

## Escalation and Assurance Report

**Report from the: Quality and Safety Committee (QSC)**

**Date the meeting took place: 17<sup>th</sup> FEBRUARY 2021**

**Report to the: Board**

### Key discussion points and matters to be escalated from the discussion at the meeting:

#### Alert:

There was a shared concern about the impact factor of our local authority's discussion regarding a retendering of the Bradford 0-19 service as we emerge from the pandemic. Consequences include: emotional turbulence for staff against a backdrop of caring for complex families in deprived circumstances – and in the context of a child's recent death from parental abuse; limited BMDC social care staff capacity (Compliance Group escalated that not all children allocated a social worker actually have access to one); there are reduced staff numbers in our own teams (see ORR) – to be interpreted alongside an increased in safeguarding contacts leading to greater demand; and a related increased risk in staff recruitment difficulties due to the anticipated retender. Oversight of the quality of any potential retender bid and a commercial assessment are further considerations.

#### Advise:

- Our Involvement Partner informed us of various reports of poor collaboration with service users in setting and progressing CMHT Care Plans, he also indicated there was a need for increased oversight with Crisis Care Safety Plans.
- The CV19 Update stated that there was limited vaccine stock to cover any future surge.
- We heard from the Adult and Child Care Group and the continued pressures on community nursing services, mindful of a greying workforce and the wider recruitment challenges. Several promising interventions were listed as part of a service-wide transformation: resource targeted to urgent, anticipatory, and planned care, reducing process inefficiencies, and implementing fair remuneration. There was also a specific concern raised re lack of dietician support.
- A recent *Go See Visit* to Dementia Assessment Unit highlighted the very significant consequences for staff who care for complex and violent service users (SU) who require a high staff to SU ratio to maintain their and others' safety.

#### Assure:

- The Learning from Deaths Report was judged as strong and appropriately penetrating. The learning points are notable and reflect various other previous and current sources of intelligence. They serve as an important reminder of our quality and safety priorities.

- We were also assured by the three-year review of our Infection Prevention and Control Policy which we ratified.
- The Quality Assurance Framework for out of area placements will now incorporate service user and carer input.

**Risks discussed:**

2509, 2544, 2535, 2370

**New risks identified:**

Staff shortages in Older Peoples' Services; risk of harm from violence and aggression in MH Services

**Report completed by:** Gerry Armitage, Chair & Non-Executive Director

**Date:** Feb 22nd, 2022