

Quality & Safety Committee (QSC) – 29TH August 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
Organisational Risk Register – Paper C	Medium	High	Risk 83 will be the subject of a deep dive at the Strategic Executive Board on the 12 th September and further work will be undertaken to ensure that an IM&T and Clinical lens has been applied to the risk and mitigating actions. This will be presented back to the Quality and Safety Committee Meeting in October 2023.	83
Quality Forum Highlight Reports June & July 2023 - Paper Di & Dii	Medium	Medium	Concerns were raised about ongoing estates issues that have yet to be addressed. In addition, a mixed sex breach was also discussed. This had previously been highlighted to Trust Board and the learning reviewed.	89
Safeguarding Committee Highlight Report 26 th July – Paper E	Medium	Medium	The highlight report indicated a mixed picture of amber / green. There are several known ongoing risk areas that are being managed. The Local Authority have notified the Trust of a group of returning military families, with 102 children being less than 5 years old. The number of children over 5 are unknown. The implication for the safeguarding team is yet unknown,	92
Mental Health Act (MHA) Governance Delivery Group 19 th July - Paper F, Fi	Medium	Medium	The figures for the number of medical staff who have received MHA training need to be validated.	
Health & Safety Committee Highlight Report 6 th July–PaperG	High	Medium	Nothing to escalate	

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Director of Nursing, AHPs and Quality – verbal escalations	NA		<ol style="list-style-type: none"> 1. CDIFF figures and LLR position - IPC leads across system reviewing and aligning with NHSE. 2. Daisy Awards launched and first winner awarded. 3. Professor Nina Morgan Regional Chief Nurse and Dr Caroline Trevithick visited our wards in the Evington centre in August with some excellent feedback received. 4. We are supporting system piece of work ongoing reviewing the integrated personalised care framework and further updates will be provided. 	
Safeguarding Quarter 1 Report – Paper H	High	Medium	The Committee received the RAG rated performance report. All areas are expected to be rated green within the timeframe of the plan – i.e., by March 24.	
Medical Director – verbal escalations	N/A		The junior Doctors and Consultants ongoing industrial action remains a concern. Further dates have now been released. Assurance is via flash reports which are circulated to Board members during the strike days.	
Performance Report (Month 04) Quality Measures - Paper I	Medium	Medium	Nothing to escalate.	75 91 & 92
Clinical harm review process – deep dive – paper J	N/A	N/A	All services clinically review referrals to ensure they are on the correct waiting list and have the right priority. When waiting times fall outside acceptable levels monitoring by clinicians aims to ensure those at risk of harm are identified/reprioritised. Harm review processes continue to develop across the Trust but are not yet mature enough to provide good quality data or sufficient assurance. The Director of Patient Safety to collaboratively work with and agree how we best align the work of the access delivery group (which has 'keeping patients safe whilst waiting' in its ToR) with the wider harm review process across the directorates to strengthen governance route for harm reviews. Updated paper to be presented to Q&S in December 2023	75 91 & 92
Ligature Risk Report Q1 2022-24 – Paper K	High	Medium	The Committee received the report for assurance and noted the progress made. Non-fixed ligatures will be absorbed into the leadership of the new Trust Self Harm Reduction and Trust	66

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			Suicide Prevention lead once this post is recruited and post holder commenced, and further quality improvement work will progress, noting that there is an emerging risk to further work with non-fixed ligatures until this post is filled. The group is reviewing this risk which will be added to the risk register	
CQC Action Plan assurance report – Paper L	High	High	Nothing to escalate	
Safe Staffing Report June & Safe Staffing six monthly report – Papers M & N	Low	High	The monthly and six-monthly review were received together. There are concerns about the implications of the ongoing staffing issues. Areas raised were medication incidents, skill mix and competences, mental health observations, and pressure area care. Improvement plans were being worked on across the group model.	61, 74, 84, 85
Patient Safety Incident Response Framework (PSIRF) – Deep dive paper O	High	High	The PSIRF plan will be submitted to the Integrated Care Board (ICB) IN September. A proposed go live date is to be agreed with the ICB during October or November.	
Director of Corporate Governance Verbal Escalations	N/A		The policy improvement framework extension is coming to an end. Whilst improvements have been made there is further work to do. The learning from the “Lucy Letby” case in relation to leadership and governance are being taken forward.	
Research & Development Quarter 1 Report 2023-24 – Paper P	High	High	An excellent report, nothing to escalate.	
Paper/Updates not received in line with the workplan	<ul style="list-style-type: none"> Controlled Drugs accountable officer (CDAO) Annual report (defer to October 2023 QSC) Sexual Safety Annual report (deferred to October 2023) 			

Chair of Committee:	Josie Spencer Non-Executive Director 29.08.23
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