COMMITTEE CHAIRS'S REPORT TO BOARD
8 November 2021
MS Teams
10.00AM – 12.30PM

manx care
Kiarail Vannin

COMMITTEE ALERT, ADVICE, ASSURANCE REPORT TO BOARD

Committee:	**Quality, Safety & Engagement Committee**
Meeting Date:	**8 November 2021**
Chair/Report Author:	**Vanessa Walker**

KEY ITEMS DISCUSSED AT THE MEETING

TO ALERT (Alert the Board to areas of non-compliance or matters that need addressing urgently or new risks)

Issue	Committee concern	Action required	Timescale
Action log	The Committee were concerned about the number of actions on the action log which appeared not to have been updated, or were scheduled for assurance at the meeting but due to the level of apologies could not be actioned.	The Committee resolved that actions should be updated by the relevant Executive director in advance of the meeting and, if they were not able to attend to provide assurance at the appropriate point, to ensure a deputy or other member of the team attends in their place to provide assurance.	With immediate effect.
Theatre Improvement Plan	The Committee acknowledged that there are a diverse range of opinions regarding the safety of surgery carried out on the Isle of Man. Some external reports for example contrasting with expressed opinions of a consultant colleague. The Committee is seeking assurance on safety and improvement, and intends to take stock of all sources of information in order to reach a consensus upon which assurance can be provided to the Board of Directors.	Not all members of the Committee were in possession of the views expressed by a consultant, and given that key members of the executive needed to hold such as discussion were not in attendance, it was resolved to plan for assurance on Theatre Improvement to be added to the cycle of business for this committee.	From December 2022

Implementation of recommendations following external reviews in social care	The Committee welcomed the stock take and assurance on implementation of recommendations following external reviews of services in social care. It was encouraging to understand that actions are being taken and the paper broadly provides positive assurance of delivery. The Committee considered that the report helps Manx Care to evaluate learning and adaptive capacity.	The Committee considered the role and remit of IRB and resolved that, going forward, it is necessary to focus on underlying themes and how those themes are being progressed and delivered in improvement activities. The Committee resolved to (i) gain a better understanding of the role of IRB and how IRB intelligence can inform the Committee's consideration; and (ii) receive an update on delivery of recommendations following the appointment of assistant directors of social services in April 2022.	From April 2022
Infection Prevention & Control	The Committee pay very close attention to IPC assurances. The Committee were satisfied that MRSA is and remains under prudent control, and that CDI has been stable for the last three months. There is concern that improvements in respect of hand hygiene compliance are required to give additional confidence in respect of proactive control procedures. The Committee considered the reasonableness of a zero target for CDI.	The Committee resolved to keep IPC under monthly review for the foreseeable future, and would give consideration to making a recommendation to the Board to amend the annual trajectory/compliance threshold for CDI.	Ongoing
CAS Alert Assurance	The Committee considered CAS Alert assurances. CAS alerts in general cover safety-critical messages and instructions to healthcare providers, which they must act upon in the time specified. Some alerts are immediate, others have more time allocated to resolve the concern. They may involve product recalls, information on specific hazards to be managed in a specific way or drawing attention to lessons learned elsewhere that need to be cascaded. At present Manx Care is not in a position to provide retrospective assurance on alerts issued to the NHS. The systems in operation at Manx Care are not yet capable of producing data upon which the QSE can be satisfied about compliance.	The Committee acknowledged that control system for the handling of CAS alerts will need to be developed and implemented. It was therefore resolved to keep the implementation of CAS alerts under close monitoring, including exposure to risks or incidents, in accordance with the Committee's cycle of business.	Ongoing

Mandatory Training	The Committee have acknowledged that there are gaps in the control over and assurance of mandatory training. The system is complex and designed to meet the needs of a wide range of stakeholders, not just healthcare. It is anticipated that this will be a concern when CQC inspect Manx Care.	The Committee acknowledged that the design of a control framework to deliver effective mandatory training specific to the needs of health care requires broader discussion and planning and is primarily the purview of the People Committee. The Committee's judgement is such that there are significant gaps on control and assurance.	Ongoing
ASSURE (Detail here any areas of assurance that the Committee has received)			
Issue	**Assurance Received**	**Action**	**Timescale**
Vital Sign Measurement	The Committee noted the report from the Operational Clinical Quality Group demonstrating improvement in August and September 2021 regarding the timeliness of vital sign measurement on inpatient wards at Nobles Hospital.	The Committee resolved to monitor the improvement reported.	Ongoing.

The following existing risks were identified during the meeting: (if none please state "none")	**Risk:**	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =
	Risk:	**CRR/BAF Nº:**	**Risk Score:** L x C =