

**QUALITY ASSURANCE COMMITTEE – 27<sup>th</sup> July 2021**

**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
Director of Nursing, AHPs & Quality Report - Paper C	H M	NHSEI next visit is 18 <sup>th</sup> August. No new covid outbreaks since April. Nosocomial data continues to be monitored. The flu high level action plan is being developed and there will be a co-delivery with flu and covid boosters. The Beaumont Ward final summit held at the end of June continued to find no unsafe areas. There is a challenge emerging around the completion of SI investigations – due to the increase in SIs. This is being monitored through the Incident Oversight Group. Mill Lodge Quality Summit took place on 26 <sup>th</sup> July - nothing to suggest that the unit is not safe. The committee received split high/medium assurance from the report due to good progress made but the need to wait and see how things progress remains.	1, 2, 3, 4, 5, 40, 52
Medical Director Update – Verbal	NA	There are significant national pressures in the medical workforce – particularly in CAMHS. Mitigation includes long term locums and exploring other mitigations details of which will be covered in more detail in future meetings. Research and development continues especially around covid, with LPT working closely with NHFT on this. Medical Examiner System – work continues to establish and develop this system.	1, 2, 3, 4, 5, 40, 52
Director of HR Update - Paper D	High	Deep dive was recently conducted into ILS & BLS training at executive team. More training capacity has been created but staff being able to attend training continues to be a problem. E learning cannot be used for this training. Work continues on improving this compliance. No	24, 25, 26, 27

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		current bottle necks identified. The People Board has recently looked at priorities and they have concluded that business intelligence and work force planning needs to be more robust - this is on the forward work plan.	
Performance Report - Quality and Workforce Measures - Paper E	Medium	Action plans around deteriorating data are in place for all deteriorating data areas - plans on a page also in use and improvements are being monitored closely. The vacancy rate is 12.2% and SWC look at dashboards to analyse hot spots at each meeting. Agency costs have grown considerably over the last few months and conversations are ongoing with the Finance Team to focus on this matter as we move out of the pandemic.	All
Provider Collaborative Report - Paper F	Medium	Report provides assurance up to the Board and escalate any risks the committee need to be sighted on. Single point of referral has been established meaning that there is now a single waiting list. The risk register is established and there are weekly meetings held to review this. Quality oversight has now been agreed and an independent patient safety quality group has been established. There are two further groups that have been established – the Clinical Escalation Group looking at areas of escalation and the Risk and Clinical Activity Panel looking at waiting lists. The committee agreed medium assurance from the report due to its infancy.	55
Safeguarding bi-monthly Report - Paper G	Medium	Section 42 agenda (inpatient) – work has been undertaken to strengthen the response and LPT have piloted a project to help identify positive learning Trust wide – this has been shared across the system. Community section 42 process is now aligned to the patient safety team and is a well-established process. High numbers around safeguarding matters continue and the pressures on the team remain – the risk on the register has been updated due to the capacity issues in the team and the continued increase in demand and review of the accessibility to the safeguarding helpline is currently underway. The committee agreed medium assurance from the report due to the ongoing pressures within the teams.	1, 2
Pressure Ulcer Report – Paper H	High	Deep dive due to the increase in numbers of pressure ulcers particularly category 4's. There has been a slight increase in inpatient but the cause for concern is within the community setting. This is likely due to the pandemic – a	1, 3

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		period where only essential visits and interventions took place, Patients were less mobile, and therefore at greater risk of developing pressure damage. The pandemic has affected our numbers but they remain below our trajectory. A QI programme is in place including a number of different work streams. 3 key areas to support this are holistic care planning, collaborative conversations and patient information – these will have key focus as are known to reduce pressure ulcers. The committee asked that a pressure Ulcer Update Report to be brought to each QAC meeting due to concerns around this matter.	
Deteriorating Patient Audit Update – Verbal	NA	Audit conducted by 360 Assurance – 5 key areas highlighted without robust plans in place - Policy & guidance, training, compliance, monitoring and governance. Audit also considered sepsis. Work has been carried out in community services around identifying deteriorating patients and clear sepsis pathways are in place for community staff. Further work around the policies and guidance needed to bring it all together in one place. Trust wide work on early warning scoring systems is ongoing. The sepsis package will be relaunched, sepsis awareness month is September. Deteriorating Patient Update Report to be brought to each QAC meeting until QAC are assured in this area.	
Nurses & AHPs Revalidation Annual Update - Paper I	High	100% of staff completed their annual registration April 2020-March 2021. 11 nurses lapsed their registration and did not re-validate. 99% of AHPs revalidated.	4
Medical Revalidation Annual Update - Paper J	High	Re-validation based on appraisal system. At the beginning of the pandemic appraisals and revalidations postponed – now back in operation. Delays in appraisals are being monitored and are under control.	4
Discussion Paper and Proposal for Deep Dive on Violence and Aggression – Paper K	NA	Proposal paper is here to ensure that the paper meets QAC’s requirements in a further deep dive. It will be a Trust-wide paper, a multi-team approach and will be a comprehensive deep dive in order to capture the essence. QAC approved the proposal in the paper.	1, 3
Safe and Effective Staffing 6 Monthly Review	H M	The last 2 reports were paused due to the pandemic. In December 2020 NHSIE published key work force needs and supply and how to embed risk assessment for ongoing planning.	1, 4

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- Paper L		LPT has responded well to these key work force needs despite the pandemic. Still plan to recruit 30 international nurses this year. The planned staffing levels have been achieved across the Trust. Temporary staffing utilisation has increased but LPT have a regular unified bank to support quality and continuity. Split high medium assurance is received from the report due to the ongoing recruitment challenges.	
Guardian for Safer Working Hours Quarterly Report Q1 - Paper M	High	There has been 1 exception in this quarter – mitigation detailed in the report.	1, 4
Organisational Risk Register - Paper N	High	12 risks with QAC oversight – all updated this month. No new risks or closure of risks proposed this month. Proposal to reduce the risk score for two of the risks this month.	All
Strategic Workforce Committee Highlight Report 1 <sup>st</sup> June 2021 - Paper O	High	International recruitment was paused at the point of this meeting – but the pause has now been lifted and the original timescales remain. In response to NHSI's recommendations around compassionate approaches to disciplinary process the disciplinary policy has been reviewed.	1, 4
Health and Safety Highlight Report 8 <sup>th</sup> July 2021 - Paper P	High	No red areas for escalation. 6 ambers areas – 2 key areas – security and lone working – and mandatory training for health and safety related topics – committee to note these items.	1, 3, 7
Legislative Committee Highlight Report 9 <sup>th</sup> June 2021 - Paper Q	Medium	Refocusing on the mental health act and mental capacity act. Some ambers throughout the report – the pandemic and SystmOne contributed to this. Improvements are expected within the August report. QAC requested that the further detail around the census data be included in the next highlight report to QAC.	1
Safeguarding Committee Highlight Report 9 <sup>th</sup> June 2021 - Paper R	High	Concerns around training compliance – improvements seen and improvement is ongoing with level 1 and 2 training. Significant improvement work ongoing with the Beacon unit. All policies are in date – Allegations Policy to be reviewed shortly. CHS oversight of safeguarding issues – good grip and oversight of issues.	1, 2
Quality Forum Highlight Report – 10 <sup>th</sup> June 2021 – Paper Si 8 <sup>th</sup> July 2021 - Paper Sii	High	Busy committee, good attendance and engagement. Escalations – SIs – progress being made – closing down of notifications on Ulyses remains an issue. Transporting patients in handcuffs – being discussed further as this is not something that LPT have historically done. Seclusion practice and language used on forms –	1, 3

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		reflects some of the feedback received from the CQC – development work flagged up in the committee.	
Annual Review of Committee including ToR - Paper T	NA	Committee has fulfilled its TOR during the covid period, membership has quorate and coped with in year changes well and strategic oversight has been successful. TOR changes were agreed.	NA

Chair	Moira Ingham
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