

3As Highlight Report					
Meeting Name: Quality and Safety Committee					
Date: 30 th April 2024					
Quorate: Yes					
Policies & expiry date: None noted					
Agenda Item:	Reference:	Lead:	Description:	ORR Reference:	Directorate Risk Register Reference:
ALERT:					
Alert to matters that need the Board's attention or action, e.g., an area of non-compliance, safety, or a threat to the Trust's strategy					
NONE					
ADVISE:					
Advise the Board of areas subject to on-going monitoring or development or where there is negative assurance					
5	Board Assurance Framework	Kate Dyer	The Committee received a summary of the Board Assurance Framework (BAF) for 2024/25 which details the strategic risk profile for oversight at the Quality and Safety Committee. There was a detailed discussion about BAF01 – <i>“Without timely access to services, we cannot provide high quality safe care for our patients which will impact on clinical outcomes”</i> Given the linkages with the work of the Finance and Performance Committees in relation to managing the Trust waiting lists it was felt that a joint workshop should be arranged between the two committees to explore the oversight of this risk further.		
10	Accountability Framework	Jean Knight	The Committee were advised that the ICB had not made a regarding the funding for the neuro - developmental business case. This has meant the Trust has been unable to approve recruitment, and the waiting list continues to grow. This matter is being escalated via ICB System Executive Meeting.		
19	Safe Staffing monthly report – February 2024	Anne Scott	The Committee were assured of the ongoing work to mitigate the issues around safe staffing but still wishes to advise the Board that there had a been a slight reduction in RN & HCSW vacancies. However, despite this ongoing excellent work the Trust is still carrying a vacancy rate of 23.9% for RN's and 20.4% for HCSW. Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in February 2024 staffing challenges continue to increase. There is some		

			evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times. As part of the Annual Establishment Review all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 20 days in October 2023. Recommendations were presented to the Executive Director of Nursing, AHPs and Quality in January 2024, and were shared for operational and financial planning. The final summary will be presented to Executive Management Board and Strategic Executive Board in May 2024. The Committee asked to receive an assurance report in relation to the annual establishment review at its June meeting.		
20	Learning from Deaths Q3 report 2023/24	Dr Bhanu Chadalavada	The Committee noted the improvement in the ability to identify the in-scope deaths and were assured that the Trust had implemented the National Quality Boards Learning from Deaths guidance within the Trust. However, there was still a significant backlog of reviews in the Adult and Older Adult Mental Health Directorate that needs addressing. The Committee asked for a timeline for the reduction in the backlog to be presented at the meeting in June 2024.		
ASSURE:					
Inform the Board where positive assurance has been received					
10	Accountability Framework	Jean Knight	The Committee were advised that DMH have been operating at Opel 4 for the majority of February and March which created significant pressure across the service. For the first time in 2023/24 this led to the block booking of four Out of Area Beds. The Committee received assurance that this matter had been managed appropriately and the final out of area bed was to be closed on the day of the meeting – 30/04/24.		
11	Estates	Paul Sheldon	The Committee received assurance that the change to the supplier of food to LPT was complete at the end of February and the initial feedback was positive. In addition, recruitment to the Estates team continues to improve.		
14	Research and Development Quarter 3 report 2023/24	Dr Bhanu Chadalavada	The Committee received full assurance.		
18	Quality Accreditation Programme – 6 monthly update	Anne Scott	The Committee received this report for the first time. The Committee was pleased to see 120 teams had completed the foundation programme. The Committee will receive reports on a 6 monthly basis.		
21	Patient and Carer Experience and Involvement (PCEI) Quarterly Report (including		The Committee received the report which provided an overview and update of the various aspects of the Patient Experience and Involvement team's work including the implementation of the Step up to Great Patient Experience and Involvement priorities. In addition, the report provided an overview and update on the complaint's activity for quarter three. In the main the reported provided assurance to the Committee on most		

	Complaints) Quarter 3, 2023/24		aspects of its work including several areas of good practice. However there remains some challenges with the number of new complaints (61), which is a significant increase compared to the same period last year, where 37 new complaints were registered, and is a slight increase in the number registered from the previous quarter (57). This has led to a challenge maintaining Trust standard of closing 90% of complaints with a 40-day timeframe.		
CELEBRATING OUTSTANDING: Share any practice, innovation, or action that the Committee considers to be outstanding					
6	Quality Forum	Anne Scott	The Committee received reports for both February and March which both highlighted a significant reduction in drug spend- this is due to implementing a more cost-effective solution to depot medication dispensing.		
10	Accountability Framework meeting	Jean Knight	LDA collaborative health equity event in February was very positive with great attendance across the system to provide the opportunity to reflect on the differences made to the population		

Report Author – Josie Spencer Non-Executive Chair Quality and Safety Committee