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## QUALITY & SAFETY COMMITTEE – 25<sup>th</sup> April 2023 09.00-11.30 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: Current Performance | Assurance level Delivery plan / Management process | Committee escalation:  | ORR Risk Reference: |
|--|--------------------------------------|--|--|---------------------|
| Director of Nursing, AHPs and Quality – verbal escalations | NA                                   |  | Infection Prevention & Control (IPC) issues highlighted that the planning for the flu vaccination campaign has started again for next year. There have been sporadic Covid outbreaks in in-patient areas, but levels are in line with national incidence. Learning is being taken from Clostridium Difficile cases in LPT and national guidelines on the fundamentals of IPC including environmental factors like bed spacing. Water management processes are now fully addressing previous concerns about a legionella risk at one community hospital. The committee was notified of a system risk within the LLR Integrated Personalised Care Framework with health providers delegating to non-registered local authority staff and this is being worked through as a system. There has been formal communication that Liberty Protection Safeguards will not be introduced in the foreseeable so LPT will concentrate on a review of Deprivation of Liberty practices. | N/A                 |
| Joint Director of Patient Safety Update – Paper C          | MEDIUM                               | MEDIUM   | An outline of a range of quality and safety initiatives were discussed, including preparation for the introduction of the Patient Safety & Incident Reporting Framework (PSIRF) and work related to decreasing levels of Stage 2 and 4 pressure  | 59                  |

| Agenda Item:  | Assurance level:<br>Current<br>Performance | Assurance level<br>Delivery plan /<br>Management<br>process | Committee escalation:   | ORR Risk<br>Reference: |
|---|--|---|---|------------------------|
|   |  |   | ulcers. This involves the Directorate teams, benchmarking and working jointly with NHFT in a collaborative arrangement. The format of this report and the frequency of reporting to the Q&S Committee is to be agreed.  |                        |
| Quality Forum Highlight Report 9 <sup>th</sup> March 2023 - Paper D           | HIGH                                       | MEDIUM  | A review of Q&S governance will consider the number of groups currently reporting into the Quality Forum which makes escalation lengthy and complex. In the main the Committee took high assurance. However, two areas of low assurance were highlighted. These were the variable practice of using paper records rather than the Electronic Patient Record (EPR) as a means to record patient information. A particular user issue with Brigid software on devices and poor Wi-Fi in some areas was highlighted. A Digital Lead role overseeing an improvement project is now in place to address these issues. A deep dive was suggested and will be scheduled into a future committee meeting. There was low assurance in relation to the End-of-Life steering group. Policy is being reviewed and a refresh is underway. Verbal assurance on progress since the last Quality Forum meeting was received | 83                     |
| Safeguarding Committee Highlight Report 22 <sup>nd</sup> March 2023 – Paper E | MEDIUM                                     | MEDIUM  | The issue with EPR and the use of paper patient records was highlighted again in this report. There was low assurance related to managing system wide demand in the Looked After Children service and this is being added to the LPT ORR and is on the system risk register. Overall, the committee felt due to these high-risk areas there should be overall medium assurance  | 83                     |
| Medical Director – verbal escalations   | NA   |   | Levels of absence during the junior doctor's industrial action was at 80% in March and 60% in April, when accounting for other forms of leave there were no junior doctors present over that period. Other senior doctors and consultants were able to cover much of the rota and no locum cover was required for this. Recruitment and retention of medical staff remains an issue and a plan of improvement is underway.  | 61                     |

| Agenda Item:   | Assurance level:<br>Current<br>Performance | Assurance level<br>Delivery plan /<br>Management<br>process | Committee escalation:   | ORR Risk<br>Reference: |
|--|--|---|---|------------------------|
|  |  |   | The committee was informed about the departure of the Guardian for Safe Working Hours (GSWH) with plans to replace them completing in the next few weeks. The GSWH report will go to the People & Culture Committee in future.  |                        |
| MHA Governance Delivery Group – verbal update            | N/A  |   | Dr Muhammad noted that the highlight report was not available, due to unforeseen circumstances, therefore a verbal update on the work of the group was received. Statutory compliance with MHA remains at 100% and compliance with Code of Practice has seen significant improvement. Compliance in one area, capacity to consent, is variable so will be a focus for the group. Records are being cleansed to ensure that all MHA training undertaken by doctors is recorded fully on LPT systems. LPT is going to apply to be part of a national 7-month QI programme looking at the culture of applying the MHA in organisations. This is an important learning opportunity for the trust and may be done as a joint application with NHFT. Future highlight reports will include MHA inspection themes and the group will triangulate this alongside other information. A staff-led MHA Collaborative forum has been formed and will meet quarterly with a specific focus on learning from inspections. | 59                     |
| CQC Action Plan Assurance Report – Paper F               | HIGH                                       | HIGH  | All actions complete and improvements on track. The self-assessment tool for Very High Standards Accreditation has been well received and Quality Visits, 15 Steps and Board Walks are all working well. There is evidence of triangulation.  | N/A                    |
| Performance Report (Month 12) Quality Measures - Paper G | MEDIUM                                     | MEDIUM  | It was reported that there is a validation exercise being carried out on repeat falls to be confident in the data. Data on levels of pressure ulcers is consistent with earlier discussions and there was an acknowledgement that there is still work to do to see a decline in incidence. Trend data on IPC performance was clear and showed detail and trends. In terms of Learning Disability health checks the  | 68                     |

| <b>Agenda Item:</b>   | <b>Assurance level:<br/>Current<br/>Performance</b> | <b>Assurance level<br/>Delivery plan /<br/>Management<br/>process</b> | <b>Committee escalation:</b>  | <b>ORR Risk<br/>Reference:</b> |
|---|---|---|---|--------------------------------|
|   |   |   | target of 70% has been exceeded. Confidence that Q4 CQUIN data would see all targets (excluding flu vaccination) being met.   |                                |
| Serious Incidents Sign Off and process – Paper H                                | HIGH  | HIGH  | With the addition of Duty of Candour communication within 48 hours, and further explanation of Non-Executive Director involvement in processes the committee took high assurance from the paper which supports preparations for the implementation of the PSIRF.  | 59                             |
| Draft LPT Quality Account 2022-3 – Paper I                                      | HIGH  | HIGH  | The Committee received the draft for comments ahead of Board approval. It was clarified that pressure ulcers would remain a quality priority for next year. Comments by email will go back to the authors and include need for more contextual information to support data in places and to consider further measures for actions being taken. Overall, the committee commended the team on the quality of the document, which was easy to read and reflected the culture of the Trust.         | N/A                            |
| Director of Corporate Governance Verbal Escalations                             | NA  |   | Work is ongoing in supporting Chairs of meetings in the use of the revised highlight report templates, in order to achieve better consistency and a guidance document has been provided. Context on the policies approval and management processes was provided, addressing actions from the previous Committee, and demonstrating purpose of the changes being introduced and improvements anticipated. Administration support for the process has been identified within the governance team. | N/A                            |
| Organisational Risk Register – Paper J  | HIGH  | HIGH  | There were no significant changes since the last meeting. Five appropriate risks remain the responsibility of the Q&S committee.  | N/A                            |
| Health & Safety Committee Highlight Report 7 <sup>th</sup> March 2023 – Paper K | HIGH  | HIGH  | Occupational Health provider absent from most recent meeting. This is being followed up as part of contracting discussions. In relation to non-attendance at training this relates to Level 3 Safeguarding Adults and more sessions   | 61                             |

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|  |  |   | have been provided. The Smoke Free policy is being reviewed with the aim of better compliance and consistency of application. This will come back to the Committee once more work has been done.  |                        |
| Internal Audit Reports – verbal update               | NA   |   | Significant assurance was received in relation to the audit of remote consultations. The interim Head of Audit opinion gave expressed significant assurance on the management of risk. Report on Directorate governance will give assurance for the Well-Led Framework. No reports with limited assurance have been received.   | N/A                    |
| Paper/Updates not received in line with the workplan | NA   |   | <ul style="list-style-type: none"> <li>• Q&amp;S Committee workplan for 2023-24 to be received at June meeting.</li> <li>• Revised Corporate Governance Flow Chart to be received at June meeting.</li> <li>• Annual Quality Assurance Committee Review of Effectiveness to be received at June meeting</li> <li>• Delayed MHA Governance Delivery Group highlight report to be received at June meeting</li> </ul> | N/A                    |

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| <b>Chair of Committee:</b> | Moira Ingham/Josie Spencer Non-Executive Director 25.04.23 |
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