

QAC 22nd February 2022

Highlight Report

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

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
Director of Nursing, AHPs & Quality Report – Paper C	NA	IPC guidelines continue to be followed and the flu and covid vaccination programme remains in operation and uptake figures have levelled out. Patient involvement has seen an increase in concerns related to accessing services. The Safeguarding Leadership Team are continuing to work on their QI plan. The SI investigators have begun work although timely management of SI investigations remains challenging. A series of Quality Summits have been making good progress in areas of concern. Work has begun on the draft Quality Account and 2022-23 CQUINS have been announced with targets under consideration.	
Medical Director Update – Paper D –	NA	In respect to medical recruitment, locum consultants continue to be needed. Although some are long term, this is not sustainable and does not support a good trainee experience. This has clinical director oversight and escalation routes for concerns are in place. In respect to consultant caseload variation and acuity is having an impact on RCPsych guidelines.	
Director of HR Update – Paper E	NA	The National Staff Survey results are due on 24 th February. Training compliance remains a challenge and STAR days are planned to support this. Bank worker training linked to incremental progression has also been introduced. A recruitment and attraction cell has been set up. The VCOD consultation period has now closed, and regulations will be removed following confirmation.	

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
CQC Action Plan Assurance Report – Paper F	High	All actions in the plan are on track with some being completed this week. MHA visits are ongoing, and the immediate learning is being shared daily. The peer review by NHFT has offered both positive feedback and learning and is now incorporated as part of the quality surveillance work. QAC confirmed that good grip on actions remains.	57, 62, 63
Performance Report - Quality and Workforce Measures – Paper G	Medium	The SI process is on an improvement journey but remains a challenge. There is a Quality Summit planned for 11.3.22. Appraisals & supervision improvement plans are in place. The Positive and Safe work continues to monitor and reports on seclusion and restraint. The Pressure ulcer work continues including quality summits and there are 4 workstreams supporting improvement and embedding processes. Workforce capacity is key to sustaining a reduction in incidence.	59, 60, 61, 63, 75
Provider Collaborative Performance – Paper H	High	Quality oversight and assurance functions continue to positively progress across the collaborative. No escalations raised.	57
Safeguarding Quarter 3 Report – Paper I	Medium	Independent support for this team is ongoing including a RAG rating of the work programme detailed in the report. The team now has 4 priority areas – team development and upskilling, effective training, processes and systems supporting specialist and skilled advice for front line staff. There will be a focus on training with an update in the Q4 report.	58, 59, 61
Equality & Quality Impact Assessment Update – Paper J	High	Actions from the internal audit on EQIA process are on track. Policy has been updated and builds in QAC scrutiny. No escalations raised.	57, 61, 75
IPC BAF sign off – Paper K	High	This updated version contains a further 82 KLOEs. The benchmarking is now complete, and an IPC dashboard is being developed. No escalations raised.	78
Census Data Report – Paper L	Low	Challenges with completion of MHA census data continues, with delays in returns due to operational pressures and SystmOne access issues. Mitigating actions are being considered at LEC. QAC received low assurance from the paper due to reporting processes not being satisfactory and required amendments to the presentation of data.	57, 62

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
Ligature Risks Quarter 3 Report – Paper M	High	Policy update and CQC actions in progress. Focus of the work is now on community teams. A task and finish group is looking at non-fixed ligature risks awaiting further guidance from NICE which will inform Self-Harm Reduction Policy.	59, 60, 63
Information Accessibility Standards & Annual EDI Report – Paper N	High	The report provided assurance that LPT remains compliant with its statutory and regulatory equality duties. The paper highlighted key achievements and identified areas for improvement, with work ongoing internally, with NHFT and LLR system wide.	73
Guardian for Safer Working Quarter 3 Report – Paper O	High	The paper detailed exception reports also discussed at the Junior Doctors Forum. No financial penalties and no escalations raised.	60, 61, 74
Safe and Effective Staffing 6 Monthly Review – Paper P	High	Report covers July-December 2021. Collective actions are underway to support nurse to patient ratios. Business continuity and surge escalation plans were enacted in directorates and continue to run. Annual establishment reviews had been paused until August, but data collection is now complete across LPT, and triangulation/validation is in progress by DMTs.	60, 63, 74, 75
ORR – Paper Q	High	There are 11 QAC risks, 6 which are high rated. Discussion around increasing maturity of ORR with tolerance levels acting as trigger for escalation. Agreed risk 62 narrative to be refined to more accurately reflect the issue.	57, 62
Research and Development Quarter 3 Report – Paper R	NA	Deferred due to presenter technical difficulties joining meeting– on next QAC agenda.	
Strategic Workforce Committee Highlight Report – 19 th January 2022 – Paper S	High	Mandatory training compliance remains static. Bespoke training for bank staff to enable attendance. QAC asked for more detail around outcomes in future highlight reports.	60, 61, 63, 73, 74, 76
Health and Safety Highlight Report – 13 th January 2022 – Paper T	High	All amber areas have actions in place and it was reported from directorates that the operational use and management of alarm devices had improved.	57, 59, 61, 63
Legislative Committee Highlight Report – 24 th November	Medium	All agenda items are rated as amber due to assurance gaps and actions on MHA governance. The annual effectiveness committee review planned for March 2022	57, 61, 62

Agenda Item:	Assurance level:	Committee escalation:	ORR Risk Reference:
2022 – Paper U		will consider this further. LEC escalated the issue of SystemOne as a factor in compliance with MHA census data collection. QAC requested detailed census data to be appended to all future highlight reports.	
Safeguarding Committee Highlight Report – 8 th December 2021 – Paper V	Medium	The committee acknowledged improvements in training compliance. Further progress still required in relation to Prevent and other policy developments. A review of the Clawston Park report included a deep dive on 8 LPT patients to consider learning from themes.	57, 58, 59
Quality Forum Highlight Reports – 13 th January 2022 & 10 th February 2022 – Paper W	Medium	SlIs & Pressure ulcers remain at low assurance, discussed in relation to other papers and updated risk on ORR.	58, 59, 60, 63, 75

Chair of Committee:	Moira Ingham
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