

**Quality Assurance Committee – 26<sup>th</sup> April 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	Detail included updated UKHSA Infection Prevention Control guidance - being managed through the Clinical Reference Group. There has been a recent increase in Covid19 outbreaks across the trust and a number of additional control measures, actions and learning continue to be identified in this area. The Flu and Covid Vaccination Programme campaign has closed with a 60% uptake. For Winter 22/23 Staff flu vaccinations uptake is a CQUIN and has a target of 70-90%. The Safeguarding Team continue to implement the Quality Improvement plan to ensure that the Trust is compliant with its statutory safeguarding duties. Patient Safety improvement plans to recover incident reporting trajectories Trust-wide are in place and a Quality Summit held in March focussed on Serious Incidents management systems and processes. The Community Mental Health Team Quality Summit was held on 7th March 2022 and considered the safety and effectiveness of the adult and older persons teams. Key areas of quality improvement were noted during the summit and a follow up summit is planned for May 21.	
Medical Director Update – Verbal Update	NA	There has been 100% recruitment to the core and higher trainee posts. International recruitment continues to be successful. Upcoming clinical leadership vacancies will test the market and the focus is on attracting high calibre external candidates. New clinical networks are developing at system level and Medical Directors, deputies and	

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		associates are coming together in May to discuss a common engagement framework on clinical priorities for LLR.	
Director of HR Update – Paper D	NA	A new health and wellbeing lead had been appointed and is working closely with the HR team and the well-being guardian. There has been a deep dive into staff sickness with a focus on levels of stress and anxiety. The staff survey indicators suggest that staff are tired and burnt out. Support is offered to all staff with personal issues or work-related stress. A deep dive into workforce supply is looking at recruitment, attraction and transformational work including zero plus vacancies for HCSW and the administrative workforce.	
CQC Action Plan Assurance Report – Paper E	High	All actions are on track and factual accuracy checking from the inspection held on 28 <sup>th</sup> February 2022 is now complete. There are an additional 3 ‘Must Do’ and 2 ‘Should Do’ requirements which will be added to the action plan. Assurance was given on the monitoring of progress regarding the dormitory accommodation programme.	57, 62,
Annual MH report – CQC – Paper F	Medium	LPT has seen a decrease in satisfaction across a number of responses as identified by the CQC. These are being considered by DMTs and details of actions were appended to the report. The action plans in place will be regularly reviewed and integrated with work under the SUTG strategy. The response rate of the survey was 37% and there is a focus on improving this. QAC received medium assurance from the report due to the current LPT position and will receive quarterly updates on actions.	61, 75
Performance Report – Paper G	Medium	QAC considered the quality and workforce measures within the report. An increase in restrictive practices noted and it was confirmed that this was specific individuals considered in detail by the Incident Oversight Group. The quality dashboard is currently in development, and this will offer further information around quality indicators. For workforce metrics it was confirmed that there were programmes of work to support compliance against all the red indicators and there has been significant focus on these areas in the executive team meetings and at the SWC. All directorates have provided trajectories for their mandatory training	59, 60, 61, 63

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		compliance. QAC received medium assurance from the report confirming that operational grip was evidenced but some areas remain off track.	
Pressure Ulcer Update & Trajectory – Paper H	Medium	In a benchmarking exercise, LPT was in the upper quartile of PU levels (4.6 per 100). High vacancy rates and sickness, only essential visits are factors and a national as well as local issue. As these reduce there is opportunity for improvement. Trajectories were not met in March but improvement is anticipated in April with a re-prioritised action plan. QAC requested consideration of the risk on the ORR. QAC received medium assurance from the report acknowledging the improvement plans in place and levels of oversight to address the risks.	60, 61, 63, 74, 75
CQUINS – Paper I	NA	The paper was presented for information detailing the 2022-23 CQUIN requirements. There are financial incentives attached to 5, one is the uptake of flu vaccinations.	
Annual Clinical Audit Report – Paper J	High	The paper which detailed last year’s audit activity and QAC received high assurance from the paper which presented a positive picture of activity and outcomes.	57
SI Quality Summit Update – Paper K	Medium	An SI Quality Summit in March and considered the trust wide SI management processes, the number of open incidents and the delays in investigations. Workforce capacity and clinical resource was cited as a key challenge. All teams are identifying staff able to act as investigators with a plan to develop a register of investigators and improved use of the Ulysses system. QAC received medium assurance from the report with evidence of progress but assurance will be sought after a second summit.	57, 59, 60, 61
Freedom To Speak Up 6 Monthly Report – Paper L	High	The paper confirmed that there has been a decrease in staff using F2SU but there was a plan to increase the F2SUG resource and visibility. The staff survey shows positive responses in relation to F2SU questions.	73, 74
ORR – Paper M	High	The annual report and annual governance statement present a strong position. A new draft risk – ORR 80 – flu vaccination, will have QAC oversight. There has been a change to the wording in the safeguarding risk and a reduction in score ORR 62 – regulatory compliance. QAC approved the changes to the ORR.	57, 58, 62
Research and	High	There is a move away from covid research	

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Development Quarter 3 Report – Paper N		towards a recovery resilience and growth agenda. The report details research results and their effects on staff and patients.	
EDI Strategy Refresh – Paper O	NA	Extensive consultation had taken place with service users and staff and that the paper contains pledges, principles and objectives. QAC suggested that more outcome measures would be useful and that it would be good to be consistent in the objectives. QAC endorsed the plan for presentation at Trust Board	73
Health and Safety Highlight Report 3 <sup>rd</sup> March 2022 – Paper P	High	Progress continues on all priority areas including fire safety. Mandatory training compliance has been prioritised and the executive team are well sighted on this.	57, 59, 61, 63
Legislative Committee Highlight Report 30 <sup>th</sup> March 2022 – Paper Q	Medium	Timely reports from directorates to LEG remains a challenge. Issues around MHA census data are a reflection of staffing. QAC received medium assurance from the report and will continue to receive MHA census data with the LEG highlight report.	57, 61, 62
Safeguarding Committee Highlight Report 9 <sup>th</sup> February 2022 – Paper R	High	System work activity was ongoing and there was high assurance around the work and progress to date.	58
Quality Forum Highlight Report 10 <sup>th</sup> March 2022 – Paper S	Medium	A verbal update on the April meeting was given. A separate RAG rating was applied to the agenda items for performance and quality improvement. SIs were rated red for current performance and amber from a quality improvement perspective due to plans from the summit. IPC cleaning was raised as an emerging issue with low assurance in this area, but plans are in place and there is robust executive oversight.	59. 78

<b>Chair of Committee:</b>	Moira Ingham
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