

TRUST BOARD

Title:	KEY MATTERS AND ESCALATIONS POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	Dr Richard Iles
Meeting Date:	5th September 2024

Summary of key messages:

This report provides an overview of the Committee's discussions in September, in line with the cycle of business. The agenda had an extra item, approved by the Chair (as it was external to the cycle of business), which related to the National Cleaning Standards. This was an escalation from the Infection, Prevention and Control (IPaC) Committee.

Appendix 1 of this document provides detail on the NHS England Emergency Preparedness, Resilience & Response (EPRR) Core Standards Assurance 2024.

Appendix 2 of this document provides detail on the Committee's annual report meeting from July 2024.

Thematic Reviews

Care Quality Commission (CQC) Report

It was noted that this was the first draft report, following the change in the national framework. Due to the level of changes within the framework, the new internal self-assessment tool is now more detailed and requires a more in-depth level of evidence and assurance, therefore it has been a time consuming process for teams. To support this an extended completion deadline has been given to services of the end of September, with confirm and challenges planned for November/ December. It was highlighted that the new focus on patient/ carer involvement was positive and that the Co-Production Leads have been supporting the internal CQC self-assessment process, ensuring that patient/ carer voices are heard and reflected in the scoring.

It was noted that this is a work in progress and that the CQC ratings presented, could change following patient/ carer feedback or following the confirm and challenge discussions. The purpose of bringing the initial work to QISCOM was to provide assurance that the work is ongoing, that some draft ratings have been identified, and for the Committee to understand the processes and barriers to implementing the new framework.

The Medical Director and Chief Nurse, met with the CQC in early September and no areas of concern were highlighted, a discussion around the neurodiversity pathway and how the organisation is working to manage and mitigate against this was noted.

Substantial Assurance.

Safer Staffing Report

Background to the safer staffing requirements was provided and an overview of where the organisation currently is in terms of understanding safer staffing levels and escalation procedures. It was noted that a 'one size fits all' approach does not suit all the services and that some teams may not need to report or escalate daily, whereas other services will (e.g., Luton Adults). Work is ongoing with the Roster team in relation to the utilisation of the safer care modules – however, again this approach may not have the correct requirements for all teams. It was highlighted that the Trust does have an approach for safer staffing escalation which is through the Business Continuity Processes.

It was stated that a new national Safer Staffing Tool for Community Nursing is being rolled out, which the Trust will be part of however no other national models are currently available to meet the team's needs. The aim of the project is to have a Trust wide safer staffing dashboard which is linked to the iHub.

Substantial Assurance.

Sub-Group Reports

Learning from Deaths – Quarter 1

The Committee was sighted on the Preferred Place of Deaths (PPD) data, and that more work is required to improve in this area. An update on the actual national requirements for Learning From Deaths reporting was provided, alongside the need to review the report and processes moving forward.

It was highlighted that the triangulation between Learning From Deaths and Safeguarding reviews was important and that there will be an update/ trend analysis at the next meeting in relation to the ethnicity of patients who meet the criteria for the report.

Substantial Assurance.

Safeguarding Strategic Group – Quarter 1

The positive training data compliance was noted, and a review of the current training requirements was discussed, this is in light of the publication of the updated inter-collegiate document. The new Safeguarding Intranet page was highlighted, and updates around the Multi-Agency Safeguarding Hubs (MASH) were provided – this included the Committee hearing about the ongoing review of performance data within the Cambridgeshire and Peterborough MASH. A discussion in relation to the latest Mental Health Capacity Act (MCA) audit highlighted that further work is needed to ensure clinicians see the MCA processes as an integrated part of the care that they provide to patients. This work is being overseen by the Deputy Chief Nurse and will be reported to the Strategic Safeguarding Group and the Clinical and Professional and Clinical Leaders meeting.

Substantial Assurance.

Quality Improvement Group

This paper provided positive assurance in relation to the following activity:

- Clinical and Professional Leaders Group.
- Medicines Safety and Governance Group.
- Research Group.
- Clinical Audit and Effectiveness Report.
- Information Governance Steering Group.
- Data Quality Group.
- Safety Improvement Group.
- IPaC Committee.

The Committee discussed the ongoing work around record keeping and defensive record keeping, a task and finish group is looking at the Trust's approach to this, following clinician feedback. It was noted in the report that a new Quality Improvement Group (QIG) is reviewing how the organisation can reduce the number of erroneous letters being sent to patients. This is linked to a broader piece of work which will be looking at the low and no 'harm' incidents linked to Information Governance activity.

Substantial Assurance.

Strategy

Quality and People Strategy – Quarter 1

A full update of Quarter 1 activity was provided against strands 1, 2 and 3 of the Quality Strategy and workstreams 1, 3, 4 and 5 of the People Strategy. At this time there were no escalations or concerns that objectives would not be met. Three changes in timescales for delivery were noted from within the Quality Strategy section.

Substantial Assurance.

Regulatory

Cleaning Standard Compliance (Infection Prevention and Control)

This is an escalation from the IPaC Committee in relation to the Trust position against the National Cleaning Standards, which were rolled out in 2021. Despite working hard to achieve compliance, the organisation still has 3 sites where further information on compliance is needed from the contracted cleaning company, and 1 site where we are working with the contractor to support them to meet all the requirements within the standards, this is an ongoing piece of work, which is progressing.

The IPAC Committee have made the decision that environments that the Trust do not own, but lease from a landlord, where the landlord sources the cleaning company should not be part of our internal risk assessment/ mitigation plan. Cleaning in these instances should be monitored by the landlord, with Trust staff escalating cleaning concerns through the landlord's procedures. QISCOM agreed with this position.

Substantial Assurance.

NHS England Emergency Preparedness, Resilience and Response (EPRR) Core Standards Assessment 2024

It was noted that the core standards assessment is seen every year at both QISCOM and at Trust Board (for approval/ sign off). This year due to system deadlines the draft return had already been submitted to the Cambridgeshire & Peterborough Integrated Care Board, with the peer review meeting being scheduled for the 5 of September 2024. CCS would also be attending peer review sessions with the other systems in which it operates during September and October.

This year the Trust has submitted a rating of **substantial assurance** (last year this was partial assurance), with 58 out of 60 areas standards being rated as substantial fully compliant. The 2 areas of partial assurance are related to ongoing work around Business Continuity Management (BCM) and EPRR Training. The organisation continues to develop and embed robust processes; however, it was noted that this will take time. The deep dive this year was linked to cyber security, and whilst this review does not contribute to the final rating it does provide opportunity to share good practice nationally, which is supportive to this important workstream of focus.

Two policies linked to EPRR Resilience (EPRR Policy 2.0 and Business Continuity Management Policy 2.0) had been updated in line with recent learning and updated guidance. These were virtually approved by QISCOM members outside of the meeting.

Substantial Assurance.

Risks and Issues

No specific points raised in relation to the risks. It was noted that risk 3530: (There is a risk that if the Trust cannot meet the requirements of the Care Quality Commission (CQC) Fundamental Standards of Care, patients may not receive high quality care and the impact of this would be a poorer experience for the patient and the potential that the Trust would not maintain its outstanding rating), would be closed and a new quality risk developed, which is broader in scope.

The Annual Review of Quality Risks report was received by the Committee.

Terms of Reference

The Committee will be reviewing the Terms of Reference at the developmental meeting in December.

Cycle of Business

The Committee noted the Cycle of Business for 2024/ 25.

Any Other Business

The Committee noted the national issue in relation to the shortage of ADHD (Attention Deficit Hyperactivity Disorder) medications for children, this will be discussed in the Children and Young People’s Clinical Operational Board and sighted at Board. The Medical Director, Lead Consultant for ADHD and the Pharmacy Team are developing an internal plan to manage the impact on children and young people and clinical colleagues.

Appendix 2 of this document provides detail on the Committee’s annual report meeting from July 2024.

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

Items noted for escalation to the Board include:

- The national issue in relation to the shortage of some ADHD medications.
- The positive outcome in relation to the EPRR standards.
- The approval of the Trust’s position on the national cleaning standards.

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

The reports contained several examples of good practice including:

- The positive outcome in relation to the EPRR standards.

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Date:	11 September 2024