedness against national standards

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Date:	8/7/24