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Quality Assurance Committee 30th August 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 Verbal Escalations	NA	IPC guidance changes for testing and a staged approach to stop universal mask wearing is planned. There has been recent unprecedented demand for adult mental health inpatient and emergency bed planning has been utilised where this was deemed safe. The dynamic risk assessment process to reduce reliance on agency staffing has been changed as a result of listening events and feedback from staff. Reductions in agency usage are now being evidenced. The quality dashboard continues to be built with work across the group model.	
Medical Director Verbal Escalations	NA	Medical workforce issues continue with consultant availability and robust risk procedures remain in place to manage this. The inpatient mental health wards continue to be managed closely and safely and the system is being kept updated on the situation. An Urgent & Emergency Care Quality Summit is taking place on 13.09.22.	
Director of HR Verbal Escalations	NA	Escalating issues affecting the workforce include the NHS pay awards and changes to pensions bandings which will affect the take home pay of some of the workforce – this is a national issue and is being monitored closely and support will be offered to staff involved.	
Performance Report – Quality, safety and Workforce Measures – Paper C	MEDIUM	LPT are a national outlier in terms of Perinatal MH performance and a group role has been appointed to manage this at a strategic level. Restraint figures are improving due to increased work ongoing around this. The category 4 pressure ulcers figure has risen in June, and the Interim Group Director of Patient Safety will be	58, 61, 74, 75, 84

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		overseeing quality improvement work. There has since been an improvement in both category 2 and 4 pressure ulcers in CHS in July and it was agreed that it would be helpful to drill down further to demonstrate where progress is taking place.	
Trust wide Strategic Workforce Recruitment & Agency Plan – Paper D	MEDIUM	The governance arrangements for the plan will be discussed at Trust Board in September. The plan seeks to address workforce challenges and agency reduction measures, it is an evolving plan which enables LPT to consistently look at our workforce information and take action in response to gaps and challenges. There are specific actions set out around agency use including a dynamic risk assessment process. A QI approach is being used and weekly meetings are held to discuss outputs, supporting a deep understanding of agency need and use and ensures that patient safety is not impacted, while tackling the workforce and agency spend issues to meet targets for April 2023. The plan has a focus on Health Care Support Worker vacancies with a zero vacancy ambition. Zero admin vacancies is another focus to alleviate pressures on clinical staff. Another ambition is to improve nurse retention. The People Promise Exemplar Action Plan will be progressed to support this with a focus on ‘stay conversations’. National templates around flexible working are also being considered. The recruitment pipeline is a further programme aim and a data set which will be used on a monthly basis to focus on driving recruitment activity to support a sustainable recruitment pipeline. A longer term programme area is to ensure embedding of roles and skill mixing across the Trust in order to develop a more robust planning process for future workforce. QAC fully support the development of the plan.	61, 73, 74, 80, 84
CQC Action Plan Assurance Report – Paper E	HIGH	The dormitory programme remains on track. There has been positive feedback from 2 CQC focus groups this period. Mapping work to share learning is completed Trust wide and the Operational Executive Board monitors this work to ensure oversight whilst the Clinical Governance team hold the reins on this work on a day to day basis and DMTs are also used to share information and learning.	66, 78

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Safeguarding Quarter 1 Report – Paper F including the Safeguarding Work Programme.	MEDIUM	The temporary capacity issues have not affected key areas and all actions have been prioritised and core front line business continued. The trust training has now been rolled out and this may have an impact on the number of calls to the helpline as staff become more aware. System strategy calls have increased and we continue to work closely with multi agency partners to ensure all risks are mitigated.	58, 61
Controlled Drugs Accountable Officer Annual Report – Paper G	HIGH	QAC received the report and agreed high assurance from the report.	61
Provider Collaborative Update – Paper H	NA	QAC received the report for information only.	
SI Quality Summit Follow Up Update – Paper I	HIGH	The follow up Quality Summit took place in July to ensure robust processes and systems are in place across the Trust, sharing learning including national learning and recommending any further actions required. Updates will now go through directorate groups and executive management board. The Quality Summit was not focusing on counting the number of action plans but rather the learning and the sharing and embedding of the learning. The National Patient Safety Incident Response Framework has been recently published and LPT will take a thematic approach focusing on learning, with articulation and dissemination across the group.	59, 61, 84
Ligature Risks Quarter 1 Report – Paper J	HIGH	Positive work is happening around fixed ligatures. A non-fixed ligature group has now been set up and work is ongoing. Consideration is being given to merging the two groups. It was confirmed that restrictions on the capital scheme programme does not affect any recommendations from the ligature group.	58, 59, 61
Safe and Effective Staffing 6 Monthly Review – Paper K	MEDIUM	Recruitment & retention remains a key area of focus to address staffing levels. Temporary staffing utilisation remains high with increased agency usage over the 6 month period. Each directorate has set out plans to manage this through the dynamic risk assessment process. The planning for the 2022 annual establishment numbers is currently taking place. The 2 nd cohort of international nurses started in May and there are plans for further cohorts in September and	59, 61, 73, 75, 80, 84

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		November. Staffing is reviewed daily using safety huddles that remain in place Trust wide. Staff wellbeing is considered through data sets looked at in terms of the top 10 most challenged teams and work is ongoing around this. There has been a decrease in deferred visits in the community, staffing levels have stayed the same but clinical time to care has been increased. QAC received the report and agreed medium assurance from the report as whilst there are green shoots it is evident further work is required	
Guardian for Safe Working Hours Quarter 1 Report – Paper L	HIGH	Robust processes are in place to support Junior Doctors with only 2 exceptions reported. It was suggested that frequency of reporting might be reduced to 6 monthly.	61
Mandatory Training Annual Report – Paper M	HIGH	The new ULearn system’s success was discussed and the year’s activity and actions support an improving picture of training compliance with a visible reduction in DNAs. Comparison data shows a 2% difference between now and 2019 pre covid compliance rates. It was noted that the on the ORR ‘staff skills’ is one of our highest scoring risks. Discussions were held around what can we do to bring this score down further.	61
ORR – Paper N	HIGH	3 risks were proposed for closure which QAC approved. Discussions were held around the need to consider how we triangulate information from different sources to understand and articulate better what the risk is. The maturity of the ORR will also support developing the assurance evidence and this will be discussed further at the next QAC meeting.	
Strategic Workforce Committee Highlight Report 19th July 2022 – Paper O	HIGH	The report supported earlier discussions in the meeting related to the strategic workforce plan. The Change Leaders’ recruitment continues, and further updates will be brought to QAC as this work progresses.	61, 73, 74, 84
Health and Safety Highlight Report 7th July 2022 – Paper P	HIGH	The 3 ambers areas relating to Staff Side issues, medical devices and the training report, are being mapped into the level 3 committees for resolution.	59, 61, 78
Legislative Committee Highlight Report 20th July 2022 – Paper Q	MEDIUM	The committee is now called the Mental Health Act Assurance Group to reflect its remit more closely. The three areas highlighted as areas of concern in MHA Census data now have mitigations in place and increased grip is	58, 61, 84

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		anticipated as detailed in the action log and revised terms of reference. QAC will continue to monitor progress.	
Quality Forum Highlight Report 14th July 2022 – Paper R	MEDIUM	The medical devices group concern is now being resolved. All other assurance areas have been discussed earlier.	59, 61, 84
QAC Work Plan for next meeting – Paper S	NA	The workplan will be reviewed in advance of the next meeting to determine frequency of reporting on agenda items, based on statutory and other requirements.	

Chair of Committee:	Moira Ingham
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