

Escalation and Assurance Report (AAA+D)

Agenda
Item
13.1

Report from the: Quality & Safety Committee
Date of meeting: 19th January 2023
Report to the: Board of Directors

Key escalation and discussion points from the meeting			
Alert	Action (to be taken)	By Whom	Target Date
<p>Uncertainty continues against a background of high demand, patient acuity within inpatient and community services along with workforce challenges. Vacancy pressures remain in MH inpatient services, District Nursing, SALT & Podiatry</p>	<p>Recommend continued oversight of staffing levels and support over the winter period to be enacted through Gold Command as and when this is stood up in response to the pressures.</p>	<p>QSC/WEC</p>	<p>Monitored monthly</p>
Advise:			
<ul style="list-style-type: none"> Need to ensure that the voices of neurodiverse people are heard through all relevant groups along. A proposal to host an event/conference to bring in a range of good practice was supported by the committee. Involvement Partner provided valuable insights into user and family experience of suicide to inform our thinking in suicide prevention (including interface with other agencies) Increasing complaints relating to waits and backlog (MH) Increase in demand has led to an increase in OOA bed usage (21 people in independent sector beds) Staff are holding higher than recommended case loads across all services Increase in service provision at ARAP hotel for asylum seekers Approved the revision to the Committees Terms of Reference and submit to the board for ratification Current compliance for maintenance of medical devices is 75.2% against a target of 95% 			
Assure:			
<ul style="list-style-type: none"> There are no changes to overall risk scores this month Safer staffing bi-annual report provided assurance that mitigation in place that demonstrates current staffing levels are providing the cover needed Podiatry vacancies are impacting on service delivery Overall mandatory training compliance remains over 80%. Areas of non-compliance which are below target have been identified and mitigation in place. Clinical supervision rates are currently above trust target at 80.3% 			

<ul style="list-style-type: none"> • Progress is being made to strengthen the involvement and improvement structures across the Trust • Reduction in delayed discharges within inpatient services and restrictive interventions. • No red shifts reported • Patient experience scores are above the 90% target • Encouraging developments in supporting preceptor nurses and expanding clinical skills • Recruitment improved into MWB IAPT & IAPT meeting referral to assessment and assessment to treatment targets • Continued reduction in insulin administration errors and pressure ulcers • High performance rate against KPIs by the Vulnerable Childrens team and 0-19 service in most areas despite challenges with capacity versus demand. All current SCHPN students have expressed an interest in staying with us on completion of their training in July • Fill rates are generally increasing and moving to more Bank than Agency • Approved the revision to the Committees Terms of Reference and submit to the board for ratification
Decisions / Recommendations:
<p><u>Risks discussed:</u></p> <ul style="list-style-type: none"> • SO1 • SO3
<p><u>New risks identified:</u></p> <ul style="list-style-type: none"> •

Report completed by:

[Alyson McGregor]

Committee Chair and Non-Executive Director

[19th January 23]