



TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	DR ANNE MCCONVILLE
Meeting Date:	7 JUNE 2021

Summary of key messages:

The Quality Improvement and Safety Committee (QISComm) met under the interim governance arrangements put in place during the Covid19 pandemic. This programme of work was agreed by the Trust Board in January 2021.

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

Annual reports:

- **Incidents (including Serious Incidents SIs)** - The document noted that reporting on levels of harm was not always an 'exact science'; for this reason the NRLS discouraged direct comparisons with other Trusts. It was agreed that a three year comparison of incidents and degrees of harm across the Trust may provide a better overview moving forward. The report also highlighted that the Trust had seen an increase of reporting across all fields and low and no level harm activity. **Assurance: substantial.**
- **Patient Experience (Bi-annual)** - The report highlighted there had been a high FFT recommendation score for the reporting period of 97.72%. 64.5% of complaints had been responded to on time and levels were in line with national trends; there had been no PHSO referrals. Processing times for complaints had been extended by 10 days from February to enable teams to have more time to carry out their investigations during the Covid19 period. Additionally use of the PALs service had increased substantially over the pandemic period, it was noted that the continuation of the PALs service throughout the pandemic period had been invaluable to families, especially given that some services provided by other stakeholders had been stood down. It was identified that verbal abuse (patient to staff) remained an issue across some of the Trust's services. Support was being provided for reception teams across services and staff were encouraged to report incidents through Datix. **Assurance: substantial.**

Reports from Committee Sub-groups:

- **Learning from Deaths Q3 and 4** – It was noted that the report had been received by the Trust Board on 20 May 2021. The document highlighted that local and national challenges remain around when is the right time to pose the question to a patient on their preferred place of death. Internally a number of CPD modules are provided by The Trust which focus on how to have these conversations. The report noted that a Serious Adults Review (SAR) was due for publication by the local safeguarding board in Luton. All the actions contained within the coroner's report which had been assigned to the Trust had been concluded but not audited; a safeguarding audit was due to be carried out during quarter 2. **Assurance: substantial.**
- **Clinical and Professional Leaders Group** – as the group has not met since the last Committee; the report highlighted for noting a number of policies which had been approved virtually. **Assurance: substantial.**

- **Infection Prevention & Control (IPAC)** – The report covered quarter 4 of 2020 / 2021 and noted that there had been no Healthcare Acquired Infections reported, no staff outbreaks highlighted or any serious incidents declared. There had also been no issues with the supply of PPE. The report noted that there is a revised national cleaning standard published which the Trust were working towards and looking to implement within the next 12 months. **Assurance: substantial.**
- **Strategic Safeguarding** – current risks and pressures were highlighted within the report, it was noted that 2 risks are currently sitting at a score of 16 (3182 and 3327). It was highlighted that the internal PREVENT governance arrangements had been reviewed; ensuring an improved oversight across adult services. SI themes were currently being reviewed against the Child Safeguarding Practice Review Panel's Annual Report for 2020 - Patterns in practice, key messages and 2021 work programme. The report also documented that conversations had started across ICS networks to define what safeguarding would look like within the new structure in relation to roles and responsibilities and also how the new processes defined by the Domestic Abuse Bill would fit into this going forward. **Assurance: reasonable.**
- **Information Governance sub group** - It was noted that the Trust complied with national guidance for the retention of records which included digital records. The Committee was updated on the issues around archiving and destruction of records which had been inherited from a previous provider. Scoping work to resolve the concern had been paused during the first period of the pandemic and was due to recommence shortly. **Assurance: substantial.**
- **Emergency Planning, Resilience and Response Report** – there were no issues to escalate from the report. It was however noted that the Pandemic Incident Level has been reduced to a level 3. A 24 hour on call system continues and now includes support arrangements for the Mass Vaccination Programme. Additionally an Executive level on call arrangement had been put in place, alongside the existing process, to help the executive team to manage the ongoing extreme workloads and pressures. It was also highlighted that the Trust's winter planning and preparedness is underway. **Assurance: substantial.**

Escalation Points:

There were two Safeguarding risks rated 15 or above to escalate to the Trust Board:

Risk ID: 3182 and Risk ID 3327 – both rated at 16.

The committee agreed that the following highlights should be reported to the Trust Board:

- That a comprehensive safeguarding report had been received by the committee and provided a reasonable level of assurance; the substantial work being carried out by the team in trying to provide mitigations and support for safeguarding across the Trust and systems as a whole should be commended.
- The committee had received annual reports for Patient Experience as well as SIs and Incidents, both of which provided substantial assurance.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

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

- The continuation of the PALs service throughout the pandemic period had been invaluable to families, especially given that many services provided by other stakeholders had been stood down, and should be commended.
- The development and roll out of the new co-produced Supervision model for Safeguarding.

Author:	Kate Howard
Job Title:	Chief Nurse
Date:	29 June 2021