

## Escalation and Assurance Report

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

**Date the meeting took place: 17 March 2022**

**Report to the: Board**

Agenda  
Item

**10.9**

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

### Alert:

- Risk 2596 documentation specific to MH staffing (Owner: Amanda Barker; Psychological Therapies) identified there were insufficient 'staff to manage clinical environments and keep them safe'; this matter must be considered in light of Dashboard data indicating difficulties in implementing Section 17 MHA leave and limited availability to Bank/Agency staff. These significant challenges were discussed at Committee; leaders are acutely aware of the threats to patient safety and a range of interventions are in situ. However, the challenge remains. In relation to monitoring through current intelligence, we also asked for more accurate alignment of Organisational Risk Register, Board Assurance Framework and Q&S Dashboard
- MH Care Group alerted Committee to the issue of longer-term staff sickness due to Long Covid, and their current approach to improvement. The rise in referrals to CAMHS remains very significant, this should be reviewed with reference to high LTO (12.7%) and Sickness data (10.3%).
- We explored Adult and Child Care Group data specific to falling numbers of Health Visitors and the associated staffing challenges in School Nursing. This is in the continued context of increasing safeguarding referrals especially in Bradford. Board is asked to review this urgent matter (and the bullet points above) as part of their focus on safer staffing. Committee asked for a verbal update on child safeguarding at the next QSC meeting.
- Staffing of our Community Nursing Services remains a high monitoring priority (Lacking 40 WTEs).

### Advise:

- We received the PCEI\* Update and focussed on the future strategy emphasising that new roles must fit the strategy and (a reformed) payment policy to explicitly incentivise and value involvement; we agreed to extend the strategy but with clear, staged outcomes
- We appraised the Community Mental Health (Survey) Results & Action plan (in conjunction with our Involvement Partner) and agreed: that all care planning is seen as an interpersonal engagement process and not simply assuming recovery to be an outcome, incrementally acknowledging the SU's choice of what is important but also what is **not** to be included; that medication and treatment is

about service-user choice as well as recovery – and supporting their ability to make a choice; and that subsequent survey results should be continually fed into <i>whole</i> service transformation.
<b>Assure:</b>
<ul style="list-style-type: none"> <li>• We received strong assurance concerning the Special School Immunisation Programme, - especially important in the context of Bradford’s child health epidemiology</li> <li>• Assurance was received specific to the <i>Open</i> Executive-Staff meeting concerning continuing infection control and other measures around CV19</li> <li>• There is some progress in the provision of Dental Services after long term concerns</li> <li>• All staff and their leaders should be complemented in making progress in the above three areas</li> </ul>
<b>Risks discussed:</b> 2596; 2509
<b>New risks identified:</b> IAPT Waiting List; Admin. Staff supply.

PCEI\* Patient, Carer Experience and Involvement

**My thanks for the privilege of sitting with such committed colleagues on this vital committee.**

**Report completed by:** Gerry Armitage, Chair & Non-Executive Director  
**Date:** March 17<sup>th</sup> 2022