



TRUST BOARD

Title:	KEY ISSUES AND ESCALATION POINTS
Name of Committee:	QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	DR ANNE MCCONVILLE
Meeting Date:	23rd March 2022

Summary of key messages:

The Quality Improvement and Safety Committee (QIScom) 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 thematic reports and updates. The Committee commented positively on the quality of the reports received and the level of detail described within them.

Thematic Reviews:

- **IPaC (April-Sept 2021):** Update provided on IPaC incidents which continued to be in the main needlestick injuries. Staff reporting of Lateral Flow Test results had increased to 30%. One covid outbreak had been reported for the period involving two members of staff; no reported exposure to patients. The IPaC service provided the Trust with assessment reviews of each of the LSV centres both pre and post opening to ensure compliance to national Covid guidelines. Two Trust-wide IPaC link champions meetings had been held in June and September 2021 with over 20 link champions virtually attending both meetings.
Assurance: Substantial
- **Clinical Audit (April-Sept 2021):** A summary of the Trust's clinical audit and NICE activity over the six-month period of April to September 2021 (Quarters 1&2, 2021-22) was provided. The Committee received assurance that both clinical audit and the NICE guidance process were embedded into Trust services and met its obligations in regard to legal, statutory and Care Quality Commission (CQC) requirements. An Audit Plan for 2022/23 would be presented at the June 2022 meeting.
Assurance: Substantial
- **Information Governance (April-September 2021):** Both the Information Governance Operational and Strategy Groups had met during the period. There were **112 confidentiality breaches** (104 the previous six months). No incidents were serious or caused harm; however, 2 were reported to the ICO. Information Governance and Data Security **training had remained around the mid-nineties rate**. The **total number of Access to Records requests** was **258** (an increase from 224 for the previous 6 months). The **total number of FOI requests** was **108** (an increase from 89 for the previous 6 months). Following the publication of the 2020/21 Data Protection and Security Toolkit in June 2021, the 2021/22 Toolkit was being developed with a baseline due to be submitted in February 2022 and an audit scheduled for March 2022. The intention was to publish the full assessment ahead of the 30 June 2022 deadline showing all standards being met as assessed by the algorithm used by NHS Digital.
Assurance: Substantial

- **Safeguarding (April-September 2021):** Complexity of cases continued to be high. A flowchart for handling requests for court reports, statements and subject access requests for use across both Adult and Children’s safeguarding was endorsed by the committee. The Heads of Safeguarding had reviewed the supervision model. Prevent was now a standing agenda item for all Safeguarding Operational Boards and feedback from Channel panels would be via this route; the committee endorsed the revised Prevent Policy. A SystemOne Safeguarding template for children had been implemented in all services across the Trust and would be reviewed on a regular basis. A review of data collection and presentation relating to the MASH was underway. Cambridgeshire & Peterborough were now working as an aligned MASH function supporting services across CCS and CPFT and a new staffing model was proposed to support resilience. It was noted that although the overall assurance was ‘Reasonable’ the team were working extremely hard and were doing an exceptional job to ensure appropriate measures and practices were in place and embedded across the Trust.

Assurance: Reasonable

- **Research (April-September 2021):** The CRN annual target had been exceeded. The Trust was allocated RCF funds for use in 2021/22 and been awarded RCF for the period 2022/23. The RCF recruitment threshold was achieved and **exceeded** by almost **400** participants. A number of research projects were underway – examples shared included a translation project and the use of digital translation tools to assist with research engagement and delivery in under-served communities. A Research Champion’s project had begun in Norfolk, as part of all newly qualified health visitors and school nurses’ preceptorship programme funded by Health Education East (HEE). This would feed into the wider ‘Research champions’ work of the Trust which aims to support clinicians to promote research and NIHR Portfolio studies within the Trust.

Assurance: Substantial

Trust Quality Account 2021/22

- It was noted that the committee would review and approve the Trust Quality Account for 2021/22 virtually during May 2022.

Reports from Committee Sub-groups:

- **Learning from Deaths** – a summary report for quarter 3 was received by the committee. A detailed summary for quarters 3&4 would be included with the May board IGR (Integrated Governance Report). It was noted that feedback from a recent iCaSH case would be shared as a staff story with the Trust Board and new approaches were planned for LeDeR. Additionally, the approach to end of life care by services continued to be outstanding with many excellent examples coming through.
- **Safeguarding Group** – it was noted that children’s safeguarding training compliance had been affected by staff absence and supervision compliance remained overall stable. Mental Health Act training had a low level of compliance across the organisation. This issue had been identified as a key priority for the Adult Safeguarding Team for 2022/23. A timetable was now in place for the new Liberty Protection safeguards. A new Prevent Lead had been appointed. New national guidance for Adoption Records had been issued. The terms of reference for the Strategic Safeguarding Group were under review.
- **Medicine Safety and Governance Group** – It was noted that antibiotic audits had continued throughout the pandemic with good outcomes as well as the tremendous amount of work undertaken by the team during a most challenging period, particularly with the addition of LSV delivery.
- **Infection Prevention & Control (IPAC)** – update provided on the flu vaccination campaign; uptake had been challenging, however CCS reached the highest level for community trusts across the region. The IPaC BAF (Board Assurance Framework) was under review and would

be presented at the next meeting. An outstanding piece of work had been carried out in relation to air quality. A number of IPaC champions were now in place to support staff.

- **Information Governance Steering Group** – training levels remained overall compliant and developments with the Data Protection and Security Toolkit continued and were on target. Access to Records and FOI requests were being addressed within the required timescales. There were no confidentiality breaches which required reporting to the ICO.
- **Health and Safety Committee** - Overall the picture remained static. The number of verbal abuse cases had increased both virtually and across LSV centres and anti-vaccination activity was minimal; both COBs were well sighted on these issues. Committee attendance had improved substantially with more engagement and commitment from across all services.

Assurance: Reasonable

Risk Review – There were 2 risks rated 12 or above:

Risk ID: 3449 - Patient care would be compromised if record keeping was not undertaken in line with national standards (rated 12)

Risk ID: 3227 - Number and complexity of safeguarding enquiries (rated 16)

Annual Cycle of Business 2021/22 and 2022/23 – Due to COVID pandemic the timing of some Committee items in 2021/22 had slipped but the expectation is that the cycle would have been caught up across the summer and any exceptions would have been drawn to the Committee’s attention. The Quality Account sign-off to be added to 2022/23.

Escalation Points:

- None

Emerging Risks/Issues:

- Risk 3227 (rated 16): already cited by the board through the Integrated Governance Report.
- The annual cycle of business for 2021/22 had slipped due to the Reducing the Burden steps taken during the pandemic period. It was expected that all business items would be back on track by the summer. The committee had remained fully sighted on any exceptions during this period.
- It was agreed that all future reports should contain a ‘page to view’ summary of any risks referenced.

Examples of Outstanding Practice or Innovation:

- A programme of clinical audits had been maintained throughout the pandemic period including an outstanding piece of work around real time audits and acceptability of moving towards digital
- The committee was impressed by the added value that the Safeguarding Team had brought in building staff capacity and competence around supervision and relationships with partners, despite the added complexity of cases and difficulties in working through the pandemic. The ‘Think Family’ approach had developed and aligned the children’s and adults safeguarding practices. Further conversations would take place on expectations for achieving ‘substantial’ assurance.
- The Research Team had successfully secured additional research funding which would allow for the Trust’s research programme to be broadened and provide additional staff resources for the team. The translation research project was an important study into providing an equity of language into research.
- Committee is aware of the work being undertaken around culture of enquiry and innovation and look forward to receiving more information on this at a future date.

Author: Dr David Vickers

Job Title: Medical Director

Date:	10 May 2022
-------	-------------