



TRUST BOARD

Title: KEY ISSUES AND ESCALATION POINTS
Name of Committee: Quality Improvement and Safety COMMITTEE
Committee Chair: Anne McConville
Meeting Date: 3rd September 2020

Summary of key messages:

The Quality Improvement and Safety Committee 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 continued improvement in the quality and assurance from the focus in the reports was noted.

1. Annual reports:

- **Clinical Audit** - this report summarized the findings from clinical audits and demonstrated their impact on our four Trust objectives.
 - **Substantial assurance** was agreed regarding the improvements to the systems and processes to identify, undertake and record clinical audits, particularly the tracking of audit actions via Datix. It was also highlighted that there was a significant improvement in the identification of relevant audits in a number of teams that have not historically engaged with the audit process.
 - **Reasonable assurance** was agreed for the impact of the actions from the audits as it is not evidenced that the teams discuss audit findings and resulting changes to practice and learning are widely shared.
 - The 2020 / 2021 Trust level Clinical Audit Plan was presented; relevant audits will go through the respective service Quality and Risk groups with a summary to Clinical Operations Boards in November and QIS Committee in December.
 - The process for identification, dissemination and assessment of impact of NICE guidance and Quality Standards has also been strengthened. Assurance was also given that relevant NICE guidance has been actioned during the pandemic.
- **Research**
 - The report gave **substantial assurance** and highlighted that we have achieved our recruitment objectives for last year which in turn attracts appropriate funding. There was recognition of the enormous amount of effort and support that the Research Team have given staff to encourage and build research capacity across our services.
 - The Research development opportunities for staff have continued to flourish with 5 successful CLAHRC fellowships awarded.
 - The majority of research was halted nationally at the beginning of the pandemic to focus on PHE urgent Covid19 related studies. We are looking to re start a small amount of activity over the next few months.
 - Funding for an Innovation post is being made available by the Eastern Academic Health Science Network.

- **Safeguarding**

- This comprehensive annual report gives **Reasonable assurance** that we are meeting all of the requirements in the NHSE / I Safeguarding Vulnerable people framework. Evidence can be taken from the improvements to the safeguarding governance processes and recruitment to key posts including securing additional funding for posts to support both the safeguarding adults and children's functions.
- Relationships with partner agencies continue to be strong and we have contributed to the three main section 11 assessment and challenge processes across our geographical area.
- Work has been identified for 2020 / 2021 to enable the move to substantial assurance when we have clearer data with appropriate analysis to inform future audit programmes, tailored training offers and a consistent supervision model.
- The development of a safeguarding Heat Map continues which is based on the data that will be initially drawn from the new safeguarding SystemOne template (work with other clinical systems covering Dental and iCaSH services will form part of this year's work plan).
- Safeguarding risks have been appropriately identified and managed throughout 2019 / 2020 – risks relating to increased safeguarding activity due to the pandemic which are beginning to emerge as restrictions are lifted and schools return, are monitored through our Incident management Team weekly. The potential negative impact for staff of vicarious trauma was discussed.

Post meeting note – risk 3250 added to the risk register scoring 12 relating to this. Support has been developed through the Live Life Well group and will continue to focus on ensuring appropriate expert psychological help is available for practitioners. Of note was the increased local service ownership of learning from case reviews and resulting changes to practice. The significant positive impact of the work of the two Heads of Safeguarding was noted along with the additional resource recently secured to strengthen the roles in our safeguarding adults and children's teams. It was noted that the annual summary of Prevent activity was not included and this will come to the December committee.

- **Professional Education**

- A comprehensive summary of Professional Education activity and investment was presented supported by a very robust trust wide Training Needs Analysis process. We have spent our HEE allocated funds for 2019 / 2020 and where funding was not identified e.g for non professionally registered staff, we have identified internal funding to support this group of staff.
- There was a positive outcome from our assessment against the HEE Quality Outcomes Framework
- It was noted that we receive very positive student feedback throughout the year and the support and encouragement of the Student Placement Team and Professional Education team is making a real difference to student and mentor experience.
- We are monitoring a current risk relating to increased clinical placement capacity required to meet national ambitions to attract more Nurses into the workforce. Requests from HEIs for additional placements are risk assessed with the service leads

and Education managers and a decision made on the numbers that we can safely support.

- We continue to invest in Trainees Nursing associate Apprenticeships and monitor spending from our Apprenticeship Levy.

- **Infection Prevention & Control**

- **Substantial assurance** was gained from the 2019 / 2020 IPC report.

2. **Reports from sub- groups** included :

- **Learning from Deaths** – the summary report is on the Board agenda under a separate item. Of note was the 91% of people supported to die in their preferred place which had involved a detailed focus for the Community Nursing and Palliative Care Teams in Luton.
- **Infection Prevention & Control**
Reasonable assurance was given to the Board in July from our IPC Board Assurance Framework self assessment due to limited audits having been undertaken. This summary was brought to QIS Com from the August IPC committee. The CQC IPC review summary was also noted by QIS Com as an external source of assurance. This is included in the Integrated Governance Report to Board in September in the Outstanding Care section. Extensive planning for the 2020 staff flu campaign was also noted.
- **Strategic Safeguarding**
Risks and current pressures were highlighted – no risks to escalate to Board. Face to face level 3 training is being delivered in a blended approach with on line modules and live reflective discussions via MS Teams. Supervision has re started since July with a mixture of 1:1 and group models.
- **Medicines Safety & Governance**
No issues or risks to escalate. A number of PGDs were approved. Substantial assurance given regarding the safe handling and management of medicines.
- **IG sub group**
No issues to escalate, Access to Records timeliness has improved.

3. **EPRR Core Standards self assessment, Critical & Major Incident Plan and Business Continuity Policy approval**

- The Critical & Major Incident Plan was approved alongside the Business Continuity Policy.
- Substantial compliance with the EPRR Core Standards was received with one are of continued action – updating all service Business Continuity Plans with the lessons learned through the pandemic – this will be completed by 30 September 2020.

Escalation Points:

Nothing to escalate – risks being appropriately managed.
The Critical & Major Incident Plan and EPRR self assessment are being presented to the Board in September for final approval following endorsement from QIS Committee

Emerging Risks/Issues:

Safeguarding risk discussed regarding impact on staff of vicarious trauma with increasingly complex safeguarding cases, specifically Non Accidental Injury.

Post meeting note new risk raised Datix no 3250 which will be monitored by the Children's Clinical Operational Board and Strategic safeguarding Group.

Examples of Outstanding Practice or Innovation:

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

- The establishment of locality based safeguarding groups that cover both adults and children's services;
- Swift response to learning emerging from safeguarding incidents eg training materials regarding bruising to pre mobile babies have been developed and shared with all staff;
- Funding made available for all staff to access development opportunities and high level of support offered to students by the Education Team;
- Improved governance around Learning from Deaths – this is informing improvements to practice and confirms that we are supporting people to die in their preferred place;
- The Eastern Academic Health Sciences Network are supporting a jointly funded post to support innovation – CCS is the only trust in the region that has been offered this opportunity.

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Date:	7 th September 2020