

QUALITY ASSURANCE COMMITTEE – 24th November 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
Matters Arising/ Action Log	NA	Action log items agreed and a meeting to be held in addition to today's to look at long term action log items.	NA
Director of Nursing, AHPs & Quality Report (Paper C)	High	Business as usual expectations continue through the Covid second wave. Flu vaccinations stand at 44.2% - an improvement on this point last year. The Clinical Governance and Trust Wide review continues with a QI approach. The Learning Lessons Exchange Community of Practice Group is meeting regularly and attendance is good. Student placements are under weekly review and adaptations are being employed to be Covid safe. It is key that these continue for future sustainability.	All
Medical Director Update (Verbal)	High	Risk assessments for staff and zoning principles are being revised along with a review of prioritisation of services for stepdown and redeployment of staff in this second wave. Most clinicians are engaging well with virtual appointments. Work continues with the University of Leicester to ensure that good quality blended learning is offered.	All
Performance Report for Quality & Workforce	Medium	It was confirmed that the data and target figures for the HR metrics (section 8) are correct but that the target rates need review. Agency cap trajectories are being breached due to Covid and	All

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Measures (Paper D)			the need to keep areas safe and increased acuity on the wards. Appraisal and Mandatory Training currently falls just below target. Lateral flow testing is being rolled out in stages and thus far shows a 2-3% increase in absence. Business continuity plans are being used to manage this. The readmissions data is misleading due to the figures being so small and this issue is being raised with the Information Team.	
Learning From Deaths Quarterly Report including LedeR & CDOP Q2b (Paper E)	Medium		Reporting is now consistently managed with SystemOne offering a more robust process. A QI exercise with the Patient Safety Team is currently ongoing around how learning is harvested.	1, 3
Buddy Trust Update (Paper F)	High		The joint working continues and is invaluable at this time. The communications teams are working closely together and ongoing joint working on the flu vaccine plans.	NA
Quality Accreditation Report (Paper G)	H	M	This accreditation programme had just started its roll out when Covid delayed it. There were plans for a ward a month to be accredited but this is now being adapted to the new environment and delays in the roll out are inevitable.	1, 5
Safeguarding Quarterly Report Q2 (Paper H)	High		The team continues to operate as business as usual. The Legislative Committee (Level 3) will from December 1 st split into two level 2 committees – The Legislative Committee and The Safeguarding Committee. The single EPR safeguarding risk has been mitigated against and a safeguarding unit will be actioned in December.	2
Safe Staffing Monthly Review (Paper I)	High		The temporary workforce utilization rate has increased to 31% overall. There has been an increase in wider agency use to 6.7%. This is related to patient acuity on wards; Mental Health Act admissions and an increased absence of staff due to self-isolation and increased Covid cases.	4, 26
Agnes Unit and Bosworth Ward further update – including overview of QI plans (Papers Ji & Jii)	High		An in depth review of both the Agnes Unit and Bosworth Ward were presented to QAC detailing the extensive quality improvements and measures taken to support staff and patients and reduce violence and aggression and further understand the complex behaviours presented. There has been a reduction in incidents as a result of this ongoing work. Good governance continues and these QI plans will continue to be reported on through the Governance route.	1, 2, 3, 4, 25, 26
Model Employer	High		The People Plan include targets for BAME	24, 41

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BAME Targets 2020-25 (<i>Paper K</i>)		representation at senior level (8a and above). LPT currently has 23.9% BAME representation across the Trust but 13.4% at senior level. Work is ongoing around the WRES strategy and the development of a talent management strategy to achieve this 2025 target. QAC approved and supported this plan.	
Organisational Risk Register (<i>Paper L</i>)	High	A new risk is in draft relating to the student placement capacity. QAC approved this risk for inclusion on the ORR. The de-escalation of risk 12 was approved at the Quality Forum on 5 th November 2020 and QAC noted this. A deep dive into long standing high risk actions present for over 12 months was ongoing; and a full review of Covid and existing risks is planned.	All
CQC Regulatory Compliance (<i>Paper M</i>)	High	CQC activity continues including Time To Shine Sessions and the Foundations For Great Patient Care meetings. 19 TRA requests were received in the 1 st 2 weeks of November and there is work ongoing around managing this demand. Formal feedback around concerns raised about the delay in rerate has not yet been received.	5
Research and Development Quarterly Report Q2 (<i>Paper N</i>)	High	Whilst 90% of research activity was suspended in March 2020 due to Covid, since this time the team have become involved in an unprecedented level of activity and are currently under resourced. The team have been able to offer a major contribution to both LPT and LLR, supporting primary and acute care during this time. The team are currently supporting the new roll out of the vaccine trials and hope to become involved in new vaccine research in February/March 2021.	3
Deep Dive – Insulin (<i>Paper O</i>)	High	A deep dive into insulin errors was conducted between 1 st January and 31 st May 2020. This was conducted with a QI approach with a key focus on learning. The Governance Team lead with input from all staff involved, Pharmacy and the Patient Safety Team. As a result of the deep dive a proposal on new ways of administering insulin has been developed and will be rolled out from 14 th December 2020. This successful approach has now been adopted for work around pressure ulcers. An evaluation report is currently being written	1, 2, 3
Strategic Workforce Committee Highlight Report 1 st October 2020	High	The priority continues to be supporting staff health and wellbeing. Sickness rates (Covid and non-covid) are rising and a deep dive is planned around this for the 3 directorates and enabling. The LLR System has been awarded the status of	24, 25, 26, 27, 41

Report	Assurance level*		Committee escalation	ORR Risk Reference
<i>(Paper P)</i>			a pilot site for a Mental Health and Wellbeing Hub with LPT as the lead. This is a service for all LLR health and social care staff. Recruitment continues to be an ongoing, national challenge.	
Policy Committee Highlight Report 17 th November 2020 <i>(Paper Q)</i> Appendix 1 Policy Committee ToR for approval	H	M	There are a high number of policies about to expire coinciding with the second wave of Covid. There is work going on behind the scenes around how the effectiveness of policies is monitored. Whilst the Policy Committee and its work is very labour intensive and requires streamlining this cannot be done currently with the conflicting demands on time due to Covid. QAC approved the amended ToR.	1, 25
Health and Safety Highlight Report 5 th November 2020 <i>(Paper R)</i>	High		The amber ratings detailed in the report largely relate to audits not being completed due to pressures on staff time. A targeted audit was conducted on personal alarms, identifying the non-compliances. This has been fed back and this matter is now being addressed. Results of all ligature audits are detailed to the Health and Safety Committee and contained within the risk assessments held on each ward.	1,2, 9, 10
Quality Forum Highlight Reports 1 st October 2020 & 5 th November 2020 <i>(Papers Si & Sij)</i> and appendices	Medium		SI investigations continue to be challenging due to clinical staff being drafted into different work due to Covid. Reports on this have been drafted for each of the directorates and action plans have been developed with the possibility of enabling staff being redeployed to support SI and complaint investigations. However, it was confirmed that learning from SIs begins immediately after the incident and does not wait until the report is written. The seclusions review is now complete and results show improvement and positive and safe staff are supporting wards with increased incidents. Whilst the duty of candour breaches increased over the last 2 reports, since this time there have been no further breaches.	1, 2, 3, 4, 5, 6, 47, 51
QAC Work Plan Mid-year Review <i>(Paper T)</i>	High		The mid-year review shows that QAC is effective and continues to work to its focuses. It has demonstrated a more open, learning and triangulated approach.	20
QAC Work Plan for next meeting <i>(Paper U)</i>	High		Agreed subject to any changes in governance due to Covid.	20

Chair	Liz Rowbotham
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