

QUALITY ASSURANCE COMMITTEE – 29th September 2020

HIGHLIGHT REPORT

The key headlines/issues and levels of assurance are set out below, and are graded as follows:

Strength of Assurance	Colour to use in ‘Strength of Assurance’ column below
Low	Red - there are significant gaps in assurance and/or not properly assured as to the adequacy of action plans/controls
Medium	Amber - there is reasonable level of assurance but some issues identified to be addressed.
High	Green – there are no gaps in assurance and there are adequate action plans/controls

Report	Assurance level*	Committee escalation	ORR Risk Reference
Minutes of the previous meeting held on 18 th August 2020 (<i>Paper A</i>)	NA	The minutes were agreed.	NA
Matters Arising not on Action Log	NA	Nothing additional matters arising.	NA
Action Log (<i>Paper B</i>)	NA	Actions agreed.	NA
Director of Nursing, AHPs & Quality Report (<i>Paper C</i>)	High	<p>Highlights - IPC Guidance around re-mobilisation of services was issued by Public Health England on 20th August and all practices have been revised in light of this guidance. Hand Hygiene audits figures continue to improve.</p> <p>There has been an increase in numbers of Section 42s which the Safeguarding team are monitoring. The Agnes Unit and CAMHS inpatient units continue to receive support and develop their quality improvement plans. Complaint Training events have been held on improving responses to complaints. From a patient safety perspective there has been an increase in violence and aggression but this can in part be attributed to improved reporting of incidents. Covid related capacity problems could</p>	1, 2, 3, 4, 9, 47

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		disrupt the student nurse placement programme and this will be added to the ORR next month.	
Medical Director Update (<i>Verbal</i>)	NA	A request has been received from the University of Leicester to take an increased number of students and this plan is currently being drafted. The smoke free policy is being revisited. The new policy will be completed by January 2021 and the old policy is being adhered to during this interim period. There is a robust plan in place for communicating the current position to ensure no confusion .	1, 2, 3, 4, 9, 47
Performance Report for Quality and Workforce Measures (<i>Paper D</i>)	Medium	There was no presenter in attendance for this report so difficult to have full discussion A query was raised about the Covid related Hospital Acquired Infections which will be clarified. A number of amendments to this report were being sought. This will be fed back to the team.	All
Patient Safety - National Direction of Travel (<i>Paper E</i>)	High	The paper detailed the changes that are to take place and how LPT is preparing to implement these changes, supported by QI and the current Culture Programme. The new framework should be complete next year and QAC will be kept updated on progress.	1, 2, 3, 4
Medicines Optimisation (<i>Paper F</i>)	Medium	The paper confirmed that in relation to the medicines management aspects of the 2018 CQC Report the Trust is now in a much better position.. One concern remains around controlled drugs which was in relation to patients arriving on the wards with Pregabalin. Ward managers' weekly checks have now been introduced to resolve this matter. The next QAC meeting will receive an update on this matter.	2
Clinical Audit and NICE Guidance follow-up (<i>Paper G</i>)	Medium	The mapping of all audit programmes to SUTG strategic objectives continues, leading to tighter governance. All listed actions in audit report have now been completed. Future progress reporting will be to the Clinical Effectiveness Group to the Quality Forum to QAC.	1, 3
Deep Dive Workshop Review (<i>Paper H</i>)	High	The committee were asked to note and agree the minutes from the joint workshop held on 15 th September and agree that the actions identified in the minutes can be transferred onto the QAC action log.	NA
Buddy Trust Update including MOU (<i>Paper I</i>)	High	This report will be received at every QAC meeting moving forward. Delegated authority was given for LR and AS to agree the MOU.	All
Safer Staffing Monthly Report (<i>Paper J</i>)	Medium	The report was an overview of August 2020 identifying areas to note. Whilst the temporary worker and agency utilisation numbers had increased slightly the figures remain lower than	4, 5

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		the pre-Covid figures. There continues to be staff shortages on CAP – this is on the ORR and a new staffing model has been developed Appraisals and staff supervision are green.	
Sexual Safety Annual Report (<i>Paper K</i>)	High	There had been an increase in incidents during the last quarter but this was largely due to improved monitoring. Harm is generally low. The Sexual Safety Group has mostly focussed on MH inpatients but trends have now also been picked up in the community. The collaborative will begin this month to identify the issues and look for further improvement.	1, 2, 3, 12
Agnes Unit and Bosworth Ward further update (<i>Verbal</i>)	Medium	A positive verbal update on improvements and progress made was given. It was agreed that this update would be a paper for the next meeting. The NHFT review is now complete and the results will be shared with QAC at the next meeting.	1, 2, 3, 4, 25, 43, 47
Flu Annual Plan and Updates (<i>Paper L</i>)	Medium	The flu immunisation plan including a QI approach to reduce vaccine hesitancy and the Covid pandemic action plan have been approved by the executive team and were presented for assurance along with details of the planned flu campaign. The vaccine supply is an emerging national concern however this is nationally being addressed. . An ORR risk is being drafted and will be presented next month. Updated report to be presented to the Board.	40
Suicide Prevention Report (<i>Paper M</i>)	Medium	LPT is a system partner connecting with real time surveillance both locally and nationally. This ensures that learning from emerging risks is quick. Whilst there are trends emerging, they are currently not statistically notable. In LPT we are employing prevention mechanisms and quick learning mechanisms. Suicide prevention covers all patients and zero suicide ambition covers in patients.	1, 2
WRES AND WDES Action Plans (<i>Paper Ni & Nii</i>)	High	QAC considered statistical data and prioritised action plans. There was a reminder that diverse representation on interview panels is a requirement in the recruitment policy and this has not been achieved in all areas. This will be monitored by Strategic Workforce Group. WRES and WDES Action Plans to be presented to the Board	24, 25
Organisational Risk Register (<i>Paper O</i>)	High	The current risk scores for 5 risks have reduced bringing 3 out of the high risk zone. 3 risks have decreased since being put on the system. Next month will see the addition of new draft risks – Flu vaccination, Covid vaccination and student nurse placements.	All

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CQC Regulatory Compliance (Paper P)	Medium	This continues to be monitored with weekly reflections on the warning notice items. This paper will be updated to include and reflect the seclusion issues reflected in the Quality Forum highlight report. Checklists have been completed by services for the inadequate domain areas to understand what additional support is needed.	All
Deep Dive - Aggression and Violence (H&S team, Patient Safety Team and GK)	Split	There has been an increase in incidents of violence and aggression for Q4 2019/20 and Q1 of this year and work is ongoing to try and understand this. Staff have reported an increase in acuity, substance misuse and relapses. There is an ongoing piece of research taking place around the impact Covid may have had in relation to these increases. These themes are replicated across the country. Assurance was given that teams are working together and holistically on the issues but more work is needed on data interpretation and identifying improvements using the data. Progress to be reported through Quality Forum Highlight Report.	2, 3, 6
Policy Committee Highlight Report 18 TH September 2020 (Paper Q)	Medium	Policy Committee Highlight Report 18 TH September 2020 (Paper Q) Work is ongoing to map the policies to the new governance structure. 20 policies have been approved since the last committee meeting. 88 policies are due for update with 64 due in December 2020.	All
Health and Safety Committee Reports - 25 th August 2020 (Paper Ri) - 3 rd September 2020 (Paper Rii)	Medium	An agreement has been made to stand down the Extraordinary Meeting and all Covid items will now be reported to the business as usual H&S Committee. The emergency lighting is red on the report - a programme of work has been drawn up and mitigation is in place until the work can be done.	9, 10, 11, 47
Quality Forum Highlight Report 3 rd September 2020 (Paper S) And Appendices on SUTG bricks; Patient experience and involvement; Serious Incidents and Never events	Medium	Many of the escalation items in the report and appendices had been considered during the meeting including controlled drugs, clinical audits, seclusion processes, smoke free policy guidance. In addition QF were not assured on the number of medical devices showing as outdated for service. Since the QF meeting The Foundation for Great Patient Care meeting has now confirmed work is underway to resolve this.	1, 2, 3, 4, 5, 9, 12, 25, 47

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Any Other Urgent Business -Revised Reporting Template (<i>Paper U</i>)	NA	The executive team has approved this and the template was here for information. QAC supported.	NA

Chair	Ruth Marchington OBO Liz Rowbotham
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