

TRUST BOARD

Title:	KEY MATTERS AND ESCALATIONS REPORT
Name of Committee:	EXTRAORDINARY QUALITY IMPROVEMENT AND SAFETY COMMITTEE
Committee Chair:	Dr Richard Iles
Meeting Date:	23 July 2024

Summary of key messages:

Following a review of the Quality Improvement and Safety Committee (QISCOM) in March 2024, it was agreed to add an extraordinary meeting to the yearly cycle to provide focus on the annual reports.

The information contained within these reports will have been scrutinised previously at QISCOM in the form of the quarterly or 6 monthly updates and any escalations reported to Board in line with the organisations internal governance.

Annual Reports

Medicines Management Annual Report April 2023 – March 2024

The Committee was assured that there is a robust process in place to manage medicines and that the bi- monthly Medicines Safety Governance Group (MSGG) routinely reviews Patient Group Directives (PGDs) and medicines incidents.

It was noted that:

- There is an extensive number of formularies that staff come into contact with during their daily role, the Integrated Care Board (ICB) is currently attempting to coordinate formularies' between providers. The Trust provides formularies for our staff based on best practice and evidence around antimicrobial resistance.
- Technicians within the Luton Adult service explore medicine reconciliation and optimisation issues for their patients, additionally receiving referrals from General Practitioners (GPs) and Primary Care amongst others to review medicine rationalisation.
- The reduction in use of Sodium Valproate prescribing since February was discussed, there have been several National Patient Safety Agency (NPSA) alerts on its use in pregnant women over a prolonged period of years. It was highlighted that under system leadership, changes are starting to be seen.
- Non-Medical Prescribers (NMPs) - work completed in 2023/ 24 included:
 - FP10 prescribing pad amnesty – a number of staff were removed from the prescribing register who had not prescribed for an extended period of time, the maintenance of skills requires consistent prescribing.
- Moving forward The Chief Pharmacist is planning a piece of work to review how data flows through the Medication Safety and Governance Group (MSGG) and into the Integrated Governance Report (IGR) to improve timing and flow.

Substantial Assurance.

Professional Education Annual Report

It was noted that during 2023/ 24 c.£390,000 was received in funding from the previously named Health Education England, this was used to support clinical priorities in line with the needs analysis. Following circulation of the report it was confirmed that for 2024/ 25 the Trust will receive £371,000, £20,000 less, than the previous year, therefore following completion of this year's Training Needs Analysis only essential training will be supported. This will be reviewed on a quarterly basis with any identified underspend allowing the potential of more flexibility in accessing the fund.

The Education team have continued to support the clinical workforce, challenges remain in the provision of placements within the workforce, due to the academic profile requiring the provision of placements simultaneously. Work is progressing on increasing the number of placements.

The Committee noted the work that has been undertaken in relation to advancing practice – this is mainly relevant within the Physiotherapy service and the Luton Adults development on Virtual Wards. Developments include:

- An Advanced Clinical Practitioner (ACP) role within the Respiratory team has been recently advertised.
- The first Nurse Consultant has been appointed who can provide supervision to ACPs going forwards, 2 individuals have been identified to follow the ACP pathway into the Rapid Response service.

Substantial Assurance.

Library Service Annual Report

There have been some funding changes, 2 separate funding allocations will be received in 2024/ 25 instead of one. Internally there are currently fewer studies running, however recruitment remains high, this reduction is reflective of services significant workloads. However, from a Research team perspective, extra resources are in place to support some services, this is to ensure that studies are completed. Additionally, the Research team have started scoping commercial study feasibility, with focus being on IPaC.

Substantial Assurance.

Information Governance Annual Report

Elements highlighted for the attention of the Committee included:

- Confidentiality breaches.
- Mandatory training is on target.
- A positive improvement relating to Freedom Of Information (FOI) and Access to Records requests.

In terms of confidentiality breaches the majority did not raise significant concern, however they were noted to have doubled. There is ongoing work relating to record keeping and an efficiencies opportunity which is expected to improve this gap. Additionally, Information Governance (IG) training was confirmed to be at 95% for April, May and June, which meets the national target requirement.

The IG toolkit review which takes place annually, evidenced for 2023/ 24 an improved performance on the previous submission. The next submission was due in June 2024.

Reasonable Assurance.

Patient Experience, Including PHSO (Parliamentary & Health Service Ombudsman) Annual Report

The Committee's attention was drawn to the following points:

- The Friends and Family Test (FFT) outcomes exceeded the Trust target for good or very good during this period.
- There were variations at service level relating to response rates, however efforts have been successful in improving these Trust wide.

Complaint numbers remained consistent since the last report; however, inquiry numbers have increased by approximately 200. Five complaints were reopened, (this is similar the number during the previous reporting period), and a significant number of formal complaints continue to be downgraded, indicating successful resolution at service level. The Patient Experience team continues to gather feedback from complainants and staff regarding the complaints process to identify areas where support can be improved. Feedback has been shared with the wider team with the current focus on reviewing how approaches can be adapted to further support staff and complainants with an accompanying action plan.

In 2023/ 24 there were no referrals accepted by the Parliamentary Health Service Ombudsman (PHSO).

Substantial Assurance.

Infection Prevention and Control (IPaC) Annual Report

Items highlighted for the Committee's attention included:

- There have been zero Healthcare-Associated Infections (HCAIs) or positive legionella samples were recorded within 2023/ 24.
- The Trust has responded promptly to several challenging infections during 2023/ 24 including measles, whooping cough and covid (still being reported until the end of October 2023).
- Datix reporting of IPaC incidents during 2023/ 24 did decrease by 50%, this is likely due to the Mass Vaccination sites closure by the end of March 2023 which saw an increased number of needlestick and contaminated vial incidents reported during its operation.

In relation to antimicrobial usage, data is reviewed 6 monthly via MSGG and the IPaC Committee. It was noted that compliance with antimicrobial prescribing is positive, any lapses are reviewed with services and individuals. This approach will be updated as a new national 5 year strategy on antimicrobials has been circulated recently.

Despite having the 6th highest uptake in the country in flu vaccination, uptake rates last year were low at 62% with a possible challenge identified as being vaccine fatigue. Currently staff can report vaccination via a QR code and email. Current plans for 2024/ 25 include:

- Reciprocal clinics will occur with Norfolk Community Health and Care (NCHC) Trust, staff from either Trust will be able to attend these clinics.
- Increased number of vaccinators in Norfolk.
- Increasing the provision of walk-in slots.
- The continuation of the Trust donating money to the Trussell Trust for vaccinated staff, staff are supportive of this idea.
- Review of the Australian flu season will provide insight into the possible impact on the Trust.

Substantial Assurance.

Clinical Audit Annual Report

The Committee was asked to note that the Audit Programme has increased over the past 2 years and that processes are in place to support audit activity across all services. There are two areas within the approach which have been strengthened this includes supporting Quality Improvement (QI) and reauditing to assure the impact of the original audit.

Over the past year there has been an improved training and education offer, which has received positive feedback from staff, the aim of this programme is to increase diversity and the quality of audits completed within the Audit Programme. Training has been delivered via Teams workshop events, the Intranet or focused individualised training sessions. This has been expanded to include pre-registration students to introduce the concept of auditing and its importance.

The yearly Record Keeping Audit was completed as per the national requirements – this has been reported internally within the Clinical and Professional Leader's Group.

Substantial Assurance.

Serious Incident and Safety Annual Report

The implementation of the Patient Safety Incident Response Framework (PSIRF) is on target with national requirements, with significant progress being achieved last year. The Learning from Patient Safety Events (LFPSE) system has replaced the use of the Strategic Executive Information System (StEIS). The Deputy Chief Nurse is currently completing the required training to lead patient safety, but there is planned expansion to identify Patient Safety Specialists to provide resilience within this area.

The three Patient Safety Partners (PSP's) provide valuable patient insight to the Safety Improvement Group, this is being expanded to include patient involvement in providing a voice to complicated and Serious Incidents (SI's) when communication is unavailable with those involved, this usually relates to difficult safeguarding cases.

In terms of incidents, it was reported that:

- There was a decrease in the overall number of incidents reported in 2023/ 24 – this is believed to be because of Mass Vaccination Sites closing.
- There is an increased reporting of incidents within the Norfolk Children’s directorate. This is attributed to new services that have joined the Trust.
- There were two SI’s were reported in 2023/ 24.
- The harm profile of the Trust remains stable, with the majority have been low or no harm.

Assurance Rating not noted.

Safeguarding Annual Report

The report was presented for substantial assurance against NHS England’s Safeguarding Accountability and Assurance Framework 2022 due to high safeguarding training compliance, with reasonable assurance against our internal framework focusing on training, supervisions and operational targets ensuring appropriate support to clinicians working with patients. Safeguarding was noted to have been in and out of its Business Continuity Plan (BCP) with substantial vacancies across Safeguarding teams. It was noted that:

- Training and compliance – progressing into 2024/ 25 rates have decreased, particularly in relation to Level 3 Safeguarding training. However, plans are in place to increase access to training.
- The 3 Multi-Agency Safeguarding Hub’s (MASH’s) in Bedford, Luton and Milton Keynes are now working more collaboratively, however the challenges in Cambridgeshire and Peterborough (C&P) MASH continue with the separation by the Local Authority (LA) into two separate functions. The Trust is revisiting processes and responsibilities in relation to provision of resources that will be deliverable within C&P.
- A number of Quality Improvement projects have been commenced/ completed in 2023/ 24, these include:
 - Refreshing the Safeguarding Intranet pages.
 - Devolution of Intranet responsibilities to individual teams to ensure local information is accurate.
 - Updating SystemOne templates to improve efficiency for staff completing them.

Assurance: The report was presented for Substantial assurance against NHS England’s Safeguarding Accountability and Assurance Framework 2022 due to high Safeguarding training compliance, with reasonable assurance against our internal framework.

Any Other Business

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

Items noted for escalation to the Board include:

- Substantial assurance provided against NHS England’s Safeguarding Accountability and Assurance Framework (2022).

Emerging Risks/Issues:

None.

Examples of Outstanding Practice or Innovation:

The reports contained several examples of good practice including:

- The ongoing development of the annual Audit Plan.
- Ongoing work around professional education, inclusive of the support the Library services provide the Trust.

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Date:	11 September 2024