



## TRUST BOARD

**Title:** KEY ISSUES AND ESCALATION POINTS  
**Name of Committee:** QUALITY IMPROVEMENT AND SAFETY COMMITTEE  
**Committee Chair:** DR ANNE MCCONVILLE  
**Meeting Date:** 25<sup>th</sup> MARCH 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 was the first meeting of the Committee since September 2020; in line with the 'Reducing the Burden' programme of work 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 commented positively on the quality of the reports received and the level of detail described within them.

### Annual reports:

- **Incidents (including Serious Incidents SIs)**  
The annual Incidents and Serious Incidents thematic review report clearly identified the numbers and type of incidents that had occurred and actions taken to improve practice. Comparisons with other similar organisations were also evaluated to provide a benchmark. The one Serious Incident reported during 1 April – 1 September 2020 timeframe was related to safeguarding, this has now been concluded and actions completed. **Assurance: substantial.**
- **Patient Experience (Bi-annual)**  
The report highlighted numerous examples across our services where feedback has been used to improve practice. This included feedback from patient stories, PALS enquiries and learning from complaints. The Trust overarching FFT score was noted as being 94.91%, and whilst patient feedback reduced during wave 1 of Covid-19 this has increased again. **Assurance: substantial.**
- **Medicine Management Report (Bi-annual)**  
The report highlighted the on-going collaboration with the CCG's and other colleagues in relation to Pharmacy issues, including liaison around formulary matters and out of stock medications. It was noted that the medication policy is due to be refreshed in 2021, with a number of new elements being introduced following learning from the pandemic. **Assurance: substantial.**
- **Information Governance (IG) Report**  
The report highlighted reported IG incidents and the learning from these, mandatory training compliance remains above the Trust target and an increase of freedom of information requests was identified. The IG priorities for 2021 / 2022 were approved. **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 was in place, with research continuing, where appropriate, during wave 2. The pandemic has however impacted on the Trust's ability to recruit to studies. Moving forward there has been new band 4 role recruited too within the research team in order to increase capacity. **Assurance: substantial.**
- **PREVENT Report**  
An update of the 2020 / 2021 objectives was highlighted and the 2021 / 2022 objectives were presented for approval. It was noted that PREVENT training compliance remains high (above the national target) and that the organisation continues to engage with all the relevant bodies to

support this agenda. **Assurance: substantial.**

#### Reports from Committee Sub-groups:

- **Learning from Deaths** - the summary report is on the Board agenda under a separate item. Of note was the 95% of people supported to die in their preferred place which had involved the Community Nursing and Palliative Care Teams in Luton. **Assurance: substantial.**
- **Clinical and Professional Leaders Group** – as the group has not met since the last Committee in September 2020; the report highlighted for noting a number of policies which had been approved virtually. **Assurance: substantial.**
- **Infection Prevention & Control (IPAC)** – the summary report highlighted that there had been no healthcare acquired infections or serious incident's declared in quarter 2 and 3. The Trust had 3 staff covid-19 outbreaks within the reporting period which were managed in line with national guidance. Additionally it has been agreed at the last IPAC Committee that the water safety group would now be an integrated part of the IPAC Committee agenda. **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. Face to face level 3 training is being delivered in a blended approach with on line modules and live reflective discussions via MS Teams, and compliance is on an upward trajectory. A review of the Adult Safeguarding Team has been undertaken and an increase of staffing agreed; this is in light of the increased workload and the implementation of the Liberty Protection Safeguards in April 2022.

The safeguarding team is undertaking a review of all Non-Accident Injury incidents across the Trust to identify themes and lessons to be learned. The evaluation timeframe has just been increased for a further 3 months so that additional information can be analysed. **Assurance: reasonable.**

- **Medicines Safety & Governance** - no issues or risks to escalate from the group. A number of PGDs and policies were approved during the reporting period. **Assurance: substantial.**
- **Information Governance sub group-** there were no issues to escalate; training compliance for IG remained at 94% and the group reported that all standards were met from the Data Security and Protection Toolkit (in September 2020). **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 level 4 and 5 serious incident, but also EU exit and winter planning. **Assurance: substantial.**

#### Escalation Points:

- That substantial assurance could be taken from the information presented from a number of excellent annual reports and updates, particularly given the current challenging period and with the roll out of the mass vaccination programme.
- It was the first meeting of the committee since September 2020 so the cycle of business was slightly off track.
- The committee received a comprehensive six month Safeguarding report which gave reasonable assurance and highlighted the substantial amount of work that had been undertaken over the last 18 months to improve safeguarding support and systems.
- All Patient Experience avenues had remained open during the pandemic period.
- A review of risks rated 12 and above would take place at the next meeting June.
- Celebrations included the recent Shine a Light Award for the Luton Tissue Viability team, as well as high levels of mandatory training compliance being maintained during the pandemic period.

<b>Emerging Risks/Issues:</b>	
None.	
<b>Examples of Outstanding Practice or Innovation:</b>	
<p>The Annual reports contained a number of examples of good practice including:</p> <ul style="list-style-type: none"> <li>▪ The increase of the Adult Safeguarding Team in order to meet the requirements of the workload and Liberty Protection Standards</li> <li>▪ The continued focus on mandatory training compliance during the Level 4 / 5 incident</li> <li>▪ The work of the Emergency Planning, Resilience and Response Team supporting the Trust's preparedness for EU Exit, Covid19 and the winter pressures.</li> </ul>	
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